



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

<b>DATE OF MEETING</b>	Tuesday 22 April 2025
<b>VENUE</b>	Microsoft Teams

<b>PRESENT</b>	Iwan Jones - Committee Chair – Independent Member Dafydd Vaughan - Independent Member Neil Patrick - Independent Member
<b>IN ATTENDANCE</b>	Rob Holcombe - Director of Finance and Procurement Lucy Windsor - Head of Corporate Risk and Assurance Robert Jones - Assistant Finance Director Stephen Chaney – Head of Internal Audit, NWSSP Eifion Jones – Deputy Head of Internal Audit, NWSSP Sara Utley - Performance Audit Lead, Audit Wales Julie Rees - Finance Audit Lead, Audit Wales David Butler – Senior Auditor, Internal Audit, NWSSP Bryony Codd – Head of Corporate Governance Jennifer Winslade – Director of Nursing ( <i>Item 3.13</i> ) Richard Morgan Evans – Deputy Chief Operating Officer ( <i>Item 3.10c and 3.14</i> ) Sarah Simmonds – Director of Workforce and Organisational Development ( <i>Item 3.10a</i> ) Anne Beegan – Auditor, Audit Wales ( <i>Item 3.14</i> ) Danielle Jackson – Secretariat
<b>OBSERVING</b>	None to Note
<b>APOLOGIES</b>	Richard Clark - Committee Vice Chair - Independent Member Rani Dash - Director of Corporate Governance

<b>Minute Reference</b>	<b>Preliminary Matters</b>
<b>ARAC 2204/01</b>	<b>Welcome and Introductions</b> The Chair welcomed everyone to the meeting.
<b>ARAC 2204/02</b>	<b>Apologies for Absence</b> Apologies were noted.



<b>ARAC 2204/03</b>	<p><b>Declarations of Interest</b></p> <p>There were no declarations of interest raised at this point.</p> <p>During item 2204/19 Dafydd Vaughn, Independent Member, declared an interest in respect of the 'Ask Annie' feasibility study and refrained from discussion.</p>
<b>ARAC 2204/04</b>	<p><b>Minutes of the previous meeting</b></p> <p>The minutes of the meeting held on the 18 February 2025 were agreed as a true and accurate record.</p>
<b>ARAC 2204/05</b>	<p><b>Committee Action Log</b></p> <p>The Committee reviewed the action log, noting actions that had been completed, those in progress, and those not yet due.</p> <p>The Committee discussed the updated Records Management Internal Audit Report and expressed concerns regarding the slow progress of the digitalisation project and whether the actions addressed the items raised in the audit report and went far enough in mitigating the associated risks, including potential damage to records from fire or theft and the reputational harm that could result.</p> <p>The Committee requested that a further review of the Health Board's approach to addressing records management issues be undertaken presented at the next Committee meeting to assess whether Board support was necessary to better support on-going records management issues including e.g. to secure a storage facility that would safeguard paper records.</p> <p><b>ACTION: Director of Digital</b></p> <p>The Committee <b>AGREED</b> to remove completed actions from the Action Log.</p>
<b>ITEMS FOR APPROVAL / RATIFICATION / DECISION</b>	



ARAC  
2204/06

### Financial Governance Report and Changes to Financial Capital Procedures (FCPs)

Rob Jones (RJ), Assistant Finance Director, provided an update on financial governance. The Committee was informed that four Financial Capital Procedures (FCPs) had been reviewed and minor amendments made.

- Charitable Funds
- Digital
- Approving Orders Greater than 100k
- Overseas Visitors

Neil Patrick (NP), Independent Member, inquired about the success of recovering payments from overseas visitors compared to other Health Boards. Rob Holcombe (RH), Director of Finance and Procurement, confirmed that recoveries were similar to other Health Boards, with the main obstacle being identifying which patients were required to pay.

The Committee **NOTED** the Financial Governance Report and **APPROVED** the amendments to the four FCPs.

### ITEMS FOR DISCUSSION

ARAC  
2204/07

#### Use of Single Tender Action (STA)

Rob Jones (RJ), Assistant Finance Director, presented the report on Single Tender Actions (STAs) approved between 25th January 2025 to 1st April 2025.

The Committee was informed that 10 requests were submitted and approved during that period, with a total annual value of £367,739.56 (excluding VAT). Nine were classified as technical compatibility issues, and one was an interim agreement prior to joining an all-Wales Collaborative Agreement.

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

ARAC  
2204/08

#### 2024/25 Single Tender Action self-assessment summary.

Rob Jones (RJ), Assistant Finance Director, presented the committee with an overview of the Single tender action self-assessment

It was reported that an increase in single tender action is projected for the upcoming financial year 2025/26 due to the likelihood of STAs being required to maintain warranty from an original supplier for maintenance of plant and machinery now transferred.

