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# ARAC Escalation Status – Governance & Leadership Criteria and DPOC Analytical Addendum

# 1. Summary of Governance and Leadership Criteria



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The table below provides a summary of the seven governance and leadership criteria assessed in this paper. Of these, three are rated Assure and four are rated Advise.

Criterion	Lead Exec	Summary	Rating
MD1 – Operational structure and SOP	Ms Joanne Wilson	Phase one implemented; phase two slipped; IA review not yet reported.	Advise
MD2 – Board oversight and Duty of Quality	Ms Joanne Wilson	Strong external confirmation from Structured Assessment 2025; governance arrangements effective.	Assure
MD3 – Programme and performance management	Mr Lee Davies	Improving Together framework strong; delivery against annual plan on track in the main, however, the current forecast is still in excess of the annual plan target control total.	Advise
MD4 – Board sighted on key risks (BAF/CRR)	Ms Joanne Wilson	Mature approach confirmed; revised Risk Management Framework approved September 2025.	Assure
MD5 – Governance structures and Triple-A	Mr Lee Davies	Committee structures sound; Triple-A model variation noted; R1 action runs to January 2026.	Advise
MD6 – Governance and leadership maturity	Mr Lee Davies	Self-assessment completed April 2025; externally benchmarked; maturity matrix refreshed to ten dimensions.	Assure
MD7 – HIW and other regulators	Ms Sharon Daniel	Tracking robust; residual backlog of higher-risk actions; learning not consistently demonstrated around DPOC.	Advise

# Criterion 41 (MD1) – Operational structure and SOP



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**ARAC assurance rating: Advise**

## Current Position Summary

**Reason** - High-level structure and governance are in place, but phase two has slipped and the Internal Audit review has not yet reported, so the assurance period has effectively lapsed.

This criterion is concerned with whether the revised operational structure and associated standard operating processes are fully implemented and working as intended, with Internal Audit confirming effectiveness. Since October, the Structured Assessment has confirmed that phase one of the new operational structure, the four Clinical Care Groups, has been implemented, leadership teams are in place and the governance framework has been updated around them. However, phase two, which sets out the detailed sub-structures and operating arrangements beneath each Care Group, has not yet been delivered, and Audit Wales notes ongoing concern about the pace of change and uncertainty for staff.

The planned Internal Audit review of post-restructure operational governance is now expected to report to ARAC in February 2026 rather than in time for this December 2025 committee. Taken together, this means that while the structural design and high-level governance are reasonably sound, the organisation has not yet completed the implementation or secured the independent assurance originally intended within this period. On that basis, the current position is best reflected as Advise, pending completion of phase two and receipt of the Internal Audit opinion.

# Criterion 42 (MD2) – Board oversight and Duty of Quality



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## ARAC assurance rating - Assure

**Reason** - The Structured Assessment 2025 provides strong, current, external confirmation that oversight, scrutiny and Duty of Quality arrangements are working as intended.

This criterion tests whether the Board and its Committees are providing effective oversight and scrutiny of services, with consistent consideration of the Duty of Quality in decision-making. Since the October meeting, the Structured Assessment has confirmed that the Board continues to have good governance arrangements, with public transparency through live-streamed meetings, timely public papers and limited in-committee business. ARAC is identified as playing a key role in supporting compliance with Standing Orders, Standing Financial Instructions and the Scheme of Delegation.

The report also confirms that patient and staff experience remains visible in Board and Committee business and that the Board uses a refreshed maturity matrix and an active development programme to support its effectiveness. This is consistent with the Duty of Quality being hard-wired into Board templates and annual reporting on the Quality and Engagement Act. There is no new evidence that would weaken the position reported in October; the Structured Assessment strengthens the assurance available to the Committee, and this criterion can reasonably be regarded as fully met.

# Criterion 43 (MD3) – Programme and performance management / Delivery against plan



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## ARAC assurance rating – Advise

**Reason** - The framework and escalation arrangements are strong, but delivery against a financially balanced plan remains unresolved and extends beyond the December period.

