



Llywodraeth Cymru
Welsh Government



Oversight and Escalation Framework – NHS Wales Organisations

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CONTENTS

1. INTRODUCTION	1
2. POLICY CONTEXT.....	2
3. PRINCIPLES	4
4. OVERSIGHT APPROACH.....	5
5. ESCALATION AND INTERVENTION	8
6. TARGETED SUPPORT	13
7. ESCALATION DOMAINS.....	14
8. DE-ESCALATION.....	18
Annex 1 – Description of escalation levels.....	19
Annex 2 – Level 2 Area of Concern	24
Glossary	26

1. INTRODUCTION

1. The NHS Wales Oversight and Escalation Framework (the Framework) sets out the Welsh Government's approach for gaining assurance from NHS Wales organisations; and the escalation and intervention processes where there are matters of concern that need to be addressed.
2. NHS Wales organisations are operating in challenging environments characterised by the increasingly complex needs of an ageing population, growing emphasis on working with local system partners to create innovative solutions to longstanding sustainability problems, workforce shortages and financial challenges.
3. A robust open and transparent governance framework will give the leaders of organisations, those who work in them, and those who regulate them, confidence about their capability to maintain and continuously improve services.
4. NHS Wales includes a range of organisations - health boards, trusts and special health authorities. The wide-ranging responsibilities of these organisations requires this framework to be flexible. Whilst adopting the same mechanism and principles, the approach will be tailored to the deliverables dependent on organisational responsibility and functionality. This framework is relevant to Welsh statutory NHS organisations and hosted organisations would be captured within the statutory body to which they are accountable.
5. NHS Wales organisations have a duty to conduct their affairs effectively and demonstrate measurable outcomes that build patient, public and stakeholder confidence that they are providing high quality, sustainable care.
6. The NHS Wales Performance and Improvement (NHSP&I) will support Welsh Government in its oversight interfaces, highlighting areas of concern through its functional model and key principle of quality assurance providing leadership, direction and a supportive learning environment.

2. POLICY CONTEXT

7. The [National Health Service \(Wales\) Act 2006](#) and [National Health Service Finance \(Wales\) Act 2014](#) provide the legal context for this framework which sets out the rationale for Welsh Ministers seeking assurance and the Welsh Ministers' powers of intervention.
8. Wales has a unique legislative landscape which has a strong emphasis on collaboration, co-production and integration. The [Well-being of Future Generations \(Wales\) Act 2015](#), the [Social Services and Well-being \(Wales\) Act 2014](#) and the [Public Health \(Wales\) Act 2017](#) provide the legislative backdrop for health and social care in Wales. Together, these three pieces of legislation place a firm emphasis on reducing health inequalities through long-term prevention and the delivery of sustainable, outcome focused services. Other specific pieces of legislation are the [Nurse Staffing Levels \(Wales\) Act 2016](#), [Welsh Language Measure 2011](#) and the [Equality Act 2010](#).
9. The [Wellbeing of Future Generations \(Wales\) Act](#) underpins the [Programme for Government](#) and [A Healthier Wales](#), and shapes how we work and what we do to deliver the values and commitments of the Welsh Government.
10. A Healthier Wales (AHW) sets out a long-term vision for health and social care in Wales. It proposes a whole-system approach to health and social care which is equitable, and where services are designed around individuals and groups based on their unique needs and what matters to them, as well as quality and safety outcomes. One of the core values described in A Healthier Wales is "Putting quality and safety above all else – providing high-value evidence-based care for our patients at all times."
11. Quality is the central factor in strategic decision making and acts as the foundation for our thinking, in the commissioning and delivery of services, and in our engagement with partners, service users, carers and citizens, whatever the setting.
12. The [Planning framework](#) sets out the ministerial priorities and key deliverables which provide a focus in the oversight process and closely align to the assessment of organisations as part of this Framework.
13. Monitoring the deliverables of the various Welsh Government frameworks and policies including:
 - [Quality and Safety Framework](#)
 - Duties of [Quality](#) and [Candour](#)
 - Planning Framework
 - [Performance Framework](#)

along with organisational outputs from each framework are all important aspects of the escalation and intervention process.

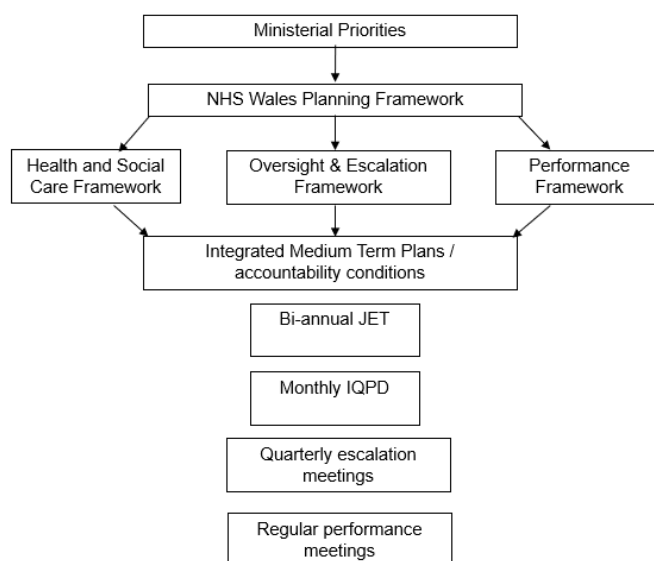
14. The National Quality Management System (NQMS) brings together data from a number of sources, including patient safety incidents, for triangulation and to inform a range of activities in relation to learning and quality and governance assurance.
15. The [Duty of Quality](#) in the Health and Social Care (Quality and Engagement) (Wales) Act 2020 (“the 2020 Act”) has two aims – to improve the quality of services, and to improve outcomes for people in Wales. It places a duty on the Welsh Ministers to exercise their functions with a view to securing improvement in the quality of health services. The Duty of Quality seeks to ensure we strengthen our quality management systems with appropriate focus on quality planning, quality control, quality improvement and quality assurance. It defines quality as ‘continuously, reliably, and sustainably meeting the needs of the population that we serve.’ Together, the domains of quality and quality enablers create the [Health and Care Quality Standards 2023](#).
16. Boards of organisations are accountable for the monitoring of the quality and safety, plans, mitigating risks and delivering against the objectives/deliverables in the Planning and Performance frameworks. They should conduct themselves in line with the [‘Nolan Principles of Public Life’](#).
17. The organisation’s Governance Framework will outline the assurance and escalation arrangements within the organisation and will ensure the Board receives information that is inclusive of all appropriate frameworks and legislation.

