

**Executive Director Lead: Melanie Wilkey**  
**Commissioning Team: Women and Children**

# Service in Escalation: Paediatric Intensive Care

**Date of Escalation Meetings: 10/10/23, 19/12/23, 16/05/24, 25/11/24, 15/01/25**

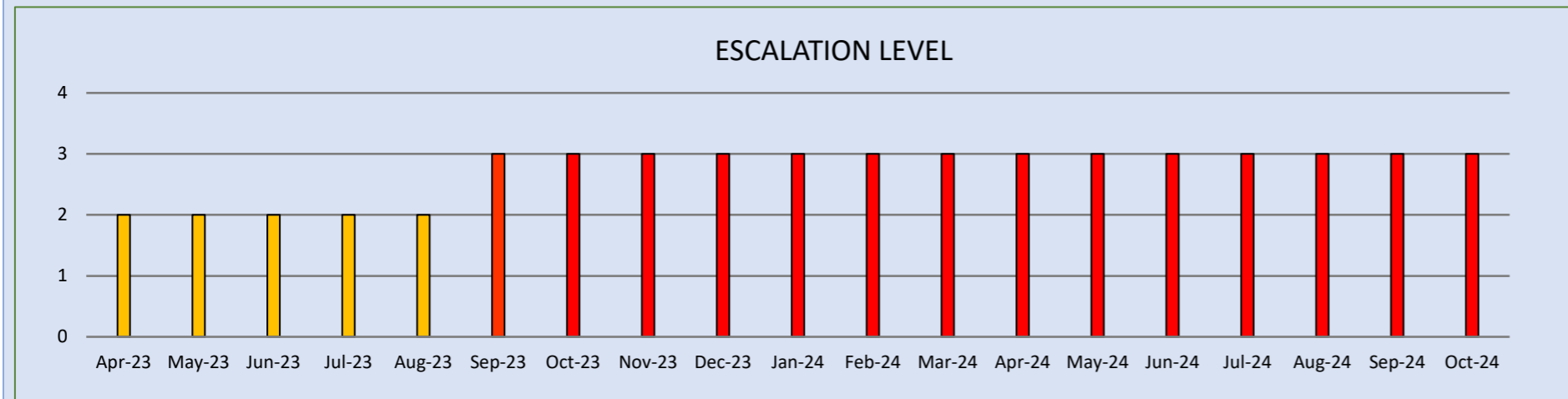
**Date Last Reviewed by Quality & Patient Safety Committee: 04/11/24**

**Current Escalation Level 3**

## Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	↔ JAN 2025
↔	Escalation remains the same	
↑	Escalation level escalated	

### Escalation Trajectory:



### Escalation History:

Date	Escalation Level
April 2023	2
September 2023 – Increased level from 2 to 3	3

### Rationale for Escalation Status :

Following concerns regarding bed availability due to workforce shortages, refusal rates and pressure sore incidents the service was escalated to level 2. There was limited progress over a 3 month period against the objectives therefore the decision was taken to further escalate to level 3.

### Background Information:

There is a risk that a Paediatric intensive care bed, in the Children’s Hospital for Wales, will not be available when required due to constraints within the service. There is a consequence that Paediatric patients requiring intensive care will be cared for in, inappropriate areas where the necessary skills or equipment is not available or the patient being transferred out of Wales. The availability of a bed and staffing constraints have been brought to the attention of JCC through various routes including HiW and the daily SITREP.

### JCC assurance and confidence level in developments:

Low – HB have submitted draft action plan, a final version has been requested. The escalation is predominantly linked to workforce and the lead in time for mitigations is medium term, in particular the recruitment of International Nurses. New streamliners have begun in the HB and although supernumerary at present and will not directly fill PIC vacancies it will support the wider

### Actions:

Action	NWJCC Lead	Action Due Date	Completion Date
Requested demand and capacity plan from HB to develop sustainable contracting framework for PIC and HD	Senior Planning Manager	30 June 2024	
Requested sight of the Pressure Sore report presented to the HB Quality and Patients Safety Committee.	Senior Planning Manager	-	17 <sup>th</sup> July 2024
Re-set meeting to discuss and agree actions/objectives in collaboration with the health board	Senior Planning Manager	18 <sup>th</sup> September 2024	18 <sup>th</sup> September 2024
Escalation meeting to discuss detail and progress against action plan (monthly)	Senior Planning Manager	-	15 <sup>th</sup> January 2025

workforce challenges across the Children's Hospital. JCC are still awaiting detailed demand and capacity in order to develop a sustainable contracting framework for Paediatric Intensive Care and High Dependency. Escalation status being discussed at executive level within the JCC.

