



**PWYLLGOR ARCHWILIO A SICRWYDD RISG
AUDIT AND RISK ASSURANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	23 June 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Progress Update on Operational Governance
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Gareth Cottrell, Deputy Chief Operating Officer

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

An internal audit report of operational governance arrangements published in April 2026 concluded that, whilst the governance framework was generally well designed, it was not consistently operating as intended and therefore provided limited assurance.

This report provides an update on the actions that have been taken to swiftly address the four key findings within the report.

Cefndir / Background

The internal audit identified several key findings relating to the effectiveness of governance arrangements which highlighted opportunities to:

- Align accountability and reporting structures
- Consistently apply governance processes across Clinical Care Groups (CCGs)
- Reduce variation in meeting administration and record keeping practices
- Strengthen escalation processes
- Improve information flow and assurance arrangements

To support the timely escalation of issues and effective management of performance concerns, a programme of work has been established to deliver the agreed management actions and mitigate associated risks. This includes a review of the Chief Operating Officer (COO) operating system, governance arrangements and alignment with the escalation policy, alongside the development and implementation of an updated Standard Operating Procedure (SOP) to support the revised operating system and clarify expectations.

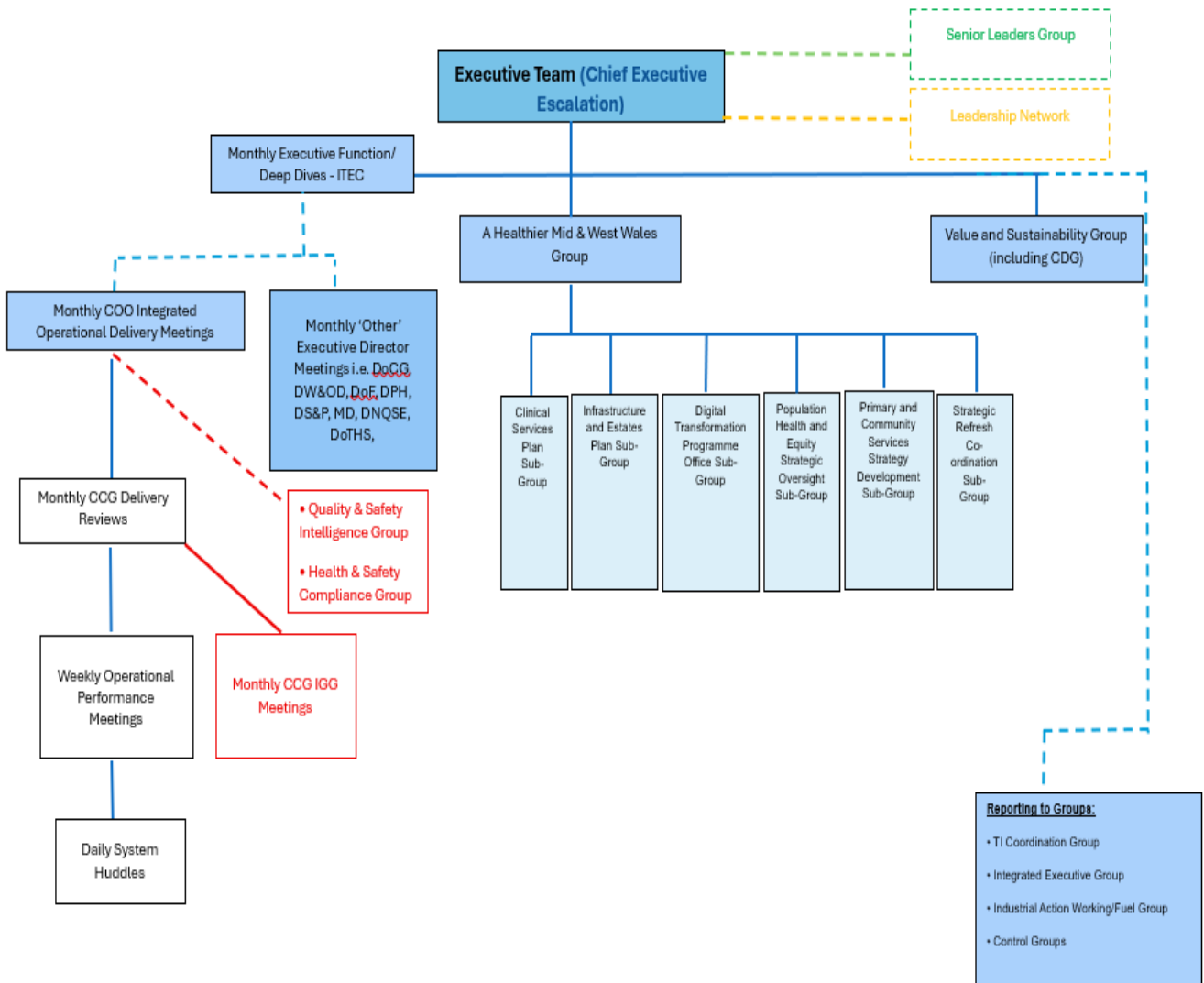
Asesiad / Assessment

Delivery of the agreed management actions

A review of the COO's operating system has been undertaken, and the following revised governance arrangements have been implemented to strengthen alignment, improve consistency and support more effective escalation and assurance.

Governance arrangement	TI escalation levels	Focus	Reporting to	Meeting frequency
System Huddles	-	Operational cross system metrics	Deputy COO	Daily (minimum of 10:00 and 16:00)
Weekly Operational Performance meetings	Level 1-2, flag risks approaching Level 3	Trajectory vs plan, immediate risks and recovery actions	Monthly CCG Delivery Review Meetings	Weekly
Monthly CCG Delivery Review Meetings	Level 1-2, flag risks approaching Level 3	Hold to account against individual CCG Delivery Agreement	Monthly COO Integrated Operational Delivery meetings	Monthly
Monthly COO Integrated Operational Delivery meetings	Level 3, focus with relevant Exec being invited to support opportunities to de-escalate	AAA exception reporting from CCG delivery review meetings, cross system risk, trajectory gaps, decisions required	Monthly Executive Function/deep dives – Improving Together Executive Collaborative (ITEC)	Monthly
Monthly Executive Function/deep dives – ITEC	Level 3, risk to further escalate. No improvement – deep dive with whole Exec Team to de-escalate	Sustainability of performance, workforce, finance, transformation from alerts from AAA report	Chief Executive escalation	Monthly as required
Chief Executive escalation	Level 4	Referral to NHS Performance and Improvement	-	-