3. PRINCIPLES

18. Management and delivery of services in complex NHS organisations requires a 'clear line of sight' to the issues whilst also a detailed appreciation of the current state and the trajectory moving forwards. Therefore, it is important to create an improvement culture that manages quality and performance in service delivery in a robust manner that drives improved quality of care for patients.
19. The [Compassionate Leadership Principles for Health and Social Care in Wales](#) are fundamental to the approach of the framework. The four pillars of compassionate leadership (effective leadership, inclusive leadership, collective leadership and systems leadership) ensure the improvement culture is one that facilitates robust challenge and support.
20. The following principles underpin the Oversight and Escalation Framework:
 - *Creating an improvement culture*: these arrangements are intended to support the ongoing development of a culture of an effective quality management system, delivered for the benefit of patients. This will be supported by clear objectives which will drive a culture of high performance and accountability.
 - *Transparency*: The measures and deliverables set in NHS Wales Planning and Delivery frameworks are clearly articulated to NHS Wales organisations so that they know what is required; know how they will be assessed and the process if deliverables fall below expected levels.
 - *Delivery focus*: The quality control approach will be integrated, action oriented and focussed on delivering improvements agreed bilaterally (between Welsh Government and NHS organisations).
 - *Proportionality and balance*: The framework arrangements will seek to ensure that interventions and actions are proportional to the scale of the risk and that a balance between challenge and support is maintained.
 - *Clear lines of accountability*: A robust scheme of delegation and quality assurance arrangements will ensure that the Board, Chairs and Accountable Officers identify responsible officers for deliverables who will then interface with the oversight approach.
 - *Earned autonomy*: delivery against plans and agreed trajectories will earn greater levels of autonomy. As organisations deliver against target expectations, frequency and intensity of oversight arrangements will be reviewed. Conversely greater levels of support and quality assurance interventions will be in place where required and could be assessed as part of organisational escalation.

4. OVERSIGHT APPROACH

21. The triangulation of quality, planning (inclusive of finance and workforce) and delivery (inclusive of quality and performance) form the themes by which organisations will be assessed on their progress and against their plan. These are set out in the escalation domains.
22. This assessment requires a balanced approach to local and national priorities underpinned by a focus on:
- The twelve quality standards.
 - Quality of care, access and outcomes.
 - Preventing ill health and reducing inequalities.
 - Finance and efficient use of resources.
 - People.
 - Leadership and capability.
 - Patient experience feedback.
 - Triangulation of data and effective use of digital tools.
23. The organisational position against the priorities and measures set out in planning and performance frameworks will be reviewed and incorporate:
- Annual objectives agreed with the Chairs of NHS Wales organisations.
 - Accountable Officer Letters issued by the Chief Executive of NHS Wales which outlines the responsibility for financial management and performance.
 - Welsh Government response to an organisational plan inclusive of accountability conditions.
24. The following diagram sets out the arrangements for the oversight of NHS Wales organisations:



25. Assessment against the framework will utilise a variety of information including quantitative data, including the published performance framework metrics and relevant qualitative information. Information from the NQMS, patient safety reviews, clinical audit, and assessment against quality statements and NICE Standards will feature prominently. Information derived from conversations on quality improvement, value in health, digital, national programmes and clinical networks will also feature to support organisations in a rounded assessment of their position and progress.
26. Information from relevant independent third parties, inclusive of Llais, Audit Wales and Healthcare Inspectorate Wales play a key role in informing Welsh Government assessments.
27. Information will be used to support ongoing monitoring as follows:
 - Service quality metrics and insight.
 - Patient experience feedback.
 - Performance against national targets and agreed trajectories.
 - Historical performance trend to identify patterns and changes.
 - Evidence of improvement in reducing clinical variation.
28. The Framework promotes a 'no surprises' approach and supports early identification of emerging issues and concerns, so that they can be addressed before they have a material impact or performance deteriorates further. NHS Organisations are expected to maintain relationships with the NHS Wales Performance and Improvement and Welsh Government so that actual or prospective changes in performance are shared in a timely manner. Where risks are material to the delivery of safe and sustainable services, these should be managed and escalated to Welsh Government.

Integrated Quality, Planning & Delivery (IQPD) meetings

29. These are monthly meetings chaired by the Deputy Chief Executive of NHS Wales or their nominated deputy. IQPDs assess performance against the national standards, consider the overall quality and safety of services and undertake deep dives on specific topics. Health boards should proactively raise areas of concern.

Escalation meetings

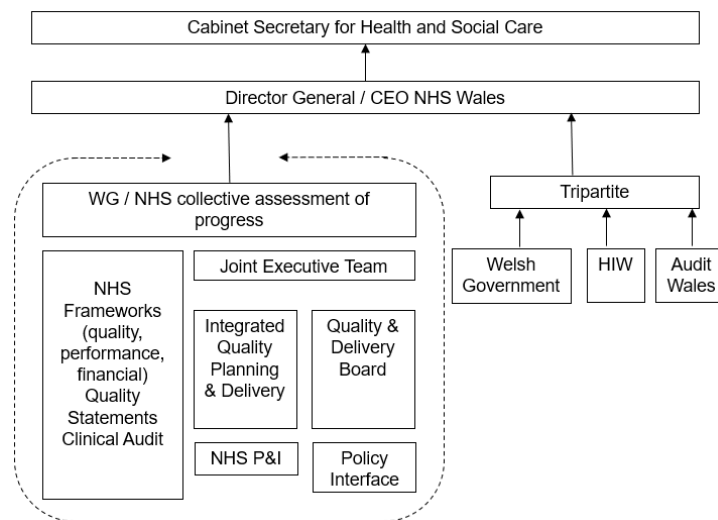
30. All organisations in an escalated status will have a formal escalation meeting chaired by Welsh Government. These meetings monitor progress against specified and agreed de-escalation criteria.

Joint Executive Team (JET) meetings

31. JET meetings take place twice a year, chaired by the Chief Executive of NHS Wales. These meetings scrutinise quality, planning, delivery, and performance of the organisation against national requirements, its plan, and any accountability conditions.

NHS Wales Oversight and Escalation Framework

32. The diagram below sets out the governance of the meetings:



33. The Welsh Government will use its monthly Quality and Delivery Board to meet with NHS P&I and other key parties to discuss all organisations and issues of concern.