It was noted that at present there is no benchmark data to ascertain of performance of the <1% of spend going through STAs in appropriate however work is ongoing to seek benchmark data for the forthcoming report. The Committee agreed that comparisons would be beneficial.



	<p>The Committee <b>NOTED</b> the Single Tender Action self-assessment Report.</p>
<b>ARAC 2204/09</b>	<p><b>Report of Losses and Special Payments</b>  Rob Jones (RJ), Assistant Finance Director, provided an update on losses and special payments made by the Health Board between 1st April 2024 and 28th February 2025.</p> <p>It was reported that the total losses recorded were £15.0 million, of which £13.0 million is recoverable from the Welsh Risk Pool (WRP), resulting in an actual loss of £2.0million for the Health Board.</p> <p>The Committee <b>NOTED</b> the report.</p>
<b>ARAC 2204/10</b>	<p><b>Response to Audit Wales as part of the 2024/25 Annual Accounts process</b>  Rob Jones (RJ), Assistant Finance Director, provided an overview of the Health Board's response to Audit Wales' enquiries.</p> <p>The Committee <b>NOTED</b> the report.</p>
<b>ARAC 2204/11</b>	<p><b>Review the Committee Terms of Reference</b>  Bryony Codd (BC) presented an overview of the updated Committee Terms of Reference (TORs). It was noted that no material amendments had been made, only dates updated.</p> <p>The Committee <b>ENDORSED</b> the updated TORs for submission to the Board in May.</p>
<b>ARAC 2204/12</b>	<p><b>Draft Committee Annual Report 2024/25 including review of Committee Effectiveness 2024/25</b>  Bryony Codd (BC), Head of Corporate Governance, provided an overview of the Draft Annual Report.</p> <p>Iwan Jones (IJ), Committee Chair, praised the overall quality of the report and requested an editable copy to make minor adjustments before its presentation to the Board in May.</p> <p>The Committee <b>ENDORSED</b> the Annual Report for submission to the Board.</p>
<b>ARAC 2204/13</b>	<p><b>Full Report of all Offers of Gifts and Hospitality as Declared</b>  Bryony Codd (BC), Head of Corporate Governance provided an overview of the Gifts and Hospitality declared during 2024/25.</p> <p>It was noted that the Board approved a revised Business Conduct Policy in September 2024, and work had been undertaken to develop a new process for populating the declarations register using Microsoft forms.</p> <p>The Committee <b>NOTED</b> the report.</p>
<b>ARAC 2204/14</b>	<p><b>Committee Risk and Assurance Report</b>  Lucy Windsor (LW), Head of Corporate Risk and Assurance, provided an</p>



update on the Health Board's strategic risks, including the annual review of the Risk Management Framework.

Since the previous Committee meeting, there had been one change to the Strategic Risk Register. The risk score for SRR 001G – Failure to deliver a sustainable financial position and longer-term financial plan – had been reduced due to the likelihood of the risk materialising moving from 'Almost Certain' to 'Likely'.

Neil Patrick (NP), Independent Member, queried the rationale behind this decrease. LW confirmed that the Health Board's financial deficit position had improved following additional funding of £40.5 million from the Welsh Government.

Dafydd Vaughan (DV), Independent Member, requested whether the previous risk on the stability of the Board should be reinstated, considering the current gaps in the Independent Members, the temporary Vice Chair, and the imminent end of the Chair's tenure. LW reassured the Committee that this was being discussed with the Director of Corporate Governance and if considered a strategic risk, would be put forward for Board approval in May.

The Committee:

- **NOTED** the report for assurance;
- **ENDORSED** the reduction in likelihood for SRR 001G for onward approval; and,
- **APPROVED** the minor changes made to the Risk Management Framework on behalf of the Board. The Board would be informed of the Committee's approval via the Assurance Report to the Board.

**ARAC  
2204/15**

### **Internal Audit Progress Report**

Stephen Chaney (SC), Head of Internal Audit, reported on the progress of the Internal Audit Plan for 2024-25.

Approval to defer the Capital Systems (Focus on the Decontamination Unit) and Welsh Intensive Care Information System (WICIS) audits from the 2024-25 plan to 2025-26 were requested.

Dafydd Vaughan (DV), Independent Member, raised concerns about the implementation of WICIS due to safety issues without an audit being completed prior to its implementation. Rob Holcombe (RH), Director of Finance and Procurement, queried the possibility of Internal Audit conducting a linked audit with Digital Health and Care Wales (DHCW) and the Health Board. SC agreed to explore the feasibility of a dual audit.



