Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Pwyllgor Archwilio a Sicrwydd Risg/ Audit and Risk Assurance Committee

DYDDIAD Y CYFARFOD: DATE OF MEETING:	**13 AUGUST 2026**
TEITL YR ADRODDIAD: TITLE OF REPORT:	Community and Integrated Medicine: Scrutiny of Outstanding Improvement Plans - Update on Status of Risks and Audits
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Peter Skitt, Clinical Care Group Service Director Anna Chiffi, Assistant Director of Nursing, Patient Safety, Quality

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/ For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide the Audit and Risk Assurance Committee (ARAC) with an assessment of the effectiveness of governance arrangements within the Community and Integrated Medicine (CIM) Clinical Care Group in relation to:

- External audit and inspection recommendations
- Management responses and improvement plans
- Risk register management
- Delivery of mitigating actions
- Governance oversight arrangements

Cefndir / Background

The Community and Integrated Medicine Clinical Care Group (CCG) was established on 1 April 2025 and was assessed as being at escalation Level 2 for Governance until it was escalated to Level 3 in August 2025, at which level it has remained. The principal reasons for the increased escalation level in this domain were:

- Number of overdue inspection plans and recommendations
- Delay in preparing management responses to the above
- Number of overdue risks and actions

CIM CCG delivers against a significant number of national priority areas, which have been the subject of a number of audits/inspections. This has seen an increasing number of resultant reports and recommendations allocated to the CCG for action.

Since its formation, the CCG has seen an increase in the both the number of inspections/audits and the resulting recommendations, including recommendations relating to revisits and follow-up inspections. There have also been multiple reviews of the same service areas by different inspection bodies and duplication of recommendations has arisen as a result. It is also highly likely that many of these matters already exist as risks on the CCG's risk register.

As reported to this Committee, CIM CCG staff have spent dedicated time with the Assurance and Risk team and Internal Audit team reviewing risks and the Audit Management and Tracking (AMaT) position at a system level. This has helped ensure greater alignment between audit findings, improvement plans and risk management arrangements. As part of this work, we have confirmed that Risk 1027 remains the overarching corporate risk, providing oversight across the associated service and directorate risks. Arrangements have been put in place for the CIM CCG Assurance and Risk Business Partner to support the CCG, the first such meeting took place in in June 2026, with regular future follow-up meetings scheduled. This process supports the closure of recommendations and actions to enable closure, which will ensure that the systems are updated and provide an accurate position for the CCG.

Alongside the direct action, the appointment to the System General Managers and Heads of Nursing under OCP1, has enabled the implementation of robust governance assurance processes:

1) Monthly System level performance and quality meetings with 3A reports being presented to:
2) Monthly CCG Integrated Performance and Quality meetings.

The monthly meeting is an important point of grip and control within the directorate, ensuring that delivery against existing actions and recommendations is on track and that there is an appropriate level of check and challenge of new reports and recommendations; to ensure that they are clear and (where possible) consolidated within existing workstreams, to reduce duplication and promote delivery.

The Health Board is currently in the second phase of its Operational Organisation Change Process (OCP2), which sets out a considerable revision of the CCG's structure. This proposal sets out both service/specialty clinical and administration management arrangements, together with a formalised a business support function as a keystone to delivery of the CCG's planning, audit, education and governance responsibilities.

Although service/cluster/locality level arrangements are still evolving as OCP2 progresses, the System Triumvirates are ensuring governance matters are identified to lead nurses and managers as part of 'business as usual', with the development of data driven dashboards to identify and address areas for improvement. This grip will strengthen as OCP2 progresses over the next 3-4 months.

