

Meeting Date	16 December 2025	Agenda Item	3.1
Name of Meeting	Performance and Finance Committee		
Report Title	Welsh Government Oversight and Escalation Update and Swansea Bay University health Board (SBUHB) Integrated Performance Report		
Report Author	Meghann Protheroe, Head of Health Board Performance		
Report Sponsor	Deb Lewis, Chief Operating Officer and SRO for Targeted Intervention Darren Griffiths, Director of Finance and Performance		
Presented by	Deb Lewis, Chief Operating Officer and SRO for Targeted Intervention		
Freedom of Information	Open		
Purpose of the Report	To provide the Board with a summary of the performance and outcomes issues for the services escalated as part of Welsh Government Oversight and Escalation Framework, along with a general update of the Health Boards Performance against the Key Strategic Objectives.		
Key Issues	<p>This report provides a monthly update on all areas of delivery currently in escalation against the Welsh Government Oversight and Escalation Framework, namely:</p> <p>Level 4</p> <ul style="list-style-type: none"> • Maternity and Neonates (escalated in July 2025). • Finance, strategy and planning. • Performance and outcomes relating to cancer, Urgent and Emergency Care and quality of care related to Healthcare Acquired Infections (HCAIs). <p>Level 3</p> <ul style="list-style-type: none"> • Performance and outcomes relating to planned care and Child and Adolescent Mental Health Services (CAMHS). <p>Level 2</p> <ul style="list-style-type: none"> • Mental Health and Learning Disabilities <p>The attached Integrated Performance report (IPR) is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures.</p>		

	<p>The IPR includes an update against four three priority areas for the Health Board:</p> <ol style="list-style-type: none"> 1. The Welsh Government Escalation (RAG Rating status) 2. Performance against the Health Boards 5 Strategic Objectives 3. Service Specific Updates <p>The Performance metrics outlined within Section two of the Integrated Performance Report have been aligned to the Health Boards five Strategic Objectives. Key Updates will therefore be provided against the five Strategic Objectives below: -</p> <ol style="list-style-type: none"> 1. People of SBUHB live healthier, equitable and more equal and prosperous lives 2. Care is high quality, safe, efficient and delivers the best possible outcomes for people 3. Care is delivered in safe and appropriate settings supported by innovative digital solutions 4. The Health Board is a great place to work where staff feel valued and work together towards a common goal 5. The Health Board is a resilient, financially sustainable and responsible organisation <p>An additional section has been included in the report which will provide "Service Specific Updates" as and when requested by the Performance and Finance Committee work programme. In this paper, the following service specific updates will be included:</p> <ul style="list-style-type: none"> - Stroke Performance (Appendix 1) - Cancer Performance (Appendix 2) - Mobile Endoscopy Unit Update (Verbal) 			
<p>Specific Action Required <i>(Please choose one only)</i></p>	<p>Information</p>	<p>Discussion</p>	<p>Assurance</p>	<p>Approval</p>
<p>Recommendations</p>	<p>Members are asked to:</p> <ul style="list-style-type: none"> • CONSIDER the monthly update in respect of performance against escalation measures and de-escalation criteria. 			

	<ul style="list-style-type: none"> • ACKNOWLEDGE and DISCUSS the Health Board performance against key measures and targets.
Appendices	<p>Appendix 1: Integrated Performance Report</p> <p>Appendix 2: Cancer Performance Update</p>

WELSH GOVERNMENT OVERSIGHT AND ESCALATION UPDATE

1. INTRODUCTION

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

The current report will provide an update against all levels of Oversight and Escalation of services within SBUHB and will include;

Performance against Areas of concern (Level 2)

- Adult Mental Health and Learning Disabilities

Performance against Areas of Enhanced Monitoring (Level 3)

- Planned Care
- Child and Adolescent Mental Health

Performance against Areas of Targeted Intervention (Level 4)

- Cancer
- Urgent & Emergency Care
- Quality of Care related to Healthcare Acquired Infections
- Maternity and Neonatal Services
- Finance
- Strategy and Planning

2. BACKGROUND

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

On 12 April 2024, SBUHB had its inception meeting with Welsh Government colleagues and on 24 April 2024 the first quarterly meeting

was held with the Chief Executive of NHS Wales. Quarterly meetings subsequently alternate with formal Joint Executive Team (JET) meetings. Monthly review meetings are with WG officers focussing on key updates against the escalated areas. The Chief Operating Officer is the Senior Responsible Officer (SRO) for targeted invention, and each work programme is supported by senior management and clinical leads. Summarised updates against the escalation levels will be provided throughout this report.

