

Executive Director Lead: Melanie Wilkey
Commissioning Team: Cardiac

Service in Escalation: Salford Royal Obesity Surgery

Date of Escalation Meetings: Not yet applicable

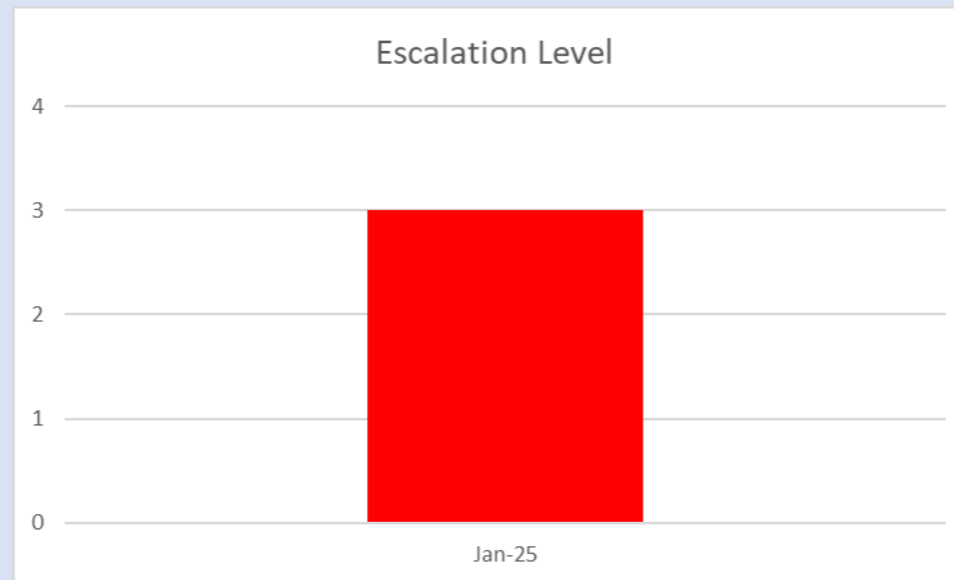
Date Last Reviewed by Quality & Patient Safety Committee: Not yet applicable

Current Escalation Level 3

Escalation Trend Level

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

Escalation Trajectory:



Escalation History:

Date	Escalation Level
January 2025	3 (newly escalated)

Rationale for Escalation Status :

Level 4 Obesity Surgery Service at Salford Royal Hospital escalated to Level 3 of the NWJCC (formerly WHSSC) escalation framework as a result of long-standing concerns with the obesity surgery waiting list for Betsi Cadwaladr University Health Board (BCUHB) and North Powys patients and sustained low levels of activity which have not been addressed despite ongoing meetings/correspondence and the service having indicated that there are mitigating actions in place.

Background Information:

In line with the NWJCC commissioning and performance monitoring requirements for obesity surgery, Salford Royal Hospital is required to submit RTT and activity data. This information is generally submitted on a monthly basis and is reviewed and monitored by the Cardiac Commissioning Team. This routine monitoring had compelled subsequent meetings with the Salford service, which had advised that it was :

- Struggling to maintain capacity, despite the temporary engagement of a private provider
- Anticipating further increases in demand as a result of NHSE incentivisation
- Undertaking actions intended to address waiting lists, but they were not anticipating a 'quick fix'.

Actions:

Action	NWJCC Lead	Action Due Date	Completion Date
Convene first escalation meeting with Salford Royal Hospital to set out parameters of escalation and establish actions moving forward	Assistant Planning Manager	7 February 2025	
Request that service provide action plan, including measurable targets for reductions in waits and corresponding increase in activity	Assistant Planning Manager	TBC	
Monitor progress against action plan at subsequent escalation meetings and via Cardiac Commissioning Team; agree further steps as required	Assistant Planning Manager	TBC	

Subsequent meetings (most recently in August 2024) confirmed that Salford Royal Hospital had made only limited progress in addressing the concerns identified by the NWJCC.