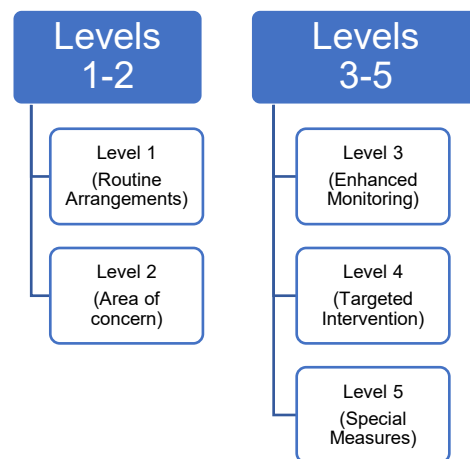
5. ESCALATION AND INTERVENTION

34. The NHS in Wales seeks to provide the very best care for patients at all times. However, issues do sometimes arise affecting service delivery, organisational effectiveness and the quality and safety of care. In most cases an appropriate response is made by the organisation concerned. However, on occasions there is a requirement for coordinated action involving those with responsibility for the supervision, auditing, inspection and regulation of the healthcare system. Regular and effective information sharing will enable potentially serious concerns to be identified early on.
35. Welsh Government and the NHS P&I will work together, with relevant NHS Wales organisations to ensure appropriate responsive action is taken to concerns and issues raised.
36. The Welsh Government's Performance Framework enables it to seek assurance that NHS organisations in Wales are delivering against priorities and driving up standards. As part of this there is a range of performance indicators against which NHS organisations in Wales are monitored. If there is an indication that NHS organisations are under-performing, the Welsh Government will explore this with the relevant NHS organisation and, where issues are identified, the NHS organisation will be required to take remedial action.
37. The Welsh Government, HIW and Audit Wales will meet every six months (and additionally between these times if serious concerns arise) to share knowledge and identify issues early on in order that these can be resolved effectively. This meeting is known as the tripartite meeting.
38. Escalation and de-escalation to and from level 2 (supportive intervention) will take place as necessary and decisions will be made by the Welsh Government as appropriate.
39. An NHS organisation should approach the Welsh Government itself to highlight potential issues and proposed handling. This may result in the NHS organisation asking Welsh Government or external review bodies to consider undertaking a specific piece of work in response to these issues.
40. Decisions on escalation and de-escalation are matters for the Welsh Government and these will be taken after assessing a range of evidence and information including, but not exclusively, the intelligence shared by the tripartite participants.
41. The principles underlying the approach to escalation and intervention are:
 - The arrangements are predicated on effective and regular information sharing between Welsh Government and external review bodies which will be used to identify serious concerns.
 - The Welsh Government will inform the NHS organisation of the reasons for escalation and intervention wherever it is applied.

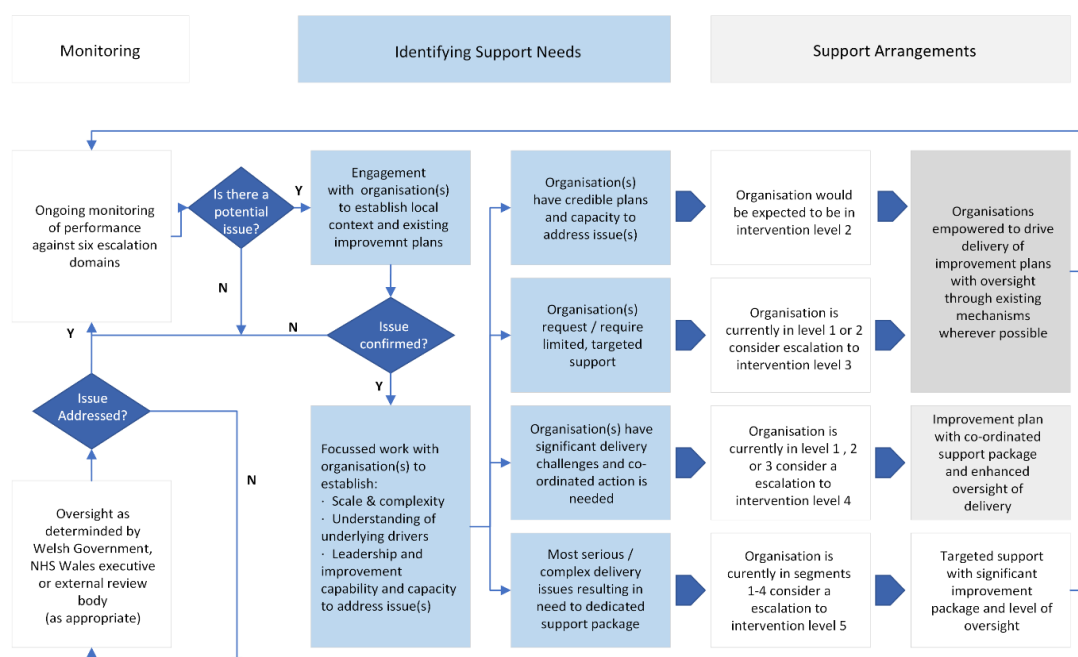
NHS Wales Oversight and Escalation Framework

- The form and extent of the action taken will be commensurate with the seriousness of the issue and the need to secure timely and effective improvement.
- NHS organisations will be expected to provide accurate and timely responses to requests for information, and to co-operate with action taken.
- Escalation can be to any level within the framework, dependent on the nature and seriousness of the concern/issue.
- De-escalation and sustainability criteria will be agreed with the NHS body through a formal de-escalation framework. The NHS body will publish the escalation framework through its Board and/or Committee meetings.
- De-escalation will be no more than one level at a time with reduced oversight and intervention at each stage of de-escalation. De-escalation from level 3 and 2 will be to level 1 routine arrangements.

42. There are five levels within this framework:



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



Level 1 - Routine Arrangements

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

Level 2 - Area of Concern

45. From time to time, the routine arrangements outlined above may flag up an emerging and potentially serious concern with the service delivery, quality and safety of care and/or organisational effectiveness of the NHS organisation. When such a concern emerges, the Welsh Government will meet with the health organisation or bodies to explore the nature and extent of this concern.
46. An emerging concern to service delivery, quality and safety of care and/or organisational effectiveness arises when the severity, frequency or persistence of problems appear to exceed that which can be dealt with through routine arrangements.
47. Concerns may be triggered by the analysis of serious incidents, a single event or a combination of factors which may relate to areas such as:
- Inability to deliver, one, some or all of the quality standards.
 - Quality and safety of care.
 - Capacity and capability.
 - Financial management.
 - Planning.
 - Governance arrangements.
 - Performance issues.
 - Adequacy of the response of the NHS organisation to address the concern.
48. Requests for additional information to assist with this evaluation will be made to the NHS organisation and relevant third parties. If it is not immediately apparent what the nature of the problem is and where its cause lies, the Welsh Government, and external review bodies, as appropriate, may decide that a short, focussed piece of work is undertaken in liaison with the NHS organisation to explore the concern further.
49. The NHS organisation will be formally notified that the Welsh Government and/or external review bodies believe there to be a concern that potentially compromises service delivery, quality and safety of care and/or organisational effectiveness. The Welsh Government and external review bodies, as appropriate, will work closely with the NHS body to ensure emerging concerns are explored and their cause(s) understood. An overview of the level 2 process is included at annex 2.