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

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

Updated de-escalation criteria was provided by WG in April 2025 which provided updated targets for several areas within Level 3 Enhanced Monitoring. The updated de-escalation criteria can be seen throughout the paper.

Following the publication of the Independent Maternity and Neonatal Review published on 15 July 2025, the decision was made to escalate Maternity and Neonates to Level 4 (Targeted Intervention) from Level 3 Enhanced Monitoring.

3. PERFORMANCE AGAINST THE AREAS OF CONCERN

Mental Health and Learning Disabilities

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

- The work is now complete, and feedback report provided back to the Executive Team and the Service Group. Following a meeting between the SBUHB Executives and the Welsh Government, a formal response has been sent back to WG, setting out how the findings of this review will be embedded through the MH Transformation Programme and the MH and LD Service Group.
- The SBUHB had already commenced work in advance of the receipt of the report and had established a Transformation Programme. This has been informed by a review of the service by an external advisor. The urgent recommendations have now been implemented, and work

is planned and ongoing in relation to some of those immediate environmental changes. A programme of work for Tawe Clinic estates work began on 17 November for six month period and the work to the roof above the Mother and Baby unit commenced in October. For completion by the end of November

- The Transformation Programme is continuing, led by a Programme Board with supporting all the workstream structures including Workforce, IT/digital, Service Redesign, Quality and Safety and Estates fully established.

A more detailed update regarding the progress of the MH&LD transformation programme was provided in the November Board meeting.

4. PERFORMANCE AGAINST THE ENHANCED MONITORING SERVICES

4.1 Planned Care

Criteria to Achieve	Current Performance (November 2025)
<ul style="list-style-type: none"> • 100% of open outpatient pathways to be waiting less than 52 weeks and maintained for 3 months. 	<ul style="list-style-type: none"> • 100%
<ul style="list-style-type: none"> • Continuous improvement towards 75% of all open outpatient pathways waiting less than 26 weeks. 	<ul style="list-style-type: none"> • 78.46%
<ul style="list-style-type: none"> • 100% of open pathways to be waiting less than 104 weeks and maintained for 3 months. 	<ul style="list-style-type: none"> • 100%
<ul style="list-style-type: none"> • Continuous improvement towards 80% of all open pathways waiting less than 36 weeks. 	<ul style="list-style-type: none"> • 75.08%
<ul style="list-style-type: none"> • 12% reduction in the number of patients delayed by 100% for their follow up appointment in three consecutive months and maintained for 3 months (Based on the November 2024 baseline). 	<ul style="list-style-type: none"> • 17.54% increase against baseline
<ul style="list-style-type: none"> • 68% R1 ophthalmology patient pathways to be waiting within or 	<ul style="list-style-type: none"> • 73.29% - meets de-escalation criteria



Criteria to Achieve	Current Performance (November 2025)
no longer than 25% of their target date for an outpatient appointment and maintained for 3 months.	
<ul style="list-style-type: none"> 85% of patients waiting for a diagnostic test to be waiting less than 8 weeks and maintained for 3 months. 	<ul style="list-style-type: none"> 73.94%
<ul style="list-style-type: none"> 85% of patients waiting for a diagnostic endoscopy to be waiting less than 8 weeks and maintained for 3 months. 	<ul style="list-style-type: none"> 40.42%
<ul style="list-style-type: none"> 85% of patients waiting for a NOUS and non-cardiac MRI to be waiting less than 8 weeks and maintained for 3 months. 	<ul style="list-style-type: none"> 79.51%
<ul style="list-style-type: none"> 90% of patients waiting for therapies to be waiting less than 14 weeks and maintained for 3 months. 	<ul style="list-style-type: none"> 100%

Actions being taken to improve include:

- Robust monitoring via live dashboards
- Weekly monitoring meetings chaired by Service Group Directors
- Bi-weekly oversight meeting chaired by the Chief Operating Officer
- Specific support commissioned for Gynaecology improvement plans