The Paediatric and Neonatal Escalation Reset Meeting is to take place on the 18th September where an overview of the service will be discussed to gain an understanding from the health boards perspective of where they feel they are in the process, rather than discussing actions and objectives. The overarching objectives for the service are in the development phase and when agreed within the commissioning team they will be shared with the health board for comments and then presented at the reset meeting, to ensure they are agreed collaboratively. New executive leads for both organisations will be agreed as part of this process to ensure all are in agreement.

Actions/Objectives agreed on the 18th September in collaboration with the health board. Monthly escalation meetings to re-commence on the 25th November to monitor progress.

15th January escalation meeting. Health board presented their progress against the agreed actions/objectives. Progress acknowledged. JCC to assess progress report against the objectives. Decision made service to remain at escalation level 3 as more data required ensuring that the improved position is sustained prior to considering de-escalation.

**Issues/Risks:**

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**Commissioning Team: Women and Children**

# Service in Escalation: Neonatal Intensive Care Unit

**Date of Escalation Meetings: 10/10/23,  
19/12/23, 16/05/24**

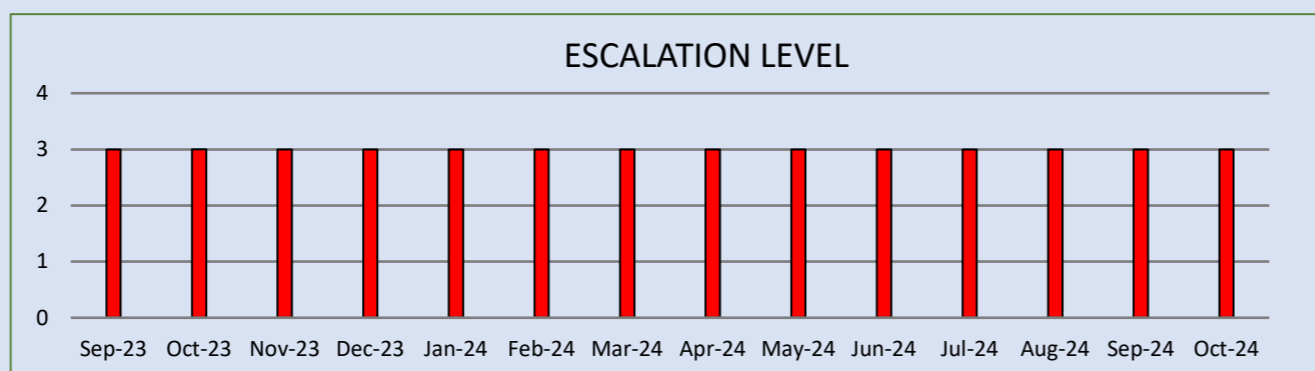
**Date Last Reviewed by Quality & Patient  
Safety Committee: 04/11/24**

**Current  
Escalation  
Level 3**

## Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	↔ JAN 2025
↔	Escalation remains the same	
↑	Escalation level escalated	

### Escalation Trajectory:



### Escalation History:

Date	Escalation Level
September 2023	3

### Rationale for Escalation Status :

High levels of cot closures reported across all three levels of care, blood stream infection rates and progress implementing the new cot configuration.

### Background Information:

There are currently two risks on the CRAF relating to Neonatal services at Cardiff and Vale UHB, lack of cot availability due to workforce and the service being a negative outlier status for blood stream infections, on the National Neonatal Audit Programme (NNAP). Limited progress has also been made against implementing the workforce required to support the cot configuration.

### NWJCC assurance and confidence level in developments:

Low / Medium – First draft of an action plan has been received however further detail has been requested. The mitigations required to support safe staffing levels and improvements against infection rates requires a robust workforce plan which has a medium to long term lead time for completion. Escalation status being discussed at executive level within the JCC.