Levels 3 – 5 Escalation

50. The Welsh Government and tripartite participants will meet, at least, every six months (and additionally between these times if serious concerns arise) to share knowledge and identify issues early on in order that these can be resolved effectively.
51. Following these meetings, Welsh Government will consider a range of intelligence and evidence before making recommendations to the Cabinet Secretary for Health and Social Care on the escalation status of the organisation. This will include a clear rationale for the proposed escalation or de-escalation. These recommendations will be made by Welsh Government, informed by a wide range of intelligence.
52. Escalation will typically occur when there is evidence to indicate sufficient and timely improvement is not happening. Depending on the nature of the issue, the escalation could be to any level on the intervention scale and intervention might be applied to either the NHS organisation as a whole or a particular function or service within an organisation.
53. Escalation decisions will be in part determined by assessing the level of support required from no specific support needs to a requirement for intensive support based on a combination of objective criteria and judgement. It does not determine specific support requirements. These will be identified by the criteria set out in the description of escalation levels at annex one.
54. Decisions on the choice and order of intervention may depend on the way in which serious issue(s) come to light and the response of the NHS organisation.
55. Intervention is not solely driven by this process; the Welsh Government and external review bodies each retain the right to take individual action as they see fit, keeping other stakeholders informed.
56. In each case, the Welsh Government and external bodies, as appropriate, will work with the NHS body to agree a clear timeframe in which improvement can be expected.
57. Following a decision to escalate an organisation the Welsh Government will develop an escalation framework which will be agreed by the Welsh Government officials and the health organisation executive team. The framework will set out the reasons for escalation, requirements and de-escalation criteria. NHS organisations must ensure their Boards are fully sighted on the requirements within the framework and publish the escalation framework on their websites.

Level 3 – Enhanced Monitoring

58. Level 3 escalation will occur when serious concerns have been identified. As set out in paragraph 47, this may include ongoing performance challenges, a growing financial deficit, inability to produce an integrated medium-term plan.
59. The NHS organisation will need to demonstrate that it is taking a proactive response to put in place effective processes to address the issue(s) and drive

improvement itself. Welsh Government will co-ordinate activity in order to closely monitor, challenge and review progress.

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

Level 4 - Targeted Intervention

61. Welsh Government will take and co-ordinate action and direct intervention to support the NHS organisation to strengthen its capability and capacity in order to drive improvement.
62. Actions the Welsh Government may take include arranging mentoring for individual board or executive team members and appointing experienced individuals with the necessary clinical and/or governance skills onto the Board to act as independent advisors for a finite period.

Level 5 - Special Measures

63. In exceptional circumstances, either Welsh Government officials (including the Chief Executive of Healthcare Inspectorate Wales) and the Auditor General for Wales may identify concerns in relation to an NHS organisation in response to which the Welsh Ministers may take intervention as set out in the NHS (Wales) Act 2006 [sections 26-28] and associated regulations.
64. Intervention actions by the Welsh Ministers may include a package of targeted support, suspending or removing powers and duties from individual members or all members of the NHS organisation's Board.
65. Where there are serious issues across all the escalation domains, the Welsh Government may decide to place the whole organisation into level 5. Where this happens, de-escalation expectations will be agreed for each of the 6 domains. Dependent on progress made against the de-escalation expectations, Welsh Government will consider a full de-escalation to level 4 for the organisation when it is satisfied that reasonable progress is being made across all the domains. Alternatively, a partial de-escalation for one or more domains to level 4 may be considered where there is reasonable progress in the domains under review.
66. Additionally, the Welsh Ministers may consider the use of Direction or Emergency Powers which allows them to direct that a function of the NHS organisation be performed by another body for a specified time.
67. These formal powers are seen as a last resort and will only be used if other intervention is unlikely to succeed.

6. TARGETED SUPPORT

68. Targeted support is applicable to organisations in levels 4 or 5 of the Framework and will be applied when organisations have serious problems and where there are concerns that the existing leadership cannot make the necessary improvements without support. Targeted support will consist of a set of interventions designed to remedy the problems within a reasonable timeframe.
69. Support packages will always be designed and delivered within the relevant organisational context and support. Specific support needs will be reviewed through regular oversight meetings and additional enhanced oversight arrangements, where these are required to:
- Track improvement and understand the effectiveness of the various support measures.
 - Ensure support is targeted where it has the greatest impact.
70. As part of this process an assessment will be undertaken to consider the severity, scale and complexity of the issues the organisation is facing using information gathered through quality surveillance, existing knowledge, discussions and information from partners including evidence from formal or informal investigations. As part of this, Welsh Government will draw on the expertise and advice of national colleagues. Consideration will be given to using external organisations and independent advisers as appropriate.
71. During the assessment, consideration will be given to:
- Degree of risk and potential impact.
 - Degree to which organisation understands what is driving the issue(s).
 - Views of leadership, governance and maturity of improvement approach.
 - Organisation's capability and credibility of plans to address the issue(s).
 - Previous steps to support the organisation to rectify the issue(s).
 - Extent to which the organisation is delivering against a recovery trajectory.
 - Agreeing the sustainability and de-escalation criteria that must be met by the organisation.

7. ESCALATION DOMAINS

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



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

Domain 1 – Governance and Leadership

- Is the board cohesive and acts in a unitary manner?
- Is there a clear board development and succession plan in place?
- Are there clear roles and accountabilities in relation to governance (including quality, finance, corporate and information governance)?
- Are there clearly defined, well understood processes for escalating and resolving issues and managing performance?
- Does the Board actively engage people who use services, the public, staff and other key stakeholders?
- Does the Board have the skills and capability to lead the organisation?
- Does the Board support continuous learning and development across the organisation?
- Are there clear responsibilities, roles and systems of accountability to support good governance and management?
- What is the Board's approach to clear digital plan which includes information governance, digital governance, investment plans, clinical systems, transformation and cyber security?
- Does the Board shape an open, transparent and quality-focused culture?
- Is there evidence that staff are able to speak up safely and are confident they will be listened to, and appropriate action will be taken?
- Is there leadership capacity and capability to deliver high quality sustainable care?
- Does the Board have a clear vision and credible strategy?

- Are there clear and effective processes for managing risks and issues?

Domain 2 – Population health and prevention

- Does the board have an effective primary and community care strategy?
- Is the board's aspiration based upon developing care closer to home and utilising community services effectively?
- How effective is the organisation in responding to challenges in primary and community care, is the escalation process effective and are there sufficient services for the population?
- Are community services including General Medical Services (GMS) and General Dental Services (GDS) well managed?
- Does the Board have an effective population health and prevention strategy?
- Are outcomes measured and monitored appropriately, with any changes identified, investigated and actioned promptly?
- How effective are the prevention programmes such as weight management and smoking cessation?
- What strategies are in place to increase appropriate uptake of screening and vaccination?
- Are safety concerns consistently identified and addressed quickly?
- Are outcomes of care and treatment appropriately monitored and benchmarked with other similar services?
- Do staff and teams work in a multi-disciplinary and collaborative way and seek support or input from other relevant teams or services as appropriate?
- Are contracted services managed appropriately?