4.3 CAMHS

Criteria to Achieve	Current Performance
<ul style="list-style-type: none"> 80% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral. 	<ul style="list-style-type: none"> August – 88% September – 97% October – 98%
<ul style="list-style-type: none"> 70% of therapeutic interventions started within 28 days following an assessment by LPMHSS. 	<ul style="list-style-type: none"> August – 55% September – 58% October -65%
<ul style="list-style-type: none"> 85% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan. 	<ul style="list-style-type: none"> August – 92.8% September – 95% October – 95%

Actions being taken to improve include:

• **CAMHS Part 1B:**

- Recruitment to vacancies has been successful, however additional vacancies and maternity leave weakens the capacity pool to almost pre-recruitment levels
- Despite this, the recovery plan roll out is underway, which includes changes to the delivery of the initial therapeutic offer for 1:1 intervention, which enables young people to commence support more quickly
- This has resulted in 3 months of small, but consistent improvement in the Part 1B performance irrespective of staffing challenges, which is now at 66% (Submitted for Nov 2025)
- Weekly meetings continue over booking and utilisation of capacity and using our staffing resource as flexibly as possible

5. PERFORMANCE AGAINST THE TARGETED INTERVENTION SERVICES

5.1 Cancer

Criteria to Achieve	Current Performance
<ul style="list-style-type: none"> • 60% performance maintained for 3 months against the Single Cancer Pathway (SCP) target. 	<ul style="list-style-type: none"> • August – 61% • September – 60% • October – 56%

Actions being taken to improve include:

- Continued focus on front end of pathway for all specialties
- Commencing demand and capacity work in relation to the cancer pathway supported by Transformation Team
- Outsourcing pathology backlog for Skin, Urology and LGI
- Detailed Dermatology demand and capacity exercise, supported by Healthcare Systems Engineering team currently in progress.
- Phase 2, business case development for the long-term provision of complex gynae-oncology surgery commences.

5.2 Urgent and Emergency Care



Criteria to Achieve	Current Performance
<ul style="list-style-type: none"> 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). 	<ul style="list-style-type: none"> September – 145 (30.6% increase) October – 173 (19% increase) November – 162 (6.4% reduction)
<ul style="list-style-type: none"> Continuous improvement towards no more than 7% of patients waiting over 12 hours at each individual site and across the health board. 	<ul style="list-style-type: none"> September – 9.39% October – 9.17% November – 8.83%
<ul style="list-style-type: none"> Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60 minutes. 	<ul style="list-style-type: none"> September -89% October – 90.28% November -89.62%
<ul style="list-style-type: none"> 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). 	<ul style="list-style-type: none"> September – 191 October – 186 November - 179
<ul style="list-style-type: none"> Assessment of declared BCIs, including reasons why, actions taken, and lessons learnt. 	<ul style="list-style-type: none"> BCI declared 10th – 13th February 2025

Actions being taken to improve include:

- **Full implementation of D2RA model** – Focus on D2RA has rapidly shifted into understanding the demand and capacity position for pathway 2 beds and utilisation of that bed pool. Recent process mapping events suggest that there is significant opportunity to improve the pathway for patients and designate the bed pools based on the needs of patients. Due to the current pathway of care delay position, work is in progress to transfer 30 clinically optimised patients from Morriston to Singleton Hospital to reduce reliance on unfunded surge capacity and poor environments of care for patients.
- **UEC Care co-ordination Hub** – The single point of access has been in place since the 1 October 2025, and the first data submission took place on the 21 November. There is specific focus on the “clinical conversation before convey”, aimed at reducing conveyance of patients from care homes where clinically appropriate to do so. Work is also focussed on the management of patients who fall with the implementation of a level 2 Falls service made up of therapy

technicians and a registered therapist, supported by St Johns ambulance provision.

- **Pathway of Care Delays (PoCD)** – The SBUHB has seen a recent increase in the POCDs. Focussed attention on this position continues through weekly site based clinically optimised meetings, a weekly COO led meeting and weekly Health Board/Local Authority Director meetings. As part of the winter reset fortnight, a daily review of the 30 longest waiting patients has been undertaken with Local Authority partners and the voluntary sector aimed at expediting discharge of patients who no longer require hospital care. Daily reporting of the reset measures is in progress.
- **Revised flow operating model:** The revised operating models implemented as part of the test of change in Morriston remain in place. However, increase in demand for emergency care further complicated by a rise in respiratory illness picture is challenging the system. The indicators continue to demonstrate improvement in ambulance handover and lost ambulance hours, however performance against 12-hour and pathway of care delays remains a key challenge.
- **UEC capital redesign** – Recent communication from the Chief Executive to the Director General of NHS Wales sets out an urgency to progress to an Electronic Patient Record across the Urgent and Emergency care services. Whilst there remains ambition to co-locate front door assessment processes with the emergency department, this programme of work cannot be progressed in the absence of Capital investment.

