Oversight and Escalation Framework – NHS Wales Organisations

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1. INTRODUCTION

1. The NHS Wales Oversight and Escalation Framework (the Framework) sets out the Welsh Government's approach for gaining assurance from NHS Wales organisations; and the approach to escalation and intervention where there are matters of concern that need to be addressed.

2. It provides the parameters of how Welsh Government Health and Social Services Group (HSSG) will work with NHS Wales.

3. The [NHS Wales planning framework](#) sets out the ministerial priorities and key deliverables which provide a focus in the oversight process and closely align to the assessment of organisations as part of this Framework.

4. NHS Wales includes a range of organisations - health boards, trusts and special health authorities. The wide-ranging responsibilities of these organisations requires this framework to be flexible. Whilst adopting the same mechanism and principles, the approach will be tailored to the deliverables dependent on organisational responsibility and functionality.

5. The NHS Wales Executive will support Welsh Government in its oversight interfaces, highlighting areas of concern through its functional model and key principle of quality assurance providing leadership, direction and a supportive learning environment.

6. This framework is relevant to statutory NHS organisations.

7. NHS Wales organisations have a duty to conduct their affairs effectively and demonstrate measurable outcomes that build patient, public and stakeholder confidence that they are providing high quality, sustainable care.

8. NHS Wales organisations are operating in challenging environments characterised by the increasingly complex needs of an ageing population, growing emphasis on working with local system partners to create innovative solutions to longstanding sustainability problems, workforce shortages and difficulties related to the NHS budget.

9. A robust open and transparent governance framework will give the leaders of organisations, those who work in them, and those who regulate them, confidence about their capability to maintain and continuously improve services.

2. POLICY CONTEXT

10. The National Health Service (Wales) Act 2006 and National Health Service Finance (Wales) Act 2014 provide the legal context for this framework which sets out the rationale for Welsh Ministers seeking assurance and the Welsh Ministers' powers of intervention.

11. Wales has a unique legislative landscape which has a strong emphasis on collaboration, co-production and integration. The Well-being of Future Generations (Wales) Act 2015, the Social Services and Well-being (Wales) Act 2014 and the Public Health (Wales) Act 2017 provide the legislative backdrop for health and social care in Wales. Together, these three pieces of legislation place a firm emphasis on reducing health inequalities through long-term prevention and the delivery of sustainable, outcome focused services. Other specific pieces of legislation are the Nurse Staffing Levels (Wales) Act 2016, Welsh Language Measure 2011 and the Equality Act 2010.

12. The Wellbeing of Future Generations (Wales) Act underpins the Programme for Government and A Healthier Wales, and shapes how we work and what we do to deliver the values and commitments of the Welsh Government.

13. A Healthier Wales (AHW) sets out a long-term vision for health and social care in Wales. It proposes a whole-system approach to health and social care which is equitable, and where services are designed around individuals and groups based on their unique needs and what matters to them, as well as quality and safety outcomes. One of the core values described in A Healthier Wales is "Putting quality and safety above all else – providing high-value evidence-based care for our patients at all times."

14. Quality must be the central factor in strategic decision making and act as the foundation for our thinking, in the commissioning and delivery of services, and in all our engagement with partners, service users, carers and citizens, whatever the setting.

15. Monitoring the deliverables of the Planning Framework along with organisational outputs from each framework are all important aspects of the escalation and intervention process outlined in this document:
    - Quality and Safety Framework
    - Duties of Quality and Candour
    - Performance Framework

16. The National Quality Management System (NQMS) brings together data from a number of sources, including patient safety incidents, for triangulation and to inform a range of activities in relation to learning and quality and governance assurance.

17. The Duty of Quality in the Health and Social Care (Quality and Engagement) (Wales) Act 2020 ("the 2020 Act") has two aims – to improve the quality of services, and to improve outcomes for people in Wales. It places a duty on the Welsh Ministers to exercise their functions with a view to securing improvement in the

quality of health services. The Duty of Quality seeks to ensure we strengthen our quality management systems with appropriate focus on quality planning, quality control, quality improvement and quality assurance. It defines quality as 'continuously, reliably, and sustainably meeting the needs of the population that we serve.' Together, the domains of quality and quality enablers create the Health and Care Quality Standards 2023.

18. Boards of organisations are accountable for the monitoring of the quality and safety, plans, mitigating risks and delivering against the objectives/deliverables in the Planning and Performance frameworks. They should conduct themselves in line with the 'Nolan Principles of Public Life'.

19. The organisation's Governance Framework will outline the assurance and escalation arrangements within the organisation and will ensure the Board receives information that is inclusive of all appropriate frameworks and legislation.

3. PRINCIPLES

20. Management and delivery of services in complex NHS organisations requires a 'clear line of sight' to the issues whilst also a detailed appreciation of the current state and the trajectory moving forwards. Therefore, it is important to create an improvement culture that manages quality and performance in service delivery in a robust manner that drives improved quality of care for patients.

21. The Compassionate Leadership Principles for Health and Social Care in Wales are fundamental to the approach of the framework. The four pillars of compassionate leadership (effective leadership, inclusive leadership, collective leadership and systems leadership) ensure the improvement culture is one that facilitates robust challenge and support.

22. The following principles underpin the Oversight and Escalation Framework:

- *Creating an improvement culture:* these arrangements are intended to support the ongoing development of a culture of an effective quality management system, delivered for the benefit of patients. This will be supported by clear objectives which will drive a culture of high performance and accountability.

- *Transparency:* The measures and deliverables set in NHS Wales Planning and Delivery frameworks are clearly articulated to NHS Wales organisations so that they know what is required; know how they will be assessed and the process if deliverables fall below expected levels.

- *Delivery focus:* The quality control approach will be integrated, action oriented and focussed on delivering improvements agreed bilaterally (between Welsh Government and NHS organisations).

- *Proportionality and balance:* The framework arrangements will seek to ensure that interventions and actions are proportional to the scale of the risk and that a balance between challenge and support is maintained.

- *Clear lines of accountability:* A robust scheme of delegation and quality assurance arrangements will ensure that the Board, Chairs and Accountable Officers identify responsible officers for deliverables who will then interface with the oversight approach.

- *Earned autonomy:* delivery against plans and agreed trajectories will earn greater levels of autonomy. As organisations deliver against target expectations, frequency and intensity of oversight arrangements will be reviewed. Conversely greater levels of support and quality assurance interventions will be in place where required and could be assessed as part of organisational escalation.

4. OVERSIGHT APPROACH

23. The triangulation of quality, planning (inclusive of finance and workforce) and delivery (quality and performance) form the themes by which organisations will be assessed on their progress and against their plan. These are set out in the escalation domains. The focus of assessment of information will be on the quality of service and patient experience.

