## Y Gwir Anrh/Rt Hon Mark Drakeford AS/MS Prif Weinidog Cymru/First Minister of Wales



Elin Jones MS Llywydd Senedd Cymru

llywydd@senedd.Cymru

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Dear Elin,

Some Members of the Senedd have recently taken an interest in the tripartite process which informs escalation decisions by Ministers in relation to health boards in Wales. I thought it might be helpful to set out how the system works and would be grateful if this could be drawn to the attention of Members.

The Welsh Government, Healthcare Inspectorate Wales and Audit Wales staff meet every six months to share relevant findings and intelligence from their work to support a discussion on NHS organisations. The external review bodies use this information to inform their respective scheduled programmes of work and may decide to bring forward and/or amend the scope of a piece of planned work in order to examine a particular issue in more detail.

On occasion, this approach identifies matters which exceed that which can be dealt through routine arrangements. Concerns may be triggered by a single event or a combination of factors. When such a concern emerges, the Welsh Government and external review bodies may convene an extraordinary meeting or meetings to assess the information available and to seek to establish whether action is required.

There are three distinct stages in consideration of any amendment to intervention levels. This tripartite meeting represents the first stage.

In the second stage, informed by the tripartite group discussion, Welsh Government officials then make recommendations for consideration by the Minister for Health and Social Services.

The third stage rests with the Minister who makes final intervention decisions.

The escalation framework is intended to allow organisations to move up and down the framework according to their circumstances and evidence of concerns or progress.

Bae Caerdydd • Cardiff Bay Caerdydd • Cardiff CF99 1NA

Canolfan Cyswllt Cyntaf / First Point of Contact Centre: 0300 0604400 YP.PrifWeinidog@llyw.cymru • ps.firstminister@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

The structure and process for de-escalation for an organisation therefore follows the same stages as set out above.

For the avoidance of any doubt, I confirm that this approach has been followed by successive Ministers in all instances where escalation or de-escalation of intervention has been applied in the Welsh NHS.

Yours sincerely

MARK DRAKEFORD