

Escalation Update

June 2025



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Note

- A summary of the criteria used to assess escalation levels is included on page 14

Introduction and Summary



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Introduction

The Our Improving Together Framework was approved by Board in March 2025. It sets out our approach to embedding performance improvement through our organisation. The framework's ultimate aim is to improve outcomes for our patients, staff and population.

Improvements are focused around seven key domains: (1) Quality and Safety, (2) Governance, (3) Workforce, (4) Finance, (5) Strategy, Planning and Fragile Services, (6) Population Health (will be introduced September 2025) and (7) Performance.

This paper tracks how each of the Health Board's Clinical Care Groups and Executive Directorates (functions) are performing in each of the improvement domains.

Summary

As of 31 May 2025, the functions with the most concerning levels are:

Function	Domains with level 3 escalation
Community and Integrated Medicine	Quality and Safety, Finance, Strategic Planning and Fragile Services and Performance
Estates and Facilities	Governance, Workforce, Finance and Performance
Mental Health & Learning Disabilities	Quality and Safety, Governance, Finance and Performance
Operational Allied Health & Health Sciences	Finance, Strategic Planning and Fragile Services and Performance
Planned & Specialist Care	Governance, Finance, Strategic Planning and Fragile Services and Performance

No improvements have been made in escalation levels for the above five functions during May 2025.

Details of the actions resulting from the latest Executive Recovery Meetings can be found in the appendix.

Escalation Status Overview



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Escalation status levels overview as of 31 May 2025

1	Reasonable assurance	3	No assurance
2	Limited assurance	4	No assurance and insufficient actions/engagement

	Directorate	Quality	Governance	Workforce	Finance	Planning and Fragile Services	Population Health	Performance
Clinical Care Groups	Community and Integrated Medicine	3	2	2	3	3	n/a	3
	Chief Operating Officer Management	1	2	2	2	1	n/a	n/a
	Mental Health and Learning Disabilities	3	3	2	3	2	n/a	3
	Planned and Specialist Care	2	3	2	3	3	n/a	3
	Primary Care, Community Strategy and Long Term Care	2	2	2	2	2	n/a	3
	Operational Allied Health and Health Sciences	2	2	2	3	3	n/a	3
Executive Functions	Executive Director of Allied Health Professions and Health Sciences	1	2	n/a	1	1	n/a	n/a
	Estates and Facilities	2	3	3	3	1	n/a	3
	Executive Director of Finance	1	2	1	1	1	n/a	n/a
	Executive Medical Director	1	2	2	1	1	n/a	n/a
	Executive Director of Nursing, Quality and Patient Experience	1	2	2	1	1	n/a	3
	Executive Director of Public Health	1	1	2	1	1	n/a	2
	Executive Director of Strategy and Planning	n/a	2	1	1	1	n/a	n/a
	Long Term Agreements (LTAs)	n/a	n/a	n/a	1	n/a	n/a	n/a
	Executive Director of Workforce and Organisational Development	1	1	1	1	1	n/a	n/a
Governance and Communication	1	1	2	1	1	n/a	n/a	

Functions with the highest levels of escalation are Community and Integrated Medicine, Estates and Facilities, Mental Health and Learning Disabilities, Operational Allied Health and Health Services and Planned and Specialist Care. The escalation levels and key points to note for each of these functions are summarised in the sections below.

Functions with concerning levels of escalation (Level 3s) are having monthly contacts with Executive Directors for any areas assessed as 'alert' to discuss actions being taken to address the escalation issues. Any functions not making sufficient progress or engaging in the improvement process will be escalated to Level 4, resulting in a meeting with the Chief Executive Officer. Corporate directorates are being asked by Executive Team members to support the challenged directorates where a need is identified.

Escalation Changes



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Changes in escalation levels from 30 April 2025 to 31 May 2025:

Domain	Escalated up ↑	Escalated down ↓
Quality & safety	-	-
Governance	Executive Director Allied Health Professions and Health Sciences (now L2)	Executive Director Public Health (now L1)
Workforce	Executive Medical Director (now L2)	-
Finance	-	Executive Director Nursing, Quality and Patient Experience (now L1) Executive Director Public Health (now L1)
Strategy, planning and fragile services	-	-
Performance	-	-

There were no changes in escalation levels for any of the Clinical Care Groups between 30 April 2025 and 31 May 2025.