This criterion examines whether there is an effective programme and performance management framework, with clear escalation, that the Board can use to oversee and drive delivery against agreed plans. Since October, the Structured Assessment has confirmed that the Improving Together framework was updated and approved in March 2025 to reflect the new operational structure and to introduce a clearer, four-level escalation model. Internal Audit has provided Substantial Assurance on the performance management arrangements themselves, while a separate review of data quality gave Limited Assurance and has prompted a specific improvement programme.

At the same time, Audit Wales notes that work on the long-term strategy refresh and Clinical Services Plan is ongoing and that the Annual Plan / IMTP and financial position do not yet meet Welsh Government requirements. However, significant progress has been made, but there is a residual gap in terms of meeting the revised Target Control Total.

# Criterion 44 (MD4) – Board sighted on key risks (BAF / CRR)



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## ARAC assurance rating – Assure

**Reason** - The risk framework, BAF and CRR processes are mature and have been strengthened further in response to Audit Wales recommendations.

This criterion focuses on whether the Board is routinely and meaningfully sighted on key risks through the Board Assurance Framework and Corporate Risk Register, and whether this supports constructive scrutiny. Since October, the Structured Assessment has confirmed that the Board's approach to strategic risk is mature, with the BAF and CRR regularly considered and used to inform challenge and decision-making. Committees have clearly defined risk and planning objective allocations, and ARAC receives a consolidated Risk Assurance Report.

A revised Risk Management Framework and Strategy were approved in September 2025, and in response to Audit Wales Recommendation R2 the BAF dashboard has been updated to make Committee oversight arrangements explicitly visible. These developments are consistent with, and build on, the position reported previously. No new gaps have been identified. On this basis, the criterion can reasonably be regarded as fully delivered and remains at Assure.

# Criterion 45 (MD5) – Governance structures and Triple-A escalation



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**ARAC assurance rating – Advise** (governance strong, model still embedding)

**Reason** - - Committee structures and escalation routes are sound, but the Triple-A model is not yet being applied consistently and the Audit Wales action runs into January 2026.

This criterion considers whether governance and assurance structures are clear, and whether the Alert / Advise / Assure (Triple-A) escalation model is being used appropriately and consistently across Committees. The Structured Assessment confirms that the revised Committee structure, aligned to escalation domains, has been implemented and is functioning, with up-to-date Terms of Reference and forward plans published. It also recognises that the Triple-A model is valued and has sharpened focus on key issues.

However, Audit Wales notes variation in how the model is applied, including some Committees operating at too operational a level and differences in how Chairs reach their ratings. Recommendation R1 - therefore calls for a specific development intervention, including a briefing for Independent Members and clearer prompts for Chairs, with actions scheduled to complete by the end of January 2026. In light of this, the underlying governance arrangements can still be regarded as robust, but the escalation model itself cannot yet be described as fully embedded within the time period originally envisaged. For December, the position is more appropriately described as Advise, recognising strong structures with a live development requirement around Triple-A.

# Criterion 49 (MD6) – Governance and leadership maturity



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## ARAC assurance rating – Assure

**Reason** - This criterion considers whether the Board has undertaken a robust self-assessment against an agreed governance and leadership maturity matrix, with the process externally tested and the maturity level understood. The Board completed a detailed self-assessment in April 2025, which was externally benchmarked and endorsed by ARAC, and the approach has been confirmed as well-established in the Structured Assessment. The maturity matrix has been refreshed to cover ten distinct dimensions and is used alongside internal and external evidence to inform the Board's understanding of its effectiveness. Most related recommendations from previous assessments have been implemented, with a small number of development actions being taken forward through the broader strategy refresh rather than indicating a weakness in the self-assessment process itself. On this basis, the core requirement of Criterion 49 is met and an Assure rating is appropriate

# Criterion 51 (MD7) – HIW and other regulators (including Audit Wales)



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## ARAC assurance rating – Advise

**Reason** - Tracking and escalation arrangements are strong, but there is a residual backlog of higher-risk actions and learning is not yet demonstrated consistently, particularly around patient flow and DPOC.