Domain 3 – Performance and outcomes

- Is performance in line with agreed trajectories and national requirements?
- Are issues delivering against plan and accountability conditions identified and addressed appropriately in a timely manner?
- Are outcomes measured and monitored appropriately, with any changes identified, investigated, and actioned promptly?
- Are plans in place to deliver productivity improvements as agreed by the national programme boards and other relevant bodies?
- Are commissioned or contracted services managed appropriately?

Domain 4 – Finance, strategy and planning

- Does the board have a credible strategy to provide quality, sustainable services to patients and is there a robust plan to deliver?
- Is the organisation able to deliver against plan and accountability conditions?
- Is there a significant underlying deficit and/or significant gap to the financial plan?
- Are the financial governance framework and financial controls at the health board is robust in both design and implementation, including a self-assessment against best practice frameworks?
- Is the financial committee structure clearly articulated, and does it actively address key risks?

- Is financial risk managed effectively, and financial considerations (such as efficiency programmes) do not adversely affect patient care and outcomes?
- Does the board have a credible capital and estates strategy to ensure provision of safe, secure, high-quality healthcare buildings capable of supporting current and future service needs which includes effective utilisation and maintenance of the existing estate and clear capital investment priorities?
- Are value-based health care (VBHC) principles embedded across the organisation and VBHC plans delivered?
- Is there an integrated plan that will deliver either break-even position or the agreed target control total which demonstrates progress towards delivery and efficiency of services within available resources?
- Is integrated planning evident across the organisation, providing a route map towards the health board's longer-term ambition?
- Is the organisation making good progress in delivering the ministerial targets, delivery expectations and enabling actions and accountability criteria?
- Can the organisation demonstrate how the clinical strategy and plan are driving decision making across the organisation and does the clinical strategy and plan support future planning and investment decisions?
- Does the organisation have robust arrangements in place to work with partners and where appropriate deliver services on a regional basis?

Domain 5 – Quality of care

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

Domain 6 – Clinical services

- Does outcome and clinical data indicate that the service is an outlier?
- Are there increasing incidents, levels of complaints, concerns, and issues being raised by staff and patients?
- Are people safe and not at high risk of avoidable harm?
- Are outcomes of care and treatment appropriately monitored and benchmarked with other similar services so any unduly variable or significantly worse are identified and action taken appropriately?

NHS Wales Oversight and Escalation Framework

- 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's response been to escalation?
- Does people's care and treatment reflect current evidence-based guidance, standards, practice or technology?

8. DE-ESCALATION

74. The overall aim of this Framework is to support NHS organisations, subject to intervention arrangements, to deliver the required improvement and address any issue(s) effectively so that they may commence the de-escalation process once improvements are noted and sustained.
75. To be considered for de-escalation, an organisation must demonstrate that the de-escalation criteria have been consistently met.
76. Wherever appropriate, the Welsh Government will coordinate activity to closely monitor, challenge and review progress made by the NHS organisation. If the NHS organisation can provide evidence of sufficient and timely improvement, then the Welsh Government and external review bodies will share knowledge to enable them each to consider whether de-escalation of the intervention arrangements placed on the NHS organisation is appropriate.
77. De-escalation for those areas with quantifiable outcomes and targets such as performance and outcomes will take place once the de-escalation criteria have been met and sustained for the agreed period of time. If the NHS organisation meets the de-escalation criteria for a specific domain or sub-domain then they will be de-escalated to the next level on the escalation scale. This de-escalation will be automatically triggered outside of the normal escalation cycle and will be confirmed in writing to the organisation and shared wider through a Written Statement.
78. De-escalation will be to the next level on the escalation scale with reduced oversight and reporting at each stage of de-escalation.

ANNEX 1 – DESCRIPTION OF ESCALATION LEVELS

1 – Routine arrangements

Description

- Steady state “on-plan” and normal reporting.
- Consistently high performing.
- Capability and capacity required to deliver is well developed.
- No specific support needs identified.

Expectation or behaviours of organisation

Welsh Government

- Surveillance and oversight through normal reporting mechanisms and scheduled meetings such as Joint Executive Team (JET) annual /mid-year reviews.

Health boards, trusts and SHAs

- Responsible for maintaining appropriate governance arrangements to ensure that it is operating effectively and delivering or contributing to quality and safe care to patients.
- Leaders are visible approachable and welcome challenge with a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver culture of high quality, sustainable care.
- Clear responsibilities, roles and systems of accountability to support good governance and management.
- Clear and effective processes for managing risks, issues and performance
- Appropriate and accurate information being effectively processed, challenged and acted on.
- People who use services, the public, staff and external partners engaged and involved to support high quality sustainable services.
- Robust systems and processes for learning, continuous improvement and innovation.

Criteria for potential escalation to a higher level

- Failure to develop an approved balanced 3-year plan.
- Performance against national requirements.
- Delivery against plan and any accountability conditions.
- Specific concerns about service issue identified, risks to quality or delivery which no clearly identified appropriate action or timescales to address.
- People are at risk of not receiving effective care or treatment or a lack of consistency in the effectiveness of the care, treatment and support.

Criteria for potential de-escalation to a lower level

N/A

2 – Area of concern

Description

- Some variation from plan, delivery risk if no action.
- Specific service issue identified, risks to quality or delivery if no action.
- Targeted local support may be required to address specific identified issues.
- Pro-active response to put effective processes in place to drive improvement led by NHS health board/trust/SHA and monitored by Welsh Government established processes.

Expectation or behaviours of organisation

Welsh Government

- Surveillance and oversight through normal reporting mechanisms.

Health boards, trusts and SHAs

- Proactive action with development of a local recovery or improvement plan.
- Advice and tailored support sought if necessary.
- Issues regularly monitored by executive team through increased local surveillance and monitoring mechanisms and progress reported to Welsh Government.

Criteria for potential escalation to a higher level

- Deteriorating performance trajectory against some national requirements.
- Issues delivering against plan and accountability conditions.
- Specific concerns about service issue identified, risks to quality or delivery which no clearly identified appropriate action or timescales to address.
- Increased risk that people are being harmed or there is limited assurance about safety.

Criteria for potential de-escalation to a lower level

- Sustained improvement in delivery of national requirements.
- Approval of a deliverable and balanced 3-year plan.
- People are protected from avoidable harm with good outcomes because they receive effective care and treatment that meets their needs.
- Leadership, governance and culture promote the delivery of high-quality person-centred care.