The Executive Director of Allied Health Professions and Health Sciences function was escalated to Level 2 for Governance due overdue risks and risk actions.

The Executive Medical Director function was escalated to Level 2 for Workforce due to an overdue pay progression. High turnover was also noted.

The Executive Director of Public Health function was de-escalated to Level 1 for both Governance and Finance.

The Executive Director of Nursing, Quality and Patient Experience function was also de-escalated to Level 1 for Finance.

Domain Overview: Finance



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Finance Escalation Levels by Function and Month

Function	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Community and Integrated Medicine	3	3										
Chief Operating Officer Management	2	2										
Mental Health and Learning Disabilities	3	3										
Planned and Specialist Care	3	3										
Primary Care, Community Strategy and Long Term Care	2	2										
Operational Allied Health and Health Sciences	3	3										
Executive Director of Allied Health Professions and Health Sciences	1	1										
Estates and Facilities	3	3										
Executive Director of Finance	1	1										
Executive Medical Director	1	1										
Executive Director of Nursing, Quality and Patient Experience	2	1										
Executive Director of Public Health	2	1										
Executive Director of Strategy and Planning	1	1										
Long Term Agreements (LTAs)	n/a	1										
Executive Director of Workforce and Organisational Development	1	1										
Governance and Communication	1	1										

The finance review has blended progress made towards the in-year delivery of savings targets with the ongoing management of core budget performance. As the year continues, the focus on in-year savings delivery will change to a recurrent full year effect, to make strides towards reducing the underlying deficit, which is the ultimate criteria that has been set for the escalation domain of finance.

There have been no upward escalations in May, with some de-escalations where savings plans have now achieved the required target. Given the scale of savings gaps within a number of the Clinical Care Groups, particular attention on progression will be observed by the June reporting cycle. The focus of the organisation is to fully de-risk the financial plan delivery by the end of Quarter 1 2025/26 and go beyond the target control total to achieve expectations of Welsh Government.

Domain Overview: Performance



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Performance Escalation Levels by Function and Month

Function	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Community and Integrated Medicine	3	3										
Chief Operating Officer Management	n/a	n/a										
Mental Health and Learning Disabilities	3	3										
Planned and Specialist Care	3	3										
Primary Care, Community Strategy and Long Term Care	3	3										
Operational Allied Health and Health Sciences	3	3										
Executive Director of Allied Health Professions and Health Sciences	n/a	n/a										
Estates and Facilities	3	3										
Executive Director of Finance	n/a	n/a										
Executive Medical Director	n/a	n/a										
Executive Director of Nursing, Quality and Patient Experience	3	3										
Executive Director of Public Health	2	2										
Executive Director of Strategy and Planning	n/a	n/a										
Long Term Agreements (LTAs)	n/a	n/a										
Executive Director of Workforce & OD	n/a	n/a										
Governance and Communication	n/a	n/a										

There have been no changes in escalation levels for the Performance domain from the previous month (April to May). Executive Improving Together Sessions are being held for all functions during June. Areas of greatest concern for this domain are outlined on the next page. Executive Recovery Meetings have been arranged with the relevant functions for July and August 2025 to discuss what support is needed from Executive Team members to help functions address the issues and improve performance.

- Ambulance handover delays, long waits in Accident and Emergency, pathway of care delays
- Cleaning standards
- Neurodevelopmental assessment and psychological therapy waits
- High-risk eye care waits, cancer waiting times and delayed follow-up outpatient appointments
- Diagnostic and therapy waits

Domain Overview: Performance (continued)



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Areas of Greatest Concern

Community and Integrated Medicine

- Ambulance handover delays: May 2025 performance shows 1,059 monthly handover delays over one hour against the trajectory of 832.
- Long waits in A&E: a total of 1,255 patients waited over 12 hours in our A&E Departments in May 2025.
- Pathway of care delays: performance for May 2025 shows an increase in delays for the fourth consecutive month to 234. These delays create negative cascade effects across the system reducing availability of beds for those of greatest need.

Planned Care

- High-risk eye care waits: latest data for April 2025 shows only 1,140 out of 1,890 (60.3%) high-risk (R1) patients attending appointments within a 25% delay to their clinically-assigned target date (target = 95%). The clinical significance cannot be understated as these pathways represent patients with the most urgent vision-related conditions where delays can result in irreversible sight loss.
- Delayed follow-up outpatient appointments: 17,167 patients experiencing delays over 100% against a target of 11,368.