The structure below illustrates how the new governance arrangements fit within the wider organisational context:



CCG performance and delivery agreements underpin the operational governance arrangements, providing a clear and transparent framework for CCG accountability and delivery for 2026/27. Each CCG has been issued with a delivery agreement which clearly articulates:

- What the CCG will deliver within funded resources
- Where targets cannot be met without additional capacity
- How risk dependencies and escalation will be managed transparently
- How delivery will be measured, assured and governed

<u>Response to key findings</u>	
Key Finding	Agreed Actions and What This Will Address
1. CCG accountability	
<p>By design, the CCGs report directly to the IQFPD and are therefore held to account by IQFPD members (Executive Team) instead of the Chief Operating Officer (COO). Senior Operational Leadership Team meetings are held monthly, these are operationally focused, sit outside the established CCG governance framework and do not align to the fortnightly CCG to IQFPD reporting rhythm. As a result, CCGs are escalating matters to IQFPD before they have been considered through the COO's senior leadership forum.</p>	<p>Agreed Action: Review of COO Operating System, Governance Arrangements and alignment to escalation policy to be undertaken.</p> <p>Target Implementation Date: 31st May 2026</p> <p>Completed: May 2026 ✓</p> <p>The 'new ways of working' structure has introduced a clear and consistent escalation route for issues arising at CCG level. The structure provides a formal mechanism for matters to be reviewed and considered through the COO's Senior Leadership Team prior to onward escalation when appropriate. This approach strengthens operational oversight and supports more coordinated decision making.</p>
2. Fortnightly meeting rhythm	
<p>The process map and schedule suggest that CCG IGG meetings are held on a Tuesday afternoon with submission of AAA reports by Friday for IQFPD on the following Wednesday. Whilst this arrangement is designed to facilitate rapid reporting and escalation of issues, the rigidity of the schedule restricts flexibility around operational pressures. Primary Care CCG combines the BPPP and QHS agendas into a single monthly meeting meaning that the BPPP report to IQFPD is always one month late (note that Primary Care is now a CSG of the CIM CCG, so future reporting will be via the CIM CCG IGG). Planned and Specialist Care meetings have been more erratic with meeting dates not in line with the IQFPD reporting schedule, two meetings not held, and a two BPPP and QHS meetings combined into monthly meetings, resulting in consistently delayed reporting to IQFPD.</p>	<p>Agreed Action: Review of COO Operating System, Governance Arrangements and alignment to escalation policy to be undertaken.</p> <p>Target Implementation Date: 31st May 2026</p> <p>Completed: May 2026 ✓</p> <p>As a result of the revised reporting and governance arrangements, the following monthly reporting rhythm has been established:</p> <p>Week 2 – data is released</p> <p>Week 3 – CCG IGG meetings review performance and agree actions</p> <p>Week 4 – CCG Delivery Review meetings, enabling a more comprehensive assessment of performance</p> <p>Week 5/1 – Monthly COO Integrated Operational Delivery meetings provide</p>

