



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

DATE OF MEETING	Thursday 22 nd January 2026 11:30-12:30
VENUE	Microsoft Teams

PRESENT	Iwan Jones - Committee Chair – Independent Member
	Dafydd Vaughan - Independent Member
	Paul Deneen – Independent Member
	Neil Patrick - Independent Member (<i>Joined 12:00</i>)
	Helen Sweetland – Independent Member
IN ATTENDANCE	Rani Dash - Director of Corporate Governance
	Lucy Windsor – Head of Corporate Risk and Assurance
	Stephen Chaney - Head of Internal Audit
	Efion Jones – Deputy Head of Internal Audit
	Sara Utley - Performance Audit Lead, Audit Wales
	Seema Srivastava - Medical Director
	Jennifer Winslade - Director of Nursing
	Stephen Edwards – Deputy Medical Director
	Leanne Watkins – Chief Operating Officer
	Leeanne Lewis - Assistant Director for quality and Patient Safety
	Nicola Prygodzicz – Chief Executive Officer
Ann Lloyd – Chair	



	Danielle Jackson - Secretariat
OBSERVING	None to note
APOLOGIES	None to note

Minute Reference	Preliminary Matters
ARAC 0122/01	Welcome and Introductions The Chair welcomed everyone to the meeting.
ARAC 0122/02	Apologies for Absence Apologies were noted.
ARAC 0122/03	Declarations of Interest There were no declarations of interest raised to record.
ARAC 0122/04	Minutes of the previous meeting The minutes of the meeting held on the 16th of December 2026 were agreed as a true and accurate record. Iwan Jones (IJ), Committee Chair highlighted that a reference within the minutes stated that an item was due to return to “the next meeting,” but this should have referred to the February meeting. ACTION: Secretariat
ARAC 0122/05	Committee Action Log The Committee reviewed the action log, noting actions completed, actions in progress, and actions not yet due. The Committee AGREED that completed actions could be removed from the Action Log.
	ITEMS FOR APPROVAL / RATIFICATION / DECISION
ARAC 0122/06	To Approve the Local Corporate Clinical Audit Plan Seema Srivastava (SS), Medical Director, presented the proposal for the development of the Corporate Local Clinical Audit Plan for 2026–2027. SS advised that the revised approach aimed to establish a structured, visible and risk-based method of selecting and delivering corporate local clinical audits, ensuring stronger alignment with the Health Board’s Quality Strategy and supporting governance structures. The plan was intended to bring together previously separate audit activity into a single, prioritised programme.



Leeanne Lewis (LL), Assistant Director for Quality and Patient Safety, provided detailed information regarding the planned approach. LL confirmed that although corporate audits had historically been undertaken, this was the first formal plan to be presented to the Committee. Approximately ten corporate audits were proposed for 2026–2027, based on available resource within the corporate team. It was highlighted that audit topics would be selected using a risk-based prioritisation matrix informed by the corporate risk register, serious incident data, and external regulatory requirements. LL also confirmed that audits would have identified clinical leads, clear objectives, and action plans tracked via AMaT.

The Committee discussed the plan in depth. Iwan Jones (IJ), Committee Chair, expressed concern and queried how the Committee could be assured that the selected audits represented adequate coverage of the Health Board’s full clinical risk landscape. IJ emphasised the need to understand the wider “audit universe” to ensure that risks were not being excluded due to capacity constraints. LL acknowledged this and confirmed that Divisions were still contributing to the risk identification process. SS assured the Committee that any significant gaps would be escalated for consideration of additional support or re-prioritisation.

The Committee welcomed the strengthened approach and recognised the work undertaken to introduce consistency and transparency. The Committee **NOTED** the progress and supported continued development of the Corporate Local Clinical Audit Plan.

ITEMS FOR DISCUSSION



To Receive a Six-Month Update on the National Clinical Audit Plan

Seema Srivastava (SS), Medical Director, introduced the mid-year report on participation in the National Clinical Audit and Outcomes Review Programme. SS advised that the paper summarised compliance with mandated audits, governance processes, and progress against audit recommendations.

Leeanne Lewis (LL), Assistant Director for Quality and Patient Safety, presented the detailed mid-year position. It was reported that overall participation remained strong and that reporting arrangements had improved through standardisation and the consistent use of AMaT to track actions. LL provided examples of national audit findings leading to demonstrable service improvements, including strengthened MDT documentation, improving psychosis waiting time performance and changes to lung cancer pathways.