Elements of the above are all linked to front door assessment in patient pathways, and complex discharge is being tested via the Quality Improvement process around the thematic review of Urgent and Emergency Care Services. Deloitte are leading on this work as part of the financial recovery and sustainability programme.

5.3 Maternity and Neonatal Services

On 12 December 2023, maternity and neonatal services were escalated to level 3 (enhanced monitoring) following an assessment of issues and concerns related to staffing levels, quality and safety issues, the issues within the HIW unannounced inspection at Singleton as set out in the report published on the 15 December 2023. Subsequently, in July 2025, following receipt of the Independent Review report, the decision was made to escalate Maternity and Neonatal Services to Level 4 – Targeted Intervention.

The updated de-escalation criteria aligned with the new escalation status is still in draft format, awaiting the Welsh Government final sign off. Following agreement of the updated de-escalation criteria, detailed progress against these areas will be provided as part of the Perinatal Committee, chaired by the Executive Director of Nursing.

5.4 HCAI Improvements

Criteria to Achieve	Current Performance
<ul style="list-style-type: none"> Stabilisation of the increased trajectory of cases of HCAI and evidence of continuous improvement accompanied by a strong QI approach and plan that has oversight and monitoring by board Quality Safety (Q&S) Committee and Board. 	<ul style="list-style-type: none"> Embedded Quality Improvement approach in this area, monitored closely via Q&S Committee and Board.
<ul style="list-style-type: none"> The Health Board to have a clear improvement plan based on a root cause analysis to address the issue of hospital onset HCAIs. 	<ul style="list-style-type: none"> In place
<ul style="list-style-type: none"> <i>C.difficile</i>: 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) 	<ul style="list-style-type: none"> September -19 October -5 November – 10
<ul style="list-style-type: none"> 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) 	<ul style="list-style-type: none"> September – 5 October – 3 November – 4
<ul style="list-style-type: none"> 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) 	<ul style="list-style-type: none"> September – 6 October – 4 November – 5
<ul style="list-style-type: none"> Klebsiella: reduce the number of hospital onset infections by 10% and maintain for 3 months based on 2017/18 figures (baseline – 54 cases) 	<ul style="list-style-type: none"> September – 2 October - 4 November - 3

Criteria to Achieve	Current Performance
in 2017/18, reduce to average of at most 4 per month)	

There were 8 new infection related incident/outbreaks (non-C. difficile related) reported in Datix that involved a total of 42 patients. These new incidents/outbreaks occurred over 5 wards, with concurrent infections in two wards.

- Mental Health – 1 ward affected: Respiratory Syncytial Virus (48 bed days lost).
- Morriston - 4 wards affected by COVID, Influenza and Norovirus. One ward with concurrent incidents of Influenza, COVID-19 and Norovirus; one ward with concurrent incidents of Influenza and Norovirus. (Total 32 bed days lost).
- There were two new C. difficile periods of increased incidence detected (two patients each), with no new transmission events reported.

HCAI case review themes:

Over occupancy, single room capacity, inability to decant bays and deep clean (4D clean) the environments and equipment.

Patient risk factors including age, multiple co-morbidities and antibiotic requirements contributed to the development of C. difficile infection episodes.

Actions being taken to improve include:

- Gold *C. difficile* High Incidence Management Group.
- Monitoring of *C. difficile* Standards: Risk Assessment & Governance Framework.
- Continuation of QI Project in Acute Medical Unit focusing on AMS and 72-hour review and improving switch to oral route for administration.
- Scoping exercise to explore the feasibility of extending role of ward based enhanced cleaner.
- Trial of new Microfibre cleaning systems
- Primary care QI projects to reduce urinary tract infections in care home residents

5.5 Finance

The Health Board's assessment on performance against the £58.7m deficit has three components Operational Pressure, Savings Target, and Planned

Deficit. Performance against these three elements at Month 8 is summarised in the Table below. At Month 8 there was an In-Month deficit of £4.2m, which is £0.7m below the £58.7m planned deficit, with the YTD position reporting a £51.4m deficit, which is £12.2m above £58.7m plan.