24. A balanced approach will need to be taken to local and national priorities underpinned by a focus on:
    - The twelve quality standards.
    - Quality of care, access and outcomes.
    - Preventing ill health and reducing inequalities.
    - Finance and use of resources.
    - People.
    - Leadership and capability.
    - Patient experience feedback.
    - Triangulation of data and effective use of digital tools.

25. The organisational position against the priorities and measures set out in planning and performance frameworks will be reviewed and reflected as follows:
    - Annual objectives setting with Chairs of NHS Wales organisations. the framework is only relevant to Statutory NHS organisations. The frequency of review meetings with the Chairs will be determined by their escalation status.
    - Accountable Officer Letters issued by the Chief Executive of NHS Wales which outlines the responsibility for financial management and performance.
    - Welsh Government response to an organisational plan inclusive of accountability conditions.

26. Welsh Government lead the oversight of NHS Wales organisations with support from the NHS Wales Executive as follows:
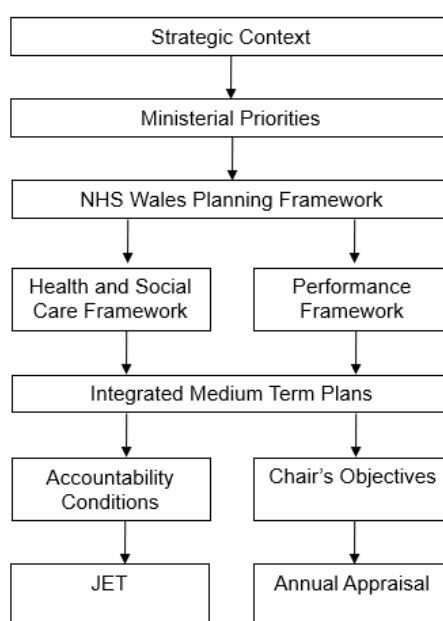
27. Assessment against the framework will utilise a variety of information including quantitative data, such as the published performance framework metrics and qualitative information. Information from the National Quality Management System (NQMS), patient safety reviews, clinical audit, and assessment against quality statements and NICE Standards will feature prominently. Information derived from conversations on quality improvement, value in health, digital, national programmes and clinical networks will also feature to support organisations in a rounded assessment of their position and progress.

28. Information from relevant independent third parties, inclusive of Llais, Audit Wales and Healthcare Inspectorate Wales has a key role in informing Welsh Government assessments, especially those relating to the escalation status of organisations.

29. Information will be used to support ongoing monitoring as follows:
    - Service quality metrics and insight.
    - Patient experience feedback.
    - Current performance (monthly where appropriate).
    - Organisation and Welsh Government agreed onward trajectories.
    - Historical performance trend to identify patterns and changes.
    - Evidence of improvement in reducing clinical variation.

30. The Framework promotes a 'no surprises' approach and supports early identification of emerging issues and concerns, so that they can be addressed before they have a material impact or performance deteriorates further. NHS Organisations are expected to maintain relationships with the NHS Wales Executive and Welsh Government HSSG so that actual or prospective changes in performance are shared in a timely manner. Where risks are material to the delivery of safe and sustainable services, these should be managed and escalated to Welsh Government.

31. Oversight meetings are set out as follows:

Integrated Quality, Planning & Delivery (IQPD) meetings

- There meetings will happen on a regular (monthly) basis and will be chaired by the Deputy Chief Executive of NHS Wales or their nominated deputy.
- They will be used to assess performance against agreed trajectories, consider the overall quality and safety of services and to undertake deep dives on specific topics. Health boards should proactively raise areas of concern.

Service Specific meetings

- Additional monthly meetings will be held with organisations to focus solely upon services which are challenged across Wales such as cancer, ophthalmology, and planned care.
- These meetings will be used to scrutinise quality, planning, delivery and performance, including recovery plans, trajectories, and serious incidents.


Escalation meetings

- These meetings will take place when an organisation is at a level of escalation (other than routine arrangements) and will be chaired by Welsh Government.
- They will be used to agree the recovery required by the organisation, agree an appropriate level of support, and monitor progress against specified and agreed de-escalation criteria.

Joint Executive Team (JET) meetings

- These meetings will take place twice a year, chaired by the Chief Executive of NHS Wales.
- They will be used to scrutinise quality, planning, delivery, and performance including assessment of overall performance of the organisation against national requirements, its plan, and any accountability conditions.

