



**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 21 October 2025
<b>VENUE</b>	Microsoft Teams

<b>PRESENT</b>	<p>Iwan Jones - Committee Chair – Independent Member</p> <p>Dafydd Vaughan - Independent Member</p> <p>Neil Patrick - Independent Member (<i>Left 10:00</i>)</p> <p>Helen Sweetland – Independent Member</p>
<b>IN ATTENDANCE</b>	<p>Rani Dash - Director of Corporate Governance</p> <p>Rob Holcombe - Director of Finance and Procurement</p> <p>Rob Jones - Assistant Finance Director</p> <p>Lucy Windsor – Head of Corporate Risk and Assurance</p> <p>Stephen Chaney - Senior Auditor, Internal Audit, NWSSP</p> <p>Sara Utley - Performance Audit Lead, Audit Wales</p> <p>Julie Rees - Audit Wales Finance Audit Lead, Audit Wales</p> <p>Gareth Lavington – Head of Counter Fraud</p> <p>Urvisha Perez – Audit Lead, Audit Wales (<i>Item 3.4</i>)</p> <p>Leanne Watkins – Chief Operating Officer (<i>Item 3.4</i>)</p> <p>Danielle Jackson - Secretariat</p>
<b>OBSERVING</b>	None to note
<b>APOLOGIES</b>	None to note



Minute Reference	Preliminary Matters
ARAC 2110/01	<p><b>Welcome and Introductions</b> The Chair welcomed everyone to the meeting.</p>
ARAC 2110/02	<p><b>Apologies for Absence</b> Apologies were noted.</p>
ARAC 2110/03	<p><b>Declarations of Interest</b> There were no declarations of interest raised to record.</p>
ARAC 2110/04	<p><b>Minutes of the previous meeting</b> The minutes of the meeting held on the 18 September 2025 were agreed as a true and accurate record.</p>
ARAC 2110/05	<p><b>Committee Action Log</b> The Committee reviewed the Action Log and highlighted several items for clarity and scheduling:</p> <p><b>ARAC 1802/05 Clinical Audit:</b> The Committee reiterated that assurance had been rejected as there was no approved local clinical audit plan. An update report was scheduled for the December meeting.</p> <p><b>ARAC 2005/05 Records Management:</b> An update had been expected in December following discussion at the Executive Committee; however, this discussion had not yet taken place. Scheduling remained to be confirmed pending Executive Committee consideration.</p> <p><b>ARAC 1809/10 Discharge Planning:</b> The Committee expressed disappointment that the assurance report had been deferred to December but noted that a comprehensive report covering the wider discharge context and associated audit recommendations would be presented.</p> <p><b>ARAC 2110/05 Job Planning:</b> The Chair emphasised that the Committee sought assurance on barriers and mitigations rather than completion percentages alone and requested input from divisions experiencing difficulties.</p> <p>Rani Dash (RD), Director of Corporate Governance, confirmed that the People &amp; Culture Committee was responsible for oversight of Job Planning and raised concern that Committee roles were becoming blurred, undermining the clarity of remit and resulting in duplication of effort. RD agreed to explore streamlined reporting, including the potential for an integrated assurance report and feedback of relevant learning to the Committee.</p> <p><b>ACTION: Director of Corporate Governance</b></p>



	The Committee <b>AGREED</b> that completed actions could be removed from the Action Log.
	<b>ITEMS FOR APPROVAL / RATIFICATION / DECISION</b>
<b>ARAC 2110/06</b>	<p><b>Financial Governance Report</b></p> <p>Rob Jones (RJ), Assistant Finance Director, presented the Financial Governance Report and confirmed that all Financial Control Procedures were in date, with none requiring approval during the reporting period.</p> <p>There had been no purchases or write-offs exceeding £100k during the reporting period.</p> <p>Banking arrangements continued through the Government Banking Service, with NatWest as the provider. The contract was noted as due for retender in 2033, although this was unlikely before 2037.</p> <p>The Health Board did not operate separate bank accounts but used a Barclaycard for specific online purchases. RJ reassured the Committee that the arrangements remained efficient and represented best value for money.</p> <p>The Committee <b>NOTED</b> the report.</p>
	<b>ITEMS FOR DISCUSSION</b>
<b>ARAC 2110/07</b>	<p><b>To Receive Internal Audit Progress Report</b></p> <p>Stephen Chaney (SC), Head of Internal Audit, presented the Internal Audit Progress Report.</p> <p>The Committee noted that good progress had been made against the plan, supported by improved engagement following the introduction of the new audit process and management action framework.</p> <p>Several audits were at draft or finalisation stage, with a significant volume of work scheduled for Quarters 3 and 4. Key audits highlighted for Quarter 4 included:</p> <ul style="list-style-type: none"> <li>• Clinical Audit</li> <li>• Falls Management</li> <li>• Discharge Planning (follow-up review)</li> </ul> <p>The Committee was informed that the discharge planning audit would revisit findings from 2022–2023, with an expectation of sustained improvement and implementation of previous recommendations.</p> <p>The Committee <b>NOTED</b> the report for assurance.</p>