3 – Enhanced monitoring

Description

- Significant variation from plan.
- Significant risks or concerns identified or materialising.
- Tailored action and/or support may be required.
- Pro-active response to put effective processes in place to drive improvement agreed with and closely monitored, challenged/reviewed by WG and external review bodies.
- Flexible support delivered through peer support, clinical networks or national programmes.

Expectation or behaviours of organisation

Welsh Government

- Surveillance and monitoring will be more frequent than that carried out under routine arrangements and may also take a wider variety of forms.

Health boards, trusts and SHAs

- Co-ordinated action to strengthen the service with a formal recovery or improvement plan, with milestones and responsibilities clear, agreed with Welsh Government.
- External expert advice provided by NHS Wales Performance and Improvement and other key bodies if required.

Criteria for potential escalation to a higher level

- Deteriorating performance trajectory against national requirements.
- Unable to deliver against plan and accountability conditions.
- Significant underlying deficit and/or significant actual or forecast gap to the financial plan.
- Leadership, governance and culture do not always support the delivery of high-quality person-centred care.
- Systems, processes and standard operating procedures are not always reliable or appropriate to keep people safe.
- Safety concerns are not consistently identified or addressed quickly enough.
- People receive ineffective care or there is insufficient assurance in place to demonstrate otherwise.
- Care and treatment does not always reflect current evidence-based guidance, standards, best practice and technologies.

Criteria for potential de-escalation to a lower level

- Sustained improvement in delivery of national requirements and or agreed metrics
- Approval of a deliverable and balanced plan.
- People are protected with minimised risk from avoidable harm with good outcomes with effective care and treatment.

4 – Targeted Intervention

Description

- Significant risks to delivery, quality, financial performance or safety.
- Senior external support required.
- Co-ordinated and/or unilateral action designed to strengthen the capacity and capability of the health board/trust to drive improvement.
- Bespoke support drawing on system and national expertise as required.

Expectation or behaviours of organisation

Welsh Government

- Increased surveillance and monitoring outside routine arrangements.
- Targeted support provided in agreement with organisation.

Health boards, trusts and SHAs

- Organisation to identify a senior responsible officer to oversee mandated support intervention and identify key organisation leads to facilitate mandated support process.
- Active engagement with targeted support process and clear commitment to implement learning.
- Effective governance and oversight of improvement programme implementation with clear leads, timescales and maturity matrix to enable progress to be tracked.

Criteria for potential escalation to a higher level

- Dramatic drop in performance, or sustained very poor.
- Delivery of high-quality care is not assured by the leadership, governance or culture.
- Safety systems, processes and standard operating procedures are not fit for purpose.
- Staff do not recognise concerns, incidents or near misses.
- People are not safe or at high risk of avoidable harm.
- People's care and treatment does not reflect current evidence-based guidance, standards, practice or technology.
- Very limited or no monitoring of the outcomes of care and treatment with outcomes that are very variable or significantly worse than expected when compared with other similar services.
- Staff and teams provide care in isolation and do not seek support or input from other relevant teams and services.
- Consent is not always obtained or recorded in line with relevant guidance and legislation.

Criteria for potential de-escalation to a lower level

- Improvement in delivery of agreed metrics.
- Annual plan developed with board approval.
- Effective governance and oversight arrangements in place with risks minimise.
- Delivery of key improvements identified in line with specified de-escalation criteria.

5 – Special Measures

Description

- Very serious, complex issues manifesting as critical quality, governance and/or finance concerns that require intensive support.
- Catastrophic failure in leadership or governance that risks damaging the reputation of the NHS.
- Organisational structure/configuration unable to deliver effective care.
- Current arrangements require significant change.
- Welsh Ministers will take intervention as set out in the NHS (Wales) Act 2006.
- Targeted intensive support delivered.

Expectation or behaviours of organisation

Welsh Government

- Ministerial powers of intervention which may include suspending or removing powers and duties from individual members or all members of the NHS board/trust/SHA board.
- Welsh Ministers may consider the use of direction or emergency powers which allows them to direct that a function of the NHS board/trust be undertaken by another body for a specified time.

Health boards, trusts and SHAs

- Organisation to identify a senior responsible officer to oversee mandated support intervention and identify key organisation leads to facilitate mandated support process.
- Active engagement with targeted support process and clear commitment to implement learning.
- Develop an improvement programme with clear leads, timescales and maturity matrix to enable progress to be transparently accessed.

Criteria for potential escalation to a higher level

N/A

Criteria for potential de-escalation to a lower level

- Effective governance and leadership arrangements in place.
- Services stabilised and demonstrable progress against agreed delivery plan.
- Engagement with the targeted support process.

ANNEX 2 – LEVEL 2 AREA OF CONCERN

What is level 2 escalation?

The level 2 (area of concern) escalation was first included in the oversight and escalation framework in January 2024.

Level 2 escalation enables Welsh Government and the NHS P&I to respond appropriately to emerging concerns in health organisations or across a service in terms of timeliness and providing an opportunity to explore the extent of the concern.

An emerging concern to service delivery, quality and safety of care and/or organisational effectiveness arises when the severity, frequency or persistence of problems appear to exceed that which can be dealt with through level 1 or routine arrangements.

Level 2 will be used to respond to a specific concern, with service delivery, quality and safety of care and/or organisational effectiveness. Welsh Government will meet with the NHS organisation to explore the nature and extent of the concern. The NHS organisation will be expected to respond to these concerns with appropriate local arrangements.

Level 2 will not be used when de-escalating organisations from higher levels of escalation e.g. level 3, 4 or 5.

Why would a service be designated a level 2 service?

Concerns may be triggered by the analysis of serious incidents, a single event or a combination of factors which may relate to areas such as:

- Inability to deliver, one, some or all of the quality standards.
- Quality and safety of care.
- Capacity and capability.
- Financial management.
- Planning.
- Governance arrangements.
- Performance issues.
- Adequacy of the response of the NHS organisation to address the concern.

It could be triggered by NHS organisation or Welsh Government/NHS Wales Performance and Improvement. It is applicable to escalation domains or services in level 1 arrangements.

In considering and agreeing a level 2 escalation, the Welsh Government will complete a detailed SBAR setting out the concerns which will reflect:

- The reasons for the concerns and who has raised them.
- Whether the NHS organisation recognises there is an issue, if they do, have they acted quickly have they put in place internal escalation or appropriate arrangements.
- Whether arrangements are sufficient to deliver the improvements required or is additional support required.

How will decisions be made regarding a level 2 escalation?