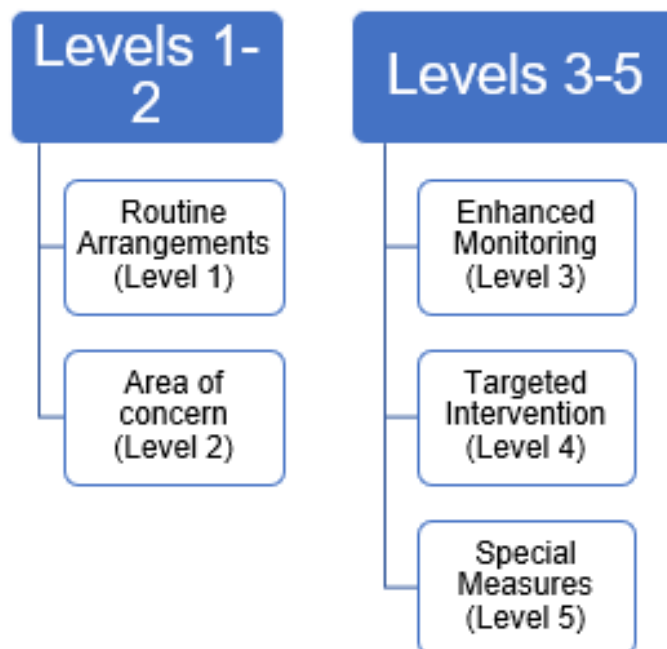32. The diagram below sets out the governance of the relationships and interface meetings:
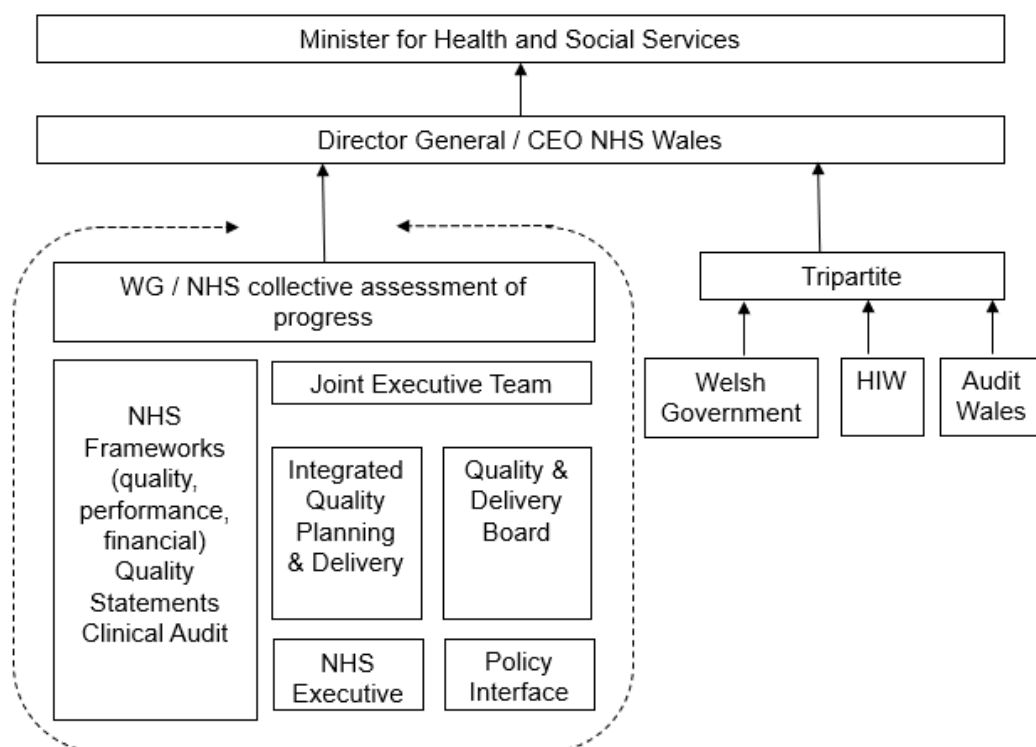
33. The Welsh Government will use the monthly Quality and Delivery Board to meet with NHS Wales Executive colleagues and other key parties to discuss all organisations and issues of concern.
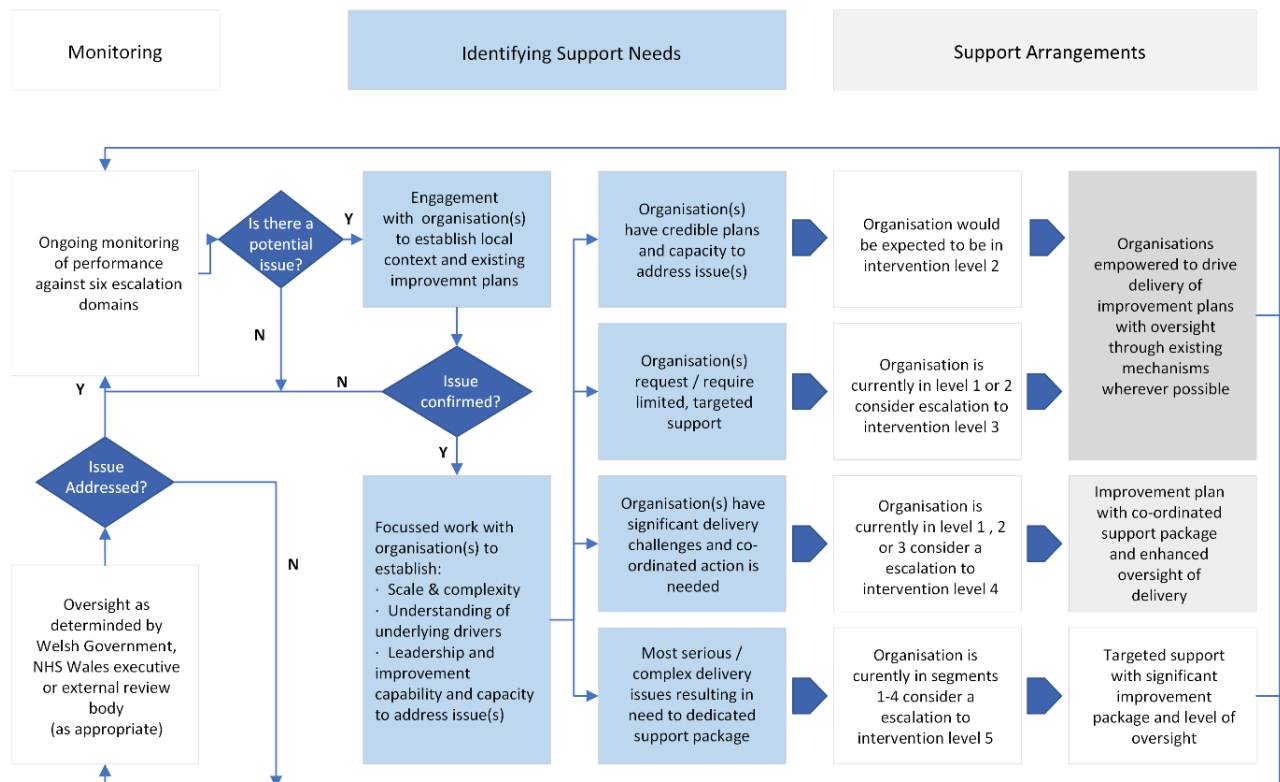
5. ESCALATION AND INTERVENTION

34. The NHS in Wales seeks to provide the very best care for patients at all times. However, issues do sometimes arise affecting service delivery, organisational effectiveness and the quality and safety of care. In most cases an appropriate response is made by the organisation concerned. However, on occasions there is a requirement for coordinated action involving those with responsibility for the supervision, auditing, inspection and regulation of the healthcare system. Regular and effective information sharing will enable potentially serious concerns to be identified early on.

35. Welsh Government will work together, and with relevant NHS Wales organisations including the NHS Wales Executive to ensure appropriate responsive action is taken.

36. The Welsh Government's NHS Wales Delivery Framework enables it to seek assurance that NHS organisations in Wales are delivering against priorities and driving up standards. As part of this there is a range of performance indicators against which NHS organisations in Wales are monitored. If there is an indication that NHS organisations are under-performing, the Welsh Government will explore this with the relevant NHS organisation and, where issues are identified, the NHS organisation will be required to take remedial action.

37. The Welsh Government, HIW and Audit Wales will meet every six months (and additionally between these times if serious concerns arise) to share knowledge and identify issues early on in order that these can be resolved effectively. This meeting is known as the tripartite meeting.

38. Escalation and de-escalation to and from level 2 will take place as necessary and decisions will be made by the Welsh Government as appropriate.

39. An NHS organisation should approach the Welsh Government itself to highlight potential issues and proposed handling. This may result in the NHS organisation asking Welsh Government or external review bodies to consider undertaking a specific piece of work in response to these issues.

40. Decisions on escalation and de-escalation are matters for the Welsh Government and these will be taken after assessing a range of evidence and information including, but not exclusively, the intelligence shared by the tripartite participants (HIW and Audit Wales).

41. The principles underlying the approach to escalation and intervention are:
    - The arrangements are predicated on effective and regular information sharing between Welsh Government and external review bodies which will be used to identify serious concerns.
    - The Welsh Government will inform the NHS organisation of the reasons for escalation and intervention wherever it is applied.

- The form and extent of the action taken will be commensurate with the seriousness of the issue and the need to secure timely and effective improvement.
- NHS organisations will be expected to provide accurate and timely responses to requests for information, and to co-operate with action taken.
- Escalation can be to any level within the framework, dependent on the nature and seriousness of the concern/issue.
- De-escalation and sustainability criteria will be agreed with the NHS body through a formal de-escalation framework. This will be agreed within 6 weeks of the escalation/de-escalation decision.
- 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 routine arrangements.

42. There are five levels within this framework as follows:

43. The flow chart and the paragraphs below set out how the NHS Wales process will operate:

Monitoring	Identifying Support Needs	Support Arrangements

Ongoing monitoring of performance against six escalation domains

Is there a potential issue?

Engagement with organisation(s) to establish local context and existing improvemnt plans

Issue confirmed?

Issue Addressed?

Oversight as determinded by Welsh Government, NHS Wales executive or external review body (as appropriate)

Focussed work with organisation(s) to establish:
· Scale & complexity
· Understanding of underlying drivers
· Leadership and improvement capability and capacity to address issue(s)

Organisation(s) have credible plans and capacity to address issue(s)

Organisation(s) request / require limited, targeted support

Organisation(s) have significant delivery challenges and co-ordinated action is needed

Most serious / complex delivery issues resulting in need to dedicated support package

Organisation would be expected to be in intervention level 2

Organisation is currently in level 1 or 2 consider escalation to intervention level 3

Organisation is currently in level 1, 2 or 3 consider a escalation to intervention level 4

Organisation is curently in segments 1-4 consider a escalation to intervention level 5

Organisations empowered to drive delivery of improvement plans with oversight through existing mechanisms wherever possible

Improvement plan with co-ordinated support package and enhanced oversight of delivery

Targeted support with significant improvement package and level of oversight

Level 1 - Routine Arrangements

44. When in routine arrangements, the NHS organisation is generally operating effectively with any issues picked up appropriately within routine oversight arrangements and therefore not under any form of intervention. It is responsible for maintaining appropriate governance arrangements to ensure that it is operating effectively and delivering quality and safe care to patients, in line with the health and quality care standards.

Level 2 - Area of Concern

45. From time to time, the routine arrangements outlined above may flag up an emerging and potentially serious concern with the service delivery, quality and safety of care and/or organisational effectiveness of the NHS organisation. When such a concern emerges, the Welsh Government will meet with the health organisation or bodies to explore the nature and extent of this concern.

46. An emerging concern to service delivery, quality and safety of care and/or organisational effectiveness arises when the severity, frequency or persistence of problems appear to exceed that which can be dealt with through routine arrangements.

47. Concerns may be triggered by the analysis of serious incidents, a single event or a combination of factors which may relate to areas such as:
- Inability to deliver, one, some or all of the quality standards.

- Quality and safety of care.
- Capacity and capability.
- Financial management.
- Planning.
- Governance arrangements.
- Performance issues.
- Adequacy of the response of the NHS organisation to address the concern.

48. Requests for additional information to assist with this evaluation will be made to the NHS organisation and relevant third parties. If it is not immediately apparent what the nature of the problem is and where its cause lies, the Welsh Government, and external review bodies, as appropriate, may decide that a short, focussed piece of work is undertaken in liaison with the NHS organisation to explore the concern further.

49. The NHS organisation will be formally notified that the Welsh Government and/or external review bodies believe there to be a concern that potentially compromises service delivery, quality and safety of care and/or organisational effectiveness. The Welsh Government and external review bodies, as appropriate, will work closely with the NHS body to ensure emerging concerns are explored and their cause(s) understood.

50. The Welsh Government and tripartite participants will meet, at least, every six months (and additionally between these times if serious concerns arise) to share knowledge and identify issues early on in order that these can be resolved effectively.

51. Following these meetings, Welsh Government will consider the evidence and outcomes of the discussions and the Director General HSSG will make recommendations to the Minister on the escalation status of the organisation. This will include a clear rationale for the proposed escalation or de-escalation. These decisions will be made by Welsh Government but informed by a wide range of intelligence.

52. Escalation will typically occur when there is evidence to indicate sufficient and timely improvement is not happening. Depending on the nature of the issue, the escalation could be to any level on the intervention scale and intervention might be applied to either the NHS organisation as a whole or a particular function or service within an organisation.

53. Escalation decisions will be in part determined by assessing the level of support required based on a combination of objective criteria and judgement. An escalation decision indicates the scale and general nature of support needs, from no specific support needs to a requirement for intensive support. It does not determine specific support requirements. These will be identified by the criteria set out in the description of escalation levels at annex one.

54. Decisions on the choice and order of intervention may depend on the way in which serious issue(s) come to light and the response of the NHS organisation.

55. Intervention is not solely driven by this process; the Welsh Government and external review bodies each retain the right to take individual action as they see fit, keeping other stakeholders informed.

56. In each case, the Welsh Government and external review bodies, as appropriate, will work with the NHS body to agree a clear timeframe in which improvement can be expected.

Level 3 - Enhanced Monitoring

57. Enhanced monitoring will occur when serious concerns have been identified and that have not been resolved through the level 2 assessment. As set out in paragraph 47, this may include ongoing performance challenges, a growing financial deficit, inability to produce an integrated medium term plan. On some occasions the escalation will be straight to level 3.

58. The NHS organisation will need to demonstrate that it is taking a proactive response to put in place effective processes to address the issue(s) and drive improvement itself. Welsh Government will co-ordinate activity in order to closely monitor, challenge and review progress.

59. 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.

Level 4 - Targeted Intervention

60. Welsh Government will take and co-ordinate action and direct intervention to support the NHS organisation to strengthen its capability and capacity in order to drive improvement. The interventions will normally be undertaken by the NHS Wales Executive directed by Welsh Government. On some occasions appropriate external support will be given to the organisation.

61. Actions the Welsh Government may take include arranging mentoring for individual Board or Executive Team members and appointing experienced individuals with the necessary clinical and/or governance skills onto the Board to act as independent advisors for a finite period.

62. Audit Wales may, independently, undertake a review or examination of a specific service area, or aspect of organisational governance in response to concerns. Such a review may be seen as targeted intervention within the definition of the framework, and it may be undertaken jointly with HIW.

Level 5 - Special Measures

63. In exceptional circumstances, either official of the Welsh Government (including the Chief Executive of Healthcare Inspectorate Wales) and the Auditor General for Wales may identify concerns in relation to an NHS organisation in response to which the Welsh Ministers may take intervention as set out in the NHS (Wales) Act 2006 [sections 26-28] and associated regulations.

64. Intervention actions by the Welsh Ministers may include a package of targeted support, suspending or removing powers and duties from individual members or all members of the NHS organisation's Board.

65. Additionally, the Welsh Ministers may consider the use of Direction or Emergency Powers which allows them to direct that a function of the NHS organisation be performed by another body for a specified time.

66. These formal powers are seen as a last resort and will normally only be used if other intervention is unlikely to succeed.

6. TARGETED SUPPORT

67. Targeted support is applicable to organisations in levels 4 or 5 of this Framework and will be applied when organisations have serious problems and where there are concerns that the existing leadership cannot make the necessary improvements without support. Targeted support will consist of a set of interventions designed to remedy the problems within a reasonable timeframe.

68. Support packages will always be designed and delivered within the relevant organisational context and support. Specific support needs will be reviewed through regular oversight meetings and additional enhanced oversight arrangements, where these are required to:

- Track improvement and understand the effectiveness of the various support measures.
- Ensure support is targeted where it has the greatest impact.

69. As part of this process an assessment will be undertaken to consider the severity, scale and complexity of the issues the organisation is facing using information gathered through quality surveillance, existing knowledge, discussions and information from partners including evidence from formal or informal investigations. As part of this, Welsh Government will draw on the expertise and advice of national colleagues such as the NHS Wales Executive as required. Consideration will be given to using external organisations and independent advisers as appropriate.

70. During the assessment, consideration will be given to:

- Degree of risk and potential impact.
- Degree to which organisation understands what is driving the issue(s).
- Views of leadership, governance and maturity of improvement approach.
- Organisation's capability and credibility of plans to address the issue(s).
- Previous steps to support the organisation to rectify the issue(s).
- Extent to which the organisation is delivering against a recovery trajectory.
- Agreeing the sustainability and de-escalation criteria that must be met by the organisation.

7. ESCALATION DOMAINS

71. An NHS organisation can be escalated for any or all of the domains highlighted below:

72. Areas of enquiry under each domain will include (but are not limited to) the following observations:

Domain 1 – Governance

- Is the board cohesive and acts in a unitary manner? Is there a clear board development and succession plan in place?
- Does the organisation have a comprehensive Governance Framework?
- Are there clear roles and accountabilities in relation to governance (including quality, finance, corporate and information governance)?
- Are there clearly defined, well understood processes for escalating and resolving issues and managing performance?
- Does the Board actively engage patients, staff, and other key stakeholders?
- Does the Board have the skills and capability to lead the organisation?
- Does the Board support continuous learning and development across the organisation?
- Does the organisation have a Board Assurance Framework (BAF) and Strategic Risk Register which has been agreed and regularly reviewed by the Board and its committees, reflecting the risk appetite and tolerance of the organisation.
- Are there clear responsibilities, roles and systems of accountability to support good governance and management?
- What is the Board's approach to information governance, information/data, digital governance, and cyber security?
- Are the relationships and arrangements with commissioners clear and effective?

Domain 2 – Leadership, capability and culture

- Does the Board shape an open, transparent and quality-focused culture?
- Does the Board act in a cohesive and unified manner?
- Is there evidence that staff are able to speak up safely and are confident they will be listened to, and appropriate action will be taken?
- Is there leadership capacity and capability to deliver high quality sustainable care?
- Is appropriate and accurate information being effectively processed, challenged and acted on?
- Is there a clear vision and credible strategy to deliver high quality, sustainable care to people and robust plans to deliver?
- Is there a culture of high quality, sustainable care?
- Are there clear and effective processes for managing risks, issues and performance?
- Are there robust systems and processes for learning, continuous improvement and innovation?
- Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?

Domain 3 – Performance and outcomes

- Is performance in line with agreed trajectories and national requirements?
- Are issues delivering against plan and accountability conditions identified and addressed appropriately in a timely manner?
- Are outcomes measured and monitored appropriately, with any changes identified, investigated, and actioned promptly?
- Are contracted services managed appropriately?

Domain 4 – Finance, strategy and planning

- Does the board have a credible strategy to provide quality, sustainable services to patients and is there a robust plan to deliver?
- Is the organisation able to deliver against plan and accountability conditions?
- Is there significant underlying deficit and/or significant gap to the financial plan?

Domain 5 – Quality of care (safety, clinical effectiveness and patient experience)

- Are specific concerns about service, risks to quality or delivery identified quickly with appropriate action or timescales to address?
- Is any increased risk that people are being harmed and/or limited assurance about safety being identified and addressed in a timely manner?
- Is there access to information in a safe way to inform clinical decisions?
- Does the leadership, governance and culture support the delivery of high-quality, person-centred care?
- Are systems, processes and standard operating procedures reliable and appropriate to keep people safe?
- Are safety concerns consistently identified or addressed quickly?
- Do people receive effective care and/or is there sufficient assurance in place?
- Does care and treatment always reflect current evidence-based guidance, standards, best practice and technologies?
- Do staff recognise concerns, incidents or near misses?

Domain 6 – Fragile Services

- Does outcome and clinical data indicate that the service is an outlier?
- Are there increasing incidents, levels of complaints, concerns, and issues being raised by staff and patients?
- Are people safe and not at high risk of avoidable harm?
- Are outcomes of care and treatment appropriately monitored and benchmarked with other similar services so any unduly variable or significantly worse are identified and action taken appropriately?
- Do staff and teams work in a multi-disciplinary and collaborative way and seek support or input from other relevant teams and services as appropriate?
- Is consent always obtained or recorded in line with relevant guidance and legislation?
- Are services from other providers commissioned effectively?
- Is the relationship with commissioners effective. Have commissioners escalated the organisation and how effective has the organisation been in response to that escalation?
- Does people's care and treatment reflect current evidence-based guidance, standards, practice or technology?

8. DE-ESCALATION

73. To be considered for de-escalation, an organisation must demonstrate that the de-escalation and sustainability criteria have been consistently met. The overall aim being to support NHS organisations, subject to intervention arrangements, to deliver the required improvement and address any issue(s) effectively so that they may commence the de-escalation process once improvements are noted and sustained.

74. Wherever appropriate, the 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.

75. De-escalation will be to the next level on the intervention scale with reduced oversight and reporting at each stage of de-escalation.