JCC assurance and confidence level in developments:

Low – Although the service is newly escalated and the first escalation meeting has not yet been convened, historic concerns with Salford Royal activity levels had resulted in the Cardiac Commissioning Team exploring the potential for the referral of patients from BCUHB and North Powys to the Welsh Institute of Metabolic and Obesity Surgery (WIMOS) in Swansea Bay University Health Board for obesity surgery. As a result, the NWJCC approved the release of funding to WIMOS (£50K to fund a band 6 Dietician post) in July 2024 to increase capacity, thereby enabling the service to undertake additional activity (approximately 15 obesity surgery procedures) to help address the waiting list position at Salford Royal Hospital. The opening of this new pathway reflected the limited assurance provided by Salford Royal and acknowledged the work undertaken by WIMOS to increase activity levels and develop the service provided within Wales. The Cardiac Commissioning Team further concluded that this new pathway was a significantly quicker means of securing additional capacity than alternative options, and was further indicative of the Commissioning Team’s limited confidence in the ability of Salford Royal to address the aforementioned concerns, despite the Hospital providing assurances to the contrary.

Nonetheless, Salford Royal’s continued failure to increase capacity and evident increases in the waiting list for BCUHB and North Powys patients prior to the WIMOS pathway becoming operational resulted in the NWJCC Senior Leadership Team endorsing the Cardiac Commissioning Team’s recommendation that the Salford service be escalated in January 2025. Actions and next steps will be agreed at the first escalation meeting (which is being convened at the time of writing).

In the event that sufficient assurance is not provided (either at the first meeting, or as a result of the outcomes from the action plan what the NWJCC will request), potential to designate an alternative English provider of obesity surgery will be explored, noting the pathway for patients from North Wales/North Powys to be referred to WIMOS, and the potential impact of obesity surgery drugs on demand for surgical intervention.

Explore potential for alternative English provider is apposite, noting the newly established WIMOS pathway for North Wales/North Powys patients and the potential impact of obesity surgery drugs on demand