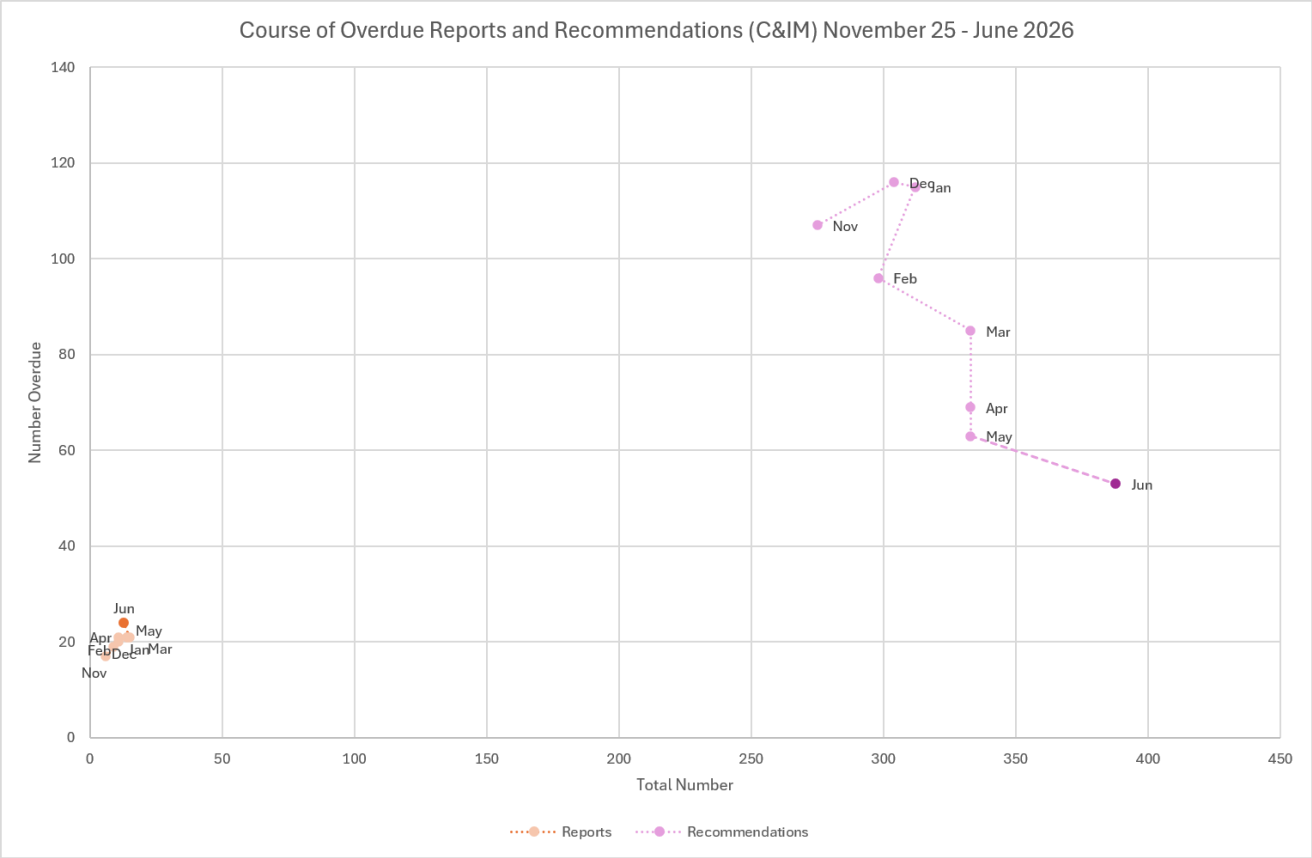
Asesiad / Assessment

External Audit and Inspection Reports and Recommendations

As illustrated below, whilst the overall number of reports shown as overdue has increased, the total number of recommendations classified as overdue has demonstrated consistent improvement since December 2025, despite the total number of recommendations increasing by almost 50%. Within the current monitoring system (AMaT) a report cannot be closed until all recommendations relating to it are complete and there is no way of this being clearly identified in the reporting mechanisms. There are some reports where recommendations are applicable across a number of CCGs/directorates and, where outstanding actions sit outside of the CIM

CCG, the closure of reports can be delayed even if all the recommendations assigned to the CCG have been completed.

