

Medicine Clinical Board – Acute Medicine Model

Final Internal Audit Report
2025/26

Cardiff & Vale University Health Board



Reasonable Assurance

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Review Reference

Fieldwork

Executive Sign Off

Audit Committee

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August 2025

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Executive Summary

Purpose

The review of Medicine Clinical Board – Acute Medicine Model has been completed in line with the 2025/26 Internal Audit Plan for the Cardiff and Vale University Health Board (the 'Health Board').

The Acute Medicine Team were previously part of the wider medicine service and sat between the Emergency Unit and Inpatient Medical Teams. It was recognised that there needed to be a specific Acute Medicine Team within the Health Board. The process to develop the model commenced in 2020 with some Covid recovery funding in line with 'Right Bed First Time' which was about creating a ward for short stay patients with a length of stay (LOS) of 72 hours or less. In addition, the Acute Medicine Model was redesigned as part of the four priority workstreams of the Six Goals Programme under 'Inpatient Flow, Discharge and Front Door'.

It was then agreed to change the Directorate structure to create the Emergency and Acute Medicine Directorate. Time has been spent in building management and reporting structure around the Acute Medicine team which now includes a Service Manager being in place within the team.

Overview

We have concluded reasonable assurance on this area. The significant matters requiring management attention include:

- Implementation of retention processes in relation to medical staffing records.
- Monitoring of operational pressures on the Management team.
- Documentation was not provided and there was no evidence of the monitoring of action plans.

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

Scope & Assurance Summary

Objectives	The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.	Related Findings	Assurance
1	The Acute Medicine team is appropriately structured and resourced to allow for the effective delivery of its objectives to ensure that patients and specifically frailty patients receive effective care and are seen on a timely basis.	1, 2	Limited
2	Appropriate governance arrangements have been established which provide effective oversight of the Acute Medicine Team, ensuring that they are subject to effective scrutiny and review.	-	Substantial
3	There are targets in place for the Acute Medicine Team which are being monitored regularly and action plans are developed where required to address areas of poor performance.	3	Reasonable
4	Systems are in place for monitoring the delivery and quality of the services provided by the Acute Medicine Team, and performance is reported to appropriate management and groups within the Health Board.	-	Substantial

Management Actions

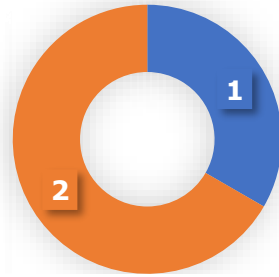


High Priority



Medium Priority

Themes



■ Resourcing

■ Performance Monitoring

Risk Types

Quality or Safety Issues

Findings & Agreed Action Plan

Objective 1: The Acute Medicine team is appropriately structured and resourced to allow for the effective delivery of its objectives to ensure that patients and specifically frailty patients receive effective care and are seen on a timely basis.

Limited

Staffing requirements for the Acute Medicine Team are subject to ongoing evaluation in line with established standards, particularly those specified by the Society for Acute Medicine (SAM).

The Acute Medicine Service Manager reported that recommendations from the Society for Acute Medicine were referenced in the composition of the Acute Medicine staffing model.

Consultant staffing is based on service requirement using a guide of one consultant per fifteen admitted patients, or one per role required, whilst also taking into account that sufficient cover is in place in relation to the majority of the required roles. Evening/Weekend Acute consultant cover is part of the medical on call system.

Resident staffing is managed centrally by the clinical workforce hub and the levels are based on the Royal College of Physicians Safe Staffing Document dated 2018.

When developing the nursing model for Acute Medicine, the SAM guidelines of one nurse to six patients for Acute Medicine Units with bed capacity were used. High care was based on one nurse to two patients as recommended. Additional Band 4 Assistant Practitioners were incorporated into the establishment to provide support and have remained with a supernumerary nurse in charge model. The nurse-to-patient ratio for ambulatory is not clearly defined, but two Registered Nurses and one Health Care Support Worker are included in the Acute Medicine service staffing establishment.

Medical staffing levels are monitored by the General Manager for Acute Medicine. A table is maintained which specifies the required staffing and the individuals assigned to each post. It was reported that this table is compiled on a rolling basis and copies are not retained. Due to capacity issues within Acute Medicine, a copy of this table could not be provided, although it was reported by the General Manager for Acute Medicine that staffing shortfalls are an ongoing issue and that the capacity for some services to be delivered can be consequently reduced. The General Manager indicated that essential services were consistently maintained, but this could not be verified as historical medical staffing records were not available.

