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1. Finance,
strategy and
planning

2.
Performance
and
outcomes

**Escalation
Domains**

3. Fragile
services

4. Quality of
care

ARAC - 10 February 2026

Escalation Progress Report

ARAC update: oversight & escalation | January 2026

Key messages

1) Positive progress

- Leadership & Governance has been de-escalated to Level 1 (routine).
- Governance actions now sit within Business As Usual (BAU) assurance routes.

2) What remains for ARAC

- ARAC retains oversight of escalation risk, controls and evidence.
- Risk of “standing down” oversight while Level 4/3 domains remain. However, the residual de-escalation criterion are all fully aligned to committees.

3) Next 2 months

- Assurance will pivot to whether credible delivery plans exist.
- Annual Plan 2026/27 is the vehicle for integrated oversight and line of sight.

Escalation at a Glance



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Escalation status at a glance (Jan 2026)

Current escalation levels are multi-domain - de-escalation in Governance & Leadership is welcome but does not remove the need for grip and wider oversight elsewhere.

Domain	Current level	Assurance focus (high level)
Leadership & Governance	Level 1 (routine)	BAU assurance; sustain standards and evidence; avoid loss of grip
Finance	Level 4 (targeted intervention)	Recovery trajectory, control environment, opportunities pipeline
Strategy & planning	Level 4	Approvable annual plan; integrated planning; Clinical Services Plan (CSP) roadmap; regional planning
Fragile services (CSP specialities)	Level 4	Integrated improvement plans; workforce/estates dependencies; Board sight
Urgent & emergency care	Level 4	Trajectories + enabling metrics (flow/long stays); sustained improvement
Quality of care: HCAIs	Level 4	Root cause + Quality Improvement (QI) plan; outbreak response; sustained reductions
Planned care & cancer	Level 3 (enhanced monitoring)	Improvement plan; waiting time criteria; patient experience/concerns and theatres

What Next for ARAC?



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Why this is now a different ARAC conversation

Governance papers can step down into BAU routes, but ARAC's escalation assurance duty remains.

- Leadership & Governance criteria are now “business as usual” (routine arrangements).
- The Oversight & Escalation Framework still expects Board ownership, clear governance, SROs and evidence of progress.
- For non-quantifiable areas, Welsh Government can de-escalate based on sustained improvement with a credible improvement plan (even if not every criterion is fully met).
- For quantifiable outcomes/targets (which most of the the Health Board's are at this stage) , de-escalation is automatically triggered once criteria are met and sustained; requiring continuous readiness and an evidence pack.
- Therefore, ARAC focus pivots from “governance actions” to ensure credible plans are consistently in place and the control environment, risk movement, and quality evidence is fully aligned across remaining domains.

Question – There needs to be a consideration how this can be done pragmatically without cutting across the other committees? Could a more fundamental question focus on whether there are overarching delivery plans in place and whether they are delivering?

What Next for ARAC?



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What needs to be assured now (high level)

ARAC assurance question: are there credible, resourced and monitored plans to deliver the remaining de-escalation criteria?

Plan quality (the “how”)

- Prioritised actions with named SROs/owners and clear accountability.
- Trajectories and milestones aligned to de-escalation criteria and national measures.
- Dependencies and decision gates explicit (workforce, estates, partners).
- Controls: triggers, tolerances, and escalation routes when delivery slips.
- A committee with overarching oversight across all domains?

Evidence and Assurance (the “show”)

- A single evidence register (actions, minutes/decisions, trajectories, audits).
- Demonstrated learning from concerns/complaints/incidents where required.
- Sustained improvement for required periods (where criteria are quantifiable).
- Independent scrutiny where appropriate (e.g., Internal Audit / QSE oversight).

Strengths and Areas Requiring Further Scrutiny



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Current position: strengths and where assurance is thin

An honest view (to support effective ARAC assurance).

Strengths to build on:

- Governance and Leadership de-escalation achieved and embedded into BAU.
- Annual plan architecture is moving to “evidence not narrative” (decision gates, minimum inputs).
- Specific programme propositions are strengthening (e.g., Flow/Frailty via 7-day Clinical Streaming Services (CSS)/Same Day Emergency Care (SDEC)/Hospital@Home), but will require oversight and impact analysis in line with representations?