	<p>The Committee <b>NOTED</b> the Internal Audit Progress Report and <b>APPROVED</b> the deferral of the two internal audits.</p>
<p><b>ARAC 2204/16</b></p>	<p><b>Internal Audit 2025/26 Annual Workplan</b>  Stephen Chaney (SC), Head of Internal Audit, provided an overview of the Internal Audit Plan for 2025/26.</p> <p>The Committee discussed recent events related to Mortuary and Care After Death Services in detail and suggested that a further audit be completed towards the end of the year. Jennifer Winslade (JW), Director of Nursing, reassured the Committee of ongoing efforts to ensure lessons were learned from past events and that improvements had been and continued to be implemented.</p> <p>Dafydd Vaughn (DV), Independent Member, suggested deferring the Discharge Planning Audit to later in the year due to a recent Audit Wales review, allowing more time for progress to be made. This suggestion was supported by the Chair. SC confirmed that amendments would be made to the Plan following the committee’s feedback and brought back to the next meeting.</p> <p>Iwan Jones (IJ), Committee Chair, requested sight of the Internal Audit three-year plan for greater oversight of the longer-term plan to ensure a balanced and priority-based approach. SC agreed to provide the three-year plan at the next Committee meeting.</p> <p><b>ACTION: Head of Internal Audit</b></p> <p>The Committee <b>ENDORSED</b> the 2025/26 Internal Audit Plan.</p>
<p><b>ARAC 2204/17</b></p>	<p><b>Internal Audit Reports</b>  Stephen Chaney (SC), Head of Internal Audit, presented the findings from the following audits:</p> <p><b>Embedding of Policies “Speaking Up Safely” – Limited Assurance</b>  The review assessed whether the "Speaking Up Safely, a framework for the NHS in Wales" had been fully implemented. It focused on the Health Board’s previous process for handling speaking up safely concerns, with a new process introduced in December 2024. A further audit on the new process had been scheduled in the 2025/26 internal audit plan.</p> <p>Sarah Simmonds (SS), Director of Workforce and Organisational Development, informed the Committee that the framework had been released hastily due to circumstances at the time, and work remained ongoing to address gaps. Since December 2024, 15 cases had been raised, with 14 acknowledged within two days against a target of seven days; one was delayed due to the Christmas period. Monitoring the effectiveness of the new process would continue.</p>



Dafydd Vaughn (DV), Independent Member, emphasised the importance of revisiting the audit within the year to ensure the process was effective.

Iwan Jones (IJ), Committee Chair, raised concerns about staff survey outcomes related to comfort in raising/reporting issues and queried the opportunity for benchmarking to determine if the new process was improving this. He suggested that the report be taken to the People and Culture Committee meeting. SS confirmed that data would come from the staff survey and other learning opportunities.

### **Divisional Governance Arrangements – Reasonable Assurance**

The review assessed governance arrangements within the Primary Care and Community Division. Recommendations included implementing policies for escalating issues, providing guidance for risk assessment, and tracking escalated risks.

### **Mental Health and Learning Disabilities – Reasonable Assurance**

The review focused on the 90-day Plan for the Division.

Recommendations included strengthening governance structures, increasing focus on timely action implementation, and incorporating specific timelines for accountability.

Richard Morgan Evans (RME), Deputy Chief Operating Officer, informed the Committee that the 90-day plan was incorporated at a specific point in time when the performance management framework was less robust.

IJ, highlighted that the improvements made within the division were very clear and the report was a credit to the work that had been completed. IJ suggested that the Board receive the report for information at the next Board meeting.

### **ACTION: Secretariat**

### **Maternity Services Improvement Plan – Reasonable Assurance**

The review tracked actions from a commissioned review of maternity services. Recommendations included assigning key individuals to actions, defining completion dates, and identifying third-party support.

### **Staff Survey – Reasonable Assurance**

The review focused on the actions underway to influence change following the Employee Experience Survey (staff survey) results.