It was reported by the Medicine Clinical Board Director that the primary sources of pressure relating to the availability of beds in Acute Medicine related to delays in the onward transfer of patients. This can be observed through patient movement records, which were examined during the course of this audit, but examples could not be obtained as the relevant client contacts were not able to provide copies or screenshots.

Specific provisions are in place with respect to frailty care, including a dedicated Older Person's Acute Medical Unit and a nursing led Frailty Intervention Team. Frailty provisions are co-ordinated by a designated Frailty Lead.

Frailty provisions are included in Operational Performance Reports, particularly with respect to the Health Board's performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP).

Key Findings	Risk & Impact	Agreed Management Action
<p>1 Medical staffing records</p> <p>Weekly medical staffing records were observed to be maintained, but it was reported that copies are not retained and therefore historical medical staffing details cannot be readily determined.</p> <p>In consideration of the ongoing staffing shortfalls, the inability to refer to historical staffing data represents a significant control weakness.</p> <p>Management have reported that there are occasions where some discretionary services are not available due to staffing shortages, but it has not been possible due to the lack of historical staffing data to ascertain the extent or frequency of these occurrences.</p> <p>We are therefore unable to provide any assurance that medical staffing levels are appropriate to ensure effective delivery of all services as we were not provided with copies of staffing records.</p> <p>Theme: Resourcing</p>	<p>There are not adequate resources within the Acute Medicine Team to enable patients to be seen on a timely basis.</p> <p>Reputational damage to the Health Board if patients are not receiving effective care and being seen timely by the Acute Medicine team.</p> <p>High Priority</p> <p>Control Design</p>	<p>Agreed Action: Copies of weekly medical staffing records will be retained.</p> <p>Expected Evidence of Implementation: Copies of retained medical staffing records.</p> <p>Officer: Cari Randall, Deputy Director of Operations, Medicine Clinical Board</p> <p>Target Implementation Date: November 2025</p>
<p>2 Operational pressures on management</p> <p>At the time of audit, it was reported that the Acute Medicine management team were experiencing significant operational pressures which did not appear to dissipate. It is not clear if this has been reported appropriately or if any remedial actions have been proposed.</p> <p>Theme: Performance Monitoring</p>	<p>There are not adequate resources within the Acute Medicine Team to enable patients to be seen on a timely basis.</p> <p>Reputational damage to the Health Board if patients are not receiving effective care and being seen timely by the Acute Medicine team.</p> <p>Medium Priority</p> <p>Control Operation</p>	<p>Agreed Action: The ongoing operational pressures experienced by the Acute Medicine management team will be reported in the Emergency and Acute Medicine Directorate Performance Reports.</p> <p>Expected Evidence of Implementation: Emergency and Acute Medicine Directorate Performance Reports.</p> <p>Officer: Cari Randall, Deputy Director of Operations, Medicine Clinical Board</p> <p>Target Implementation Date: November 2025</p>

Objective 2: Appropriate governance arrangements have been established which provide effective oversight of the Acute Medicine Team, ensuring that they are subject to effective scrutiny and review.

Substantial

Reports in relation to Acute Medicine are presented to the Medicine Clinical Board on a monthly basis focusing on quality and safety, performance, finance and any immediate issues or risks. Information in relation to these reports are reported to the Health Board's Quality and Finance and Performance Committees.

There is an Acute and Emergency Medicine Directorate QSE Group which reports into the Medicine Clinical Board QSE Committee. Ad-hoc information relating to IP&C, employee wellbeing, external inspections and significant issues arising is reported to the Quality Committee, whereas more regularised performance information is reported to the Finance and Performance Committee.

Board Assurance Reports containing information in relation to Urgent and Emergency Care Risks have been presented to the Quality Committee. Risks relating to Acute Medicine are recorded on the Health Board's risk register.

An Emergency and Acute Medicine Directorate Risk Register is also maintained. Efforts are currently underway to segregate Emergency Medicine from Acute Medicine, in preparation for the relevant information to be transferred to AMAT.

Objective 3: There are targets in place for the Acute Medicine Team which are being monitored regularly and action plans are developed where required to address areas of poor performance.

Reasonable

Key Performance Indicators and targets are based on the Quality Standards for Acute Medical Units which complement the Quality Indicators issued by The Society of Acute Medicine. Performance is also monitored in relation to directorate targets and established national standards.