The Paediatric and Neonatal Escalation Reset Meeting is to take place on the 18th September where an overview of the service will be discussed to gain an understanding from the health boards perspective of where they feel they are in the process, rather than discussing actions and objectives. The overarching

### Actions:

Action	NWJCC Lead	Action Due Date	Completion Date
Working with C&V UHB executive team to develop a plan to implement new baseline as all other HBs are in a position to go live	Director of Planning	16 <sup>th</sup> August 2024	See comment in development section
Re-set meeting to discuss and agree actions/objectives in collaboration with the health board	Senior Planning Manager	18 <sup>th</sup> September 2024	18 <sup>th</sup> September 2024
Escalation meeting to discuss detail and progress against action plan (monthly)	Senior Planning Manager	-	15 <sup>th</sup> January 2025

objectives for the service are in the development phase and when agreed within the commissioning team they will be shared with the health board for comments and then presented at the reset meeting, to ensure they are agreed collaboratively. New executive leads for both organisations will be agreed as part of this process to ensure all are in agreement.

Actions/Objectives agreed on the 18<sup>th</sup> September in collaboration with the health board. Monthly escalation meetings to re-commence on the 25<sup>th</sup> November to monitor progress.

Working with C&V UHB executive team to develop a plan to implement new baseline as all other HBs are in a position to go live – Phase 1 implementation paper to be taken to management group on 28<sup>th</sup> November to recommend a way forward to progress with the implementation of the new baseline.

15<sup>th</sup> January escalation meeting. Health board presented their progress against the agreed actions/objectives. Progress acknowledged. JCC to assess progress report against the objectives. Decision made service to remain at escalation level 3 as more data required ensuring that the improved position is sustained prior to considering de-escalation.

Conversations ongoing regarding implementing phase 1, both internally in the JCC and with the health board. If phase 1 is not implemented as previously agreed by Joint Committee, then there will need to be appropriate communication to all the health boards to advise. The commencing of Phase 2 has been delayed due to the OCP process.

#### **Issues/Risks:**

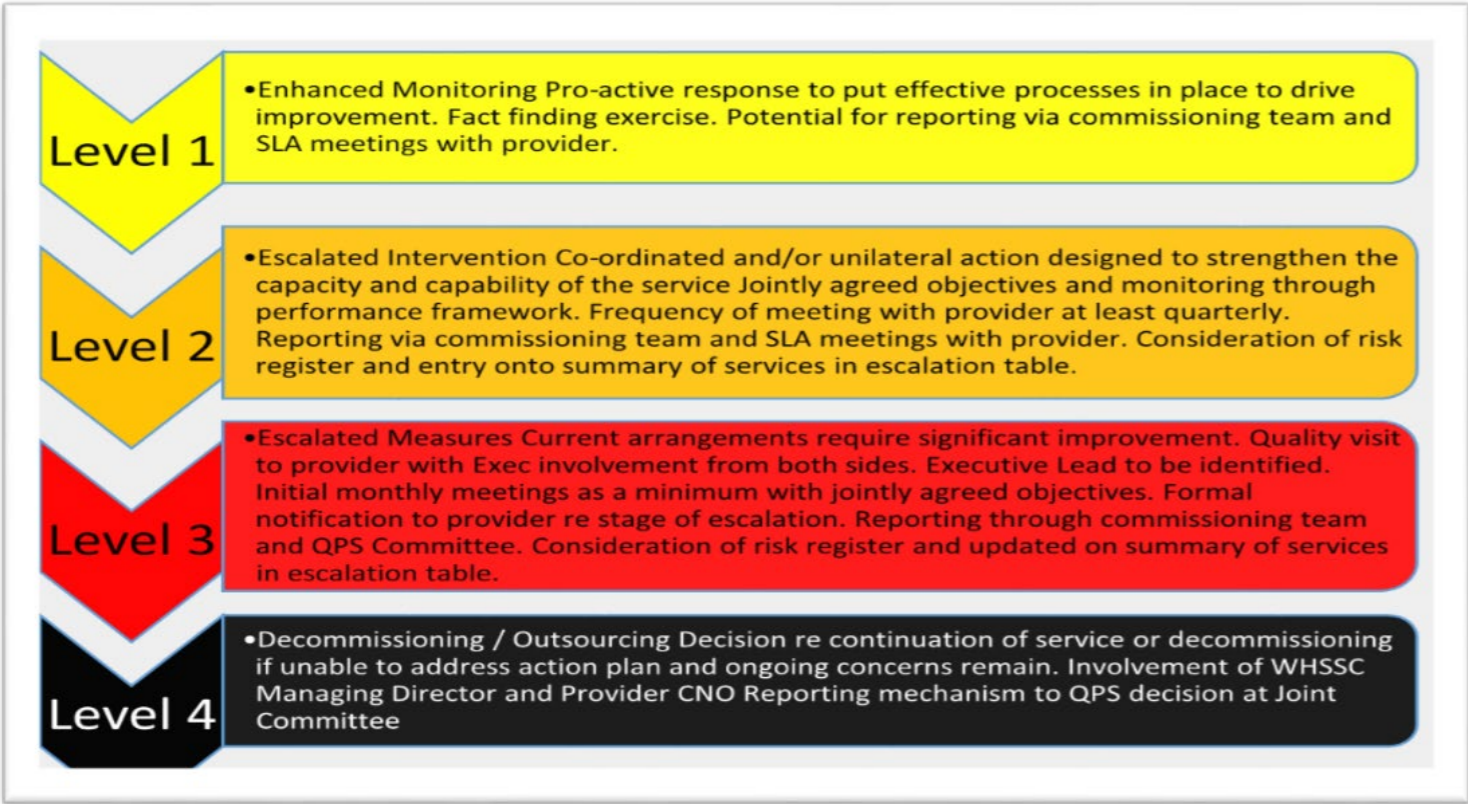
March 24 - The service have not submitted an action plan despite being in escalation since Sept 23, they are unable to increase their cot numbers based on the new cot configuration and reported that they cannot safely deliver on the cots that they are currently commissioned, no progress made with exec to exec meeting, possibility that outsourcing from the service may be required, the service remains at escalation level 3 but if there are no improvements increasing the escalation will be considered.

