Llywodraeth Cymru
Welsh Government

GIG CYMRU NHS WALES

NHS Wales Accountability and Support Framework

Integrated arrangements for accountability, escalation and intervention support

September 2026

Contents

Executive summary

This Framework establishes a single NHS Wales operating model for accountability and support. It replaces the separate oversight and escalation narrative with an integrated approach covering routine accountability, operational assurance, escalation, improvement and intervention support, recovery, turnaround, de-escalation and earned autonomy.

- A single structure: four accountability pillars, Quality, Workforce, Finance/Planning and Delivery/Performance, underpinned by the Leadership (Well-led) foundation domain.
- A proportionate five-level model, from routine accountability at level 1 to the highest level of escalation at level 5. Escalation may apply to one or more pillar, the foundation domain or the whole organisation.
- NHS Wales Performance and Improvement (NHSWPI) as the principal operational assurance interface, drawing together a common evidence base and coordinating improvement support.
- Revised tripartite arrangements involving Welsh Government, Audit Wales, Healthcare Inspectorate Wales and NHSWPI, with explicit roles, structured evidence and transparent recommendations.
- A defined support offer matched to escalation level and need. Level 2 emphasises prevention; level 3 organisation-led recovery; level 4 commissioned intensive support and turnaround; and level 5 directed intervention and recovery, including statutory powers where required.
- Formal integration of Intensive Support, Recovery and Turnaround (ISRT) for organisations at level 4 and above, subject to commissioning by Welsh Government, with mobilisation, assessment, integrated improvement planning, support and transition phases.
- Clearer de-escalation criteria focused on a small number of measurable outcomes, risk reduction, capability and sustainability. Oversight reduces as improvement is demonstrated and sustained.

The framework is essential for achieving better overall quality of care, performance and reducing unwarranted variation in the NHS. The Framework is designed to create a clear line from expectations, evidence and assessment to action, support, improvement and sustained autonomy. Escalation is not an end in itself; it is a mechanism to secure timely and sustainable improvement.

The Framework focuses on preventative risk management with a greater emphasis on a more active and collaborative approach. It will assist the Welsh Government in supporting NHS organisations to identify and resolve issues as early as possible; promoting a risk culture that embraces openness, supports transparency and welcomes constructive challenge. The Framework promotes stronger partnership between Welsh Government, NHS Wales Performance and Improvement (NHSWPI) and NHS organisations. It aims to underpin the collective ability to quickly and effectively respond to the most significant challenges faced by the NHS, wherever practicable and appropriate.

The Framework consists of five levels of escalation; providing an appropriate model for support and intervention.

1. Introduction

1.1 Context

NHS Wales organisations operate in a complex environment characterised by increasing and changing population need, workforce constraints, financial pressure, service fragility and increasing dependence on regional and cross-sector delivery. Strong accountability must therefore be combined with timely support and improvement capability.

From 1 April 2026, new accountability arrangements introduced a simplified set of four pillars and a Leadership (Well-led) foundation domain, alongside a more risk-based meeting structure and a greater operational assurance role for NHSWPI. This Framework consolidates those arrangements with escalation, intervention and de-escalation processes.

1.2 Scope

The Framework applies to statutory NHS Wales health boards, trusts and special health authorities. It may be applied at whole-organisation, pillar or foundation domain level. Hosted organisations are addressed through the statutory body that hosts them. Partnership and system dependencies should be reflected in assessment and recovery planning, but the Framework does not create accountability for organisations outside NHS Wales.

Accountability for day-to-day management of service delivery and performance is the responsibility of individual NHS health boards, trusts and special health authorities, through their own management structures and governance arrangements.

1.3 Legal and policy context

The Framework operates within the existing statutory responsibilities and powers of Welsh Ministers and NHS Wales organisations. Welsh Ministers retain the relevant oversight and intervention functions, including powers under sections 26 to 28 of the National Health Service (Wales) Act 2006. The Framework does not alter statutory accountabilities or the independent functions of Audit Wales or Healthcare Inspectorate Wales.

The relevant statutory and policy framework is set out in the following legislation and policy documents:

- National Health Service (Wales) Act 2006 and National Health Service Finance (Wales) Act 2014.
- Health and Social Care (Quality and Engagement) (Wales) Act 2020, including the duties of quality and candour.
- Well-being of Future Generations (Wales) Act 2015 and wider equality, Welsh language, public health and social care legislation.
- NHS Wales Planning, Performance, and quality and safety frameworks, ministerial priorities and organisational plans.

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.

2. Purpose and principles

2.1 Purpose

The purpose of the Framework is to:

- set clear expectations and accountability for delivery and outcomes;
- provide Ministers, Boards and the public with proportionate assurance;
- identify emerging risks early and act before they become entrenched;
- apply escalation and intervention consistently, transparently and proportionately;
- match challenge with an explicit improvement and support offer;
- support sustainable recovery, learning and earned autonomy;
- reduce duplication by using a common evidence base and coherent meeting architecture.

2.2 Principles

Principle	Application
Patient and population outcomes first	Assessment and actions focus on safety, experience, equity, access, outcomes and sustainability, not process compliance alone.
Clear accountability	Boards remain accountable for leadership, governance and organisational performance. Welsh Government sets expectations and takes formal escalation decisions. NHSWPI provides operational insights and support.
One version of the truth	A governed common dataset, narrative and evidence repository should support all accountability, escalation and support discussions.
Proportionate and risk-based	The intensity of oversight, reporting and intervention reflects risk, persistence, scale, complexity and organisational capability.
No surprises	Organisations raise actual or emerging material risks early. Partners share relevant intelligence promptly.
Support and challenge together	Every escalation decision identifies the intended improvement, required support and consequences of non-delivery.
Transparency and fairness	Decision criteria, rationale, evidence and de-escalation expectations are documented and published.
Learning and continuous improvement	The system identifies and spreads effective improvement methodologies, including learning from escalation and recovery.
Earned autonomy	Reliable delivery and mature governance lead to lighter-touch oversight. Deterioration or weak assurance leads to closer scrutiny and support.

Principle	Application
Respect for statutory independence	Audit, inspection, Welsh Government and NHS operational functions remain distinct and are not blurred by collective working.
Communication	Communication is open, timely and two-way, supporting early risk identification, clear expectations and tailored support.

The core NHS values of care and compassion; dignity and respect; openness, honesty and responsibility; and quality and teamwork; remain central to this approach. The Compassionate Leadership Principles for Health and Social Care in Wales are fundamental to the approach of the Framework.

The Framework establishes a clear distinction between:

- Accountability and oversight
- Escalation
- Intervention and Support
- Intensive Support, Recovery and Turnaround

This distinction ensures organisations understand the purpose of each element of the Framework and the support available at each escalation level.

3. Accountability arrangements

3.1 Overview

NHS Wales accountability arrangements are based on a simplified, risk-based accountability model designed to strengthen oversight, improve transparency and create clearer lines of accountability across NHS Wales. The arrangements were introduced from 1 April 2026.

The arrangements are underpinned by the following principles:

- fewer interfaces and clearer lines of accountability;
- a single agreed performance and outcomes framework;
- one version of the truth through a shared evidence base;
- risk-based and proportionate oversight;
- earned autonomy for organisations demonstrating sustained delivery;
- greater transparency and public accountability;
- a culture of support, improvement and early intervention.

3.2 Accountability operating model

The accountability model is designed to create a clear relationship between ministerial priorities, organisational delivery, assurance, support and intervention.

The model is based on:

1. Welsh Government setting strategic direction, expectations and standards.
2. NHS organisations delivering services and outcomes in line with the direction, expectations and standards.
3. NHS Wales Performance and Improvement (NHSWPI) acting as the principal operational assurance and support interface.
4. Welsh Government receiving assurance through a structured accountability process.
5. Escalation and intervention arrangements being applied where delivery, governance or outcomes deteriorate.

The accountability model seeks to reduce duplication by creating a single operational interface through NHSWPI and establishing a common evidence base that supports accountability reviews, escalation decisions and intervention arrangements.

3.3 Roles within accountability arrangements

Welsh Government is responsible for:

- setting policy, strategic direction and ministerial priorities;
- establishing national service, professional and clinical standards;
- maintaining accountability arrangements with NHS Wales organisations;
- chairing the monthly Welsh Government–NHSWPI Oversight Meeting;
- receiving and testing whole-system assurance;
- convening tripartite discussions when required;
- determining escalation and intervention arrangements;
- maintaining relationships with Audit Wales and Healthcare Inspectorate Wales
- making decisions in relation to NHS Wales organisations escalation status.

The Chief Medical Officer and Chief Nursing Officer provide national professional leadership and assure clinical quality, safety, staffing and professional standards and the acceptability of residual risk. Their role includes supporting NHS Wales organisations with improving quality, safety, productivity, value-based healthcare and population health improvement.

NHS Wales Performance and Improvement (NHSWPI)
NHSWPI acts as the single operational assurance interface between Welsh Government and NHS Wales organisations. It occupies a central role within the accountability model and acts as the bridge between Welsh Government expectations and operational delivery.

Its responsibilities include:

- consolidating intelligence across all accountability pillars and the foundation domain;
- maintaining the common evidence and reporting framework;
- coordinating organisational assurance processes;
- identifying organisational and system risks;
- providing structured improvement support;
- undertaking diagnostic activity and reviews;
- coordinating support and intervention activity;
- providing a monthly system synthesis to Welsh Government.