<p><b>ARAC 2110/08</b></p>	<p><b>To Receive Internal Audit Review Reports</b>  Stephen Chaney (SC), Head of Internal Audit, presented the Safeguarding Audit Report, which provided reasonable assurance.</p> <p>The audit had assessed safeguarding policies, procedures and compliance with legislation.</p> <p>The report acknowledged that additional controls had been introduced in response to increased safeguarding allegations and found these to be robust.</p> <p>The most significant concern had been low compliance with mandatory Level 3 safeguarding training for senior staff, with sessions often oversubscribed and experiencing high withdrawal rates. The safeguarding team had been exploring alternative delivery methods, including virtual options, to improve uptake.</p> <p>The Committee <b>NOTED</b> the report.</p>
<p><b>ARAC 2110/09</b></p>	<p><b>To Receive External Audit Progress Report 2025-26</b>  Sara Utley (SU), Performance Audit Lead, presented the External Audit Update Report, supported by Julie Rees (JR), Finance Audit Lead.</p> <p>The Committee was informed that:</p> <ul style="list-style-type: none"> <li>• The Eye Care Services report had been finalised,</li> <li>• Fieldwork was ongoing for the Digital Systems</li> <li>• Structured Assessment was being drafted and would be shared imminently,</li> <li>• The GP Managed Practice Contract report was undergoing internal clearance,</li> <li>• Scoping work continued for the Estates and Cancer Services review,</li> <li>• The Charitable Funds Audit was scheduled to commence shortly.</li> </ul> <p>The Committee <b>NOTED</b> the report.</p>
<p><b>ARAC 2110/10</b></p>	<p><b>Audit Wales Report: Aneurin Bevan University Health Board Eye Care Services</b>  Urvisha Perez (UP), Audit Lead, presented the Eye Care Services report, outlining regional and local findings.</p> <p>Regionally, the Visionary Eye Care approach had set a positive direction, but implementation had been slower than expected, with capacity improvements focused mainly on cataracts and not addressing the overall backlog. Governance decision-making on business cases had also been identified as slow.</p>



Locally, planning had been fragmented with the long-term direction remaining unclear. Leadership for short-term improvement was evident; however, strengthened Board oversight and risk management were required. Whilst two-year waits had reduced, targets for the eye care measure and waits over one year had not been met. Harm reviews and prioritisation processes were in place but reporting of harms and learning to Committees required improvement.

Leanne Watkins (LWa), Chief Operating Officer, provided context on current operational challenges and ongoing system-wide work across primary and secondary care to balance demand and capacity. She confirmed that workforce constraints from COVID-19 had begun to improve and noted the diagnostic hub investment supporting harm reduction.

Members requested stronger Board-level reporting on harms and an update against the original ophthalmology business case, including delivery and benefits, to be presented to the Finance & Performance Committee. LWa agreed to discuss with the Director of Corporate Governance scheduling a report to the Finance and Performance Committee and agreed to circulate an updated workforce position outside of the meeting.

**ACTION: Chief Operating Officer / Director of Corporate Governance**

Rani Dash (RD), Director of Corporate Governance, confirmed appropriate Committee routing:

- Finance & Performance Committee for delivery and value for money;
- Partnerships, Population Health & Planning Committee for planning;
- Patient Quality, Safety & Outcomes Committee for harm and quality;
- Audit, Risk & Assurance Committee adequacy of the control environment.

RD agreed to circulate a concise note clarifying Committee roles and to review Terms of Reference alignment.

**ACTION: Director of Corporate Governance**

The Committee **NOTED** the report.

**ARAC 2110/11**

**Audit Wales Final Annual Accounts Memorandum**

Julie Rees (JR), Finance Audit Lead, presented the Final Accounts Memorandum noting five recommendations for the 2025/26 accounts cycle had been made, they included:



- Two relating to Declarations of Interest (completeness and leavers),
- One on working papers to strengthen performance and accountability,
- One on disclosure completeness checks, and;
- Two focused on IT control improvements.

The Committee noted that management responses and timescales were considered appropriate, and that both Internal Audit and External Audit would follow up on implementation.

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

**ARAC 2110/12**

**To Receive the National Fraud Initiative 2024 - 25**

Sara Utley (SU), Performance Audit Lead, provided the Committee with an overview of the National Fraud Initiative (NFI), a UK-wide mandatory data matching exercise designed to detect and prevent fraud across public sector bodies, including NHS organisations.

For the 2024–2025 cycle, 7,591 matches had been identified for Aneurin Bevan University Health Board, with 5,855 flagged in key reports, primarily relating to payroll and creditor data. Gareth Lavington (GL), Head of Counter Fraud, confirmed that approximately 400 matches had been prioritised for investigation, with all reviews expected to be completed by March 2026.

Members noted concerns about the reliability of fraud risk scores, as confirmed fraud cases had originated from matches with low-risk scores (3% and 6%) rather than those flagged as high risk.