ANNEX 1 – DESCRIPTION OF ESCALATION LEVELS

Escalation Level	Description	Expectation or behaviours of organisation	Criteria for potential escalation to a higher level	Criteria for potential de-escalation to a lower level
1 – Routine arrangements	• Steady state "on-plan" and normal reporting • Consistently high per-forming • Capability and capacity required to deliver is well developed • No specific support needs identified	<u>Welsh Government</u> • Surveillance and oversight through normal reporting mechanisms and sched-uled meetings such as Joint Executive Team (JET) annual /mid-year re-views <u>Health boards, trusts and SHAs</u> • Responsible for maintain-ing appropriate govern-ance arrangements to en-sure that it is operating ef-fectively and delivering or contributing to quality and safe care to patients • Leaders are visible ap-proachable and welcome challenge with a clear vi-sion and credible strategy to deliver high quality, sustainable care to peo-ple, and robust plans to deliver culture of high quality, sustainable care	• Failure to develop an approved balanced 3-year plan • Performance against national requirements • Delivery against plan and any accountability conditions • Specific concerns about service issue identified, risks to qual-ity or delivery which no clearly identified ap-propriate action or timescales to address • People are at risk of not receiving effective care or treatment or a lack of consistency in the effectiveness of the care, treatment and support.	N/A

Escalation Level	Description	Expectation or behaviours of organisation	Criteria for potential escalation to a higher level	Criteria for potential de-escalation to a lower level
		• Clear responsibilities, roles and systems of accountability to support good governance and management • Clear and effective processes for managing risks, issues and performance • Appropriate and accurate information being effectively processed, challenged and acted on • People who use services, the public, staff and external partners engaged and involved to support high quality sustainable services • Robust systems and processes for learning, continuous improvement and innovation		
2 – Area of concern	• Some variation from plan, delivery risk if no action • Specific service issue identified, risks to quality or delivery if no action	Welsh Government • Surveillance and oversight through normal reporting mechanisms Health boards, trusts and SHAs	• Deteriorating performance trajectory against some national requirements • Issues delivering against plan and accountability conditions	• Sustained improvement in delivery of national requirements • Approval of a deliverable and balanced 3 year plan

Escalation Level	Description	Expectation or behaviours of organisation	Criteria for potential escalation to a higher level	Criteria for potential de-escalation to a lower level
	• Targeted local support may be required to address specific identified issues • Pro-active response to put effective processes in place to drive improvement led by NHS health board/trust/SHA and monitored by Welsh Government established processes.	• Proactive action with development of a local recovery or improvement plan • Advice and tailored support sought if necessary • Issues regular monitored by executive team through increased local surveillance and monitoring mechanisms and progress reported to Welsh Government	• Specific concerns about service issue identified, risks to quality or delivery which no clearly identified appropriate action or timescales to address • Increased risk that people are being harmed or there is limited assurance about safety	• People are protected from avoidable harm with good outcomes because they receive effective care and treatment that meets their needs. • Leadership, governance and culture promote the delivery of high quality person-centred care.
3 – Enhanced monitoring	• Significant variation from plan • Significant risks or concerns identified or materialising • Tailored action and/or support may be required • Pro-active response to put effective processes in place to drive improvement agreed with and closely monitored, challenged/reviewed by WG and external review bodies	<u>Welsh Government</u> • Surveillance and monitoring will be more frequent than that carried out under routine arrangements and may also take a wider variety of forms <u>Health boards, trusts and SHAs</u> • Co-ordinated action to strengthen the service with a formal recovery or improvement plan, with milestones and responsibilities clear, agreed with Welsh Government	• Deteriorating performance trajectory against national requirements • Unable to deliver against plan and accountability conditions • Significant underlying deficit and/or significant actual or forecast gap to the financial plan • Leadership, governance and culture do not always support the delivery of high-quality person-centred care.	• Sustained improvement in delivery of national requirements and or agreed metrics • Approval of a deliverable and balanced plan • People are protected with minimised risk from avoidable harm with good outcomes with effective care and treatment.

Escalation Level	Description	Expectation or behaviours of organisation	Criteria for potential escalation to a higher level	Criteria for potential de-escalation to a lower level
	• Flexible support delivered through peer support, clinical networks or national programmes	• External expert advice provided by NHS Wales Executive and other key bodies if required	• Systems, processes and standard operating procedures are not always reliable or appropriate to keep people safe. • Safety concerns are not consistently identified or addressed quickly enough. • People receive ineffective care or there is insufficient assurance in place to demonstrate otherwise. • Care and treatment does not always reflect current evidence-based guidance, standards, best practice and technologies.	
4 – Targeted Intervention	• Significant risks to delivery, quality, financial performance or safety • Senior external support required • Co-ordinated and/or unilateral action designed to strengthen the capacity and capability of the	<u>Welsh Government</u> • Increased surveillance and monitoring outside routine arrangements • Targeted support provided in agreement with organisation <u>Health boards, trusts and SHAs</u>	• Dramatic drop in performance, or sustained very poor • Delivery of high quality care is not assured by the leadership, governance or culture. • Safety systems, processes and standard	• Improvement in delivery of agreed metrics • Annual plan developed with board approval • Effective governance and oversight arrangements in place with risks minimise

Escalation Level	Description	Expectation or behaviours of organisation	Criteria for potential escalation to a higher level	Criteria for potential de-escalation to a lower level
	health board/trust to drive improvements • Bespoke support drawing on system and national expertise as required	• Organisation to identify a senior responsible officer to oversee mandated support intervention and identify key organisation leads to facilitate mandated support process • Active engagement with targeted support process and clear commitment to implement learning • Effective governance and oversight of improvement programme implementation with clear leads, timescales and maturity matrix to enable progress to tracked	operating procedures are not fit for purpose • Staff do not recognise concerns, incidents or near misses • People are not safe or at high risk of avoidable harm • People's care and treatment does not reflect current evidence-based guidance, standards, practice or technology • Very limited or no monitoring of the outcomes of care and treatment with outcomes that are very variable or significantly worse than expected when compared with other similar services • Staff and teams provide care in isolation and do not seek support or input from other relevant teams and services • Consent is not always obtained or recorded	• Delivery of key improvements identified in line with specified de-escalation criteria