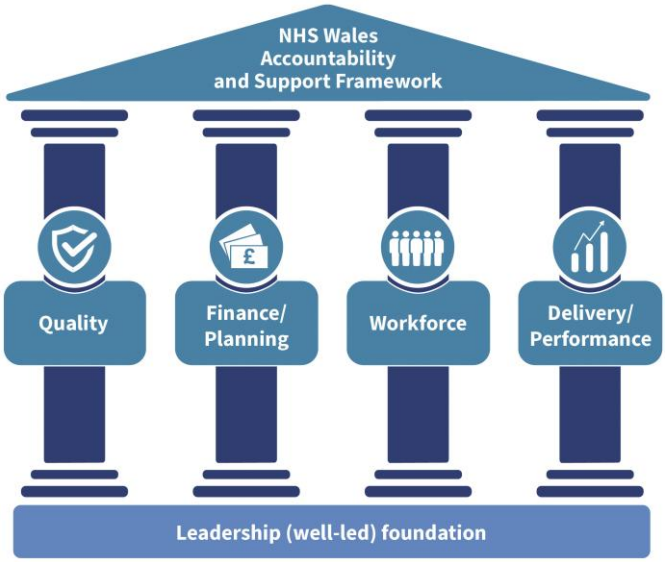
NHSWPI does not exercise statutory intervention powers or make decisions on the escalation status of NHS Wales organisations. These remain reserved to the Welsh Ministers. NHS Wales organisations are also not accountable to NHSWPI.

NHS Wales Statutory Organisations
Health boards, Trusts and Special Health Authorities remain accountable for:

- delivery of consistently high-quality care and improved health outcomes;
- achievement of national priorities and performance expectations;
- effective governance and leadership;
- financial stewardship;
- workforce sustainability;
- implementation of recovery and improvement plans;
- provision of timely and accurate information through the common reporting framework.

3.4 Pillars and foundation domain

Oversight, accountability discussions, assurance assessments and escalation decisions will be structured around four accountability pillars, underpinned by the Leadership (Well-led) foundation domain.



Foundation Domain: Leadership (Well-led)

Leadership, governance and culture provide the foundation for sustainable improvement across NHS Wales.

The Well-led domain considers:

- Purpose driven and values led - clear purpose, strong values, and consistent ethical decision-making;
- Integrated governance and leadership: strong governance, clear accountability, and strategic board oversight;
- Self-awareness - external scrutiny, constructive challenge, and triangulated assurance;
- Inclusive culture - promote openness, staff voice, psychological safety, and learning from mistakes;
- Evidence based and ethical decisions - apply evidence, insight, and professional judgement transparently;
- Continuous improvement – continual quality improvement, leadership and board development;
- System-wide outlook - collaborate and engage across with partners and stakeholders considering system impact.

Leadership (Well-led) is a framework in its own right and is assessed as an underpinning factor across all four pillars. Weak leadership, culture or governance may amplify risk in a pillar even where headline metrics have not yet materially deteriorated. Conversely, mature leadership and credible controls may support a proportionate response to short-term variation and the level of support required. Concerns relating to leadership, governance or organisational culture may trigger escalation in one or more pillars.

Pillar 1: Quality
The Quality pillar drives measurable and sustained improvement in the safety, effectiveness and experience of care, with a clear focus on preventing avoidable harm, improving outcomes and reducing inequalities for patients and populations. It holds NHS Wales organisations to account for meeting national quality standards and statements, acting on the experiences of patients, families and staff, learning and improving from incidents and emerging risks, strengthening clinical outcomes, reducing unwarranted variation, and securing effective oversight and improvement of fragile and high-risk services. Progress will be evidenced not simply by actions completed, but by demonstrable reductions in harm, better outcomes and experience, and improvements that are embedded and sustained.

Pillar 2: Workforce
The workforce pillar focuses on ensuring the organisation has a safe, sustainable, skilled and engaged workforce with the capacity and capability required to deliver services and improve outcomes. It considers workforce supply, retention, wellbeing, productivity, leadership stability, organisational culture and workforce planning.

Pillar 3: Finance/Planning
The finance and planning pillar focuses on the organisation's financial sustainability, stewardship of public resources, maturity and effectiveness of strategic planning arrangements, planning capability, capital and estates management, and ability to deliver credible, clinical services strategies and integrated medium-term plans. It considers in-year financial performance, long-term financial resilience, resource allocation, efficiency, productivity, capital investment, estates infrastructure and the extent to which planning arrangements support delivery of organisational and national priorities. Strategy, planning, capital and estates considerations are assessed within this pillar where they materially affect quality, financial sustainability, service delivery and organisational performance.

Pillar 4: Delivery/Performance
The delivery and performance pillar focuses on delivery of nationally agreed priorities, performance standards and service recovery trajectories. It considers whether organisations are delivering timely access to care, meeting national performance expectations and improving outcomes through efficient and effective service delivery. It encompasses urgent and emergency care, planned care, cancer, diagnostics, primary care, prevention and other national access standards, supported by credible recovery and improvement plans.

3.5 One version of the truth

The accountability arrangements are founded on the principle of "one version of the truth". A common dataset, reporting pack and evidence repository will be used consistently across Welsh Government, NHSWPI and NHS Wales organisations.

The shared performance pack will:

- contain core quality, workforce, finance and delivery measures;
- include organisational risks and mitigating actions;
- support routine monitoring and assurance;
- provide the evidence base for accountability reviews, escalation boards and tripartite discussions;
- reduce duplication and conflicting reporting arrangements.

The shared dataset will be subject to agreed data standards, governance and audit arrangements to support transparency and consistency.

3.6 Meeting and reporting architecture

The accountability arrangements replace historic Integrated Quality, Planning and Delivery (IQPD) and Joint Executive Team (JET) meeting arrangements with a simplified and risk-based accountability structure.

The accountability architecture comprises:

Interface	Purpose	Indicative participation	Risk basis
NHSWPI operational assurance arrangements	Routine NHSWPI assurance processes with NHS Wales organisations provide ongoing monitoring, performance review and support, and act as the primary operational interface and review across the four pillars and foundation domain; agrees operational actions and support.	NHSWPI and NHS organisation executive leads.	Frequency proportionate to risk and escalation.
WG EDT and NHSWPI SDT oversight	A monthly whole-system oversight forum which: • reviews organisational and system performance; • identifies cross-cutting risks; • agrees priorities for accountability and escalation discussions.	Welsh Government Executive Directors (EDT) and NHSWPI Senior Director Team (SDT).	Regular system-level review.
Accountability review meeting	NHS organisations will participate in two accountability reviews each year regardless of escalation status. These meetings will assess delivery across all pillars and the foundation domain and provide formal accountability between Welsh Government and NHS organisations. One accountability review per year may be held in public.	Welsh Government, NHSWPI and NHS organisation leadership.	Twice-yearly for all NHS Wales organisations, alongside risk-based arrangements.
Escalation Board	Organisations in levels 3 to 5 will participate in escalation boards. These hold	Welsh Government, NHS	Frequency increases with

Interface	Purpose	Indicative participation	Risk basis
	organisations to account for recovery and progress against de-escalation criteria.	organisation and relevant NHSWPI/ support leads.	risk and escalation level.
Tripartite assessment	Share and test evidence which Welsh Government use to inform formal escalation or de-escalation recommendations.	Welsh Government, Audit Wales, HIW and NHSWPI.	At planned points and additionally when serious concerns arise.

NHSWPI, HIW and Audit Wales provide evidence and advice. They do not determine escalation status.

Separate statutory accountability arrangements are not altered or replaced by the meeting and reporting arrangements described in this section. This includes the accountability of Chairs to Welsh Ministers and the accountability of chief executives, as the designated Accountable Officers (AOs) who remain legally responsible for the financial propriety and operational delivery of their organisations. Accountable Officers continue to report to the Chief Executive of NHS Wales in their capacity as the Welsh Government's Additional Accounting Officer (AAO).

3.7 Relationship to escalation and support arrangements

The accountability arrangements provide the foundation for the escalation and support arrangements described in this Framework.

Performance, quality, workforce, financial and leadership intelligence generated through these accountability arrangements informs:

- escalation and de-escalation decisions;
- intervention planning;
- deployment of support;
- ISRT mobilisation;
- assessment of earned autonomy.

Accountability, escalation and support therefore operate as a single integrated system, ensuring that concerns are identified early, addressed proportionately and supported through improvement-focused intervention where required.

4. Assessment process and tripartite arrangements

4.1 Tripartite arrangements

NHSWPI, HIW and Audit Wales will meet with Welsh Government twice a year (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.

Circumstances may arise out-with the standard process where urgent action is required. In these circumstances, an extraordinary tripartite meeting will be convened to consider next steps and agree the appropriate course of action.

The tripartite process is an evidence-sharing and advisory mechanism with Welsh Government. Each participating organisation remains independent and retains responsibility for the exercise of its own statutory functions, powers and duties.

Participant	Primary contribution
Welsh Government	Defines the question; assembles impartial advice; tests policy, statutory and system implications; makes recommendations to Welsh Ministers.
Audit Wales	Provides relevant audit evidence and professional judgement within the Auditor General's remit. It is not a tripartite decision-maker.
Healthcare Inspectorate Wales	Provides inspection and regulatory intelligence on safety, quality, effectiveness and governance within its remit. It is not a tripartite decision-maker.
NHSWPI	Collects and assesses operational assurance, trend analysis, assessment of organisational capability, progress against support and recovery activity, and relevant improvement intelligence. It is not a tripartite decision-maker.

4.2 Evidence and judgement

It is vital that the full range of relevant and accurate information and evidence (including quantitative data and qualitative information) is considered as part of the decision-making process. Information will be drawn from a variety of different sources, ensuring a triangulation of evidence to support robust decision-making.