May 24 - Through quarterly assurance meetings with all neonatal units in the South & West of Wales it has been reported that there has been increased pressure across the network for cot availability

July 24 – Temporary closure of Princess of Wales (PoW) Maternity and Neonatal unit for essential maintenance work from September to December. JCC currently commission 4 High Dependency (HD) cots within the PoW and Prince Charles Hospital (PCH) sites within CTMUHB. PCH are able to flex their cot base from 15 cots to 19 to provide HD capacity and Special Care based on clinical need. Consultation and communication with all stakeholders is underway alongside Maternity users who this will impact upon. Swansea Bay University Health Board and Cardiff and Vale have been asked to support the delivery of maternity care based on demand and demographics of the planned maternity users. Work is currently underway within CMTUHB to gain the appropriate data and demographics of the women currently booked to birth during this period. The Welsh Ambulance Service and the Neonatal network are working with CMTUHB to ensure safe delivery and appropriate preparation of pathways to enable safe transfer and clear guidance for the maternity users and clinical teams. Ongoing weekly project meetings have been put in place, NWJCC have been invited to attend these. Updates from these will be shared within the NWJCC to understand the impact this will have on current commissioned cots. An early warning notification has gone to Welsh Government.

<b>Level 1 ENHANCED MONITORING</b>	<p>Any quality or performance concern will be reviewed by the Commissioning Team. Enhanced monitoring is a pro-active response to put effective processes in place to drive improvement. It is an initial fact finding exercise which should ideally be led by the provider and closely monitored and reviewed by the commissioning team. The enquiry will lead to one of the following possible outcomes:</p> <ul style="list-style-type: none"> <li>• No further action is required routine monitoring will continue. The concern which raised the indication for inquiry will be logged and referred to during the routine monitoring process to ensure this has not developed any further.</li> <li>• Continued intervention is required at level 1 and a review date agreed.</li> <li>• Escalation to Level 2 if further intervention is required</li> </ul> <p>There is the potential for reporting via commissioning team report to Quality Patient Safety Committee and through SLA meetings with provider</p>
<b>Level 2 ESCALATED INTERVENTION</b>	<p>Escalated intervention will be initiated if Level I Enhanced Monitoring identifies the need for further investigation/intervention. There should be a Co-ordinated and/or unilateral action designed to strengthen the capacity and capability of the service. At this stage there should be jointly agreed objectives between the provider and commissioner and monitored through the relevant commissioning team. Frequency of meeting with provider should be at least quarterly and possible interventions will include</p> <ul style="list-style-type: none"> <li>• Provider performance meetings</li> <li>• Triangulation of data with other quality indicators</li> <li>• Advice from external advisors</li> <li>• Monitoring of any action plans</li> </ul> <p>A risk assessment should be undertaken, and logged on the Commissioning Team Risk Register. Where appropriate the risk will be included on the JCC Risk Management Framework. Reporting is via commissioning team report to Quality Patient Safety Committee report and SLA meetings with provider. The investigation will lead to on to the following possible outcomes:</p> <ul style="list-style-type: none"> <li>• Action plan and monitoring are completed within the allocated timeframe, evidence of progress and assurance the concern has been addressed. De-escalation to Level 1 for ongoing monitoring.</li> <li>• If the action plan is not adhered to and further concerns are raised by the Commissioning team or by the provider team or further concerns are identified it may be necessary to move to Level 3 Escalated Measures</li> </ul>