Escalation Level	Description	Expectation or behaviours of organisation	Criteria for potential escalation to a higher level	Criteria for potential de-escalation to a lower level
			in line with relevant guidance and legislation	
5 – Special Measures	• Very serious, complex issues manifesting as critical quality, governance and/or finance concerns that require intensive support • Catastrophic failure in leadership or governance that risks damaging the reputation of the NHS • Organisational structure/configuration unable to deliver effective care • Current arrangements require significant change • Welsh Ministers will take intervention as set out in the NHS (Wales) Act 2006 • Targeted intensive support delivered	<u>Welsh Government</u> • Ministerial powers of intervention which may include suspending or removing powers and duties from individual members or all members of the NHS board/trust/SHA board • Welsh Ministers may consider the use of direction or emergency powers which allows them to direct that a function of the NHS board/trust be undertaken by another body for a specified time <u>Health boards, trusts and SHAs</u> • Organisation to identify a senior responsible officer to oversee mandated support intervention and identify key organisation leads to facilitate mandated support process • Active engagement with targeted support process and	N/A	• Effective governance and leadership arrangements in place • Services stabilised and demonstrable progress against agreed delivery plan • Engagement with the targeted support process

Escalation Level	Description	Expectation or behaviours of organisation	Criteria for potential escalation to a higher level	Criteria for potential de-escalation to a lower level
		clear commitment to implement learning • Develop an improvement programme with clear leads, timescales and maturity matrix to enable progress to be transparently accessed.		

GLOSSARY

Access	The opportunity to use, get or benefit from something.
Accountability	When an organisation is responsible for ensuring that things happen and can explain what happened and why.
Audit	A systematic review of a practice, process or performance to establish how well it meets predetermined criteria. The procedure includes identifying problems, developing solutions, making changes to practice, and then reviewing the whole operation or service again.
Audit Wales	Audit Wales is the non-statutory collective name for the Auditor General for Wales (AGW) and the Wales Audit Office (WAO). Audit Wales is not a legal entity. The AGW is the statutory external auditor of most of the Welsh public sector and audits the accounts of county and county borough councils, police, fire and rescue authorities, national parks and community councils, as well as the Welsh Government, its sponsored and related public bodies, the Senedd Commission and National Health Service bodies. The WAO's main functions are to provide staff and other resources for the exercise of the Auditor General's functions, and to monitor and advise the Auditor General.
Benchmark	A measure or standard that can be used to compare an activity, performance, service or result. 'Benchmarking' is the process of measuring the performance of people or organisations with broadly similar characteristics. The aim is to improve quality by encouraging all organisations or services to raise their own performance to that of the best.
Board/Board Members	The Board is the corporate, decision-making body of the health board, trust or special health authority. Its role is to set the strategic direction; establish and uphold the governance and accountability framework, including the values and standards of behaviour; and to ensure delivery of its aims and objectives through effective challenge and scrutiny of performance across all areas of activity. Membership of the Board includes the Chair, Vice Chair, executive directors, independent members and associate (non-voting) members.
Care Pathway	The route a person takes through healthcare services. For example, a care pathway might show the order in which various tests are done to diagnose an illness, which treatments should be tried, and when care moves from primary to secondary care, or from hospital back into community care.
Clinical Audit	A process for monitoring standards of clinical care to see if it is being carried out in the best way possible (known as 'best practice'). Clinical audit can be described as a systematic 'cycle'. It involves measuring care against specific criteria, taking action to improve it if necessary, and monitoring the process to sustain improvement.

Clinical Governance	Clinical governance is a framework of processes, systems and controls that helps NHS organisations demonstrate accountability for continuously improving the quality of their services and safeguarding high standards of care. Good clinical governance involves establishing an environment in which clinical excellence can flourish.
Clinical outcomes	Specific changes in health or quality of life, as a result of the medical treatment or care received.
Clinical Pathways	Clinical pathways are standardised, evidence -based multidisciplinary management plans that identify an appropriate sequence of clinical interventions, timeframes, milestones and expected outcomes for a homogenous patient group.
Commissioning	Commissioning is the purchasing of NHS services to meet the health needs of a local population. Health boards act as commissioners and the providers of NHS services in Wales.
Digital Health and Care Wales (DHCW)	Digital Health and Care Wales (DHCW) is a special health authority responsible for building and designing digital services for health and care in Wales. It has a national role to support NHS Wales in making best use of IT skills and resources and take forward the digital transformation needed for better health and care in Wales. Their key responsibilities are: • Mobilising digital transformation and ensuring high quality care • Expanding access to the Welsh Digital Health and Care Record • Delivering high-quality digital services • Enabling big data analysis for better outcomes.
Duty of candour	If something goes wrong with the health care that is provided, the organisation that provides the care has a legal duty to be open with the person and their familes to explain what has happened and to apologise.
Duty of quality	The purpose of the duty of quality is to ensure that Welsh Ministers and NHS bodies secure improvements in the quality of services they provide. The duty represents our ambition of achieving ever-higher standards of person-centred health services in Wales.
Emergency Ambulance Services Committee (EASC)	The Emergency Ambulance Services Committee (EASC) joint planning and commissioning of ambulance services on behalf of health boards. It is hosted by Cwm Taf Morgannwg University Health Board but works on behalf of all seven local health boards.
External review bodies	Independent bodies which review the way NHS services are governed and provided. This includes organisations such as Audit Wales and Healthcare Inspectorate Wales.
Fragile services	Services which may be considered susceptible to collapse and are fragile due to constraints such workforce or demand on the service.
Frameworks	Frameworks refers to the NHS Wales planning, performance and quality and safety frameworks.
Governance	Governance (or corporate governance) is the system by which organisations are directed and controlled. It is concerned with how an organisation is run – how it structures itself and how it is led. Governance should underpin all that an organisation

	does. In the NHS this means it must encompass clinical, financial and organisational aspects.
Health and Care Standards	The Health and Care Standards set out the Welsh Government's common framework of standards to support the NHS and partner organisations in providing effective, timely and quality services across all healthcare settings. They set out what the people of Wales can expect when they access health services and what part they can play in promoting their own health and well-being. They set out expectations for services and organisations and whether they provide or commission services for their local citizens.
Health board	Health boards are the NHS organisations in Wales responsible for the health of the population within their geographical area. They are responsible for planning, developing and securing the delivery of primary, community, in-hospital care (hospital) services and specialised services for their areas. These services include dentistry, optometry, pharmacy and mental health services. They are also responsible for: • improving physical and mental health outcomes • promoting wellbeing • reducing health inequalities across their population • commissioning services from other organisations to meet the needs of their residents. There are seven health boards: • Aneurin Bevan University Health Board • Betsi Cadwaladr University Health Board • Cardiff and Vale University Health Board • Cwm Taf Morgannwg University Health Board • Hywel Dda University Health Board • Powys Teaching Board • Swansea Bay University Health Board
Health Education and Improvement Wales (HEIW)	Health Education and Improvement Wales (HEIW) is a special health authority which is responsible for the planning, commissioning, delivery and quality assurance of education and training for health professionals in Wales. They have a leading role in providing the healthcare workforce in Wales with: • education • training • development
Healthcare Inspectorate Wales (HIW)	Healthcare Inspectorate Wales (HIW) is an independent inspectorate and regulator of healthcare that provides information about the safety and quality of all healthcare in Wales. Its focus is on improving safety and quality, improving citizens' experience of healthcare and strengthening the voice of patients and the public.
Integrated Medium-Term Plan (IMTP)	All Welsh health boards, trusts and special health authorities are required to develop an integrated medium-term plan (IMTP). The plan covers three financial years, in accordance with the Welsh Government Integrated planning framework, which sets out the minimum requirements. These plans set out how resources will be used over a three-year period to improve health outcomes, quality of care and ensure best value from resources.