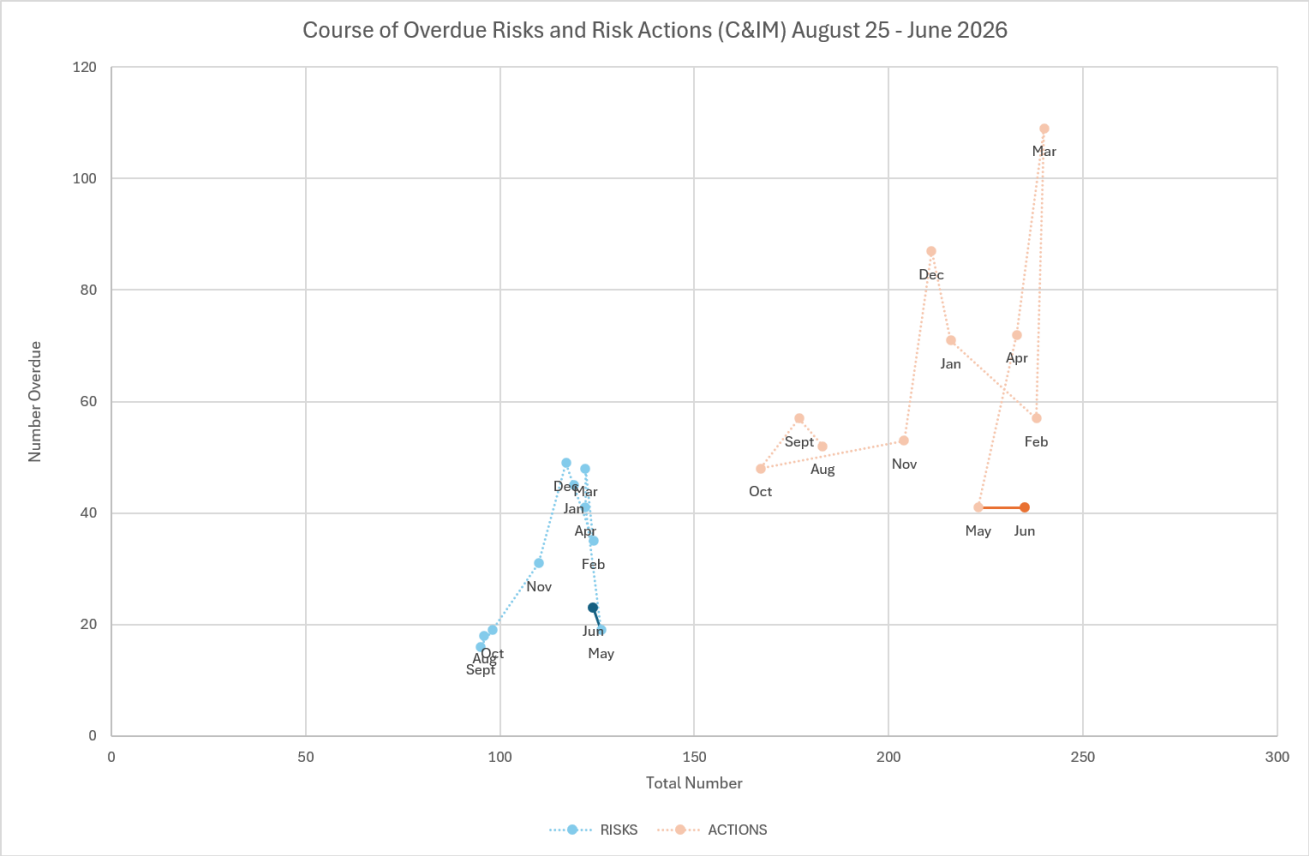
Of the total number of overdue recommendations at the end of June (53), 39 were overdue by more than 6 months.



Risks and Actions

Over the past year, the CCG has seen an increase in the number of risks identified and continues to ensure all risks are identified and managed within all service areas, hence the number of corresponding actions.

As shown below, the CCG has experienced two surges in overdue risks, one in December 2025 and one in March 20206; however, the actions of the CCG have addressed these areas and improved the overall position relating to overdue actions.



The CIM CCG has identified 12 risks rated at 20, the majority of which are also identified in the Audit and Inspection reports. Action to address these risks and recommendations is being taken forward by the CCG, primarily through the 6-Goals Programmes and the recently approved Urgent and Emergency Care business case (to deliver 7-day Same Day Emergency Care and 7-day clinical streaming hubs), which are fundamental to these risks being mitigated.

1992	Risk to patient safety due to insufficient medical staffing to volume of medical patients severe & inpatient acuity.
1943	Risk of harm to patients and staff due to the fragility of the Bladder and Bowel service.
2378	Risk of being unable to consistently deliver safe, sustainable and timely ED services across all hospital sites.
2396	Risk to patients waiting for pacemaker procedure due to the implant procedure capacity not meeting the Health Board demand
750	Risk of delays at Emergency Department due to lack of substantive middle grade doctors
1027	Risk to delivery of timely urgent and emergency care due to demand exceeding current capacity
1115	Risk of increased time in ED due to lack of inpatient beds, GGH.
2113	Risk of patient harm in Emergency department WGH due to demand exceeding capacity,
2141	Risk of harm to patients, staff and public due to insufficient physical security measures in place BGH
2156	Risk of patient harm within the bone health service due to lack of clinical capacity across the Hywel dda University HB
2264	Risk to patient safety, quality & experience due inconsistent delivery of urgent and emergency care due to system fragility
2350	Risk of avoidable patient harm due to delayed analysis and reporting of ambulatory cardiac monitoring

A significant number of risks and actions identified within the CCG require additional resources, workforce capacity and broader system transformation, including that being delivered through programmes such as Community by Design (CbD) and Integrated Urgent and Emergency Care (IUEC), to achieve sustainable mitigation.

Whilst financial investment remains an important enabler, funding alone will not resolve many of the underlying challenges. The successful reduction of a number of the CCG's highest-rated risks is dependent upon the availability of appropriately skilled staff, the delivery of sustainable service models, and the resolution of system-wide capacity constraints across the Health Board.

Consideration should, therefore, be given to the extent to which these risks can be mitigated locally by the CCG and whether continued corporate ownership is required until the necessary strategic, workforce and service transformation programmes have been delivered.

Argymhelliad / Recommendation

The Audit and Risk Assurance Committee is asked to **TAKE ASSURANCE** from the progress made in strengthening governance arrangements within the Community and Integrated Medicine Clinical Care Group and **NOTE** the continuing risks associated with overdue recommendations, high-rated risks and resource-dependent mitigating actions.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	3.22 The Committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control.
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	As indicated
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 2. Timely 3. Effective
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	1. Leadership 4. Learning, improvement and research
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Nodau Cynllunio 2026/27 Planning Goals 2026/27	5. People First, Digital Always

Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	10. Not Applicable
Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (*complete for strategic change and/or significant service changes)*	Not Applicable
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Contained within the body of the report
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Not applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impact.
Ansawdd / Gofal Claf: Quality / Patient Care:	Report describes improvements to the CCG's governance arrangements, which will impact upon management of patient safety.
Gweithlu: Workforce:	No direct impact
Tegwch Iechyd: Health Equity:	No direct impact
Risg: Risk:	Report describes improvements to the CCG's governance arrangements, which will impact upon management of risks.
Cyfreithiol: Legal:	No direct impact
Enw Da: Reputational:	No direct impact
Gyfrinachedd: Privacy:	No direct impact
Cydraddoldeb: Equality:	No direct impact