Assessment combines quantitative evidence with qualitative judgement. No single metric should normally determine status unless it demonstrates an immediate and material risk. The assessment will consider:

- severity and potential impact on people, services, finance and public confidence;
- scale, frequency, persistence and trajectory;
- whether issues are isolated, repeated, systemic or cross-pillar;

- quality and credibility of Board assurance and management information;
- the organisation's recognition of the concern and pace of response;
- capability, capacity and headroom to recover;
- credibility, resourcing and delivery of recovery plans;
- regional, national, commissioning and partner dependencies;
- independent audit, inspection, review and regulatory evidence;
- previous support, intervention and whether improvement was sustained.

Evidence will be:

- framed around the relevant pillar/domain;
- written evidence submissions will be requested from each participant, clearly distinguishing fact, judgement and caveated intelligence;
- synthesised by Welsh Government, including equality, legal, financial and public assurance considerations where relevant.

Following tripartite meetings, Welsh Government will consider a range of intelligence and evidence before making recommendations to the Cabinet Minister for Health and Care on the escalation status of the NHS organisation. This will include a clear rationale and evidence base for the proposed formal escalation or de-escalation. Informal escalation to level 2 will be considered outside of this process and will be determined by Welsh Government officials. Automatic de-escalation may also be considered and determined by Welsh Government officials outside of this process where there is clear evidence that NHS organisations have met pre-agreed quantifiable de-escalation criteria.

5. Escalation approach

5.1 General approach

Escalation is a stepped and supportive response to risk. It may move directly to any level where urgency or seriousness requires. Status should normally be assigned at whole-pillar or foundation-domain level, rather than separately for multiple individual indicators. Service-specific escalation remains available where the concern is clearly defined but these are likely to be restricted to level 2.

Escalation will be time-bound, with expectations, milestones and review points clearly set out so improvements can be demonstrated within a reasonable period and further escalation considered where sufficient progress is not achieved.

5.2 Escalation levels

There are five escalation levels within this framework:

Level	Descriptor	Threshold	Core response
1	Routine accountability	Organisation is broadly on plan, has effective governance and can manage variation through normal arrangements.	Routine assurance; common reporting; accountability reviews; earned autonomy.
2	Emerging concern: enhanced oversight and support	Emerging or sustained risk unlikely to be resolved through routine arrangements alone, but organisation retains capacity and capability to recover.	Baseline assessment; local improvement plan; enhanced monitoring; preventative support.
3	Significant concern: formal recovery	Significant concern in a pillar/domain, or level 2 action has not secured sufficient improvement.	Formal recovery framework; escalation board; milestones; targeted NHSWPI support; independent review where needed.
4	Targeted intervention and support	Serious failure or risk requiring commissioned intervention and substantial external capacity, capability or turnaround support.	Formal intervention mandate (ISRT); integrated improvement plan; close oversight.
5	Directed intervention and intensive support	Very serious or complex failure where organisational capability is insufficient to recover without intensive external intervention, potentially including statutory powers.	Directed intervention; intensive recovery; possible use of Ministerial powers; whole-Board accountability.

5.3 Escalation triggers

Risk and wider context will be considered when making decisions regarding escalation or de-escalation. Escalation is not a 'one size fits all' process. There is no fixed level or package of risk, support or scrutiny which will automatically lead to an assessment that an NHS organisation should be at a particular stage within the framework.

Escalation triggers may include:

- significant or immediate risk of avoidable harm;
- predictive evidence of likely deterioration;
- multiple indicators or pillars worsening simultaneously;
- failure to mitigate known material risks;
- material weakness in Board assurance, culture, leadership or controls;
- inspection, audit, review or incident evidence indicating serious concern;
- repeated failure to deliver agreed actions, milestones or trajectories;
- financial position or service fragility threatening sustainability;
- significant system or regional dependency that is not being managed;
- lack of improvement despite appropriate support and time.

In circumstances where a few interconnected aspects of an NHS organisation are displaying challenges, it is more likely that the escalation decision will centre around Leadership (Well-led); as the issues may be a symptom of wider issues.

Level	Illustrative triggers
Level 2	Deterioration across more than one metric; predictive intelligence identifies emerging risk.
Level 3	Failure of level 2 support arrangements to secure improvement; repeated missed milestones; worsening position across multiple metrics.
Level 4	Failure of level 3 recovery arrangements; organisational capability insufficient to deliver recovery without substantial external intervention.
Level 5	Failure of level 4 intervention arrangements; severe organisational failure or significant risk of failure requiring exceptional measures.

The escalation trigger tables provided in the annexes for each accountability pillar and leadership foundation domain are an indicative guide to the types of concerns that may lead to escalation within each area. They are intended to support consistent, transparent and evidence-based decision-making. Escalation decisions will not be based solely on individual measures or trigger events but on an overall assessment of risk, organisational capability, trajectory of improvement and the severity and sustainability of concerns.

5.4 Level 2 escalation

Level 2 applies where emerging or sustained risk is unlikely to be resolved through routine arrangements alone, but the organisation retains capacity and capability to recover.

Escalation to or from level 2 will be determined by Welsh Government officials, informed by evidence, engagement with the organisation and relevant partner intelligence.

Concerns may be identified through routine accountability, NHSWPI review, Board reporting, audit or inspection evidence, serious incidents, performance deterioration or direct notification by the organisation.

The organisation should raise material risks early, set out proposed handling and identify any support, review or diagnostic work required.

Welsh Government and NHSWPI may request further evidence and, where needed, commission a short, focused review with the organisation and relevant partners.

Where a level 2 concern is confirmed, Welsh Government will notify the organisation in writing, confirm expectations and support, and agree the review route and evidence required to return to routine accountability. This stage is intended to avoid reaching the threshold for level 3 or higher.

Organisation in level 2 may expect:

- Additional scrutiny or more frequent review meetings.
- Access to NHSWPI improvement support.
- Peer learning and expert advice.
- Focus on preventing further deterioration.
- They retain responsibility for designing and delivering improvement.

Level 2 is intended to provide targeted support and enhanced oversight where emerging concerns suggest that routine accountability arrangements alone are unlikely to secure the required improvement.

5.5 Escalation to level 3 and above

Level 3
Level 3 is intended for organisations facing concerns where enhanced support has not delivered sufficient improvement, requiring a formal recovery approach, increased scrutiny and structured intervention to restore sustainable performance.

Level 3 would apply where significant concerns exist regarding one of the accountability pillars or foundation domain or where level 2 support have not secured the required improvement, requiring a formal recovery approach with increased intervention, accountability and monitoring.

If an organisation has been receiving level 2 support, an escalation to level 3 could occur if there is evidence of:

- Limited or no improvement following a defined period of level 2 support;
- Failure to achieve agreed milestones;
- Escalating risks despite enhanced oversight;

- Worsening position;
- Increasing requirement for Welsh Government direction or formal NHSWPI ISRT support.

Organisations in level 3 may expect:

- Set formal recovery expectations;
- Agreed recovery trajectory and milestones;
- Support to undertake diagnostic or governance reviews;
- Improvement support;
- Enhanced reporting and monitoring requirements;
- Greater challenge regarding pace and delivery of improvement.

Level 4

Level 4 is intended for organisations with a high risk of organisational failure, requiring substantial Welsh Government intervention, intensive recovery arrangements and significant external support.

Triggers to level 4 escalation may include:

- Failure of level 3 recovery arrangements to secure meaningful improvement;
- Recovery trajectory repeatedly missed;
- Risks continuing to escalate despite support;
- Evidence that existing organisational capability is insufficient to deliver recovery;
- Escalating concerns across additional domains requiring stronger intervention;
- Significant findings from Audit Wales, HIW or independent reviews;
- Nationally significant service failures;
- Serious reputational or public confidence concerns affecting the organisation's ability to function effectively.

Organisations in level 4 may expect:

- Frequent formal escalation reviews;
- Mandatory support and recovery milestones;
- Enhanced reporting requirements;
- Greater Welsh Government oversight and challenge;
- Additional NHSWPI support and surveillance
- Formal monitoring of recovery progress.

Level 5

Level 5 is reserved for exceptional circumstances and applies where there is severe organisational failure, or a severe and immediate risk of organisational failure, such that existing recovery and intervention arrangements are insufficient. Organisations at level 5 require the highest level of oversight, intervention and support, potentially including the use of statutory intervention powers and fundamental changes to governance, leadership or operating arrangements.

Level 5 is more likely to be triggered by an overall judgement that organisational capability, governance and recovery arrangements have failed, creating an unacceptable risk to patients, services or public funds rather than by failings in individual pillars or metrics.

Triggers to level 5 escalation may include:

- Failure of level 4 intervention and turnaround arrangements;
- No realistic prospect of recovery under existing arrangements;
- Escalating risks despite substantial external support;
- Persistent failure to implement required recovery actions;
- Clear evidence that more fundamental intervention is required;
- Nationally significant service, governance or safety failure;
- Circumstances requiring consideration of statutory intervention powers under sections 26-29 of the NHS (Wales) Act 2006;
- Serious loss of public confidence in the organisation;
- Organisational failure with significant implications for wider NHS Wales service delivery.

Organisations in level 5 may be subject to:

- Enhanced ministerial oversight;
- Formal intervention arrangements under sections 26-29 of the NHS (Wales) Act 2006 where appropriate;
- Very frequent review of progress and risks;
- Mandatory recovery milestones and delivery requirements;
- Escalated accountability arrangements for organisational leadership;
- Consideration of changes to governance, leadership or organisational arrangements where necessary.

Level 5 organisations will receive the highest level of support, oversight and intervention. Support is focused on stabilising the organisation, addressing severe risks to quality, performance, workforce, finance or governance, and restoring sustainable organisational capability through intensive recovery arrangements, independent assurance and coordinated national support.