Two areas of concern were highlighted:

1. **National Respiratory Audit Programme (NRAP):** It was advised that the Health Board's multi-site model resulted in duplicate patient entries within NRAP's data structure, creating challenges for compliance. Work was underway with Planning colleagues and national audit representatives to resolve this.
2. **National Institute for Health and Care Excellence (NICE) End-of-Life Care Audit:** LL reported ongoing challenges in data collection and resource availability. A recovery plan had been initiated.

The Committee requested clearer presentation of overdue audit recommendations in future reports. Iwan Jones (IJ), Committee Chair, emphasised the importance of providing assurance that actions were being completed and reflected accurately in AMaT.



To Receive an Update on Job Planning Performance

Seema Srivastava (SS), Medical Director, introduced the update on Consultant and SAS doctor job-planning compliance. SS expressed disappointment that compliance had fallen due to the expiry of a significant number of plans, combined with staff sickness, maternity leave, and ongoing formal disputes. SS emphasised that job planning was critical to service and workforce planning, as well as to demonstrating financial control.

Stephen Edwards (SE), Deputy Medical Director, reported that many expired plans were awaiting signatures for completion and these were being prioritised. It was explained that complex cases were progressing through appropriate formal processes and were being handled in line with the principles of fairness, equity, and consistency. SE confirmed that improved training had been provided to Clinical Directors and Directorate Managers to strengthen the use of the electronic job-planning system.

Committee members expressed significant concern about the persistent nature of job-planning challenges. Dafydd Vaughn (DV), Independent Member, noted that improvements had historically occurred only during periods of heightened scrutiny, raising concerns about sustained engagement within Divisions. Leanne Watkins (LW), Chief Operating Officer, provided assurance that Divisions were actively engaged, confirming that all consultants had job plans, although not all were digitally updated.

SS confirmed that new consultant posts would not be approved unless divisional job-planning compliance had been demonstrated. Members supported the need for this stronger approach.

It was agreed that detailed scrutiny of Job Planning activity should continue through the People and Culture Committee, with escalation to the Board when necessary.

The Committee **NOTED** the update and endorsed the strengthened management approach to improve compliance.



To Receive an Assurance Report on Systems and Processes to Improve Discharge Performance, linked to Audit Recommendations

Jennifer Winslade (JW), Director of Nursing, presented the discharge-planning update and associated audit action position. JW emphasised that discharge should be viewed within the full urgent and emergency care (UEC) pathway and that deconditioning prevention and timely transfer of care remained key priorities.

Multiple sustained improvements were highlighted, including:

- Maintaining monthly delayed-discharge days below 5,000 since June.
- Reducing very long delays, with approximately 75% of pathway delays resolved within a month.
- Enhancing digital dashboards to improve staff visibility of real-time discharge data.
- Improving documentation and language surrounding discharge processes to support confidence among clinical teams.

It was reported that although December saw a rise in the number of delayed discharges, the total days lost remained stable. JW identified continued challenges linked to social work assessment delays, predominantly in Monmouthshire, Newport and Caerphilly. JW also advised that some audit actions relating to discharge notifications remained partially complete due to necessary digital system developments.

The Committee acknowledged the progress made and supported the intention to develop a single integrated discharge pathway across health and social care. JW confirmed that the first workshop was scheduled and would include a review of RPB-funded support services.

Iwan Jones (IJ), Committee Chair, Highlighted discrepancies between divisional and Committee-level audit action status and



	<p>requested a review of all audit actions be completed to ensure the audit tracker was entirely accurate.</p> <p>ACTION: Director of Nursing and Head of Corporate Risk and Assurance.</p> <p>The Committee NOTED the progress and acknowledged remaining system-wide challenges.</p>
	ITEMS FOR INFORMATION
ARAC 0122/10	<p>Committee Programme of Business 2025/26</p> <p>The Committee NOTED the report.</p>
	Other Matters
ARAC 0122/11	<p>Items to be Brought to the Attention of the Board and Other Committees</p> <ul style="list-style-type: none"> • No items raised
ARAC 0122/12	<p>Any Other Urgent Business</p> <ul style="list-style-type: none"> • Nothing reported.
ARAC 0122/13	<p>Date of the next meeting</p> <ul style="list-style-type: none"> • Thursday 12th February 2026