Operational Allied Health Professionals

- Diagnostic waits: as of 31 May 2025, there were 4,617 patients waiting over 8 weeks for a diagnostic. Over 90% of these breaches are in radiology.
- Therapy waits: there were 2,384 patients waiting over 14 weeks for a therapy as of 31 May 2025. Almost 50% of the breaches were in physiotherapy.

Mental Health

- Neurodevelopmental assessment waits: performance for Autistic Spectrum Disorder (ASD) waits has been below 20% for over 2 years due to a large increase in demand which is outstripping our capacity to see patients.
- Psychological therapy waits: performance has declined for the sixth consecutive month to 55.7% in April 2025.

Facilities

- Cleaning standards: High-risk and very high-risk cleaning audits show inconsistent levels of compliance between months and across sites. Glangwili Hospital (GGH) is the most challenged site with the state of repair throughout estates having a significant impact. Collaborative working with the Nursing Team is hoped to improve performance.

Community and Integrated Medicine



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Community and Integrated Medicine: Escalation Levels by Month and Domain

Function	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Quality and Safety	3	3										
Governance	2	2										
Workforce	2	2										
Finance	3	3										
Strategic Planning and Fragile Services	3	3										
Performance	3	3										

Latest Escalation Reasons and De-escalation Criteria for this Function

Function	May 25	Reason(s) for Escalation	De-escalation Criteria
Quality and Safety	3	Escalation assurance: 38% (last month 47%) For details, please see the Our Safety dashboard	Incidents and complaints management Timely investigation and improvements for healthcare acquired infection, pressure damage, medication errors & unplanned admissions from wards to ITU
Governance	2	Audits and Inspections: 10 (11%) recommendations overdue WHCs: 1 out 2 overdue (50%)	Audit/inspection recs implemented and WHCs within timescales: Level 2: >80%, Level 1: >90%
Workforce	2	Sickness: 7.2%; Turnover: 6.9%; Job Planning: 82% Outstanding Pay Progression: 25 (9 over by 3 months)	Overdue Pay Progression: No more than 3 overdue by no more than 1 month; Job Planning >90%
Finance	3	Underspent but significant gap on savings delivery	Delivery of savings target and a balanced position in year
Strategic Planning and Fragile Services	3	Strategy and Planning: Level 3: Carmarthenshire System plan Fragile services: - Over-reliance on agency nurses and medical locums (BGH) - A&E staffing (GGH): Clinical staffing concerns, vacancies (management support very sparse) - Respiratory service (WGH)	Strategy & Planning: Agreed plan in place for Carmarthenshire system and evidence of delivery Fragile Services: - Plans required to address over-reliance on agency nurses and medical locums - ED staffing: Plan required for more resilient medical staffing - Respiratory service: Implement effective mitigations
Performance	3	Ambulance handovers: 1hr (May 25 = 1,059) and 4hrs (May 25 = 325) A&E waits: 12 hours (May 25 = 1,255) Pathway of care delays (POCD) - TI baseline = 203 (Goal 174) (May 25 = 234)	Level 2: Improvement trajectories met for 3 consecutive months

Estates and Facilities



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Facilities and Estates: Escalation Levels by Month and Domain

Function	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Quality & safety	2	2										
Governance	3	3										
Workforce	3	3										
Finance	3	3										
Strategic planning & fragile services	1	1										
Performance	3	3										

Latest Escalation Reasons and De-escalation Criteria for this Function

Function	May 25	Reason(s) for Escalation	De-escalation Criteria
Quality and Safety	2	Escalation assurance: 97% Concerns regarding cleaning standards which is impacting on patient safety and patient experience	Reduction in concerns relating to cleanliness. Assurance reporting on matters impacting on quality of care e.g. written reports to IPSSG
Governance	3	Audits and inspections: Overdue recommendations: May25: 158 (20%) / Apr 25: 163 (21%). 125 recs (15%) recs with no revised dates	Audit/inspection recs implemented within timescales: Level 2: >80%, Level 1: >90%
Workforce	3	PADR: 71.4%; Sickness: 10.7%; Turnover: 11.6% Outstanding Pay Progression: 4 (3 over by 3 mths) Concern around the number of ER cases	Level 2: PADR >75% Outstanding Pay Progression: No more than 3 overdue by no longer than 2 months
Finance	3	Overspent and significant gap on savings delivery	Delivery of savings target and a balanced position in year
Strategic Planning and Fragile Services	1		
Performance	3	Inconsistent cleaning audits across sites (includes acute and community) and risk categories. Very high risk (100%) and high risk (90%) targets are not being met.	Level 2: Consistent cleaning audits across sites and risk categories with at least amber achieved for all audits, sustained for 3 months. Level 1: Green achieved for all audits, sustained for 3 months.