Elements of In Month	Quarter 1	Quarter 2	Mth 7	Mth 8	YTD
	£M	£M	£M	£M	£M
- Delegated Budgetary Position	(2.15)	(0.64)	(0.94)	(0.51)	(4.23)
- N/R Opportunities	(0.28)	(1.45)	(0.10)	(0.28)	(2.11)
- Shortfall NI Funding	0.34	1.03	0.34	0.34	2.06
Total Part 1: Operational Pressures	(2.08)	(1.06)	(0.70)	(0.44)	(4.28)
Saving Target					
- 12th Savings Target	13.85	13.85	4.62	4.62	36.93
- Less Actual In Month Delivery	(2.29)	(8.59)	(4.69)	(4.87)	(20.43)
Total Part 2 = Savings Delivery Impact	11.57	5.26	(0.07)	(0.25)	16.51
Financial Deficit Plan					
- 12th Deficit Value	14.68	14.68	4.89	4.89	39.13
Total Part 3 = Deficit Plan	14.68	14.68	4.89	4.89	39.13
Deficit/ (Surplus) In Month Performance	24.16	18.87	4.13	4.20	51.36

It is clear from the table above that currently the Year-to-Date issue remains the non-delivery of savings. This shortfall in delivery YTD is in part mitigated by 'Delegated Budget' position underspending and the central N/R opportunities as set out in the 11 September submission delivering. Whilst excluding the non-delivery of saving most areas are within the delegated operational budgets, the key exception to this is Mental Health & LD Services. Throughout the year there have been pressures linked to pay and CHC but also Temporary Adult Placements. The latter issue has resulted in an in-month pressure of £0.8m, with YTD expenditure of £4.6m. During November the service saw the highest number of patients in Temporary Adult Placements at 33, which at the time of closing the ledger was at 31. This level is significantly higher than where the service was in October 2025, with 3 patients in placements. If these numbers do not reduce the Health Board could face a further pressure of £3m, as well as continuing to mitigate the ENIC and savings delivery shortfall. An escalation meeting has been scheduled to consider options, and agree actions, to reduce this with immediate effect alongside current discussions around capital configuration and optimisation of the Mental Health services estate.

The focus in the final 4 months of the year needs to be on: -

- Reducing the Adult Temporary Placements and mitigating the financial impact on Month 1-8 = £4.5m to £8.0m
- Mitigating the ENIC funding shortfall on £3.1m
- Addressing the in-year savings gap.

On savings performance the submission made on 11 September 2025 set out the Plan to deliver the £55.4m savings in 2025/26. This was a combination of (1) Part A - budgetary releasing savings delivery supported by our external strategic partner; alongside (2) Part B - delivery of underspends in the operational budgets specifically around the corporate directorates and N/R opportunities. A summary of the assessed performance is summarised in the Table below and demonstrates that at Month 8 there is a gap of £13.0m.

Summary Performance against £55.4m

Month 8 MMR Position			
Part	Category Scheme	11 Sept Plan £M	Forecast Delivery £M
A	Green Amber	26.6	33.8
	Red / Pipeline	20.2	0.0
	Total Part A	46.8	33.8
B	NR Opportunities	4.6	4.6
	Corporate Underspend	4.0	4.0
	Total Part B	8.6	8.6
Total		55.4	42.4

Regarding the £13m savings gap, there is an urgent requirement for further work to be undertaken which will be presented and considered by the Performance & Finance Committee on 16 December 2025 and to a special Board meeting on 17 December.

As well as focusing on savings, the Health Board continues to seek out all other opportunities to mitigate known risks. Whilst the delivery of the £55.4m is key to achieving the Health Board deficit plan, there are operational pressures and risks which will also need to be mitigated to enable the Health Board is to achieve the £58.7m deficit. There are several areas where work is ongoing to seek further opportunities to mitigate risks, and these are included in the Table below. At the end of Month 8 £0.9m of further opportunities have been confirmed, with £0.7m being added to saving trackers and supporting the growth in forecast and £0.2m supporting the operational delegated budgetary position.