- Emerging concerns could be raised in several different ways including through Integrated Quality Planning and Delivery meetings, Joint Executive Team meetings, regular meetings with health organisation, HIW disclosures or reports, reported concerns or incidents.
- Baseline assessment to be produced setting out the concerns in detail. Information will be collated with input from Welsh Government, NHS Wales Performance and Improvement, the NHS organisation with the service of concern and other organisations if appropriate
- The baseline assessment to be discussed at the Welsh Government led Quality and Delivery Board and recommendations made to the Welsh Government Executive Directors Team.
- Escalation and de-escalation to and from level 2 will take place as necessary and decisions will be made by Welsh Government as appropriate and will respond to emerging concerns in a timely and appropriate manner.
- Following a decision to escalate, Welsh Government will:
 - Formally notify the NHS organisation of the level 2 escalation and the reasons for this.
 - Set up a meeting with the NHS organisation to ensure emerging concerns are explored and their cause(s) understood. Meeting will involve appropriate bodies to discuss the concerns and action being taken.
 - Develop and agree a level 2 area of concern framework including the expectations for improvement.
 - Include a formal touchpoint on IQPD agenda to discuss progress.
 - Provide regular updates to set out progress and consider next steps including possible de-escalation.
- NHS organisation would:
 - Undertake a self-assessment or internal review, if not already undertaken to understand the nature of the problem.
 - Develop an action or improvement plan with clear milestones.
 - Provide evidence of regular progress/action.
- NHS Wales Performance and Improvement and/or Welsh Government would:
 - Hold regular oversight/evaluation meeting with health board.
 - Make an assurance assessment of progress against evidence provided.

Potential tools to support NHS organisations in level 2 with process and evidence:

- Self-assessment template
- 15 steps - [66269 PW Fifteen steps challenge new Layout 1 \(england.nhs.uk\)](#)
- Three lines of defence – [The three lines of defence for assurance and reassurance | Blog | Good Governance Institute | Good Governance \(good-governance.org.uk\)](#)
- [Pocket Guide for NHS Wales Boards English.pdf \(gov.wales\)](#)

GLOSSARY

Access

The opportunity to use, get or benefit from something.

Accountability

When an organisation is responsible for ensuring that things happen and can explain what happened and why.

Audit

A systematic review of a practice, process or performance to establish how well it meets predetermined criteria. The procedure includes identifying problems, developing solutions, making changes to practice, and then reviewing the whole operation or service again.

Audit Wales

Audit Wales is the non-statutory collective name for the Auditor General for Wales (AGW) and the Wales Audit Office (WAO). Audit Wales is not a legal entity.

The AGW is the statutory external auditor of most of the Welsh public sector and audits the accounts of county and county borough councils, police, fire and rescue authorities, national parks and community councils, as well as the Welsh Government, its sponsored and related public bodies, the Senedd Commission and National Health Service bodies.

The WAO's main functions are to provide staff and other resources for the exercise of the Auditor General's functions, and to monitor and advise the Auditor General.

Benchmark

A measure or standard that can be used to compare an activity, performance, service or result. 'Benchmarking' is the process of measuring the performance of people or organisations with broadly similar characteristics. The aim is to improve quality by encouraging all organisations or services to raise their own performance to that of the best.

Board/Board Members

The Board is the corporate, decision-making body of the health board, trust or special health authority. Its role is to set the strategic direction; establish and uphold the governance and accountability framework, including the values and standards of behaviour; and to ensure delivery of its aims and objectives through effective challenge and scrutiny of performance across all areas of activity.

Membership of the Board includes the Chair, Vice Chair, executive directors, independent members and associate (non-voting) members.

Care Pathway

The route a person takes through healthcare services. For example, a care pathway might show the order in which various tests are done to diagnose an illness, which treatments should be tried, and when care moves from primary to secondary care, or from hospital back into community care.

Clinical Audit

A process for monitoring standards of clinical care to see if it is being carried out in the best way possible (known as 'best practice'). Clinical audit can be described as a systematic 'cycle'. It involves measuring care against specific criteria, taking action to improve it if necessary, and monitoring the process to sustain improvement.

Clinical Governance

Clinical governance is a framework of processes, systems and controls that helps NHS organisations demonstrate accountability for continuously improving the quality of their services and safeguarding high standards of care. Good clinical governance involves establishing an environment in which clinical excellence can flourish.

Clinical or fragile services

Services which may be considered susceptible to collapse and are fragile due to constraints such workforce or demand on the service.

Clinical outcomes

Specific changes in health or quality of life, as a result of the medical treatment or care received.

Clinical Pathways

Clinical pathways are standardised, evidence -based multidisciplinary management plans that identify an appropriate sequence of clinical interventions, timeframes, milestones and expected outcomes for a homogenous patient group.

Commissioning

Commissioning is the purchasing of NHS services to meet the health needs of a local population. Health boards act as commissioners and the providers of NHS services in Wales.

Digital Health and Care Wales (DHCW)

Digital Health and Care Wales (DHCW) is a special health authority responsible for building and designing digital services for health and care in Wales. It has a national role to support NHS Wales in making best use of IT skills and resources and take forward the digital transformation needed for better health and care in Wales. Their key responsibilities are:

- Mobilising digital transformation and ensuring high quality care
- Expanding access to the Welsh Digital Health and Care Record
- Delivering high-quality digital services
- Enabling big data analysis for better outcomes.

Duty of candour

If something goes wrong with the health care that is provided, the organisation that provides the care has a legal duty to be open with the person and their families to explain what has happened and to apologise.

Duty of quality

The purpose of the duty of quality is to ensure that Welsh Ministers and NHS bodies secure improvements in the quality of services they provide. The duty represents our ambition of achieving ever-higher standards of person-centred health services in Wales.

External review bodies

Independent bodies which review the way NHS services are governed and provided. This includes organisations such as Audit Wales and Healthcare Inspectorate Wales.

Frameworks

Frameworks refers to the NHS Wales planning, performance and quality and safety frameworks.

Governance

Governance (or corporate governance) is the system by which organisations are directed and controlled. It is concerned with how an organisation is run – how it structures itself and how it is led. Governance should underpin all that an organisation does. In the NHS this means it must encompass clinical, financial and organisational aspects.

Health and Care Standards

The Health and Care Standards set out the Welsh Government's common framework of standards to support the NHS and partner organisations in providing effective, timely and quality services across all healthcare settings. They set out what the people of Wales can expect when they access health services and what part they can play in promoting their own health and well-being. They set out expectations for services and organisations and whether they provide or commission services for their local citizens.

Health board

Health boards are the NHS organisations in Wales responsible for the health of the population within their geographical area. They are responsible for planning, developing and securing the delivery of primary, community, in-hospital care (hospital) services and specialised services for their areas. These services include dentistry, optometry, pharmacy and mental health services. They are also responsible for:

- improving physical and mental health outcomes
- promoting wellbeing
- reducing health inequalities across their population

NHS Wales Oversight and Escalation Framework

- commissioning services from other organisations to meet the needs of their residents.