This criterion tests whether the organisation is acting appropriately on concerns raised by HIW, Audit Wales and other regulators, with robust escalation, tracking, closure and organisational learning. Since October, the evidence base has strengthened. The AMaT inspections dashboard now consolidates HIW activity across 14 inspections, 277 must-do recommendations and 497 actions, providing a clear view of completed, in-progress and overdue work. Structured Assessment confirms that recommendation tracking more broadly is robust, with integrated reports to ARAC and other Committees covering risks, recommendations and Welsh Health Circulars, and that overall progress on historic Audit Wales work is positive, albeit with a number of open and overdue actions remaining.

## 2. Delayed Pathways of Care (DPOC) – Analytical Addendum



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This section provides a statistical bridge between the Audit Wales “Urgent and Emergency Care: Flow out of Hospital – West Wales Region” report to March 2025 and the latest Targeted Intervention (TI) tracking for delayed pathways of care (DPOC) from April to October 2025. It is intended to support ARAC’s assurance role and to link clearly to the separate Audit Wales agenda item without duplicating it. Moreover, this is being raised “by exception” in line with ARACs request to bring any material issues to the committee (the timing is fortuitous given agenda item 3.4)

### 2.1 DPOC – where Audit Wales left us (to March 2025)

- Audit Wales reported an average of around 221 clinically optimised patients per month experiencing delayed discharge across West Wales in 2024–25, with 55,482 delayed bed days at an estimated cost of £27.7m (around 22% of total bed capacity).
- The analysis for Hywel Dda shows an average of 203 delayed pathways per month over October–December 2023, which is used as the formal TI baseline for the 5% reduction test.
- Using the same internal data, the mean number of delayed pathways from April 2023 to March 2025 is approximately 221 per month, matching the Audit Wales figure and confirming that internal and external views describe the same underlying pressure.
- From April 2025 onwards, the TI analysis sets a DPOC target of approximately 174 pathways per month (the level implied by three consecutive 5% reductions from the October to December 2023 baseline). At the point Audit Wales reported, the DPOC average of around 221 was therefore roughly 9% above the TI baseline and 27% above the TI target.

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### 2.2 DPOC since the report: April–October 2025 profile

- For this analysis, March 2025 is treated as the end of the Audit Wales period, and DPOC performance from April–October 2025 is taken from the TI “PoCD HDda” series tracker.
- Monthly DPOC totals for Hywel Dda in this period are: April 2025 - 223; May - 234; June - 230; July - 211; August - 212; September - 230; October - 258. The best month in the period is July (211) and the worst is October (258) which is the latest position.
- The mean for April to October 2025 is approximately 228 delayed pathways per month, compared with 203 at TI baseline and around 221 during the Audit Wales period.
- In percentage terms this equates to approximately +13% versus the TI baseline (203 to 228); approximately +4% versus the Audit Wales period (221 to 228); and approximately +31% versus the TI target of 174. On average, DPOC is therefore further away from the TI target after the Audit Wales period than it was during it.

### 2.3 Test against the formal TI de-escalation criterion

- The UEC de-escalation criterion for DPOC is a continuous reduction in delayed pathways of at least 5% in three consecutive months, then maintained, against the October–December 2023 baseline.
- Reviewing month-on-month percentage change in DPOC from October 2023 onwards shows several single-month reductions greater than 5%, but no period with three consecutive months each achieving a 5% or greater reduction.
- In the April–October 2025 period there is one significant improvement (June to July, approximately –8.3%), but this is immediately followed by increases (July to August, approximately +0.5%; August to September, approximately +8.5%; September to October, approximately +12.2%).
- Overall, the pattern is best described as “volatile around a high mean” rather than a consistent downward trend. The 5% over a 3-month de-escalation test has not been met at any point since the TI baseline, and the months after the Audit Wales period do not contain a qualifying improvement run.