5.6 Whole-organisation escalation

Whole-organisation escalation may be considered where concerns span multiple accountability pillars or the foundation domain; where leadership, governance or structural failure prevents reliable recovery across the organisation; or where a single, severe concern-particularly widespread avoidable harm, excess or unexplained mortality, or an immediate and material risk to patient safety-demonstrates systemic organisational failure or requires organisation-wide intervention.

The number of affected pillars must not delay escalation where the severity, scale, persistence or trajectory of harm requires urgent action.

5.7 Escalation decisions

NHS organisations will receive written notification of any change to escalation levels setting out level, scope and reasons. An organisation-specific escalation framework will also set out the requirements, support, monitoring route and de-escalation criteria.

All escalation decisions will also be published on the Welsh Government website and may be subject of a written or oral statement.

5.8 Organisation-specific escalation frameworks

Following a decision to escalate an organisation, the Welsh Government will develop an organisation-specific escalation framework with engagement from NHSWPI and the organisation's executive team. For every formal escalation at level 2 or above, Welsh Government will issue a concise escalation framework that includes:

- scope and level;
- evidence and rationale;
- small number of priority areas where improvement is required;
- clear improvement outcomes, milestones and timescales;
- the approach to support and intervention;
- small number of defined de-escalation criteria, including the evidence required to demonstrate sustained improvement, the period within which improvement must be delivered and how long this must be maintained;
- clear consequences if improvement is not delivered at the expected scale or pace, including further escalation, strengthened intervention or consideration of additional formal action.

Escalation frameworks may be effected through the use of Ministerial directions or other relevant statutory powers where appropriate. Where serious or persistent concerns remain, the escalation framework may also include a phased intervention approach. This may involve an initial assessment phase to confirm the underlying causes of concern, followed by a delivery phase focused on implementing the required changes.

All organisation-specific escalation frameworks will be published on the Welsh Government website and should be shared with and regularly monitored by the Board of the NHS organisation.

6. Roles, responsibilities and governance arrangements

6.1 Principles

The operation of this Framework is underpinned by the following principles, with the safety, experience and outcomes of patients and populations as the overriding consideration:

- Patient safety and quality first: all decisions, actions and use of resources will prioritise the prevention of avoidable harm, the reduction of inequalities and measurable improvement in the safety, effectiveness and experience of care.
- Early, proportionate and decisive action: emerging risks will be identified, shared and acted upon at the earliest opportunity; the severity, scale or trajectory of harm will determine the response and urgent action will not be delayed by process or numerical thresholds.
- One system, shared purpose: Welsh Government, NHS Wales Performance and Improvement (NHSWPI), NHS organisations and external assurance bodies will work collaboratively within their distinct statutory roles, aligning intelligence, challenge and support around agreed improvement outcomes.
- Learning and improvement across NHS Wales: evidence from patients, families, staff, incidents, complaints, audit, inspection and improvement activity will be used to understand root causes, spread effective practice and prevent recurrence within and across organisations.
- Impact and sustained outcomes: progress will be judged not only by actions or milestones completed, but by demonstrable reductions in harm, improved outcomes and experience, stronger capability and evidence that improvement is embedded and sustained.
- Openness, candour and constructive challenge: accountability, escalation, support and recovery will be conducted with transparency, mutual respect and psychological safety, enabling concerns to be raised without delay and difficult evidence to be tested honestly.
- Clear ownership and consequences: responsibilities, decision rights, timescales and expected outcomes will be explicit at every level, with Boards retaining accountability for improvement and clear consequences where risks are not controlled or sufficient progress is not made.
- Patient, public and staff voice: the experiences and insights of people receiving and delivering care will inform assessment, improvement priorities, escalation decisions and judgements about whether recovery has been achieved.

6.2 Welsh Government responsibilities

Within Welsh Government, functions under this framework are exercised by Welsh Ministers or by Welsh Government officials acting on their behalf in accordance with established governance arrangements. Welsh Ministers remain accountable for decisions taken under the framework.

Welsh Ministers:

- Set the strategic direction for NHS Wales.
- Determine formal escalation and intervention decisions.
- Exercise statutory powers where required.
- Provide assurance and accountability to the Senedd and the public.

Welsh Government officials are responsible for:

- providing advice and assessment to support ministerial decision-making;
- taking decisions in relation to level 2 escalation or automatic de-escalations where appropriate;
- maintaining oversight of NHS Wales organisations and gaining assurance regarding organisational leadership, performance/delivery, quality, workforce, finance/planning;
- setting expectations, improvement requirements and de-escalation criteria;
- establishing formal structures for monitoring, review and reporting progress;
- commissioning support, intervention and recovery arrangements;
- reviewing evidence submissions;
- facilitating the sharing of good practice and learning across NHS Wales organisations;
- supporting organisations to address critical issues, including service redesign, regional planning, digital infrastructure and estates;
- publishing information regarding escalation status and progress where appropriate.

Within Welsh Government:

- Director General / Chief Executive NHS Wales and Welsh Government senior directors: Provide strategic direction and impartial advice; lead accountability and escalation arrangements as delegated; ensure coherent policy, professional, finance and delivery input; commission support within agreed authority.
- Welsh Government policy and professional leads: Set standards and expectations; provide domain expertise; contribute proportionately to assessment; avoid duplicating the operational interface.

6.3 NHS Wales Performance and Improvement (NHSWPI)

NHSWPI will act as the principal operational assurance and improvement interface between Welsh Government and NHS organisations. NHSWPI is responsible for:

- coordinating routine performance and assurance arrangements;
- maintaining a common evidence base to support assessment and accountability processes;
- champion and spread best practice to support organisational improvement;
- identifying emerging risks and areas requiring support;
- coordinating targeted improvement support;
- undertaking or coordinating diagnostics, reviews and assessments;
- supporting organisations to develop recovery and improvement plans;
- reviewing and providing feedback on recovery and improvement plans;
- monitoring delivery of agreed actions and milestones;
- providing evidence to support accountability, escalation and tripartite arrangements;
- coordinating ISRT deployment and mobilisation when commissioned by Welsh Government;
- promoting system learning and dissemination of effective practice across NHS Wales.

6.4 NHS Wales Organisation responsibilities

Boards remain ultimately accountable for the quality, performance, workforce, financial stewardship and governance of their organisation regardless of escalation status.

All NHS organisations must:

- recognise and escalate material risks at an early stage;
- engage openly and transparently with Welsh Government, NHSWPI and external assurance bodies;
- provide timely and accurate information and evidence;
- develop and deliver effective improvement and recovery plans;
- maintain robust governance and assurance arrangements;
- sustain improvements achieved through support and intervention arrangements.

When an organisation enters formal escalation (level 3 or above), it must additionally:

- appoint a Senior Responsible Officer (SRO) for each escalated pillar, domain or intervention;
- ensure Board ownership of recovery and improvement activity;
- establish clear governance structures to oversee delivery;
- provide regular reports and evidence demonstrating progress;
- allocate sufficient organisational resources to achieve required outcomes;
- ensure de-escalation criteria are actively monitored and reported to the Board.

6.5 Chairs, Chief Executives and Senior Responsible Officers

Board Chair

The Chair is responsible for:

- ensuring the Board exercises oversight, scrutiny and constructive challenge;
- maintaining oversight of significant risks, organisational performance and recovery plans;
- providing assurance on the effectiveness of the organisation's governance and accountability arrangements;
- engaging with Welsh Government on Board effectiveness, governance, organisational recovery and overall progress.

Chief Executive

The Chief Executive is accountable for:

- operational delivery, organisational performance and implementing recovery actions;
- ensuring the organisation responds promptly to concerns;
- ensuring the organisations operates in line with strategies policies and procedures;
- assurance and reporting to the Board;
- maintaining an effective relationship with Welsh Government and NHSWPI;
- ensuring organisational capacity and capability are aligned with recovery requirements.

Senior Responsible Officer (SRO)

For all formal escalation arrangements an SRO should be appointed. The SRO should:

- lead delivery of the escalation framework and recovery plan;
- coordinate evidence and progress reporting;
- manage risks and dependencies;
- ensure actions are delivered within agreed timescales;
- provide assurance to the Board and Welsh Government regarding progress.

6.6 ISRT responsibilities

When commissioned, ISRT will:

- undertake intensive assessment and diagnostic activity;
- support development of a single Integrated Improvement Plan;
- coordinate specialist support and recovery expertise;
- provide challenge, support and assurance regarding delivery;
- assess organisational capability and sustainability;
- support transition and handover arrangements as organisations move towards de-escalation.

ISRT does not replace Board accountability. Responsibility for delivery remains with the NHS organisation unless statutory intervention arrangements determine otherwise.

6.7 Audit Wales and Healthcare Inspectorate Wales

Audit Wales and Healthcare Inspectorate Wales retain their statutory independence. Their role includes:

- contributing relevant evidence and intelligence to accountability and tripartite processes;
- highlighting risks, weaknesses and areas requiring improvement;
- informing escalation and de-escalation discussions where appropriate;
- providing independent assurance regarding governance, quality, effectiveness and organisational performance.

6.8 Accountability during escalation

Escalation does not transfer accountability away from an NHS organisation. Throughout any period of escalation:

- the Board remains responsible for delivery and improvement;
- Welsh Government remains responsible for escalation decisions and oversight;
- NHSWPI remains responsible for operational assurance and support;
- intervention arrangements should seek to strengthen organisational capability rather than replace it;
- support and challenge should be applied in a coordinated and proportionate way.

7. Support and intervention approach

7.1 Overview

The purpose of support and intervention is to secure sustainable improvement in quality, workforce, finance, planning, delivery and organisational leadership. Support and intervention arrangements will be designed to complement accountability and escalation processes by strengthening organisational capability, accelerating improvement and reducing risk to patients, services and public confidence.

