

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

Swansea Bay University Health Board

Escalation Framework

April 2024



Llywodraeth Cymru
Welsh Government

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Section A: Introduction

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

A NHS organisation can be escalated for any, or all, of the domains highlighted below:



Finance, strategy and planning

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

Maternity and neo-natal services

On 12 December 2023, the maternity and neonatal services within Swansea Bay University Health Board were escalated to enhanced monitoring.

Performance and outcomes

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

In January 2024, the health board was escalated from enhanced monitoring to targeted intervention/level 4 for performance and outcomes, as the expected progress against a number of performance areas had not been seen.

This document sets out the key areas to be addressed as part of the escalation and the expectations for improvement.

A1: Welsh Government approach to oversight and escalation

Information on the escalation and intervention approach can be found in the [NHS oversight and escalation framework](#).

To optimise the capacity, efficiency and effectiveness across health care settings, prudent health care principles and value-based healthcare will be the basis on which services are planned and delivered. Value in health care is realised when the best possible health care outcomes is achieved for our population with the resources that we have.

Interventions will be:

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

Assessment and monitoring

Escalation will result in additional scrutiny being applied to the various performance areas and enhanced monitoring intervention will apply additional scrutiny to the areas of maternity and neonatal services and finance, strategy and planning.

Whilst in escalation:

- Normal performance management arrangements will continue through the Integrated Quality, Planning and Delivery Board (IQPD) and Joint Executive Team (JET) meetings.
- There will be quarterly escalation meetings chaired by the Director General of the Health and Social Services Group / Chief Executive NHS Wales.
- Welsh Government will agree with the health board whether a monthly progress report on the key areas in escalation will be required. For areas such as finance, this will include extant reporting arrangements such as the monthly monitoring return to Welsh Government.

Inception meeting

The inception meeting will review and agree the escalation plan (including targeted intervention and enhanced monitoring). The plan will set out the key objectives and key products; the composition of the project team; the ongoing monitoring and scrutiny approach.

Escalation Touchpoints

- Enhanced monitoring oversight of the maternity and neonatal services will take place monthly.
- Frequency of the finance and planning enhanced monitoring touchpoint meetings will be agreed with the NHS Executive - these will examine progress made against the action log, review evidence and agree outputs for inclusion at the Welsh Government led escalation meetings.
- A monthly oversight meeting, chaired by Welsh Government will be established to oversee the targeted interventions established to support performance recovery at Swansea Bay University Health Board. It will bring together Welsh Government, NHS Executive and Swansea Bay University Health Board leads to co-ordinate and deliver the interventions as required within the targeted intervention improvement framework to support sustained service improvements.
- A quarterly escalation meeting chaired by the Director General of the Health and Social Services Group / Chief Executive NHS Wales

A2: Escalation in Swansea Bay University Health Board

The health board is escalated to enhanced monitoring (finance, strategy and planning and maternity and neonatal services and targeted intervention (performance and outcomes)).

Expected outcomes

The escalation and related interventions are designed to help support the health board to:

Finance

- Demonstrate financial governance and financial control environment mechanisms are robust and sufficient assurance is received on their effectiveness.
- Clearly articulate the drivers of the current deficit to inform a triangulated approach to identify and deliver actions that will improve efficiency and maximise the use of resources.
- Demonstrate clear policies and processes supporting the identification, delivery and monitoring of all savings schemes and opportunities.
- Demonstrate and evidence an integrated planning approach and strategy to deliver a (recurrent) breakeven position over the medium-term, with a clear roadmap and key milestones for delivery.
- Submit a balanced three-year medium-term plan in line with the current planning framework.

Strategy and Planning

- Improved integrated planning evident across the organisation to develop an approvable IMTP for 2024-26, providing a route map towards the UHB's longer-term ambition.
- Effective regional planning taking place to ensure patients have access to the best possible care with clear demonstration that services of higher risk are more sustainable and benefit the population the organisation serves.

- Clearly agreed clinical strategy and development of a clinical plan to lead future planning and investment decisions.