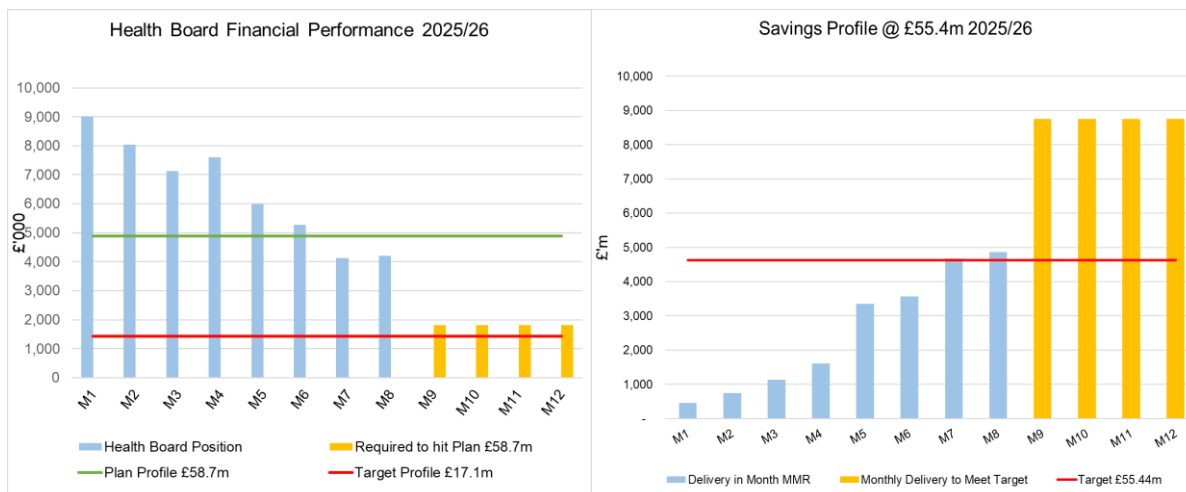
Further Opportunities as Reported MMR @ Mth 8

	Confirmed Value @ Mth 8 (Within Ledger / Tracker)	Indicative Value Reported MMR @ Mth 8 (£M)	Comments
PCT CHC Growth Reserve		(0.8)	Dependent on the cases in final 4 months and transfer COPs to CHC
PCT Further CHC23/24 Balance Sheet Release		(1.2)	Further review underway to ensure no impact on ISA280 - estimated to be completed Jan '26
PCT Slippage WM Programme		(0.4)	
PCT Funding Frailty from RIF/RPB		(0.5)	Dependent on further discussions with RPB as PCT assumed no funding in the position
Morriston Managed Service Contract Changes	(0.1)	(0.2)	£0.1m delivered Mth 8 and included in YTD position. Awaiting performance Mth 8-9.
Morriston National IT Programme Slippage		(0.8)	Final review to be completed - Q4
Morriston OOH Contracting (Recurrent)		(0.2)	Final review to be completed - Q4
Morriston In Year Devices Accrual Review		(0.5)	Final review to be completed - Q4
Morriston Year End Balance Sheet - Pay issues		TBC	Review of liability to be assessed in Q4 to ensure no impact on ISA280
NPTS Primary Care Prescribing		(0.9)	Dependent on growth over next 2 months PAR data (£0.9m based current growth value in accruals)
NPTS Primary Care Vaccines	(0.1)	(0.5)	£0.1m released in Mth 8 and further opportunities to be re-assessed Q4
NPTS Slippage on Investments		(0.3)	Final review to be completed - Q4
Further NR Variances Central Z Codes		0.0	Ongoing and continuous review
MH/LD Further CHC23/24 Balance Sheet Release	(0.7)	0.0	Included on Trackers scheme MH/LD-10-09
Total	(0.9)	(6.0)	

With regards to the overall financial performance, Graph 1 below reflects the actual financial performance in each month, with the orange bars reflecting the performance required to achieve the original plan of £58.7m. Graph 2 outlines the savings delivered to date as the blue bars against the monthly target set (red line), and the orange bars reflect the level of savings required in future months to achieve the £55.4m target aligned to the £58.7m plan.