Support should not be viewed as a consequence of escalation. Rather, support and intervention should be deployed proportionately and at the earliest opportunity to prevent deterioration, address emerging concerns and support organisational recovery. Escalation and intervention are intended to be a stepped and supportive approach, with the intensity of support increasing in line with organisational risk and escalation status.

7.2 Principles for support

Support and intervention arrangements where possible will be:

- Preventative – identifying and responding to risks before further escalation is required.
- Proportionate – aligned to the scale, severity and persistence of concerns.
- Targeted – focused on the specific pillars, domains, services or organisational issues requiring improvement.
- Collaborative – delivered in partnership with NHS organisations and relevant national bodies.
- Outcome-focused – designed to improve outcomes rather than solely increase scrutiny.
- Time-limited – operating to agreed objectives, milestones and review points.
- Integrated – aligned to escalation frameworks, recovery plans and de-escalation criteria.
- Transparent – with clear terms of reference, expected outputs and accountability arrangements.

At all stages, responsibility for delivery remains with the NHS organisation unless formal statutory intervention arrangements determine otherwise.

An essential element of improvement is the development and implementation of an appropriate package of support; one designed to address the underlying issues or risks and tailored to recognise and respond to the specific context.

It is recognised that the tailored support put in place is likely to be most effective, particularly for organisations in lower levels of intervention, they are involved in the design of the package and the definition of the expected outcomes or indicators of success. The specific arrangements for any package of support will be agreed between NHSWPI and the health board, together with Welsh Government where appropriate.

Support should be:

- defined at the same time as escalation, not as a later add-on;
- addressing root causes as well as symptoms;

- clearly documented outlining scope, authority, outcomes, resources, governance and exit criteria;
- time-limited, evaluated for impact and coordinated to avoid duplication.

7.3 Support matched to escalation level

Level 1: Routine Accountability
Organisations operating under routine accountability arrangements have access to the standard NHS Wales improvement offer.

Support may include:

- participation in national programmes and clinical networks;
- benchmarking and shared learning;
- communities of practice;
- improvement resources and guidance;
- peer support and national development programmes.

The emphasis at level 1 is on continuous improvement and earned autonomy.

Level 2
Level 2 is intended to identify and address emerging concerns before formal escalation becomes necessary.

Support may include:

- targeted diagnostic reviews;
- peer support arrangements;
- advice and mentoring;
- service-specific improvement assistance;
- operational, workforce, finance or quality improvement expertise.

The objective is to prevent progression to formal escalation through focused support, enhanced monitoring and early intervention.

Level 3
Level 3 applies where concerns are more significant, persistent or systemic and where recovery arrangements are required. At level 3, organisations will normally be expected to operate within an agreed recovery framework, supported by NHSWPI.

Support may include:

- structured recovery programmes;
- external reviews;
- improvement advisers;
- programme and recovery management support;
- clinical, workforce, finance, planning or operational expertise;
- leadership and governance development;
- enhanced NHSWPI support and challenge.

Support will be delivered against agreed recovery objectives, milestones and de-escalation criteria.

Level 4
Level 4 is applied where there are serious concerns and Welsh Government determines that organisations require significant external intervention and support to achieve recovery.

A standardised intervention offer will be deployed for all organisations operating at level 4. This will normally be coordinated through NHSWPI and delivered through the Intensive Support, Recovery and Turnaround (ISRT) function.

Support may include:
- comprehensive organisational assessment;
- targeted intervention programmes;
- embedded improvement and turnaround expertise;
- specialist clinical, operational, financial or workforce support;
- programme management support;
- external independent expertise where required;
- enhanced governance and assurance arrangements;
- intensive support aligned to recovery plans and de-escalation criteria.

The intervention offer will be agreed at the point of escalation and documented through an escalation framework, intervention mandate or terms of reference.

Level 5: Directed Intervention
Level 5 represents the highest level of intervention where organisational capability is considered insufficient to achieve recovery without substantial external support or statutory intervention.

Support arrangements may include:
- full deployment of ISRT;
- ministerially commissioned intervention;
- external independent expertise;
- organisation-wide recovery programmes;
- targeted leadership, governance and cultural interventions;
- enhanced oversight boards;
- directed recovery activity and, where necessary, exercise of statutory powers.

Interventions will remain focused on restoring organisational capability, leadership effectiveness and sustainable performance improvement.

7.4 Intensive Support, Recovery and Turnaround (ISRT)

ISRT is the specialist NHSWPI team responsible for providing intensive support, recovery and turnaround capability to organisations requiring significant intervention. ISRT forms the core intervention offer for organisations operating at level 4 and above.

ISRT is commissioned by Welsh Government and operates under a defined mandate with agreed objectives, governance and reporting arrangements. The NHS organisation remains responsible for delivery unless statutory intervention arrangements determine otherwise.

The objectives of ISRT are to:
- identify root causes of organisational underperformance;
- assess organisational capability and capacity;

- support development of a credible recovery strategy;
- strengthen organisational leadership and governance;
- provide specialist expertise and delivery support;
- improve organisational resilience and sustainability;
- support delivery of de-escalation requirements.

7.5 ISRT governance and commissioning

ISRT will normally operate through five phases:

Phase 1: Mobilise

- confirm mandate and governance arrangements;
- appoint ISRT lead;
- review existing evidence and assessments;
- identify immediate stabilisation requirements.

Phase 2: Assess

- undertake integrated assessment across all four pillars and the Leadership (Well-led) foundation domain;
- identify root causes and systemic barriers;
- assess leadership, governance and organisational capability;
- produce assessment findings and recommendations.

Phase 3: Plan

- develop or refine a single Integrated Improvement Plan (IIP);
- align interventions with escalation requirements and de-escalation criteria;
- establish milestones, measures and governance arrangements.

Phase 4: Support

- deploy specialist expertise and improvement resource;
- strengthen organisational capability and capacity;
- support delivery of recovery plans and interventions;
- monitor progress against agreed objectives.

Phase 5: Transition

- assess sustainability of improvement;
- provide assurance regarding organisational capability;
- prepare a handover report;
- support transition back to routine NHSWPI arrangements.

7.6 Intervention frameworks and support plans

For organisations at levels 3 to 5, the specific support and intervention arrangements once agreed should normally be documented through a formal framework by agreed by Welsh Government/NHS Wales Performance and Improvement which sets out:

- objectives and expected outcomes;
- agreed support arrangements;
- intervention scope;
- governance arrangements;

- accountability and reporting requirements;
- milestones and measures;
- de-escalation criteria;
- review and evaluation arrangements.

Support frameworks should establish a clear relationship between intervention activity, recovery planning and the de-escalation process to ensure support remains focused on sustainable improvement.

Intervention frameworks and support plans do not replace statutory responsibilities and do not create legally enforceable obligations unless supported by a statutory power.

7.7 Evaluation and exit

All support and intervention arrangements should be subject to regular review by NHS Wales Performance and Improvement.

Evaluation should consider:

- delivery of agreed outcomes;
- reduction in organisational risk;
- achievement of recovery milestones;
- strengthening of organisational capability and governance;
- evidence of sustainable improvement;
- readiness to transition to a lower level of escalation or routine accountability arrangements.

Support should be withdrawn only when there is sufficient evidence that improvement has been embedded and can be sustained without the existing level of external intervention.

8. De-escalation and earned autonomy

8.1 De-escalation principles

De-escalation is evidence-based and reflects sustained improvement, not completion of actions alone. It will normally occur one level at a time, with reduced oversight and reporting at each stage. Where criteria are clearly quantifiable and pre-agreed, de-escalation may be considered outside the routine decision cycle.

NHS organisations will be made aware of the requirements for de-escalation as soon as possible after the initial escalation decision. These requirements will closely reflect the reasons for escalation and/or the underlying issues identified as part of any diagnostic exercise.

De-escalation for those areas with quantifiable outcomes and targets such as performance and delivery may take place once it is evidenced that the de-escalation criteria have been met and sustained for the agreed period of time. If the NHS Wales organisation meets the de-escalation criteria for a specific pillar in those circumstances 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.

8.2 Minimum de-escalation test

The point of de-escalation will be reached when the Board and Chief Executive Officer can provide evidence-based assurance to Welsh Government that sufficient progress has been made and that they will be able to sustain improvements.

Assurance would be required that:

- the defined outcomes and core milestones have been achieved;
- risk to safety, delivery, finance, workforce or organisational sustainability has reduced to an acceptable level;
- improvement has been sustained for the period specified in the escalation framework;
- the Board has effective oversight and reliable evidence;
- plans are credible, resourced and integrated into normal management systems;
- the organisation has capacity and capability to sustain improvement without the existing intensity of support;
- independent evidence or assurance has been considered where relevant;
- residual risks, dependencies and transition arrangements are clear.

8.3 Decision and communication

Any decision to de-escalate an organisation will be a Welsh Government decision supported by an evidence-based progress assessment by NHSWPI and evidence from tripartite participants. Any changes in escalation will be communicated to organisations in writing and will be updated on the Welsh Government website.

De-escalation will normally be to the next level on the escalation scale with reduced oversight and reporting at each stage of de-escalation. Level 2 will not be used when de-escalating organisations from higher levels of escalation e.g. level 3, 4 or 5.

8.4 Earned autonomy

Organisations demonstrating reliable delivery, mature governance and transparent risk management will receive lighter-touch oversight. Earned autonomy may include reduced meeting and reporting burden, greater flexibility in how outcomes are delivered, proportionate approval routes and a positive accountability narrative. Earned autonomy does not remove statutory duties or the requirement to report material risks promptly.