Mental Health and Learning Disabilities



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Mental Health and Learning Disabilities: Escalation Levels by Month and Domain

Function	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Quality & safety	3	3										
Governance	3	3										
Workforce	2	2										
Finance	3	3										
Strategic planning & fragile services	2	2										
Performance	3	3										

Latest Escalation Reasons and De-escalation Criteria for this Function

Function	May 25	Reason(s) for Escalation	De-escalation Criteria
Quality and Safety	3	Escalation assurance: 67% (last month 67%) The assurance score shows the CCG are moving towards level 2 For details please see the Our Safety dashboard	Peer review: closure of overdue actions Incidents: Reduction in number open (little movement since March 2025) NRIs: closure within agreed timescales (causing concern with NHS Executive) Complaints: need to see improvement in complaints management
Governance	3	Audits and inspections: Overdue recommendations: May25: 41 (26%) / Apr 25: 43 (27%). 22% overdue by more than 6 months	Audit/inspection recs implemented within timescales: Level 2: >80%, Level 1: >90%
Workforce	2	Sickness: 6.6%; Turnover: 6.6%; Job Planning: 82% Outstanding Pay Progression: 4 (2 over by 2 mths)	Outstanding Pay Progression: No more than 3 overdue by no longer than 1 month; Job Planning >90%
Finance	3	Overspent and significant gap on savings delivery	Delivery of savings target and a balanced position in year
Strategic Planning and Fragile Services	2	Fragile Services: - Neurodevelopment services. Demand significantly outweighs capacity. - Inpatient services. Heavily reliant on variable pay and goodwill of consultants.	Fragile Services: - Neuro services: Robust plan to bring capacity and demand into. - IP services: Plan to reliably deliver service without reliance on variable pay.
Performance	3	Neurodevelopmental ASD performance (Apr 25 = 15.2%) Psychological Therapies performance (Apr 25 = 55.7%)	Level 2: ASD - achieve 40% for 3 consecutive months, Psychological Therapies - Improvement trajectories met for 3 consecutive months Level 1: Psychological Therapies and ASD - achieve 80% targets and sustain for 3 months

Operational Allied Health and Health Services



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Operational Allied Health and Health Services: Escalation Levels by Month and Domain

Function	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Quality & safety	2	2										
Governance	2	2										
Workforce	2	2										
Finance	3	3										
Strategic planning & fragile services	3	3										
Performance	3	3										

Latest Escalation Reasons and De-escalation Criteria for this Function

Function	May 25	Reason(s) for escalation	De-escalation criteria
Quality and Safety	2	Escalation assurance: 72% (last month 70%) For details please see the Our Safety dashboard	Improved management of incidents and complaints Note - control group in place for a significant incident investigation
Governance	2	Audits and inspections: overdue recommendations May25: 9 (14%) (Radiology: 3 recs, Pathology: 6 recs/ Apr25 20% (Radiology: 3 recs, Pathology: 8 recs)	Audit/inspection recs implemented within timescales: Level 2: >80%, Level 1: >90%
Workforce	2	PADR: 78%; Overdue Pay Progression: 15 overdue (10 by 3 months or more)	Outstanding Pay Progression: No more than 3 overdue by no longer than 1 month
Finance	3	Overspent and significant gap on savings delivery	Delivery of savings target and a balanced position in year
Strategic Planning and Fragile Services	3	Fragile Services: Level 3: Radiology demand is in excess of capacity, predominantly due to staffing and vacancies. Level 2: - Cellular Pathology - Clinical Haematology	Fragile Services: Level 2: Radiology - Approval of improvement plan Level 1: Pathology - Agreed plan for new Cell Path facility and Implementation of ODN.
Performance	3	Therapies RTT 14 weeks (May 25 = 2,278) Radiology 8 weeks (May 25 = 4,237)	Level 2: delivery plan and trajectories in place with clear milestones that have been delivered for 3 consecutive months

