



**CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN
BEVAN/ANEURIN BEVAN UNIVERSITY HEALTH BOARD
MEETING MINUTES OF THE AUDIT RISK & ASSURANCE
COMMITTEE**

DATE OF MEETING	Tuesday 18 February 2025
VENUE	Microsoft Teams

PRESENT	Iwan Jones - Committee Chair – Independent Member Dafydd Vaughan - Independent Member Neil Patrick - Independent Member
IN ATTENDANCE	Rob Holcombe - Director of Finance and Procurement <i>(Left at 11:00)</i> Lucy Windsor - Head of Corporate Risk and Assurance Mark Ross - Assistant Finance Director Stephen Chaney – Martyn Lewis - Senior Auditor, Internal Audit, NWSSP Sara Utley - Performance Audit Lead, Audit Wales Julie Rees - Audit Wales Finance Audit Lead, Audit Wales Martyn Lewis – Audit Wales Kathryn Bourne - Clinical Director of Pharmacy <i>(Item 1.5)</i> <i>Leeanne Lewis – Assistant Director for Quality and Patient Safety (Item 1.5)</i> James Calvert - Medical Director <i>(Items 1.5)</i> Paul Solloway – Director of Digital <i>(Item 3.5.1)</i> Gareth Lavington – Head of Counter Fraud <i>(Item 3.3)</i> Nathan Couch – Audit Wales <i>(Item 3.7)</i> Danielle Jackson – Secretariat
OBSERVING	None to Note
APOLOGIES	Richard Clark - Committee Vice Chair - Independent Member Rani Dash - Director of Corporate Governance

Minute Reference	Preliminary Matters
ARAC 1802/01	Welcome and Introductions The Chair welcomed everyone to the meeting.
ARAC 1802/02	Apologies for Absence Apologies were noted.
ARAC 1802/03	Declarations of Interest There were no declarations of interest raised to record.



ARAC 1802/04	<p>Minutes of the previous meeting</p> <p>The minutes of the meeting held on the 12 November 2024 were agreed as a true and accurate record.</p>
ARAC 1802/05	<p>Committee Action Log</p> <p>The Committee reviewed the action log, noting actions that had been completed, those in progress, and those not yet due. Two actions scheduled for this meeting were discussed in detail, with assurance notes provided to support the discussions.</p> <p><u>Job Planning</u></p> <p>Kathryn Bourne (KB), Strategic Lead Medical and Dental Workforce, supported by James Calvert (JC) Medical Director provided a progress update on Job Planning implementation.</p> <p>The compliance target had increased from 85% to 90% in line with the Welsh Government's new IMTP framework. The Health Board's current compliance rate was noted as 33.54%.</p> <p>Neil Patrick (NP) Independent Member, requested insight into obstacles faced during implementation. KB highlighted inconsistencies in consultant contracts, on-call allocations, and travel time interpretation. Guidelines had been developed to address these issues. JC emphasised that Job Planning had a key role in optimising high-value workforce spending and assured the committee of its prioritisation.</p> <p>Committee Chair Iwan Jones (IJ) questioned the expected compliance progress in the coming months, expressing concern over the continued plateau and the potential need for escalation to the Board. Kathryn Bourne (KB) explained that a deep dive approach was underway, supported by increased staff capacity to facilitate job plan uploads.</p> <p>IJ requested a further report to the Committee, including visual representations comparing current compliance against the projected trajectory. James Calvert (JC) agreed to provide a detailed update paper in September</p> <p>Action: Medical Director</p> <p>Dafydd Vaughn (DV), Independent Member, proposed monitoring Job Planning through the Health Board's Performance Management Framework, focusing on divisions with low compliance. The Committee supported this suggestion.</p> <p>Action: Medical Director</p> <p><u>Clinical Audit</u></p>



Leeanne Lewis (LL) Assistant Director for Quality and Patient Safety, provided a progress update on the Clinical Audit delivery plan. Since the last update in November 2024, work continued on engaging divisions, developing standard audit report templates, and improving action plan scrutiny.

JC noted that while the report provided an overview of activity and compliance, detailed oversight was conducted via the Patient Quality, Safety and Outcomes Committee (PQSOC).