Assistant Planning Manager

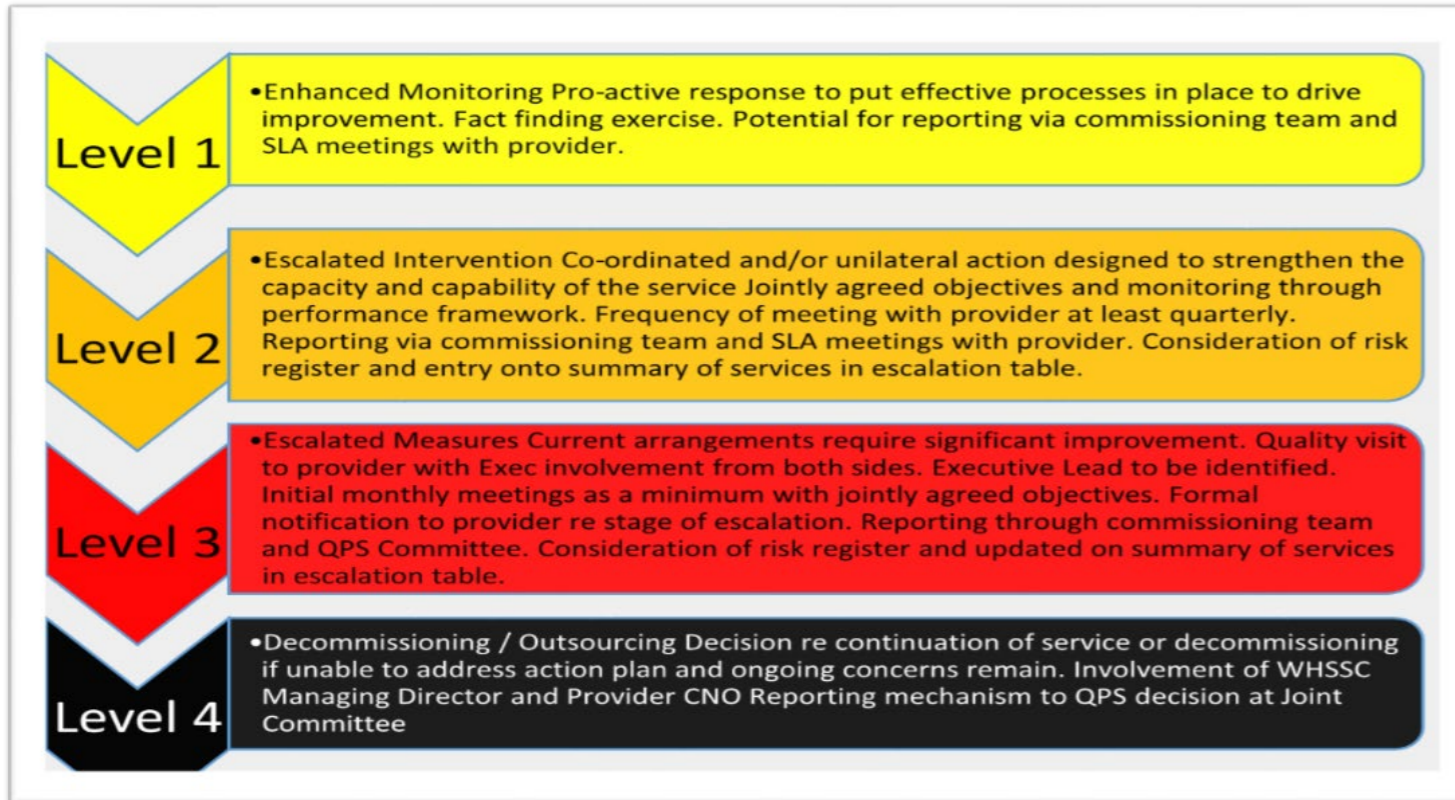
TBC

Issues/Risks:

- **January 2025** – Most recent data indicates: A failure by the Salford Royal Hospital Obesity Surgery service to recover to pre-Covid volumes with activity levels being significantly lower than expected and well below the commissioned levels; a worsening waiting list position with the overall number of patients waiting increasing; significant and sustained underperformance; regional inequity.
- Despite Salford Royal having indicated in a number of meetings with the NWJCC that the service is undertaking actions to address the waiting list issues, there has been no notable improvement in the activity levels or the waiting list position over the last twelve months. The Hospital has have consistently reported an increase in the total number of patients waiting and the number of patients waiting over 36 weeks, resulting in the service being escalated to Level 3 of the NWJCC escalation framework in January 2025.

Level 1 ENHANCED MONITORING	<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"> • 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. • Continued intervention is required at level 1 and a review date agreed. • Escalation to Level 2 if further intervention is required <p>There is the potential for reporting via commissioning team report to Quality Patient Safety Committee and through SLA meetings with provider</p>
Level 2 ESCALATED INTERVENTION	<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"> • Provider performance meetings • Triangulation of data with other quality indicators • Advice from external advisors • Monitoring of any action plans <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"> • 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. • 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
Level 3 ESCALATED MEASURES	<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"> • Chair (JCC Executive Lead) • Associate Medical Director - Commissioning Team • Senior Planning Lead – Commissioning Team • JCC Head of Quality • Executive Lead from provider Health Board/Trust • Clinical representative from provider Health Board/Trust • Management representative from provider Health Board/Trust <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>
Level 4 DECOMMISSIONING/OUTSOURCING	<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"> 1. De-commissioning of the service 2. Outsourcing from an alternative provider. This may be permanent or temporary 3. Contractual realignment to take into account the potential need to maintain and agree an alternative provider. <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</p>

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.



SERVICES IN ESCALATION