Planned and Specialist Care



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Planned and Specialist Care: Escalation Levels by Month and Domain

Function	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Quality and Safety	2	2										
Governance	3	3										
Workforce	2	2										
Finance	3	3										
Strategic Planning and Fragile Services	3	3										
Performance	3	3										

Latest Escalation Reasons and De-escalation Criteria for this Function

Function	May 25	Reason(s) for Escalation	De-escalation Criteria
Quality and Safety	2	Escalation assurance: 69% (last month 63%) For details please see the Our Safety dashboard	Improved management of incidents and complaints
Governance	3	Risks: 30 (26%) risks overdue. 81 (45%) risk actions overdue. Audits and inspections: overdue recommendations: May25: 63 (23%) WHCs: 57% of WHC's are overdue for review	Risks, Audit/inspection recs implemented and WHCs within timescales: Level 2: >80%, Level 1: >90%
Workforce	2	PADR: 77.5%; Mandatory Training: 84.8%; Sickness: 6%; Turnover: 7% Outstanding Pay Progression: 22 (15 over by 3 mths); Job Planning: 84%	PADR >85%; Mandatory Training >85%; Outstanding Pay Progression: No more than 3 overdue by no longer than 1 month; Job Planning >90%
Finance	3	Underspent but significant gap on savings delivery	Delivery of savings target and a balanced position in year
Strategic Planning and Fragile Services	3	Fragile services: Theatres - staffing capacity (GGH), Critical care (PPH), Emergency general surgery (WGH & GGH), Ophthalmology consultant on-call rota, Anaesthetics, medical workforce, concerns about sustainability and quality of care for Trauma services	Fragile Services: More sustainable plans required
Performance	3	Level 3: R1 Ophthalmology (Apr 25 = 60.32%), Delayed outpatient follow ups (May 25 = 17,167), ADHD (Apr 25 = 56.9%), HPV vaccine by age 15 (Dec 24 = 73.5%), Level 2: Single cancer pathway (Apr 25 = 62.4%) RTT waits over 104 weeks (May 25 = 319) and new outpatient waits over 52 weeks (May 25 = 84)	Level 2: R1, Follow-ups & Ophthalmology - respective targets and milestones being met for 3 consecutive months. ADHD- 70% performance for 3 consecutive months; HPV vaccine - above 85% for 3 consecutive periods Level 1: national targets met and held for 3 consecutive months

Escalation Criteria



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Quality and Safety	Governance	Workforce	Finance	Strategy, Planning and Fragile Services	Population Health	Performance and Outcomes
<p>Assurance the directorate is managing the following appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> 1. Incidents 2. Complaints 3. Duty of Candour 4. HIW/CIW 5. Deteriorating patients 6. Patient experience 	<p>Assurance the directorate is managing the following appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> 1. Risks 2. Audits/ inspections 3. WHCs/ Ministerial Directions 4. Governance arrangements 5. Policies 6. Freedom of information 	<p>Assurance the directorate is managing the following appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> 1. Employee relations cases 2. Sickness 3. PADRs 4. Turnover 5. Mandatory training 6. Overdue pay progressions 7. Rosters & job plans (includes agency use) 	<p>Assurance the directorate will:</p> <ol style="list-style-type: none"> 1. Operate within budget or deliver a recovery plan which will return to budget in year. 2. Identify and delivery recurrent savings to the level required. 	<p>Assurance the directorate will manage the risk of a service failure occurring within the next six months through robust mitigating plans.</p> <p>Has a triangulated plan to operate services effectively for the year.</p>	<p>Determines if opportunities are being taken to encourage patients to embrace healthier lifestyles or to ensure that our population is resilient to future challenges.</p>	<p>Assurance the directorate will meet improvement trajectories to achieve target performance.</p>

APPENDIX

Resulting actions from Executive Recovery Meetings

Community and Integrated Medicine



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Actions from the Function's last Executive Recovery Meeting held on 6 May 2025