There are seven health boards:

- Aneurin Bevan University Health Board
- Betsi Cadwaladr University Health Board
- Cardiff and Vale University Health Board
- Cwm Taf Morgannwg University Health Board
- Hywel Dda University Health Board
- Powys Teaching Board
- Swansea Bay University Health Board

Health Education and Improvement Wales (HEIW)

Health Education and Improvement Wales (HEIW) is a special health authority which is responsible for the planning, commissioning, delivery and quality assurance of education and training for health professionals in Wales. They have a leading role in providing the healthcare workforce in Wales with:

- education
- training
- development

Healthcare Inspectorate Wales (HIW)

Healthcare Inspectorate Wales (HIW) is an independent inspectorate and regulator of healthcare that provides information about the safety and quality of all healthcare in Wales. Its focus is on improving safety and quality, improving citizens' experience of healthcare and strengthening the voice of patients and the public.

Integrated Medium-Term Plan (IMTP)

All Welsh health boards, trusts and special health authorities are required to develop an integrated medium-term plan (IMTP). The plan covers three financial years, in accordance with the Welsh Government Integrated planning framework, which sets out the minimum requirements. These plans set out how resources will be used over a three-year period to improve health outcomes, quality of care and ensure best value from resources.

National Quality Management System (NQMS)

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

Never event

Something that would cause harm to people that should never happen and can be prevented.

NHS Wales Performance and Improvement (NHSP&I) (previously NHS Wales Executive)

The NHS Wales Performance and Improvement (NHSP&I) is a national support function based in the NHS in Wales. It is comprised of the following functions:

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

The key purpose of the NHS Wales Performance and Improvement is to drive improvements in the quality and safety of care to achieve better, fairer healthcare outcomes for the people of Wales.

National Wales Joint Commissioning Committee (previously EASC, NCCU and WHSSC)

The NHS Wales Joint Commissioning Committee (NWJCC) is a Joint Committee of the seven Health Boards acting collectively on their behalf. However, individual health boards are ultimately accountable to their population and other stakeholders for the provision of the services commissioned by the NWJCC for the residents in their area.

The NWJCC was established in response to the findings of an independent review commissioned by Welsh Government into the national commissioning arrangements undertaken by the Emergency Ambulance Services Committee (EASC), the Welsh Health Specialised Services Committee (WHSSC) and the National Collaborative Commissioning Unit (NCCU).

From April 2024, the NWJCC replaced EASC and WHSSC and assumed responsibility for the services previously commissioned by these committees and the NCCU, together with the commissioning of NHS 111 Wales services, and the Sexual Assault Referral Centres for Wales.

NHS Wales Organisations

NHS Wales organisations include seven health boards, three trusts and two special health authorities. In addition, there are a number of other NHS Wales organisations which are hosted by one of the above organisations such as NWSSP and NWJCC.

NHS Wales Shared Services Partnership (NWSSP)

NHS Wales Shared Services Partnership (NWSSP) is an independent organisation, owned and directed by NHS Wales. NWSSP supports NHS Wales through the provision of a comprehensive range of high quality, customer-focused support functions and services e.g., employment (recruitment, payroll and pensions), legal advice and representation and procurement services. It is hosted by Velindre University NHS Trust.

Outcomes

The impact that a test, treatment, policy, programme or other intervention has on a person, group or population. Depending on the intervention, outcomes could include changes in knowledge and behaviour related to health or in people's health and wellbeing, the number of patients who fully recover from an illness or the number of hospital admissions, and an improvement or deterioration in someone's health, symptoms or situation.

Pathway

A patient pathway is the route that a patient will take from their first contact with NHS (usually their GP), through referral, to the completion of their treatment.

Patient Experience

Patient experience means putting the patient and their experience at the heart of quality improvement. Patient experience focuses on the measures and elements that are important to the patient, such as: respect for patient centred values, preferences, and expressed needs; communication; physical comfort; and continuity of care.

Patient safety incident

Something that is not supposed to happen that caused, or could have caused, harm to someone receiving health care. These incidents should be reported, to prevent them happening again.

Performance Framework

NHS Wales performance framework details how NHS Wales will measure and report performance in health care. It sets a number of performance measures which reflect the Ministerial priority areas of focus and core support functions as outlined in the NHS Wales Planning Framework.

Planning Framework

The NHS Wales planning framework provides specific guidance for NHS bodies in the development of Integrated Medium-Term Plans (IMTPs), including priority areas and additional guidance from national programmes and new policy requirements.

Primary care

Healthcare delivered outside hospitals. It includes a range of services provided by GPs, nurses, health visitors, midwives and other healthcare professionals and allied health professionals such as dentists, pharmacists and opticians.

Quality

Quality can be defined as continuously, reliably, and sustainably meeting the needs of the population the served. It means safe, timely, effective, efficient, equitable and person-centred health care which is embedded within a culture of continuous learning and improvement.

Quality and Safety framework

This Quality and Safety Framework describes the interlinked key elements that must always be working together to ensure continuous improvement in quality: planning; improvement; and control; and to provide overall assurance that the system is working effectively to deliver the outcomes that we need for the people.

Quality statements

High-level statement of intent for what “best” looks like for services for people with specific health conditions. They set out what high quality clinical services should look like and reflect a consensus of opinion about vital areas of focus.

Secondary care

Secondary care is healthcare provided in hospitals. It includes accident and emergency departments, outpatient departments, antenatal services, genitourinary medicine and sexual health clinics.

Special health authority (SHA)/Special health authorities (SHAs)

A special health authority (SHA) is body established by Welsh ministers with the purposes of performing any functions they may direct on their behalf. There are two special health authorities (SHAs) performing functions in respect of Wales.

- Digital Health and Care Wales leads on digital platforms, systems and services and collecting and analysing health service data across Wales.
- Health Education and Improvement Wales has a leading role in the education, training, development and shaping of the healthcare workforce across Wales.

Specialist care

Care for people needing specialist or very complex treatments These types of treatment - such as transplants or brain surgery - are not available in every local hospital and have to be provided by specialist teams who have the necessary skills and experience.

Tertiary care

Care for people needing complex treatments. People may be referred for tertiary care (for example, a regional stroke unit) from either primary care or secondary care.

Tripartite participants

Participants in tripartite meetings are Welsh Government, Audit Wales and Healthcare Inspectorate Wales.

Trusts

There are three NHS Trusts in Wales with an all-Wales focus. These are the Welsh Ambulance Services University NHS Trust, Velindre University NHS Trust and Public Health Wales NHS Trust.

- Welsh Ambulance Service University NHS Trust is the national ambulance service. It provides a range of out-of-hospital, emergency and non-emergency services such as NHS 111.
- Velindre University NHS Trust provides specialist cancer services across South and Mid Wales through Velindre Cancer Centre and a national service through the Welsh Blood Service.
- Public Health Wales is the national public health agency and provides leadership on public health issues. It is responsible for protecting and improving health and wellbeing and reducing health inequalities.