Annex A. Leadership (Well-led) foundation domain

Description and scope

The Well-led (leadership, governance and culture) foundation domain is underpinned by the well-led framework. It focuses on whether Boards and senior leaders provide clear strategic direction, effective governance, a positive organisational culture, and visible leadership that supports the delivery of quality, workforce, finance, planning and performance objectives. The foundation domain assesses not only *what* an organisation delivers, but *how well it is led,* governed and managed to deliver sustainable improvement and achieve its objectives.

Digital, data and technology are recognised as critical enablers of service delivery, transformation, improvement and organisational effectiveness. This domain will provide the primary route for assessing organisational digital leadership, governance, strategy, capability, cyber resilience and delivery of major digital programmes.

Organisations are expected to demonstrate that they:

- are purpose-driven and values-led;
- have strong, integrated leadership and governance arrangements;
- effective risk management (including cyber security);
- demonstrate honest self-awareness and welcome external scrutiny;
- foster open, inclusive and psychologically safe cultures;
- take evidence-based and ethically informed decisions;
- use digital enablers, data and intelligence effectively;
- focus on continuous improvement, not solely on assurance;
- are system-aware and outward-looking in their approach;
- demonstrate effective partnership working and collaborative leadership; and
- use insight, learning and feedback to drive sustainable improvement.

Core evidence

Assessment will draw upon:

- Board and organisational self-assessment;
- Board assurance frameworks and risk registers;
- Audit Wales, HIW and internal audit reports;
- organisational culture and speaking-up indicators;
- staff engagement and staff survey results;
- leadership and workforce metrics;
- governance and assurance reviews;
- digital strategy and governance;
- evidence of delivery against organisational objectives and recovery plans.

Illustrative escalation triggers

Level	Illustrative triggers
Level 2	Emerging governance concerns; limited assurance over delivery of key objectives; leadership instability; delays in implementing agreed

Level	Illustrative triggers
	actions; lack of clear strategy; concerns regarding organisational culture.
Level 3	Significant governance weaknesses; ineffective board oversight; independent reviews identify material leadership or governance concerns; weak or poor strategies; repeated failure to deliver programmes or improvement actions.
Level 4	Serious governance failure affecting organisational performance or patient outcomes; board unable to demonstrate effective control; loss of confidence in leadership capability; persistent governance failures despite recovery support.
Level 5	Fundamental failure of governance arrangements; board unable to discharge responsibilities effectively; leadership arrangements incapable of securing recovery; consideration of statutory intervention.

Tools and resources

- Nolan seven principles of public life
- NHS Wales governance e-manual
- NHS Wales Well-led framework (under development)
- Compassionate Leadership principles
- Good Governance Pocket Guide for NHS Wales Boards
- Three lines of defence
- 15 steps programme
- HEIW leadership resources
- Knowledge Tree - Academi Wales
- Leadership and Governance maturity matrixes (once developed)
- Culture dashboard (once developed)

Example escalation actions and support

- Board development and effectiveness support;
- Non executive or executive coaching or mentoring;
- Independent Well-led review;
- Strengthened risk management, programme and assurance arrangements;
- Appointment of specialist advisers or interim capability;
- Targeted support for chairs, independent members and executive teams;
- Single organisation-wide improvement or recovery plan with clear actions, named accountability, milestones, timescales and measurable outcomes;
- Formal review mechanisms to monitor delivery of improvement actions, test evidence of impact and ensure risks are escalated appropriately;
- ISRT leadership and organisational assessment at level 4+.

Illustrative de-escalation criteria

Level 3	Level 4	Level 5
• effective and stable leadership arrangements; • board demonstrates grip, challenge and transparent assurance; • culture and speaking-up risks addressed; • credible strategy aligned to organisational vision and values, with integrated recovery plans in place and being delivered; • risks are managed effectively and reducing to a manageable level; • agreed governance arrangements for key partnerships operating effectively; • improvement sustained for the agreed review period.	• serious risks are being managed effectively, stabilised or reducing; • integrated recovery or improvement plan delivering measurable impact; • external intervention has strengthened capability; • board and executive team demonstrate credible control; • constructive and proactive engagement with system partners; • independent assurance supports reduced intervention; • remaining actions can be managed through reduced escalation and enhanced oversight.	• severe organisational failure or immediate risk has been managed effectively and stabilising; • directed intervention or statutory action no longer required; • leadership and governance arrangements are demonstrably effective; • evidence that regional dependencies no longer represent a material risk to deliver; • organisation has capability to continue recovery under level 4 or lower arrangements; • transition plan agreed; • residual risks and safeguards are clear.

Annex B. Quality pillar

Description and scope

The Quality pillar provides assurance that NHS Wales organisations are improving the quality and outcomes of the services they provide. It considers whether care is safe, timely, effective, efficient, equitable and person-centred, including wider quality and patient safety, clinical services and services that are fragile or at risk.

Organisations are expected to demonstrate:

- effective governance and decision-making arrangements;
- clear clinical governance and oversight of services;
- robust Board and committee systems to support oversight, assurance and escalation;
- reliable controls to protect patients from avoidable harm;
- effective management of quality risks;
- triangulation of quantitative and qualitative indicators of quality and safety;
- learning from complaints and incidents;
- effective coordination of transitions of care;
- robust safeguarding arrangements;
- clear accountability for quality, safety and outcomes for commissioned services.

Core evidence

Assessment will draw upon:

- Board assurance frameworks and risk registers;
- HIW and internal audit reports;
- evidence of delivery against organisational objectives and recovery plans;
- National quality and experience measures;
- NQMS intelligence and patient safety incidents;
- patient experience, complaints and concerns;
- clinical audit and outcome variation;
- external or internal review evidence;
- fragile-service and clinical sustainability assessment.

Illustrative escalation triggers

Level	Illustrative triggers
Level 2	Deteriorating quality indicators; emerging patient safety concerns; increasing incidents or complaints; delayed delivery of improvement actions following review or inspection.
Level 3	Sustained deterioration in quality outcomes; significant safety concerns; repeated serious incidents; failure to deliver agreed quality improvement trajectories.

Level	Illustrative triggers
Level 4	Serious and systemic patient safety concerns; significant findings from inspections or external reviews; evidence of widespread quality failings; deterioration despite formal recovery support.
Level 5	Severe and sustained quality failure across multiple services; major risk of avoidable harm; exceptional regulatory concern; organisational inability to maintain safe care without substantial intervention.

Tools and resources

- NHS Quality and Safety Framework
- Health and Care Standards
- Duties of Quality and Candour
- Listening to people: NHS Wales complaints, incidents and redress process for organisations
- 15 steps programme
- Welsh Value in Health Centre
- Resources - NHS Wales Performance and Improvement
- Maternity and Neonatal National Assurance Assessment - NHS Wales Performance and Improvement
- NHS Wales Clinical Governance Framework and Handbook (once published)

Example escalation actions and support

- Clinical peer review and expert advice;
- Quality governance, assurance and incident learning improvement support;
- Focused diagnostic or service review;
- Targeted patient safety improvement support and quality recovery planning;
- National programme or network support;
- Independent review or external assurance where serious or systemic concerns are identified;
- Independent clinical advisers;
- ISRT integrated assessment and coordinated support at level 4+.

Illustrative de-escalation criteria

Indicators considered will include:

- patient experience and safety measures;
- complaints and incidents performance;
- healthcare associated infection rates;
- mortality and clinical outcomes including maternity, SNAP, diabetes care bundles;
- data quality and use of electronic systems such as digital prescribing.

Level 3	Level 4	Level 5
• agreed recovery milestones delivered; • risks are effectively managed and reduced to a manageable level; • board demonstrates grip and effective quality assurance to manage emerging risks; • reliable safety and quality systems in place; • outcome and experience measures show improvement against agreed baselines; • external assurance findings are embedded and managed without enhanced support; • fragile services have effective oversight, with concerns identified and addressed; • remaining actions can be managed through reduced escalation and enhanced oversight.	• serious risks managed effectively and stabilised or reducing; • integrated recovery or improvement plan delivering measurable impact; • external intervention has strengthened capability; • board and executive team demonstrate credible control of quality and safety risks; • outcomes and experience measures show sustained improvement; • increased capability to respond to external assurance findings; • improved oversight of fragile services, with effective systems in place to ensure concerns are escalated and addressed; • independent assurance supports reduced intervention; • transition plan agreed.	• severe risks are being managed and stabilising; • directed intervention or statutory action no longer required; • quality governance are demonstrably effective; • outcome and experience actions and trajectories are in place, with progress evidenced; • effective systems in place to ensure external assurance risks are understood and immediate concerns addressed; • fragile service risks and assurance gaps are being overseen, with action and early progress evidenced; • organisation has capability to continue recovery under level 4 or lower arrangements; • residual risks and safeguards are clear.

Annex C. Workforce pillar

Description and scope

The Workforce pillar provides assurance that NHS Wales organisations have a safe, sustainable and engaged workforce with the right capacity, capability, skill mix and culture that supports the delivery of their plans. It focuses on staff engagement, wellbeing and psychological safety; culture, values and behaviours; sustainability and resilience; skills, learning and development; and the impact of workforce actions on quality and operational performance.

Organisations are expected to demonstrate:

- clear and credible workforce plans and delivery trajectories;
- alignment of workforce, quality and safety, service demand and acuity, and financial planning;
- meaningful succession planning and management of the talent pipeline;
- robust speaking-up safely arrangements;
- consistent compliance legislation and national guidance;
- meaningful engagement with staff and trade union partners;
- commitment to personal and professional learning, training and development;
- robust systems for identification, mitigation and escalation of workforce risks;
- clear lines of accountability through all levels of organisation.