Domain	De-escalation Criteria/Discussion Context	Action	Due Date	Status
Finance	Delivery of 5% recurrent savings and a balanced position in year.	Review red and blue savings at system level, for further green and amber opportunities. Investigate other areas where savings could be made. Ensure savings tracker is fully updated prior to meeting on 23 May 2025.	Prior to 23/05/2025	Open
Finance	Delivery of 5% recurrent savings and a balanced position in year.	Ensure finance slides of pack have clear granularity. What are the actions, timeline and impact? Needs to be in the pack rather than verbal update.	For next Executive Recovery Meeting	Open
Finance	Delivery of 5% recurrent savings and a balanced position in year.	Re-circulate updated finance position papers.	Latest by Friday 9th May	Open
Finance	Delivery of 5% recurrent savings and a balanced position in year.	Articulate to Director of Finance what data support is needed and to Chief Operating Officer and Executive Director of Strategy and Planning what project management resources are required for Pembrokeshire.	Latest by Friday 9th May	Open
Finance	Work needed to better understand patient pathways, which should result in an admission, and which could be treated/managed elsewhere.	Set up urgent meeting to discuss urgent bed modelling for Carmarthenshire. Articulate what data and project management resources are required.	Prior to 22/05/2025	Open

Date of Next Executive Recovery Meeting: 19 August 2025

Estates and Facilities



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Actions from the Function's last Executive Recovery Meeting held on 1 May 2025

Domain	De-escalation Criteria/Discussion Context	Action	Due Date	Status
Workforce	Discussed Leadership structure issues contributing to lack of progress. Executives agreed that there needs to be a strategic response however the CCG must endeavour to make improvements.	Implement a SMART action plan to meet all de-escalation criteria across escalated domains as a focus point for monthly internal meetings.	23/05/2025	Open
Finance	Lack of clarity on overspend, query on backloading invoices and misrepresentation on savings for cook freeze, symbiotix & consumables.	The CCG cannot have an overspend this year. Strengthen governance arrangements for finance management.	Urgent	Open
Finance	Lack of clarity on overspend, query on backloading invoices and misrepresentation on savings for cook freeze, symbiotix & consumables.	Head of Operations to feedback to Heads of Service that budgets must be clarified and tighter governance controls are in place for 2025/2026 financial management. The CCG cannot have an overspend this year.	Urgent	Open
Finance	Lack of clarity on overspend, query on backloading invoices and misrepresentation on savings for cook freeze, symbiotix & consumables.	Savings Tracker to be fully current by 23/05/25	Urgent	Open
Finance	Annual Retail Price Index (RPI) increase to be reflected in canteen prices for external customers.	RPI deadline is tomorrow, send an updated version of last year's submission letter to Staff Partnership Forum today for inclusion in the May meeting agenda.	Urgent	Open
Other item discussed	Transformational Plans - Corporate Landlord: Rather than rent space in the organisation to national/international chains it is preferable to seek independent/local retailers to provide amenities on our sites.	Consider a localised response to the corporate landlord approach.		Open
Performance	Inconsistent cleaning audits across sites: A pilot in PPH with 1 person dedicated to cleaning audits has seen a significant improvement with targets maintained. GGH is the most challenged site with estates state of repair greatly hindering. The Nursing Team should conduct audits in collaboration with Facilities.	Assistant Director of Nursing and Quality Improvement to feedback collaborative working expectations for cleaning audits.	23/05/2025	Open

Mental Health and Learning Disabilities



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Actions from the Function's last Executive Recovery Meeting held on 1 May 2025