IJ asked whether a local audit plan was in place for divisions and how progress was monitored. LL acknowledged that this needed further development. JC agreed to develop local audit workplans for divisions and present them to PQSOC. It was also requested that a summary of progress against national and local audit plans be included within the next report provided to the Audit Committee.

Action: Medical Director

The Committee **AGREED** to remove completed actions from the Action Log and **NOTED** the assurance reports on Job Planning and Clinical Audit.

ITEMS FOR APPROVAL / RATIFICATION / DECISION

Development of Committee Annual Programme of Business 2025/26

Lucy Windsor (LW), Head of Corporate Risk and Assurance, provided an overview of the proposed 2025/26 Committee Programme of Business.

**ARAC
1802/06**

The Committee was asked to approve adjusting the Audit Recommendation Tracker's reporting frequency to align with end-of-quarter reporting, allowing for more substantial progress on recommendations.

The committee **APPROVED** the reporting frequency of the Audit Recommendations Tracker Report and **APPROVED** the 2025/26 Audit, Risk and Assurance Committee Annual Programme of Business.

**ARAC
1802/07**

Audit Recommendations Tracker

Lucy Windsor (LW), Head of Corporate Risk and Assurance, reported on the status of audit recommendations as of the 31 December 2024, highlighting that 56 were completed, 31 had revised deadlines, and 1 remained overdue.

Of the 31 revised deadlines, 8 exceeded the Committee's current agreed limit on acceptable extensions. Detailed assurance reports were provided to enhance oversight of their progress and status.

Acknowledging the eight recommendations, Dafydd Vaughn (DV), Independent Member, asked whether implementation had reached a point where no further action could be taken to fully achieve the recommendation's scope. LW advised that if a reasonable position had



been agreed upon and no further action was possible, the recommendation could be closed with approval from the responsible executive director and Internal Audit. LW agreed to review any recommendations with more than two extensions to assess their eligibility for closure. This approach would be implemented in the next reporting cycle.
The Committee **APPROVED** the closing position of the audit recommendation tracker.

**ARAC
1802/08**

Financial Governance Report and Charges to Financial Capital Procedures (FCP)

Mark Ross (MR), Assistant Finance Director, provided an update on financial governance.

The Committee was informed that four Counter Fraud FCPs had been reviewed:

- Counter Fraud Bribery and Corruption Policy
- Counter Fraud and Workforce & OD Joint Working Protocol
- Counter Fraud and Internal Audit Joint Working Protocol
- Counter Fraud Communication Strategy

Following the review, it was agreed to consolidate the protocols into a single document for ease of access and would sit under the Counter Fraud Bribery and Corruption Policy.

It was also reported that, as part of NHS Wales Shared Services Partnership (NWSSP) Key Performance Indicators (KPIs), ABU Health Board had the highest performance across Wales for both NHS (90.9%) and non-NHS (97.8%) under the Public Sector Payment Policy (PSPP).

Iwan Jones (IJ), Committee Chair, inquired whether any updates to the Counter Fraud Procedure were required in relation to The Crown Prosecution Service (CPS). GL confirmed that cases presented to the CPS are already subject to extensive review, and the process for presenting cases remains unchanged.

The Committee **NOTED** the Financial Governance Report and **APPROVED** the updated Counter Fraud Bribery and Corruption Policy.

ITEMS FOR DISCUSSION

**ARAC
1802/09**

Use of Single Tender Action (STA)

Mark Ross (MR), Assistant Finance Director, presented the report on Single Tender Actions (STAs) approved between 19th October 2024 and 24th January 2025.

The Committee was informed that eight requests were submitted and approved during this period, with a total annual value of £461,287.08 (excluding VAT). Of those:



- Three were classified as goods only
- Three as maintenance
- One for services
- One for both goods and services

It was noted that an annual summary of all Single Tender Actions will be provided at the next Committee meeting for information.

The Committee **APPROVED** the Single Tender Action Report.

Committee Risk and Assurance Report

Lucy Windsor (LW), Head of Corporate Risk and Assurance, provided an update on the Health Board’s strategic risks.