Where assurance is thin (risk)

- Not yet a single integrated plan showing end-to-end line of sight across all escalation domains.
- Welsh Government feedback highlights limited evidence and (critically) missing supporting actions with owners/timelines.
- Interdependencies: workforce constraints, Healthcare Acquired Infections (HCAI) pressures and variable Clinical Care Group (CCG) deliverability can create new risks if not considered holistically..

Implication: ARAC assurance should focus on plan integration + risk controls + evidence quality

Annual Plan = Delivery + Assurance Vehicle

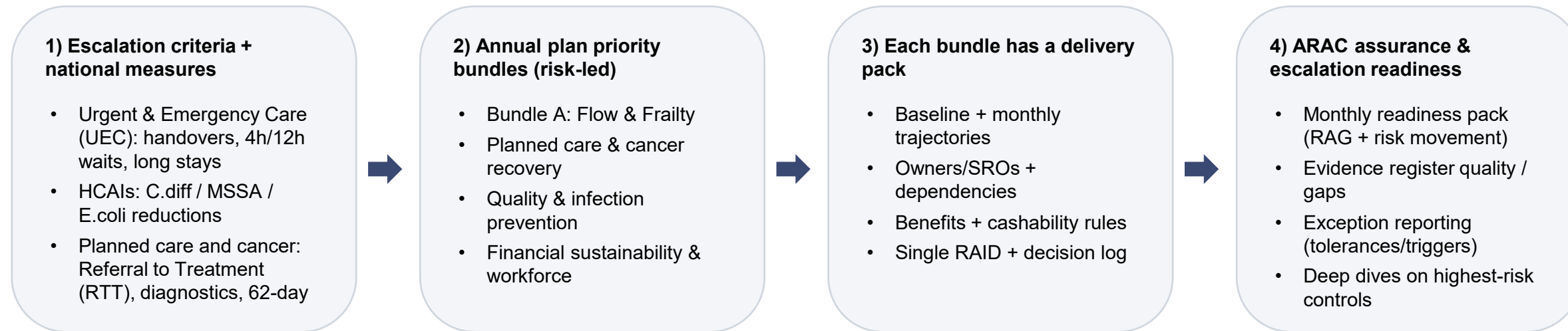


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Annual Plan 2026/27: the assurance vehicle for de-escalation

The annual plan should provide a single “line of sight” from escalation criteria → delivery actions → trajectories → risk and assurance.



What changes in practice:

- ARAC receives a consistent escalation readiness pack, using annual plan trajectories as the “single source of truth”.
- Assurance focuses on integration, dependencies, risk controls and the quality of the evidence base (not the volume of reporting).
- Oversight around whether programmes are sufficiently resourced to deliver the intended outcomes?



Next 2 months: oversight & assurance cadence

Aim: maintain the momentum of de-escalation while strengthening assurance on the remaining Level 4/3 areas.

February 2026 – build the assurance spine

- Confirm SROs and committee assurance map for each escalation domain.
- Lock metric definitions, baselines and trajectories (incl. enabling actions, metrics).
- Stand up a single evidence register (with “done” definitions).
- ARAC deep dive: finance control environment + top escalation risks.

March 2026 – integrate and sign off

- Integrate finance, workforce, service trajectories and dependencies.
- Finalise priority bundles and “what stops/defers” decisions.
- Board approval of Annual Plan 2026/27 and associated assurance pack.
- ARAC assurance: evidence quality, exception triggers and readiness for next escalation review.

What ARAC will see (each cycle)

- RAG summary by domain (trajectory + actions + evidence).
- Top risks and movement (new risks emerging from CCG plans and dependencies).
- Exceptions: where tolerances are breached, and what decisions are required.



What we need from ARAC

Proposed ARAC actions/decisions (to strengthen escalation assurance over the next 2 months):

ARAC to agree

- **Note** the de-escalation to Level 1 for Leadership & Governance and confirm BAU reporting route.
- **Endorse** the shift in assurance focus to: plan credibility, controls and evidence across remaining Level 4/3 domains.
- **Agree** a standing “escalation readiness” pack to ARAC (monthly/meeting cycle) until Annual Plan submission.
- **Agree** 2–3 targeted deep dives where assurance is highest risk (suggest: where plans don’t provide the requisite assurance).
- **Confirm** how ARAC will monitor new risks emerging from CCG delivery plans and interdependencies (workforce, estates, infection).