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### 2.2 Implications for ARAC and the escalation narrative (DPOC)

- The external Audit Wales finding of very high delayed discharge levels and bed-day loss is confirmed by the TI DPOC series; internal data show that, on average, DPOC has worsened slightly since the Audit Wales period rather than improved.
- Against the TI DPOC performance criterion, the Health Board is further away from the target (174 pathways per month) now than at baseline or during the Audit Wales window. There is no evidence of the required 5%, 3-month reduction run, and October 2025 represents a local high point (258) rather than consolidation of earlier gains.
- DPOC therefore remains a binding constraint on any case for UEC de-escalation. Even if ambulance handovers or 12-hour waits show improvement, the DPOC metric on its own clearly does not support movement away from Level 4 at this stage.
- From an Audit Wales perspective, DPOC sits at the heart of partners' shared responsibility for improving urgent and emergency care flow across West Wales. Positioning this analysis alongside the national escalation criteria allows ARAC to see clearly how local performance against DPOC contributes to the wider assurance picture for Welsh Government and helps to avoid unnecessary duplication when the Committee considers the separate Audit Wales agenda item.
- Any positive narrative for ARAC should therefore focus on enabling actions and programme delivery (POCD, Six Goals, RPB work), while being explicit that the formal DPOC de-escalation test has not yet been satisfied.

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### Audit Wales Discharge Planning Report – Key Cross-Reference Points

The Audit Wales Discharge Planning Progress Update (August 2025) provides additional context that should inform the Committee's consideration of DPOC performance:

- **Root cause attribution:** Audit Wales reports that approximately 26% of discharge delays relate to Health Board discharge planning issues, including the completion of clinical assessments. This breakdown is not currently reflected in the TI tracking but would help ARAC understand which elements of delayed discharge are within the Health Board's direct control.
- **Discharge lounge underutilisation:** Audit Wales found an inconsistent approach to discharge lounge use across sites and limited monitoring of their impact on patient flow. Recommendation R1 calls for the Health Board to actively promote discharge lounges and monitor their use. Progress against this recommendation should be tracked alongside DPOC metrics.
- **Training gaps:** Audit Wales identifies an inconsistent approach to discharge planning training and notes that staff recognised training requirements. The new discharge policy (April 2025) timing aligns with the start of the post-Audit Wales tracking period, but the management response notes that training compliance is currently low. Regional Recommendation R6 calls for an ongoing programme of refresher training.
- **Frontier data quality:** The 2024 Internal Audit review of discharge planning gave Limited Assurance, finding that information in the Frontier discharge platform was often incomplete and inaccurate. While remedial work has been undertaken, this may affect the reliability of DPOC tracking data and should be noted as a caveat to the quantitative analysis above.
- **Bed capacity impact:** Audit Wales quantifies the impact as 55,482 delayed bed days at an estimated cost of £27.7m, representing approximately 22% of total bed capacity. This provides important context for understanding the scale of the DPOC challenge and its financial implications for the Health Board.

### 3. Conclusion and Recommendations for ARAC



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This paper demonstrates continued progress against the governance and leadership escalation criteria, with three of the seven criteria now rated Assure and four rated Advise. The overall trajectory is positive, with the Structured Assessment 2025 providing strong external validation of the Health Board's governance arrangements.

#### The Committee is asked to:

- **NOTE** the positive assurance ratings for MD2 (Board oversight and Duty of Quality), MD4 (Board sighted on key risks), and MD6 (Governance and leadership maturity), which confirm that the Health Board's core governance arrangements are functioning effectively.
- **NOTE** the Advise ratings for MD1, MD3, MD5 and MD7, recognising that these reflect work in progress rather than fundamental concerns, with clear actions and timescales identified.
- **CONSIDER** whether the DPOC analytical addendum provides sufficient assurance that the organisation understands the current position and the actions required to meet the TI de-escalation criterion.
- **SCRUTINISE** the linkage between DPOC performance and the enabling actions identified in the Audit Wales Discharge Planning report, particularly progress against R1 (discharge lounges) and R6 (training and policy embedding).
- **ADVISE** whether any matters should be escalated to Board or drawn to the attention of other Committees such as F&P (given the remit of said committee).



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