Since the previous Committee meeting, several changes to the Strategic Risk Register had been approved by the Board, including:

- The separation of SRR 004 into two distinct risks to differentiate those associated with Major Incident Preparedness and Business Continuity Preparedness.
- The risk reduction of SRR 001A – Workforce recruitment and Retention
- The approval of a new risk, SRR 011, acknowledging the challenges in meeting Welsh Government’s decarbonisation targets.

It was noted that six risks remained outside the Board’s risk appetite and were subject to ongoing review with executive leads to identify additional measures for mitigating potential threats.

The Committee was informed that work was underway to assess a potential new risk related to Nursing, following the announcement that Cardiff University intends to discontinue its Nursing programme. Neil Patrick (NP), Independent Member, asked whether an estimation had been made regarding the impact on ABUHB. LW confirmed that the impact had not yet been determined but would form the basis for the risk assessment.

The Committee **NOTED** the Committee Risk & Assurance Report for Assurance.

Counter Fraud Annual Report and 2025/26 Workplan Approval

Gareth Lavington (GL), Head of Counter Fraud, presented the 2024/25 Annual Progress Report and 2025/26 Workplan.

The Committee noted the positive impact of fraud awareness initiatives, including increased referrals following International Fraud Awareness Week, and improvements in fraud reporting accessibility, with ongoing work to develop interactive reporting tools. In addition, the Committee

ARAC
1802/10

ARAC
1802/11



	<p>was informed that the team had been strengthened with the recruitment of a Local Counter Fraud Specialist.</p> <p>Discussions covered fraud prevention efforts, focusing on risk assessments and proactive local exercises, as well as training improvements through enhanced e-learning.</p> <p>Rob Holcombe (RH), Director of Finance and Procurement, outlined a new NHS Wales fraud subgroup, chaired by the ABUHB Director of Finance and Procurement, to develop fraud prevention strategies.</p> <p>Iwan Jones (IJ), Committee Chair, raised concerns about Crown Prosecution Service (CPS) referrals, noting that two cases had been declined. GL confirmed that while one appeal was unsuccessful, internal disciplinary measures are used where necessary.</p> <p>The Committee NOTED the Counter Fraud Annual Report and APPROVED the 2025/26 workplan.</p>
<p>ARAC 1802/12</p>	<p>Internal Audit Progress Report</p> <p>Stephen Chaney (SC), Head of Internal Audit, reported on the ongoing Internal Audit Plan for 2024-25, with no concerns raised.</p> <p>The Committee was informed of a request to conduct an additional review on the Process of Reallocating Vacant Practices. To accommodate this, it was proposed that the Partnerships Arrangements Audit be deferred.</p> <p>The Committee NOTED the Internal Audit Progress Report for Assurance and APPROVED both the deferral of the Partnerships Arrangements Audit and the inclusion of the Process of Reallocating Vacant Practices Audit.</p>
<p>ARAC 1802/13</p>	<p>To Receive Internal Audit Reports</p> <p>Stephen Chaney (SC), Head of Internal Audit, presented the findings from the following audits:</p> <p>Records Management – Limited Assurance</p> <p>The review focused on the implementation of recommendations from the 2022/23 audit, relating to the storage and transport of physical records, a backlog of records for filing, and the quality of reports.</p> <p>Iwan Jones (IJ), Committee Chair, expressed concern about the lack of progress despite the implementation of the recommendations issued in the 2022/23 report. SC attributed this to systemic issues within the Health Board, requiring a broader approach to improvement. It was agreed Paul Solloway (PS), Director of Digital would review the management responses and share with the Director of Corporate Governance for quality assurance. The findings would be presented at the next Committee meeting.</p> <p>Action: Director of Digital</p>



Dafydd Vaughn (DV), Independent Member, supported by the Committee suggested escalating the issue of records management, specifically, digitalisation of records, to the Board for consideration.
Action: Secretariat.

Declaration of Interests – Substantial Assurance

The review assessed the management of conflicts related to gifts, hospitality, and external interests. No concerns were raised.

End of Life Care – Reasonable Assurance

The review evaluated whether care arrangements for end-of-life (EoL) patients were planned sufficiently in advance to enable care in the community and avoid unnecessary hospital admission. It was reported that there is no mandatory framework for future care planning. A recommendation was made for the Health Board to produce a document outlining internal expectations and processes.