	<p>IJ, queried whether there were any concerns surrounding the ceasing of the staff survey and suggested sharing the report with the People and Culture Committee.</p> <p><b>Grange University Hospital (GUH) Emergency Department (ED) Extension – Reasonable Assurance</b></p> <p>The audit was undertaken to review the management arrangements established to progress the extension of the GUH ED.</p> <p>IJ, raised concerns about the recurring issue of inadequate governance arrangements across all project reviews. Rob Holcombe (RH), Director of Finance and Procurement, proposed that the audit be revisited with management to identify strategies for improvement and prevent similar issues in future projects and would take this forward with Internal Audit and the Director of Strategy, Planning and Partnerships.</p> <p><b>ACTION: Director of Finance and Procurement</b></p> <p>The Committee <b>NOTED</b> the reports for Assurance.</p>
<p><b>ARAC 2204/18</b></p>	<p><b>Audit Wales Progress Report 2024/25</b></p> <p>Sara Utley (SA), Performance Audit Lead, reported on the progress of the 2024/25 External Audit Plan. The audit of accounts was scheduled to commence in the next couple of weeks, with results anticipated in June 2025. Additionally, planning for the Charitable Funds Accounts 2024-25 was set to begin.</p> <p>The Committee <b>NOTED</b> the report for Assurance.</p>
<p><b>ARAC 2204/19</b></p>	<p><b>Audit Wales 2025/26 Annual Plan</b></p> <p>Julie Rees (JR), Finance Audit Lead, provided an overview of the Plan for 2025/26, significant risks identified, were noted as management override, fraud in relation to revenue and expenditure, and failure to meet financial duties to break even.</p> <p>Sara Utley (SA), Audit Wales, informed the Committee of a change in focus for the local project work, which would now focus on a review of outpatient follow up arrangements.</p> <p>The Committee <b>NOTED</b> the report.</p>
<p><b>ARAC 2204/20</b></p>	<p><b>Audit Wales’ Review of Discharge Planning (Health Board)</b></p> <p>Anne Beegan (AB), Audit Wales, provided an overview of the Audit Wales’ Review of Discharge Planning. Five recommendations for improvement were made, including training and sharing of information.</p> <p>Jennifer Winslade (JW), Director of Nursing, reassured the Committee that work remained ongoing to improve discharge planning, including reviewing the model for discharge, investigating an electronic system for additional support, conducting a feasibility study on the “Ask Annie” app, and upskilling staff with training on balancing rights and responsibilities.</p>



Dafydd Vaughn (DV), Independent Member, declared a Declaration of Interest and refrained from discussion owing to his wife's involvement in the feasibility study for the "Ask Annie" system.

The Committee **NOTED** the report.

**ARAC  
2204/21**

**Audit Wales' Review of Patient Flow out of Hospital (Gwent Partnership)**

Anne Beegan (AB), Audit Wales, provided an overview of the report which focused on patient flow in both Health and Social Care systems and had been shared with the five local authority partners.

Areas for improvement included training and guidance on discharge planning, embedding a seven-day approach to discharge, and clarifying roles and responsibilities in relation to informal over-prescribing of care packages.

Jennifer Winslade (JW), Director of Nursing, provided a position update since the audit, noting a reduction in pathway care delays and improved weekend discharges. Dafydd Vaughn (DV) inquired about poor figures for Monmouthshire compared to other areas. JW explained that Monmouthshire had a smaller Complex Care Team, which had now been improved, and differences in the finance process occasionally resulted in delays.

Robert Holcombe (RH) queried the next steps for the report from an Audit Wales perspective, noting a lack of executive leadership within local authorities. AB confirmed that the report would be presented to each of the five local authorities' governance Committees, with focus and oversight managed through the Regional Partnership Board.

The Committee **NOTED** the report.

**ARAC  
2204/22**

**Audit Wales' Review of Cancer Services in Wales**

Sara Utley (SA), Audit Wales, provided an overview of the Audit Wales' Review of Cancer Services in Wales. The report focused on the examination of the national strategic approach rather than a Health Board-specific arrangement. Work was ongoing to develop a thematic review of cancer services within the Health Board, scheduled for delivery in 2025/26.

Dafydd Vaughn (DV) highlighted areas where digital solutions had caused delays and inquired if these systems would be covered in the informatics review of digital delivery in NHS Wales. SU would seek clarification and confirm via email.

**ACTION: Performance Audit Lead**

The Committee **NOTED** the report.



## Items for Information

**ARAC  
2204/23**

### **Review of Committee Programme of Business 2025/26**

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

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

## Other Matters

**ARAC  
2204/24**

### **Items to be Brought to the Attention of the Board and Other Committees**

The following Internal Audit Reports were recommended to be taken to the responsible Committee for information:

#### **People and Culture Committee:**

- Embedding of Policies "Speaking Up Safely" Report – Limited Assurance
- Staff Survey Report – Reasonable Assurance

#### **Patient, Quality, Safety and Outcomes Committee:**

- Audit Wales' Review of Patient Flow out of Hospital

#### **Board:**

- Mental Health and Learning Disabilities – Reasonable Assurance

The Committee also recommended that the Records Management Limited Assurance Internal Audit be escalated to the Board due to the risks associated with the pace of digitising medical records. The escalation aimed to look at the current proposed and alternative solutions to issues raised as part of the audit.

**ARAC  
2204/25**

### **Any Other Urgent Business**

- Nothing reported.

**ARAC  
2204/26**

### **Date of the next meeting**

Tuesday 20<sup>th</sup> May 2025 (Draft Accounts)