Domain	De-escalation Criteria/Discussion Context	Action	Due Date	Status
Finance	ASD funding to improve performance	Confirm how many patients referred in March were seen in April. Send details to Director of Finance.	23/05/2025	Open
Finance	In-Patient restructure paper: Need to submit to Executive Team Meeting without delay	Contact Committee Services Officer to ensure the MH inpatient restructure paper is added to the May Formal Executive Team Meeting Agenda for May.	Urgent	Open
Finance	In-Patient restructure paper: Need to submit to Executive Team Meeting without delay	Review language contained to clearly distinguish between cost avoidance and savings before the paper is submitted.	Urgent	Open
Finance	The Clinical Care Group still have more than a £4m gap in identified savings	Provide Director of Finance with actions needed to quantify savings opportunities with a RAG assessment in readiness for Board in May.	23/05/2025	Open
Finance	In-Patient restructure paper approval and Future opportunities	Pending approval, change the M1-3 and M4 - 12 savings that are currently RAG rated as amber from June to May.		Open
Finance	A space in PPH allocated to MHLD is currently being used as a discharge lounge.	Deputy Chief Operating Officer to liaise with all Clinical Care Groups with a potential interest in the current discharge lounge space in PPH and feedback findings to Executive Team.		Open
Quality	MHLD does not have a Head of Nursing	Produce a SMART action plan with trajectories to achieve de-escalation criteria for the Quality domain.	23/05/2025	Open
Governance	Audit and Inspections: 42 recommendations (27%) remain overdue, 35 (22%) by 6 months or more.	Produce a SMART action plan with trajectories to achieve de-escalation criteria for the Governance domain.	23/05/2025	Open
Performance	ASD performance	Produce a SMART action plan with trajectories to achieve de-escalation criteria for ASD performance, including any limiting factors.	23/05/2025	Open
Other item discussed	De-escalation	Clinical Care Group to push to reach de-escalation criteria by the end of Q1 25/26 in as many of the level 3 domains as possible.	30/06/2025	Open

Date of Next Executive Recovery Meeting: 24 July 2025

Operational Allied Health and Health Services



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Actions from the Function's Last Executive Recovery Meeting held on 1 May 2025

Domain	De-escalation Criteria/Discussion Context	Action	Due Date	Status
Governance	Audits and Inspections L2: Increase to 80% WHCs L2: Implement WHCs within agreed timescales/Agreed funded plan to deliver/acceptance by Health Board not to implement >80%	Provide an update on what is overdue and when de-escalation criteria will be achieved.	23/05/2025	Open
Finance	Budget and Savings: Overspend forecast, with insufficient recurrent savings forecast. Clear plans are needed to deliver the savings requirement for this year and next.	Determine strategic savings options as a new CCG and update savings tracker.	23/05/2025	Open
Finance	Red saving - Pathology: OOH reconfiguration SBAR to go to Partnership Forum in May.	Clarify with Pathology Head of Service any workforce implications on the reconfiguration of OOH Pathology service and discuss with Assistant Director People Management.		Open
Other item discussed	Discussed the assessment of services which are considered fragile e.g. Paediatric dietetics is in crisis. Executive Director of Nursing advised she has a tool to make these assessments.	Take forward conversation regarding service fragility assessments. Include key Executive Team members, Deputy Director of Health Sciences and Deputy Director of Allied Health Professionals.	23/05/2025	Open
Other item discussed	International Recruitment	Respond to email regarding international recruitment (Radiology & Pathology)	Urgent	Open
Other item discussed	Business Case for Digital Radiology - potential use of artificial intelligence (AI) Support requested for clarity on question 5.	Director of Finance to work with Digital & Medical to firm up requirements for AI Digital Radiology in order for the business case to proceed.		Open

Date of Next Executive Recovery Meeting: 24 July 2025

Planned and Specialist Care



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Actions from the Function's Last Executive Recovery Meeting held on 13 May 2025

Domain	De-escalation Criteria/Discussion Context	Action	Due Date	Status
Governance	Attain 80% compliance of audits and inspections.	Overdue - audits/inspections: Review outstanding Ophthalmology audits/inspections to achieve de-escalation target.	30/09/2025	Open
Finance	Delivery of 5% recurrent savings and a balanced position in year.	Variable pay: Review variable pay within the Clinical Care Group to identify greatest areas of spending and potential savings opportunities.	23/05/2025	Open
Finance	Delivery of 5% recurrent savings and a balanced position in year.	Savings - BRAG summary: Review savings schemes to pin down timelines and delivery dates.	23/05/2025	Open
Planning and Fragile Services	More sustainable plans required for: critical care (PPH)	Critical care (PPH): Meeting to discuss Critical care (PPH) plans and potential change to Enhanced care model.	30/06/2025	Open
Planning and Fragile Services	More sustainable plans required for: emergency general surgery (GGH)	Theatres (GGH): Meeting to discuss the delivery risks/activity levels, in theatres due to the staffing challenges and recruitment.	26/05/2025	Open
Planning and Fragile Services	More sustainable plans required for: emergency general surgery (GGH)	Theatres (GGH): Develop a strategy to retain newly recruited personnel addressing the cultural issues highlighted.	26/05/2025	Open

Date of Next Executive Recovery Meeting: 24 July 2025