Core evidence

Assessment will draw upon:

- workforce plans and trajectories;
- workforce metrics;
- WRES data
- Board and workforce committee assurance reports;
- Audit Wales, HIW and internal audit reports;
- reports and emerging concerns from royal colleges and professional bodies;
- statutory workforce compliance;
- safe staffing and rota fill;
- evidence of digital workforce capability and skills;
- staff engagement and staff survey results;
- organisational culture and speaking-up indicators
- evidence of compliance against GIRFT recommendations;
- evidence of alignment with workforce implications of organisational plans, strategies and objectives.

Illustrative escalation triggers

Level	Illustrative triggers
Level 2	Increasing vacancy, turnover or sickness rates; workforce pressures affecting service delivery; difficulties maintaining staffing in key services; emerging staff engagement concerns.

Level	Illustrative triggers
Level 3	Persistent workforce shortages; unsafe staffing concerns; significant organisational culture issues; workforce risks impacting performance, finance or quality.
Level 4	Severe workforce instability affecting organisational sustainability; inability to maintain safe staffing across multiple services; widespread workforce-related operational risks.
Level 5	Workforce position threatens continuity of essential services; organisational inability to recruit, retain or deploy sufficient staff; workforce failure contributing to severe organisational instability.

Tools and resources

- NHS Wales speaking up safely framework
- Welsh Government guidance - Health and social care workforce | Sub-topic | GOV.WALES
- A Healthier Wales: Our workforce strategy for health and social care (2020)
- Nurse staffing levels: statutory guidance for health boards and NHS Trusts | GOV.WALES
- Welsh Health Circulars
- National Workforce Implementation Plan: Addressing NHS Wales Workforce Challenges (2023)
- Strategic vision for nursing and midwifery 2025 to 2030
- Workforce Equality Standard - NHS Wales
- HEIW strategic workforce plans
- Workforce - HEIW
- Workforce observatory - HEIW
- Workforce Intelligence and Planning - HEIW
- National Education Strategy (in development)

Examples of escalation actions and support

- workforce planning and modelling;
- recruitment, retention and redesign support;
- organisational development, culture and staff engagement interventions;
- targeted support to address critical staffing risks and safe staffing concerns;
- leadership and talent support;
- deployment of specialist workforce expertise such as recruitment, retention, workforce redesign and succession planning;
- GIRFT productivity assessment;
- ISRT coordination where workforce is a core turnaround condition.

Illustrative de-escalation criteria

Indicators considered will include:

- vacancy rates;
- turnover and retention;
- sickness absence;
- agency and bank workforce usage;
- Workforce Race Equality Standard (WRES);
- staff well-being scores;
- staff vaccination;
- training compliance.

Level 3	Level 4	Level 5
• workforce indicators improved against agreed recovery milestones delivered; • workforce risks are routinely identified, escalated and managed through established governance arrangements; • board demonstrates grip and effective assurance of workforce risks and improvement actions; • workforce plan supports sustainable service and financial delivery; • evidence of improved workforce resilience in areas of highest risk; • improvement sustained for the agreed review period; • evidence that wellbeing, engagement and culture actions are effective; • remaining actions can be managed through reduced escalation and enhanced oversight.	• safe staffing and critical capacity risks stabilised; • sustained improvement against workforce indicators; • quantitative improvements are supported by qualitative assurance that underlying causes have been addressed; • evidence of improved workforce resilience and reduced operational risk arising from staffing shortages. • external monitoring confirms improved organisational grip and control of workforce issues; • workforce recovery arrangements are embedded within routine organisational planning and governance; • transition plan agreed.	• effective management of critical staffing risks and key posts and capabilities secured; • evidence of safe staffing mitigations; • mitigation plans in place for fragile workforce areas; • improving trend against workforce indicators; • evidence of strengthened workforce planning, succession planning, leadership development and risk management processes; • directed intervention or statutory action no longer required; • strengthened board and committee oversight of improvement actions; • organisation has capability to continue recovery under Level 4 or lower arrangements; • residual risks and safeguards are clear.

Annex D. Finance and planning pillar

Description and scope

The finance and planning pillar provides assurance that NHS organisations are meeting their statutory duties in ensuring they achieve financial balance over a three-year period and have approvable Integrated Medium Term Plans (IMTP).

Organisations are expected to demonstrate:

- credible financial plan to deliver break-even or the agreed expectation set by Welsh Government;
- clear understanding of cost drivers behind underlying financial deficit;
- effective Board and finance committee oversight of material risks to delivery;
- triangulation of finance plan with workforce and delivery expectations;
- credible and effective capital and estates management;
- delivery of capital investment and estates infrastructure.
- credible clinical services strategy and plan;
- development of financially balanced, 3-year Integrated Medium Term Plans (IMTP) that are approved by Welsh Ministers;
- mature and embedded planning processes;
- achievement of planning and financial duties;
- regional planning and commissioning;
- delivery against accountability conditions.

Core evidence

Assessment will draw upon:

- monthly monitoring returns and forecasts;
- financial plan, control total and savings programme;
- financial governance and control assurance;
- IMTP or annual plan assessment;
- maturity and implementation of clinical services strategies and plans;
- self-assessment via completion of the annual planning maturity matrix;
- capital and estates risk;
- value and productivity evidence;
- Audit Wales, HIW and internal audit reports;
- Board and finance committee assurance reports.

Illustrative escalation triggers

Level	Illustrative triggers
Level 2	Risk of failing to achieve financial plan; delivery risks against savings programmes; adverse financial forecasts; emerging concerns regarding financial sustainability. Risk to IMTP development or delivery.

Level	Illustrative triggers
Level 3	Significant deterioration in financial performance; recurring failure to deliver recovery trajectories; non-delivery of agreed savings plans; recovery plan judged weak or high risk. Inability to submit an approvable IMTP (but credible annual plan in place).
Level 4	Serious risk to financial sustainability; substantial deterioration despite recovery support; inability to deliver credible recovery plans; significant financial control weaknesses. Inability to submit an approvable IMTP. Serious risk to annual plan delivery.
Level 5	Actual or imminent breach of statutory financial duties; financial position considered unsustainable; failure of previous recovery arrangements; requirement for exceptional intervention. Lack of a clinical services strategy and credible annual plan.

Tools and resources

- Planning maturity matrix
- Regional working principles (under development)
- Value and sustainability board
- NHS Wales planning frameworks | GOV.WALES
- NHS financial management | Sub-topic | GOV.WALES
- NHS Wales Finance Academy
- Specialist Estates Services - NHS Wales Shared Services Partnership
- Planning Programme for Learning - NHS Wales Shared Services Partnership
- Fighting Fraud Strategy for NHS Wales 2026 – 2030
- Welsh Health Building Notes (WHBNs) & Health Building Notes (HBNs)

Example escalation actions and support

- financial recovery and turnaround expertise;
- independent review of plans and controls;
- sustainability and recovery trajectories;
- identify savings, productivity and efficiency opportunities;
- strengthened programme and benefits management;
- strengthened IMTP development, recovery planning;
- alignment between financial plans and service priorities;
- challenge and support on financial controls, forecasting and delivery of savings programmes;
- capital, estates or planning expertise;
- ISRT integrated financial and organisational turnaround at level 4+.

Illustrative de-escalation criteria

Level 3	Level 4	Level 5
• agreed recovery milestones and trajectories delivered; • approvable, financially-balanced three-year IMTP; • board demonstrates grip and effective assurance on financial control environment and risks to delivery; • robust clinical services plan/strategy in place; • effective triangulation of financial position with workforce, quality and delivery expectations; • savings and productivity programme delivering recurrent benefit; • delivery of agreed partnership commitments and actions; • remaining actions can be managed through reduced escalation and enhanced oversight.	• serious risks to delivery are managed effectively and stabilised or reducing; • evidence of effective route map to financial balance; • clear understanding and controls in place to address cost drivers behind underlying deficit; • approvable annual plan in place; • robust clinical services plan/strategy in place (or strong evidence of progress in development); • board and executive team demonstrate credible control with robust financial governance arrangements in place; • evidence of effective participation in regional planning and delivery arrangements; • independent assurance supports reduced intervention; • transition plan agreed.	• severe organisational failure or immediate risk has been managed effectively and stabilising; • directed intervention or statutory action no longer required; • evidence of improved and maturing planning processes; • evidence of progress towards development of clinical services plan/strategy • understanding of cost drivers behind underlying deficit.

Annex E. Delivery and Performance pillar

Description and scope

The delivery/performance pillar focuses on delivery of nationally agreed priorities, performance standards and service recovery trajectories. It considers whether organisations are delivering timely access to care, meeting national performance expectations and improving outcomes through efficient and effective service delivery. It encompasses urgent and emergency care, planned care, cancer, diagnostics, primary care, prevention and other national access standards.

Organisations are expected to demonstrate:

- delivery of national and local priorities;
- improved health outcomes;
- credible trajectories;
- improved access and waiting times;
- improved productivity and flow;
- operational resilience.

Core evidence

Assessment will draw upon:

- single performance pack and published measures;
- trend, variation and benchmarking analysis;
- service recovery plans and trajectories;
- capacity and demand evidence;
- operational risk and resilience information;
- patient pathway and outcome evidence.

Illustrative escalation triggers

Level	Illustrative triggers
Level 2	Persistent underperformance against national standards; missed improvement trajectories; deterioration in key access or performance indicators; delivery risks emerging.
Level 3	Sustained failure against key performance standards; repeated failure to achieve agreed recovery milestones; deterioration affecting patient access and outcomes; limited improvement despite support.
Level 4	Significant and widespread performance failure; major impact on patient access, waiting times or service sustainability; deterioration despite formal recovery arrangements.
Level 5	Severe organisational failure across multiple performance domains; inability to sustain delivery of core services; failure of intervention arrangements; exceptional risks to service delivery and public confidence.