<b>Level 3 ESCALATED MEASURES</b>	<p>Where there is evidence that the Action Plan developed following Level 2 has failed to meet the required outcomes or a serious concern is identified a service will be placed in escalated Level 3. At this stage the quality of the service requires significant action/improvement and will require Executive input. In addition to routine reporting through QPS a formal paper will be considered by the JCC Corporate Directors Group (CDG) and an Executive Lead nominated. Formal notification will be sent to the provider re the Level of escalation and a request made for an Executive lead from the provider to be identified. An initial meeting will be set up as soon as possible dependant on the severity of the concern. Meetings should take place at least monthly thereafter or more frequently if determined necessary with jointly agreed objectives.</p> <p>Provider representation will depend on the nature of the issue but the meetings should ideally comprise of the following personnel as a minimum:</p> <ul style="list-style-type: none"> <li>• Chair (JCC Executive Lead)</li> <li>• Associate Medical Director - Commissioning Team</li> <li>• Senior Planning Lead - Commissioning Team</li> <li>• JCC Head of Quality</li> <li>• Executive Lead from provider Health Board/Trust</li> <li>• Clinical representative from provider Health Board/Trust</li> <li>• Management representative from provider Health Board/Trust</li> </ul> <p>An agreed agenda should be shared prior to the meeting with a request for evidence as necessary.</p> <p>At the conclusion of the meeting a clear timeline for agreed actions will be identified for future monitoring and confirmed in writing if appropriate. Reporting will be through commissioning team to QPS Committee. Consideration of entry on the risk register and summary of services in escalation table for Chairs report to Joint Committee. Consideration to involve and have a discussion with Welsh Government may be considered appropriate at this stage. If there is ongoing concern relating patient care and safety with no clear progress then further escalation will be required to Level 4. On the other hand if progress is made through the escalation Level 3 evidence of this should be presented to CDG/QPS and a formal decision made with the provider to de-escalate to Level 2.</p>

<p><b>Level 4</b> <b>DECOMMISSIONING/OUTSOURCING</b></p>	<p>Where services have been unable to meet specific targets or demonstrate evidence of improvement a number of actions need to be considered at this stage. This stage will require notification and involvement of the JCC Managing Director and CEO from the provider organisation. Both Quality Patient Safety Committee and Joint Committee should be cited on the level of escalation.</p> <p>The following areas will need to be considered and the most appropriate sanction applied to help resolve the issue:</p> <ol style="list-style-type: none"> <li>1. De-commissioning of the service</li> <li>2. Outsourcing from an alternative provider. This may be permanent or temporary</li> <li>3. Contractual realignment to take into account the potential need to maintain and agree an alternative provider.</li> </ol> <p>Involvement with Welsh Government and the Community Health Council is critical at this stage as often there are political drivers and levers that need to be considered and articulated as part of the decision making. Moving in and out of escalation and between Levels In addition to the Levels described above the process has introduced a traffic light guide within each level. The purpose of this is to help demonstrate the direction of travel within the level. It sets out an approach to help identify progress within the level and lays out the steps required for movement either upwards (escalation) or downwards (de-escalation) through the level.</p> <p>At every stage a red, amber or green colour will be applied to the level to illustrate whether more or less intervention is in place. Red being a higher level of intervention moving down to green. It will also help determine the easing of the escalated measures described and inform movement within the stages of escalation. As the evidence and understanding of the risks from a provider and commissioner become evident decisions can be made to reduce the level of intervention or there may be a need to reintroduce intervention should conditions worsen and trigger the re-introduction of measures if progress is unacceptable. In this way organisations will be able to understand what is being asked of them, progress will be easily identified and it will help avoid any confusion. It will also help in the reporting to provide assurance that action is being taken to meet the agreed timescales.</p>
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**SERVICES IN ESCALATION**