National Quality Management System (NQMS)	The National Quality Management System (NQMS) brings together data from a number of sources, including patient safety incidents, for triangulation and to inform a range of activities in relation to learning and assurance.
Never event	Something that would cause harm to people that should never happen and can be prevented.

NHS Wales Executive	The NHS Wales Executive is a new, national support function based in the NHS in Wales. It is comprised of the following functions:
	• Performance and assurance - its core purpose is to ensure there are robust assurance processes and mechanisms in place so that NHS Wales organisations are held to account for meeting expectations and outcomes set by Government.
	• Financial planning and delivery - it ensures financial sustainability and delivery, alongside maximising the impact and use of health and social care spending in Wales.
	• Quality Safety and Improvement - its purpose is to translate the policy direction and standards set by Welsh Government into action that improves the quality and safety of healthcare in Wales, including:
	   o Quality planning
	   o Quality assurance
	   o Quality control
	   o Improvement and delivery
	• Networks and planning will support driving improvement, change (including innovation and value) and delivery via clinical networks and national programmes.
	The key purpose of the NHS Wales Executive is to drive improvements in the quality and safety of care to achieve better, fairer healthcare outcomes for the people of Wales.

NHS Wales Organisations	NHS Wales organisations include seven health boards, three trusts and two special health authorities. In addition, there are a number of other NHS Wales organisations which are hosted by one of the above organisations such as NWSSP, EASC and WHSSC.
NHS Wales Shared Services Partnership (NWSSP)	NHS Wales Shared Services Partnership (NWSSP) is an independent organisation, owned and directed by NHS Wales. NWSSP supports NHS Wales through the provision of a comprehensive range of high quality, customer-focused support functions and services e.g., employment (recruitment, payroll and pensions), legal advice and representation and procurement services. It is hosted by Velindre University NHS Trust.
Outcomes	The impact that a test, treatment, policy, programme or other intervention has on a person, group or population. Depending on the intervention, outcomes could include changes in knowledge and behaviour related to health or in people's health and wellbeing, the number of patients who fully recover from an illness or the number of hospital admissions, and an improvement or deterioration in someone's health, symptoms or situation.

Pathway	A patient pathway is the route that a patient will take from their first contact with NHS (usually their GP), through referral, to the completion of their treatment.
Patient Experience	Patient experience means putting the patient and their experience at the heart of quality improvement. Patient experience focuses on the measures and elements that are important to the patient, such as: respect for patient centred values, preferences, and expressed needs; communication; physical comfort; and continuity of care.
Patient safety incident	Something that is not supposed to happen that caused, or could have caused, harm to someone receiving health care. These incidents should be reported, to prevent them happening again.
Performance Framework	NHS Wales Performance Framework details how NHS Wales will measure and report performance in health care. It sets a number of performance measures which reflect the Ministerial priority areas of focus and core support functions as outlined in the NHS Wales Planning Framework.
Planning Framework	The NHS planning framework provides specific guidance for NHS bodies in the development of Integrated Medium Term Plans (IMTPs), including priority areas and additional guidance from national programmes and new policy requirements.
Primary care	Healthcare delivered outside hospitals. It includes a range of services provided by GPs, nurses, health visitors, midwives and other healthcare professionals and allied health professionals such as dentists, pharmacists and opticians.
Quality	Quality can be defined as continuously, reliably, and sustainably meeting the needs of the population the served. It means safe, timely, effective, efficient, equitable and person-centred health care which is embedded within a culture of continuous learning and improvement.
Quality and Safety framework	This Quality and Safety Framework describes the interlinked key elements that must always be working together to ensure continuous improvement in quality: planning; improvement; and control; and to provide overall assurance that the system is working effectively to deliver the outcomes that we need for the people.
Quality statements	High-level statement of intent for what "best" looks like for services for people with specific health conditions. They set out what high quality clinical services should look like and reflect a consensus of opinion about vital areas of focus.
Secondary care	Secondary care is healthcare provided in hospitals. It includes accident and emergency departments, outpatient departments, antenatal services, genitourinary medicine and sexual health clinics.
Special health authority (SHA)/ Special health authorities (SHAs)	A special health authority (SHA) is body established by Welsh ministers with the purposes of performing any functions they may direct on their behalf. There are two special health authorities (SHAs) performing functions in respect of Wales. • Digital Health and Care Wales leads on digital platforms, systems and services and collecting and analysing health service data across Wales.

	• Health Education and Improvement Wales has a leading role in the education, training, development and shaping of the healthcare workforce across Wales.
Specialist care	Care for people needing specialist or very complex treatments These types of treatment - such as transplants or brain surgery - are not available in every local hospital and have to be provided by specialist teams who have the necessary skills and experience.
Tertiary care	Care for people needing complex treatments. People may be referred for tertiary care (for example, a regional stroke unit) from either primary care or secondary care.
Tripartite participants	Participants in tripartite meetings are Welsh Government, Audit Wales and Healthcare Inspectorate Wales.
Trusts	There are three NHS Trusts in Wales with an all-Wales focus. These are the Welsh Ambulance Services NHS Trust, Velindre Cancer Centre NHS Trust and Public Health Wales NHS Trust. • Welsh Ambulance Service NHS Trust is the national ambulance service. It provides a range of out-of-hospital, emergency and non-emergency services such as NHS 111. • Velindre University NHS Trust provides specialist cancer services across South and Mid Wales through Velindre Cancer Centre and a national service through the Welsh Blood Service. • Public Health Wales is the national public health agency and provides leadership on public health issues. It is responsible for protecting and improving health and wellbeing and reducing health inequalities.
Welsh Health Specialised Services Committee (WHSSC)	Welsh Health Specialised Services Committee (WHSSC) is responsible for the joint planning and commissioning of specialised and tertiary services in Wales. Every year, WHSSC receives funding from health boards to pay for specialised healthcare for everyone who lives in Wales and entitled to NHS care. It is hosted by Cwm Taf Morgannwg University Health Board but works on behalf of all seven local health boards