Tools and Resources

- NHS Wales performance framework and reporting | GOV.WALES
- Planned care waiting times guidance: April 2025 | GOV.WALES
- Resources - Getting It Right First Time - GIRFT
- Ambulance patient handover guidance | GOV.WALES
- Health conditions | Sub-topic | GOV.WALES
- Suspected Cancer Pathways - National Optimal Pathways
- Networks - NHS Wales Performance and Improvement
- National Cancer Strategy (in development)
- Operational delivery maturity matrix (once development)

Example escalation actions and support

- operational diagnostic and improvement support;
- demand, capacity, productivity and pathway redesign;
- targeted support for waiting times, urgent and emergency care, diagnostics, planned care, mental health or other priority areas;
- clinical network and national programme support for service redesign and pathway improvement assistance;
- programme management support to deliver agreed recovery trajectories and milestones;
- facilitated learning from better-performing organisations and access to proven improvement methodologies;
- independent service review or advisory capacity;
- ISRT coordination of intensive delivery recovery at level 4+.

Illustrative de-escalation criteria

Indicators considered will include:

- Cancer - % of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)
- Planned care:
  - Number of patients waiting more than 104 weeks for referral to treatment;
  - Number of patients waiting more than 8 weeks for specified diagnostic;
- Urgent and emergency care:
  - Number of ambulance patient handovers over 45 minutes;
  - Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge;
- Mental health and neurodevelopmental:
  - % of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within 28 days from the date of the referral;
  - % of therapeutic interventions started within 28 days following a Local Primary Mental Health Support Service (LMPHSS) assessment;
  - % of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment;

- Public health and prevention:
  - % of adult smokers who make a quit attempt via smoking cessation services;
  - % of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol);
  - % children who are up to date with all routine vaccinations by age 5;
- Primary and community care:
  - % of population receiving NHS dental care.

Level 3	Level 4	Level 5
• sustainable improvement against access, outcomes and productivity measures; • reliable operational controls and management systems in place; • Board and executive team demonstrates effective oversight, challenge and assurance of delivery risks; • improvement sustained for the agreed review period without unacceptable impact on quality, workforce or finance; • remaining actions can be managed through reduced escalation and enhanced oversight.	• sustained improving trend against access, outcomes and productivity measures; • service pressures and operational risks are effectively managed or reduced to a manageable level; • integrated recovery or improvement plan delivering measurable impact; • external intervention has strengthened capability; • board and executive team demonstrate improved oversight of performance risks and improvement actions; • independent assurance supports reduced intervention; • transition plan agreed.	• critical performance concerns have materially reduced in line with agreed baselines and milestones; • credible recovery and improvement plans in place; • strengthened board and committee oversight of performance risks and impact on quality; • evidence that appropriate mechanisms are in place to understand and address drivers behind fragile services; • directed intervention or statutory action no longer required; • organisation has capability to continue recovery under Level 4 or lower arrangements; • residual risks and safeguards are clear.

Annex F. Glossary

Term	Definition
Accountability	Responsibility for ensuring that expectations are met and for explaining decisions, actions, performance and outcomes.
Accountability review meeting	A twice-yearly high-level meeting with an NHS body, operating alongside risk-based performance and escalation arrangements.
Audit	A systematic review of practice, process or performance against agreed criteria to identify issues, support improvement and assess whether changes are effective.
Audit Wales	The collective, non-statutory name for the Auditor General for Wales and the Wales Audit Office.
Board	The corporate decision-making body of a health board, trust or special health authority.
Care or clinical pathway	A standardised, evidence-based plan describing the sequence of care, interventions, timeframes, milestones and expected outcomes for a defined patient group, including movement between services where relevant.
Clinical Governance	A framework of systems, processes and controls that supports NHS organisations to improve quality, maintain high standards of care and create the conditions for clinical excellence.
Clinical or fragile services	A service at risk of becoming unsustainable or failing due to pressures such as workforce constraints, service configuration, demand, capacity or resilience.
Clinical outcomes	A measurable change in a person's health or quality of life following care or treatment.
Common evidence base	The governed dataset, narrative, assurance and evidence repository used across accountability and escalation arrangements.
De-escalation	A formal reduction in escalation level following demonstrated and sustained improvement and risk reduction.
Duty of candour	A legal duty to be open and honest with people and families when care goes wrong, including explaining what happened and apologising.

Term	Definition
Duty of quality	A legal duty of quality is to ensure Welsh Ministers and NHS bodies secure continuous 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.
Earned autonomy	A proportionate reduction in oversight and reporting where an organisation demonstrates reliable delivery and mature governance.
Escalation	The formal process through which concerns are moved to a higher level of scrutiny, support or intervention.
Escalation Board	A Welsh Government-chaired meeting for an organisation at level 3 to 5, focused on recovery and de-escalation criteria.
Executive team	The senior leadership team responsible for day-to-day management, operational delivery and implementation of strategy within an NHS organisation.
External review bodies	Independent organisations that review, inspect or audit how NHS services are governed and delivered, including Audit Wales and Healthcare Inspectorate Wales.
Financial duty	The legal duty on NHS Wales organisations to maintain financial balance, demonstrate effective stewardship of public resources and address risks to financial performance or sustainability.
Foundation domain	Leadership (Well-led), which underpins delivery and assurance across the four accountability pillars.
Frameworks	Frameworks refers to the NHS Wales planning, performance and quality and safety frameworks.
Governance	The systems, processes and behaviours through which an organisation is led, directed and controlled. In the NHS, this includes clinical, financial and organisational governance and should underpin all activity.
Health and care standards	The Welsh Government's common framework for supporting effective, timely and high-quality care across all healthcare settings. They set expectations for NHS and partner organisations and describe what people in Wales can expect from health services, including their role in supporting their own health and wellbeing.

Term	Definition
Health board	NHS Wales organisations responsible for planning, securing and delivering healthcare services for local populations, and for improving health outcomes and reducing inequalities. 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
Healthcare Inspectorate Wales	The independent inspectorate and regulator of healthcare in Wales.
Integrated Improvement Plan	The single organisation-owned plan that brings together recovery actions, milestones, resources, outcomes and de-escalation criteria.
Integrated Medium-Term Plan	The statutory three-year plan through which an NHS body sets out delivery, service, workforce and financial intentions.
Intervention	Action taken or commissioned to strengthen capability, stabilise services, secure delivery or remedy failure.
ISRT (Intensive Support, Recovery and Turnaround Team)	The Intensive Support, Recovery and Turnaround function within NHSWPI, commissioned for intensive assessment, support and recovery work.
NHS Wales body	A statutory NHS health board, trust or special health authority in Wales.
NHSWPI (NHS Wales Performance and Improvement)	NHS Wales Performance and Improvement, the national function that supports improvement and provides operational assurance to Welsh Government.
Outcomes	The measurable impact of care, treatment or another intervention on a person, group or population.
Patient experience	The aspects of care that matter to patients, including respect for individual values, preferences and needs, communication, physical comfort and continuity of care.
Patient safety incident	An unintended or unexpected event in healthcare that caused, or could have caused, harm and should be reported to support learning and prevent recurrence.

Term	Definition
Performance Framework	The national framework for measuring and reporting NHS Wales performance against agreed priorities and planning requirements.
Pillar	One of the four accountability areas: Quality, Workforce, Finance/Planning and Delivery/Performance.
Planning Framework	The national guidance for NHS bodies on developing Integrated Medium-Term Plans in line with national priorities and policy requirements.
Primary care	Healthcare delivered outside hospital, including services provided by GPs, nurses, health visitors, midwives, pharmacists, dentists, optometrists and other health professionals.
Quality	The consistent delivery of safe, timely, effective, efficient, equitable and person-centred care that meets population needs and is supported by continuous learning and improvement.
Recovery framework	The documented requirements, governance, milestones, support and de-escalation criteria for an organisation in formal escalation.
Secondary care	Hospital healthcare usually accessed through referral from primary care.
Special Health Authority (SHA)	A statutory NHS body established by Welsh Ministers to carry out specified functions on their behalf. There are two special health authorities (SHAs): • Digital Health and Care Wales leads national digital systems, platforms and data services; • Health Education and Improvement Wales leads education, training, workforce development and workforce planning across Wales.
Specialist or tertiary care	Care for people who require complex or highly specialised assessment, treatment or intervention, delivered by specialist teams with the necessary expertise and facilities.
Support	Advice, expertise, peer help, diagnostic work, improvement capability or other assistance intended to enable recovery and sustainable delivery.
Tripartite arrangements	The structured process through which Audit Wales, HIW and NHSWPI share evidence with Welsh Government and inform

Term	Definition
	escalation or de-escalation recommendations, while retaining distinct roles.
Trusts	NHS Wales organisations with an all-Wales focus, responsible for delivering specified services. There are three NHS trusts: • Welsh Ambulance Services University NHS Trust provides national ambulance, emergency, non-emergency and NHS 111 services; • Velindre University NHS Trust provides specialist cancer services and the Welsh Blood Service; • Public Health Wales provides national public health leadership, including protecting and improving health and reducing health inequalities.
Value-based healthcare	An approach that aims to improve patient outcomes while ensuring the best use of available resources.
Welsh Government EDT / NHSWPI SDT oversight meeting	The system-level interface for whole-system synthesis, emerging risk, support impact and issues requiring Welsh Government action.
Well-led	The foundation domain covering leadership, governance, culture, strategy, risk, assurance and improvement capability.