IJ queried the lack of accountability regarding implementation dates and requested that the report be returned to the next Committee meeting with specific dates for when implementation is expected to be completed.

Action: Internal Audit and Director of Nursing.

Intelligence Led Organisation – Reasonable Assurance

The review focused on evaluating processes for delivering information products to staff and maximising analytics use. The report over all was positive, but areas for improvement were identified, including strategy approval, data quality, and clearer definitions in information products.

The Committee **NOTED** the internal audit reports for assurance.

**ARAC
1802/14**

External Audit Progress Report 2024/25

Sara Utley (SA), Audit Wales, reported on the progress of the 2024/25 External Audit Plan.

The Committee was informed that a National Report on Cancer Services had been completed and would be formally presented once a final response from Welsh Government had been received.

It was also noted that the Charitable Funds Accounts had been completed and submitted to the Charitable Funds Committee.

The Committee **NOTED** the report for Assurance.



**ARAC
1802/15**

Review of Cost Efficiencies

Nathan Couch (NC), Audit Wales, provided the Committee with an overview of the Audit Wales Cost Efficiencies Review.

It was reported that the Health Board had not met its deficit control or total savings targets for 2023/24, though it achieved significantly higher savings compared to previous years. The overall financial position remained challenging, and there was an urgent need to develop a longer-term financial plan.

The review made 10 recommendations, which superseded those from the 2022 review.

Iwan Jones (IJ), Committee Chair, inquired whether the training issues noted in the report were due to a lack of available training or a lack of uptake. NC was unable to provide a definitive answer and agreed to discuss the matter with the auditor and liaise with the Director of Finance and Procurement outside the meeting to ensure the final report accurately reflected the reason for the lower-than-expected training uptake.

Action: Audit Wales

The Committee **NOTED** the report.

**ARAC
1802/16**

Structured Assessment Report 2024

Sara Utley (SA), Audit Wales, presented the 2024 Structured Assessment Report.

It was reported that the Health Board's Board and Committee governance arrangements were stable and effective. However, nine recommendations for improvement were made, including:

- Developing a new long-term strategy building on the Clinical Futures Strategy, focusing on population health, community-based services, and sustainable acute services.
- Further integrating the Well-being of Future Generations Act.
- Increasing the frequency of the Finance and Performance Committee.
- Increasing the number of patient safety leadership walk-rounds and reviewing relevant policies.
- Strengthening the link between strategic risk and strategic objectives/annual plans.

Dafydd Vaughn (DV), Independent Member, inquired whether the upcoming changes to independent member posts and vacancies were considered in the report. SA confirmed that the vacancy position would be addressed in the 2025 Structured Assessment, as the current situation was stable.

The Committee **NOTED** the report.



ARAC 1802/17	<p>Audit Wales' Annual Audit Report 2024 and Outline Audit Plan 2025</p> <p>Sara Utley (SA), Audit Wales, provided the Committee with an overview of the External Audit 2024 Annual Report and the Outline Audit Plan 2025.</p> <p>The Committee NOTED both reports, with the final detailed audit plan for 2025 to be presented in April 2025.</p>
ARAC 1802/18	<p>To consider the approach and timelines for the Annual Report and Accounts</p> <p>Lucy Windsor (LW), Head of Risk and Assurance, provided the Committee with an overview of the Annual Report and Accounts Timeline.</p> <p>The deadline for submitting the final Annual Report and Accounts to Welsh Government is 30th June 2025. It was also noted that the final Manual for Accounts document is still awaited.</p> <p>The Committee NOTED the report.</p>
Items for Information	
ARAC 1802/19	<p>Nothing raised</p>
Other Matters	
ARAC 1802/20	<p>Items to be Brought to the Attention of the Board and Other Committees</p> <p>Board</p> <ul style="list-style-type: none"> Records Management Internal Audit <p>Other Committees</p> <ul style="list-style-type: none"> Cost Savings Efficiencies to Finance & Performance Committee for information.
ARAC 1802/21	<p>Any Other Urgent Business</p> <ul style="list-style-type: none"> Nothing reported.
ARAC 1802/22	<p>Date of the next meeting</p> <ul style="list-style-type: none"> Tuesday 22nd April 2025