The monitoring of performance indicators is facilitated by the use of dedicated dashboards created by the Business and Information Services (BIS) team. Managers are able to monitor admissions, discharges, length of stay, MSDEC (Medical Same Day Emergency Care) activity and the Virtual Ward via these dashboards.

The Emergency and Acute Medicine Directorate Performance Report (EADPR) of February 2025 contained performance data in relation to Acute Medicine. Targets for some performance measures were yet to be defined. Financial performance information is also included in the EADPR.

The majority of performance indicators detailed in the EADPR relate to patients' length of stay in Acute Medicine, and targets in this area are generally not being met. It was reported that issues surrounding length of stay in Acute Medicine primarily related to delays in the onward transfer or discharge of patients and would therefore not be directly attributable to shortcomings within Acute Medicine. This position is supported by commentary contained within reports to the Finance and Performance Committee.

Some actions in response to potential shortcomings in Acute Medicine provisions are documented in reports to the Finance and Performance Committee. For example, in May 2025 it was reported that 'Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) remains improved from our historic trends. Time to specialist beds for hip fracture and stroke patients remain an operational priority and we are conducting regular analysis of breaches to improve implementation of the pathways', but operational details or timescales are not generally reported upon to the Committee.

Action plans are referenced in the EADPR of February 2025, but copies were not provided.

SAMBA, the Society for Acute Medicine Benchmarking Audit, is a national audit in the UK that assesses and benchmarks the quality of acute medical care provided in hospitals. It typically takes place annually, collecting data over a 24-hour period, with follow-up data on clinical outcomes. SAMBA24 took place on the 20th June 2024 and the Health Board's local report included results comparing the performance of University Hospital of Wales (UHW) against 165 other sites that took part.

Many of the observations included in the report are not directly related to the performance of the department and instead relate to comparative measures in areas such as the overall number of admissions and patient demographics, some isolated deviations in the Health Board's results that do not in themselves appear to indicate performance deficiencies therefore exist. The report also contains details and performance measures in relation to three 'Care Quality Indicators', which do directly relate to performance. UHW was found to perform slightly below the averages recorded across all participating hospitals.

Key Findings	Risk & Impact	Agreed Management Action
3 Documentation of action plans Documentation was not provided to adequately demonstrate that action plans are completed in relation to identified shortcomings. It was not possible to determine the means by	The Acute Medicine Team fails to deliver its stated objectives.	Agreed Action: A summary of the content and details of the progress against relevant action plans will be reported in the Emergency and Acute Medicine Directorate Performance Reports.

which action plans may be produced, by whom, or if suitable review and update processes are in place.

As the Health Board's performance in the Society for Acute Medicine Benchmarking Audit was noted as below average, it would be expected that an action plan be produced in response to this, and be subject to ongoing scrutiny, but no evidence was forthcoming to demonstrate that this had taken place.

Reputational damage to the Health Board if patients are not receiving effective care and being seen timely by the Acute Medicine team.

Expected Evidence of Implementation: Completed action plans.

High Priority

Officer: Cari Randall, Deputy Director of Operations, Medicine Clinical Board

Theme: Quality, Safety & Patient Experience

Control Design

Target Implementation Date: November 2025

Objective 4: Systems are in place for monitoring the delivery and quality of the services provided by the Acute Medicine Team, and performance is reported to appropriate management and groups within the Health Board.

Substantial

There is a Health Board wide patient experience survey in operation. Feedback results are reported to Care Group Managers on a weekly basis, usually every Friday. The Patient Experience Team check feedback for safeguarding issues which are immediately raised with the relevant Managers, and then issue the weekly reports.



Fourteen Patient Reported Outcome Measures (PROMs) are in place across the Health Board, including examples relating to pathways which could involve Acute Medicine. PROMs are currently being integrated into more services across the Health Board.

The Medicine Clinical Board holds monthly Quality, Safety and Experience (QSE) Committee meetings which are responsible for monitoring the quality of services within the Clinical Board. The Committee reports regularly to the Health Board's Quality Committee. An Acute and Emergency Medicine Directorate QSE Group reports to the Medicine Clinical Board QSE Committee.

An operational 'reset week' was undertaken by the Health Board in June 2025, with a focus on managing ongoing pressures in the urgent and emergency care system. Listed aims included some performance improvements in relation to Acute Medicine, and staff updates included examples of performance shortfalls.

Appendix A

Assurance Opinion

	Substantial	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Advisory	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

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