Maternity and Neonatal Services

- Ensure a cohesive, integrated, multidisciplinary-led perinatal service across maternity and neonatal with clear evidence of a continuum of care pathway for women and their families with consistent standards of care throughout the journey as highlighted in the health board's strategic vision for maternity and neonatal services.
- Evidence how data is triangulated and used in response to issues and can demonstrate the use of accurate and timely data (including national audits and operational data) to inform improvements.
- Develop appropriate responses to ensure that the voices of women and their families are heard and responded to at every stage of their maternity and neonatal journey.
- Foster a cohesive team ethos focused on the delivery of safe, compassionate and seamless care for mother, baby and family.
- Build a positive culture with strong multidisciplinary leadership where staff feel valued, psychologically safe and are clear about expectations.
- Consistently ensure that learning from incidents is used to ensure safe and effective care for women, their babies and their families, and has an improvement ethos within and between the maternity and neonatal service.
- Have well-defined governance processes which are structured and resourced on a sustainable basis and supported by a robust framework to demonstrate learning from investigations and outcomes, outcomes, managed within the service quality management approach. Clear links to the maternity and neonatal assurance framework.

Performance and Outcomes

- Improved access to planned care with reduced waiting times in line with national requirements.
- Improved access to cancer services with waiting times in line with national requirements, and reduction in the number of patients waiting over 62 days.
- Improved access across urgent and emergency care including a sustained reduction in ambulance handovers, a reduction in the time to be seen by a clinician, reduction in the number of pathways of care delays and delivery of effective flow through the organisation.
- Reduction in the healthcare acquired infections, with a particular focus on C.diff and Staph aureus in line with agreed trajectories.

Roles and responsibilities

Welsh Government

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

Swansea Bay University Health Board

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

Section B: Enhanced Monitoring

Enhanced monitoring (Level 3) occurs when Welsh Government has identified serious concerns related to the NHS organisation - this may include ongoing performance challenges, a growing financial deficit, inability to produce an integrated medium-term plan.

Monitoring will be more frequent than that carried out under routine arrangements and may also take a wider variety of forms, including regular interactions and meetings in addition to written progress updates and submission of evidence, including updated action plans and qualitative and quantitative data.

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

The health board is in enhanced monitoring for two domains:

Finance, strategy and planning

In September 2023, Swansea Bay University Health Board was escalated to enhanced monitoring for finance, strategy and planning as the health board was unable to produce an approvable balanced three-year plan in accordance with the direction given by Welsh Ministers and the NHS Planning Framework, which could be considered for approval under section 175(2A) of the NHS (Wales) Act 2006 (“the 2006 Act”). On 22 January 2024, the Minister for Health and Social Services confirmed the escalation status of Swansea Bay University Health Board would remain as being in enhanced monitoring for finance, strategy and planning.

Fragile services: Maternity and neonatal services

On 12 December 2023, the maternity and neonatal services within Swansea Bay University Health Board were escalated to Enhanced Monitoring following an assessment of issues and concerns about these services within the health board related to staffing levels, quality and safety issues, the immediate assurances sought by HIW earlier this year and the forthcoming issues within the HIW unannounced inspection at Singleton published on the 15 December 2023.

B1: Finance, strategy and planning intervention

The finance, strategy and planning domain within the oversight and escalation framework gives consideration to the following:

- 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 a significant underlying deficit and/or significant gap to the financial plan?

Finance Intervention

The finance intervention and focus whilst in enhanced monitoring covers the following areas and the health board will be required to action and demonstrate:

Financial governance and control environment

- Financial reports 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 performance reports clearly identify and monitor metrics against a comprehensive selection of key workforce and activity cost drivers.
- Internal Audit work programme continually encompasses and reports on control environment and financial governance arrangements.

Understanding the existing deficit and key drivers

- There is a clear understanding of the cost drivers and investment decisions responsible for the growth in deficit across the organisation, including an explicit breakdown by key service area and cost driver.
- It has reviewed prior year investments to assess whether the planned benefits have been delivered.
- Has a robust process for challenging underlying deficits reported at local divisional levels.
- The cost drivers and investment decisions responsible for the growth in specific areas are well understood; to include particular focus on the Morriston Service Delivery Group, CHC and Medicines.
- As a result of the above there are triangulated approaches to identify and deliver actions to improve efficiency and maximise the use of resources.

Development and realisation of opportunities

- Is translating national opportunities identified through the Value and Sustainability Board into local savings schemes.
- Has a clear process for the development and delivery of strategic opportunities to support the Health Boards sustainability.

Clear financial plan and strategy

- An integrated and triangulated plan, with clear and realistic planning assumptions to deliver a (recurrent) breakeven position over the medium-term, with a clear roadmap and key milestones for delivery.

Delivery of Plan

- Delivering clear improvement in the planned financial trajectory for 2024/25 (i.e. significant progress towards delivery of the Target Control Total as a minimum), including further progress around identification and delivery of recurring opportunities to support a balanced three-year plan.

Strategy and Planning Intervention

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

1. Submission and delivery of an approvable plan
 - Deliver a credible annual plan as a stepping stone towards a full and financially balanced IMTP.
 - Make good progress in delivering the ministerial targets, accountability criteria and the enhanced monitoring requirements.
2. Clinical strategy
 - Demonstrate how the clinical strategy and plan are driving decision making across the organisation.
3. Regional planning
 - Implements regional opportunities with Hywel Dda University Health Board in line with a regional delivery plan that reduces waste, harm and variation.

De-escalation Criteria

Strategy and Planning

1. Submission of a balanced and credible three-year medium-term plan or acceptable annual plan in line with the current planning framework.
2. Evidence of a clear roadmap and implementation of the health board's Clinical Services Plan.
3. Welsh Government's confidence in delivery based on an assessment against an agreed planning maturity matrix.
4. Progress made with regional planning.

Finance

1. Sustained improvement in minimising the underlying deficit, controlling identified key cost drivers and realising savings.
2. The development and approval of a deliverable and balanced three-year medium-term plan.
3. Delivery of financial balance.

B2: Maternity and Neonatal Services

The clinical services domain within the oversight and escalation framework gives consideration to the following:

- 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?

Maternity and Neonatal Intervention

The maternity and neonatal focus whilst in enhanced monitoring covers the following areas and the health board will be required to action and demonstrate areas as highlighted below:

Governance and Leadership

1. Maintain an appropriate governance structure for enhanced monitoring including the appointment of an SRO and ensure Board oversight.
2. Review and assess the effectiveness of the leadership development plan.
3. Undertake qualitative assessments as to how staff wellbeing and perceptions change.
4. Ensure that the majority of interim or temporary posts within the service are filled substantively and appoint a Director of Midwifery. Ensure staff are trained, supported and developed in their roles. Provide an overview of staff turnover including overview of exit interviews.
5. Stabilise leadership ensuring it is visible and effective; leadership development support in place and the maternity and neonatal multidisciplinary team as a whole is actively engaged in driving forward service improvement including active engagement in staff training and monitoring of compliance of this training.
6. 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 such as baby friendly accreditation, university provider student experience feedback and Llais visits

7. Ensure that Welsh Government is fully informed about all aspects of the Independent Review.

Quality Improvement

8. Have a clearly defined improvement plan with clear progress reporting that incorporates:
 - a. Any outstanding actions from the HIW immediate assurance letter
 - b. The actions required to implement the HIW recommendations following the unannounced inspection at Singleton
 - c. Ockenden self-assessment
 - d. An integrated approach to maternity and neonatal services
 - e. Local actions from the matneo SSP recommendations
 - f. Reopening of the Neath Port Talbot Birth Centre and the reinstatement of the home birth service
 - g. Transitional care reopening
 - h. Midwifery safeguarding review.

Quality and Safety

9. Complete the development of the dashboard incorporating maternity and neonatal services.
10. Ensure that incidents, PMRT, LRI/NRI's complaints and concerns are integrated within the organisation's quality governance ensuring that all are responded to within the required timeframe and that appropriate learning takes place.
11. Undertake a quarterly review of outcomes (such as a retrospective sample of the quality of the responses, measuring the number of complaints re-opened etc).

Women and Family Engagement

12. Demonstrate effective family engagement processes and systems, embedded within maternity and neonatal services including embedding PREMS in family experience reporting. Use this data set to demonstrate positive improvements in experience as well as inform continuous service improvement.
13. Show evidence that women and family feedback is shaping service design

De-escalation Criteria

Reporting and Governance

1. Evidence of effective Board scrutiny and oversight of maternity and neonatal services, including progress reporting against the maternity and neonatal improvement plan
2. Evidence of the dashboard being embedded across the service to demonstrate that data is driving real decision making.
3. Effective and immediate response to any issues raised through the Independent Review.

Quality Management Systems

4. Regular review against agreed outcomes to demonstrate that there is continued embedding of the LRI/NRI's, complaints and concerns process within quality governance, ensuring that all are responded to within the required timeframe.
5. Evidence of joint and effective PMRT meetings across the service with engagement of affected families.
6. Reopening of the birth centre and the homebirth service in line with the agreed vision and plan

Workforce and Staffing

7. Maintain the required staffing establishment at appropriate numbers and grade.
8. Achievement and maintenance of training and compliance rates for all staff in maternity and neonatal services.

Engagement, Patient and Family Feedback

9. Summary of PROMs and PREMs data for maternity and neonatal services, demonstrating corrective action if required.
10. Evidence of how women and family feedback has shaped service design.

Culture and Leadership

11. Provide assurance that clinical leadership is consistent, visible and effective; leadership development support is in place and the clinical body as a whole is actively engaged in driving forward service improvement.
12. Provide assurance of a sustained positive culture through appropriate surveys and/or qualitative assessment for maternity and neonatal services including staff feedback, through triangulation of data, results from PREMs, complaints and concerns, Llais visits, staff focus groups, Audit Wales and HIW feedback, etc.

Section C: Targeted Intervention

Targeted intervention (Level 4) is the second highest level of escalation within the NHS oversight and escalation framework. The Welsh Government will take and co-ordinate action and direct intervention to support Swansea Bay 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. If appropriate, external support will be agreed with the organisation.

It is applied when organisations have serious problems and where there are concerns that they cannot make the necessary improvements without external support. It consists of a set of interventions designed to remedy the problems within a reasonable timeframe. Support will always be designed and delivered within the relevant organisational context and specific support needs will be reviewed through regular oversight meetings and additional enhanced oversight arrangements.

C1. Performance and Outcomes

The performance and outcomes domain within the oversight and escalation framework gives consideration to the following:

- 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?

In line with the above, Swansea Bay University Health Board has been escalated to targeted intervention (level 4) for performance and outcomes across a number of areas, including:

- urgent and emergency care - A&E waiting times, and extended ambulance handovers
- planned care- long waiting pathways, cancer performance, delayed outpatient follow-up, diagnostics (specifically endoscopy) and stroke services
- Healthcare acquired infections.

Performance and Outcomes Intervention

The performance and outcomes intervention and focus whilst in targeted intervention covers the following areas and the health board will be required to action and demonstrate:

1. Establish baseline and agree improvement plans
 - Undertake a current situation report to highlight the baseline and opportunities. This will be repeated at agreed milestones to provide assurance to Welsh

Government and the Board that progress is being made or where further interventions are required.

- Review, for assurance purposes, progress the health board has made against previous external and internal reviews and implementation plans with a performance lens.
- Consolidate previous performance reviews and improvement plans into one core document, reducing the risk of duplication, with the intention of adding value to a clear way forward.
- 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.

2. Implement improvement plans

- Improve unscheduled care performance to ensure that patients access safe, timely and clinically effective unscheduled care services, reducing waiting times, delays and improving quality.
- Improve access to planned care with reduced waiting times in line with national requirements.
- Improve the timeliness of access to cancer services and demonstrate improved compliance with the suspected cancer pathway, prioritising improvement in the most at risk tumour sites.
- Ensure that cancer backlog reduces to agreed levels and site-specific plans are in place for tumour sites of concern.
- Implement an outpatient's transformation plan that supports a move towards the requirements of the planned care programme.
- Deliver activity in line with agreed trajectories and implement any necessary changes where performance falls below trajectory.

3. Work with national programmes and respond to external reviews such as GIRFT

- Work with and implement the recommendations from national programmes including but not limited to Strategic Programme of Primary Care, Six Goals for Emergency Care, Planned Care Improvement and the National Diagnostic and Endoscopy Programmes.
- Support the implementation and realisation of the GIRFT opportunities as highlighted through the programme reviews.
- Develop and implement an integrated approach to theatre scheduling and management, working with the GIRFT programme to develop and embed the agreed theatre reporting metrics on a bi-weekly basis.
- Develop agreed plans in response to the GIRFT speciality reviews and recommendations.
- Develop a prompt response to any HIW unannounced inspections, Audit Wales and Royal College recommendation, developing and completing action plans that demonstrate sustainable evidence.

4. Communications and engagement

- Ensure there are plans in place for all long waiters with a clear communication strategy with appropriate support to keep them well.
- Implement the requirements of the three Ps policy.

- Ensure that patients are clear where they can and should access support, signposting away from emergency services.
- Ensure that the benefits of new pathways such as straight to test, primary care management, self-management and see on symptoms pathways are communicated effectively.

De-escalation criteria

De-escalation criteria are set out below and should be maintained for at least 3 months before de-escalation will be considered. De-escalation will be to the next level of the escalation framework. Performance data will be enhanced by a monthly progress report from the health board across a range of measures.

Planned Care and Cancer

- 60% performance maintained for 3 months against the SCP target.
- 100% of open outpatient pathways to be waiting less than 52 weeks and maintained for 3 months.
- 100% of open pathways to be waiting less than 104 weeks and maintained for 3 months.
- 80% of open pathways to be waiting less than 52 weeks and maintained for 3 months.
- 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.)
- 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.
- 80% of patients waiting for a diagnostic test to be waiting less than 8 weeks and maintained for 3 months.
 - 80% of patients waiting for a diagnostic endoscopy to be waiting less than 8 weeks and maintained for 3 months.
 - 80% of patients waiting for a NOUS and non-cardiac MRI to be waiting less than 8 weeks and maintained for 3 months.
- 85% of patients waiting for therapies to be waiting less than 14 weeks and maintained for 3 months.
- Assessment of health board response and handling of concerns, complaints, incidents and patient experience feedback related to planned care.
- Improving ratings from service user feedback experience responses and evidence of use of Datix and CIVICA data to inform quality improvement processes and the experience of patients and their families.

Urgent and Emergency Care

- 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).
- 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.
- 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).
- Assessment of health board response and handling of concerns, complaints, incidents and patient experience feedback related to planned care.
- Assessment of declared BCIs, including reasons why, actions taken, and lessons learnt.
- Improving ratings from service user feedback experience responses and evidence of use of Datix and CIVICA data to inform quality improvement processes and the experience of patients and their families.

CAMHS

- 80% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral.
- 65% of therapeutic interventions started within 28 days following an assessment by LPMHSS.
- 80% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan.

HCAI Improvements

- Stabilisation of the increased trajectory of cases of HCAI and evidence of continuous improvement accompanied by a strong QI approach and plan that has oversight and monitoring by board Quality Safety Committee and Board.
- The health board to have a clear improvement plan based on a root cause analysis to address the issue of hospital onset HCAs.
 - 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)
 - 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)
 - 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)
 - 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)

The above metrics, and monthly reports will form the basis of an assessment by the Welsh Government and NHS Executive as to the confidence levels of the health board's ability to maintain and sustain improvements.

Section D: Document Rendition

Date Created	Updated	Review date
16 February 2024	Circulated to Swansea Bay UHB for comment and discussion at their inception meeting. Comments and written feedback received	
22 March 2024	Revised version sent to SBUHB	
17 April 2024	Revised version sent to SBUHB	
8 May 2024	Amended CIVICA de-escalation criteria to align with Performance Framework. Amended header to reflect new Welsh Government Group name.	
13 May 2024	Final version circulated to health board	