SU confirmed that feedback on these limitations would be escalated to the Cabinet Office via Audit Wales.

GL agreed to report back to the Committee on the outcomes of the NFI review once completed.

**Action: Head of Counter Fraud**

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

**ARAC 2110/13**

**To Receive Report of the use of Single Tender Action**

The Committee received the Single Tender Actions (STA) report, presented by Robert Jones (RJ), Assistant Finance Director.

It was noted that the reporting period covered 30 days, during which no single tender actions had been completed. RJ advised that activity was expected to return to usual levels in the next reporting period.

The Committee **NOTED** the report.



<p><b>ARAC 2110/14</b></p>	<p><b>Report of Losses and Special Payments</b>  Robert Jones (RJ), Assistant Finance Director, presented the Losses and Special Payments report.</p> <p>An increase in clinical negligence and personal injury claims under £25,000 was reported, creating direct financial pressure as they fall below the Welsh Risk Pool threshold to cover.</p> <p>The Committee was advised that penalties for late submission of “lessons learned” reports had also risen, resulting in a dual financial impact: direct penalties and a less favourable allocation of the Welsh Risk Pool surplus. Executives had escalated timeliness expectations and were reviewing internal processes to improve compliance.</p> <p>RJ confirmed that the emerging cost pressure, estimated at around £1m, had been reflected in Month 6 reporting and would be explained to the Board.</p> <p>The Committee <b>NOTED</b> the report for assurance.</p>
<p><b>ARAC 2110/15</b></p>	<p><b>Report on the arrangements for declaring, registering, and handling interests</b>  Rani Dash (RD), Director of Corporate Governance presented the Declarations of Interest report.</p> <p>The report provided assurance on the implementation of the revised policy approved by the Board and outlined progress in embedding the process across the organisation.</p> <p>It was noted that the number of declarations had increased, indicating improved awareness and compliance. However, given the size of the organisation, overall volumes remained low, and further work was required to strengthen uptake, particularly among high-risk staff groups. An implementation plan was presented, detailing actions to improve recording, monitoring, and adherence to policy.</p> <p>The Committee <b>NOTED</b> the report for assurance.</p>
<p><b>ARAC 2110/16</b></p>	<p><b>Risk Management Maturity across the Health Board</b>  Lucy Windsor (LW), Head of Corporate Risk and Assurance, provided an update on the maturity of the Health Board’s risk management practices</p> <p>The Committee noted that while the organisation had not yet reached an optimised level of maturity, significant improvements had been achieved. These included:</p> <ul style="list-style-type: none"> <li>• Strengthened governance structures;</li> </ul>



	<ul style="list-style-type: none"> <li>• Targeted training;</li> <li>• Improved data integrity;</li> <li>• Establishment of a Corporate Governance Hub, and the;</li> <li>• Development of a Corporate Risk Register comprising 31 high-level operational risks which have the potential to destabilise the Health Board’s strategic objectives.</li> </ul> <p>It was further noted that additional work was planned to drive continued maturity improvements and that the introduction of measurable targets would support transparency in tracking progress.</p> <p>The Committee <b>NOTED</b> the report for assurance.</p>
<b>ARAC 2110/17</b>	<p><b>Committee Risk &amp; Assurance Report</b> Lucy Windsor (LW), Head of Corporate Risk and Assurance, presented the Risk and Assurance Report.</p> <p>The report outlined recent changes in the Health Board’s risk profile, including updates to risks previously reported to the Board.</p> <p>The Committee noted that the risk score for <b>SRR 001D: Industrial Action</b> had been increased following endorsement at the recent People and Culture Committee meeting. This change reflected the formal rejection of the 2025/2026 pay offer by Trades Unions and Unison’s stated intention to ballot members for industrial action.</p> <p>The Committee <b>NOTED</b> the report for assurance.</p>
<b>ITEMS FOR INFORMATION</b>	
<b>ARAC 2110/18</b>	<p><b>Internal Audit Briefs</b> The Committee <b>NOTED</b> the nine audits that were due to commence.</p>
<b>ARAC 2110/19</b>	<p><b>Committee Programme of Business 2025/26</b> The Committee <b>NOTED</b> the report for information.</p>
<b>Other Matters</b>	
<b>ARAC 1209/22</b>	<p><b>Items to be Brought to the Attention of the Board and Other Committees</b> Audit Wales Eye Care report to be presented to the below committees:</p> <ul style="list-style-type: none"> <li>• Finance &amp; Performance Committee for delivery and value for money;</li> <li>• Partnerships, Population Health &amp; Planning Committee for planning;</li> <li>• Patient Quality, Safety &amp; Outcomes Committee for harm and quality;</li> </ul>



<b>ARAC 1209/23</b>	<b>Any Other Urgent Business</b> <ul style="list-style-type: none"><li>• Nothing reported.</li></ul>
<b>ARAC 1209/24</b>	<b>Date of the next meeting</b> <ul style="list-style-type: none"><li>• Tuesday 16<sup>th</sup> December 2025 14:00-16:00</li></ul>