Graph 1: Performance

Graph 2: Savings



5.5 Planning

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

De-escalation Criteria	Actions – Updated Dec 2025
Submission of a balanced and credible three-year medium-term plan or acceptable annual plan in line with the current planning framework.	<ul style="list-style-type: none"> Annual Plan workshop held 3rd December focussing on key areas for delivery in 26/27 aligned to Recovery and Sustainability Plan, and launching parameters and targets for financial, workforce and performance delivery. Further workshops in place 15th December and 23rd January.
Evidence of a clear roadmap and implementation of the health board’s Clinical Services Plan.	<ul style="list-style-type: none"> Stakeholder engagement undertaken throughout October testing the outline CSP framework Clinical Reference Groups for Integrated Community Care and Networked Hospitals established with broad representation from across secondary and primary care. First meetings to be held 16 and 18 of December. First draft of ‘State of the Nations’ Report and Overview Demand and Capacity report to be consider by the Executive Working group 10th December.

De-escalation Criteria	Actions – Updated Dec 2025
Welsh Government’s confidence in delivery based on an assessment against an agreed planning maturity matrix	<ul style="list-style-type: none"> • Re-assessment of SBUHB position completed. Action Plan and supporting evidence being collated. • Chair received Brief on re-assessment and was included in Planning and Partnership Board Update to the Board meeting November 27 • Re-assessment submitted to Welsh Government 28 November
Progress made with regional planning	<ul style="list-style-type: none"> • Previous Regional Joint Committee 18th August. Subgroup updates were received for: Regional Health Economy, Clinical Services Planning, Workforce and OD, Data and Digital, Finance and Commissioning, Research and Innovation. • The Regional Drive and Delivery Group, Chaired jointly by Abi Harris and Phil Kloer, met on 16 October and provides oversight of subgroup work programmes. • Full updates are scheduled to be reviewed at the next RJC meeting 22 January.

6. INTEGRATED PERFORMANCE REPORT

The detailed Integrated Performance Report can be found in **Appendix 1** of the attached report. The purpose of this report is to provide an update on current performance of the Health Board at the end of the most recent reporting window in delivering key performance measures outlined in the NHS Wales Delivery Framework, local Quality & Safety measures, updates against Welsh Government De-escalation targets and routine reporting against measures outlined within the NHS Wales Planning Framework.

In alignment with the revised Swansea Bay University Health Board (SBUHB) Performance and Assurance Framework, the Integrated Performance Report has been reviewed and will now update against three key areas: -

1. Welsh Government Escalation

2. Performance against the Health Boards 5 Strategic Objectives
3. Service Specific Updates

As and when required, the Integrated Performance Report will provide 'Action and Intervention' focus on areas of performance which are off target or an area of concern for the Executives. Additionally, as and when Committee/Board members are concerned with an area of Performance, they can request that an Action and Intervention focus be undertaken within the IPR. An 'Action and Intervention' focus will provide a deeper look into the service and will provide detailed action steps which are being taken to recover performance.

The Performance metrics outlined within Section two of the Integrated Performance Report have been aligned to the Health Boards five Strategic Objectives. Key Updates will therefore be provided against the five Strategic Objectives below: -

1. People of Swansea Bay live healthier, equitable and more equal and prosperous lives
2. Care is high quality, safe, efficient and delivers the best possible outcomes for people
3. Care is delivered in safe and appropriate settings supported by innovative digital solutions
4. The health board is a great place to work where staff feel valued and work together towards a common goal
5. The health board is a resilient, financially sustainable and responsible organisation

An additional section has been included in the report which will provide "Service Specific Updates" as and when requested by the Performance and Finance Committee work programme.

In this paper, the following service specific updates will be included:

- Stroke Performance (Appendix 1)
- Cancer Performance (Appendix 2)
- Mobile Endoscopy Unit Update (Verbal)

7. RECOMMENDATION

Members are asked to:

- **CONSIDER** the monthly update in respect of performance against escalation measures and de-escalation criteria.
- **ACKNOWLEDGE** and **DISCUSS** the Health Board performance against key measures and targets



Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>

Quality, Safety and Patient Experience	
Outlined within the body of the paper but in summary considerable backlog of patients awaiting a diagnostic and treatment services across a range of services. Issues of harm in relation to high levels of HCAs noted.	
Financial Implications	
Funding not yet agreed for 24/25	
Legal Implications (including equality and diversity assessment)	
Delay to diagnosis and treatment potential.in service delivery	
Staffing Implications	
Additional support staffing required to deliver the programme	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
Report History	First comprehensive update presented.
Appendices	Appendix 1: Integrated Performance Report Appendix 2: Cancer Performance Update