	<p>organisational oversight and escalation, replacing the previous IQFPD forum</p> <p>This approach removes duplication and provides greater flexibility for CCGs to manage operational pressures while ensuring timely and consistent escalation of issues through the appropriate forums.</p>
<p>3. Meeting administration</p>	
<p>We experienced issues in accessing meeting papers for two CCGs due to a lack of central repository (such as SharePoint or Teams) for meeting papers. We were unable to obtain papers for five meetings (1 CIM, 4 P&SC). Whilst model agenda templates had been adopted in most cases, in many cases they were not tailored to reflect the actual agenda for the meeting. Coupled with the absence of meeting minutes/notes and in some cases papers, it wasn't always clear which agenda items had/hadn't been covered in the meeting. Some IGGs have a significant volume of papers – in excess of 30, with many of those particularly lengthy – consuming significant resource in meeting preparation. The approach to documenting meetings is also inconsistent, with a mixture of minutes, action notes, high level notes captured on agendas and in some cases no record at all. It was often not clear what (if any) actions were arising from meetings, and what items (if any) were to be escalated to the IQFPD via AAA reporting.</p>	<p>Agreed Action: An updated SOP to support a revised operating system will be developed and implemented to provide clarity on the expectation.</p> <p>Target Implementation Date: 31st May 2026</p> <p>Completed: May 2026 ✓</p> <p>The delivery agreements in place with the CCGs ensure consistent, standardised approaches to meeting administration. Assurance is provided via the monthly CCG delivery reviews where checks are completed to ensure documentation is complete, accessible and aligned to governance expectations. This approach improves transparency, reduce variation in practice and ensures that key decisions, actions and escalation routes are clearly recorded.</p>
<p>4. Internal escalation</p>	
<p>As of December 2025, four of the six CCGs were in level 3 escalation for at least four of the seven domains (including finance, performance, strategy planning & fragile services, performance, quality & safety) necessitating monthly reporting on those domains to the Executive Recovery Meetings. This is separate and in addition to the fortnightly IGG meetings, which also cover those domains under the standard agenda template. Consequently, there is duplication of reporting to Executive Team via both mechanisms. Links between operational governance arrangements and escalation are not clear – there is little</p>	<p>Agreed Action: Review of COO Operating System, Governance Arrangements and alignment to escalation policy to be undertaken.</p> <p>Target Implementation Date: 31st May 2026</p> <p>Completed: May 2026 ✓</p> <p>To strengthen alignment between operational governance and escalation processes, the revised governance structure provides a single, coherent route for performance oversight and assurance. Where</p>

evidence of monitoring at IGGs of escalation levels, actions and trajectories to address issues and achieve de-escalation.	performance is identified as being off track, this will trigger a check and challenge process to manage the improvement needed.
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Argymhelliad / Recommendation

The Audit and Risk Assurance Committee is asked to **TAKE ASSURANCE** that all actions have been implemented within the agreed timescales to address the audit findings which strengthen operational governance arrangements.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.3 In carrying out this work, the Committee will primarily utilise the work of Internal Audit, Clinical Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Striving teams
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Contained with the body of the report
Rhestr Termau: Glossary of Terms:	AAA – Alert, Advise, Assure BPPP – Business, Planning, Performance & People CIM - Community & Integrated Medicine CSG – Clinical Service Group IGG – Integrated Governance Group IQFPD – Integrated Quality, Finance and Performance Delivery group ITEC – Improving Together Executive Collaborative P&SC – Planned & Specialist Care QHS – Quality, Health & Safety
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Formal Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	Not Applicable
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable