

DATE OF MEETING	Thursday 22 nd January 2026 10:00-11:00
VENUE	Microsoft Teams

Aneurin Bevan University Health Board – Audit, Risk and Assurance Committee: Meeting Summary

Committee Papers: abuhb.nhs.wales/files/key-documents/audit-risk-and-assurance-committee/arac-20260112-final-boardbook-pdf/

Committee Members:

Iwan Jones, Chair
Dafydd Vaughn, Independent Member
Neil Patrick, Independent Member
Paul Deneen, Independent Member

- **Meeting Administration & Attendance:** The meeting was opened with apologies noted and attendance confirmed.
- **Local Clinical Audit Plan:** The Committee received an update on the development of the new Corporate Local Clinical Audit Plan for 2026–2027. The Health Board is introducing a more structured and transparent method of prioritising local clinical audits, with a focus on risk-based selection, consistency in methodology, and strengthened governance arrangements. Approximately ten audits will be delivered annually, reflecting current capacity, and further work is underway to ensure the plan fully aligns to the organisation’s wider clinical risk profile. The Committee welcomed the progress made but noted the need for clear demonstration that all significant risks are fully considered within the broader audit framework.
- **National Clinical Audit & Outcomes Mid-Year Progress:** The Committee reviewed mid-year performance in respect of the Health Board’s participation in all mandated National Clinical Audits. Overall compliance remains strong, supported by improvements in reporting quality, strengthened use of the AMaT tracking system, and increasing evidence of national audit findings driving local service improvements. Two areas continue to face challenges due to data and structural limitations, with improvement actions in place. The Committee requested continued focus on the timely closure of audit



recommendations and further assurance on tracking of overdue actions within future reports.

- **Consultant and SAS Doctor Job Planning:** An update was provided on job planning compliance for Consultants and SAS doctors. While compliance has dipped due to a large cohort of job plans expiring concurrently and a number of staff being unavailable due to sickness, maternity leave or formal job plan discussions, Divisions are actively progressing outstanding plans. The Committee received assurance that job planning is being treated as a priority and that strengthened measures—including reinforcement of expectations, structured job planning windows, and linking the approval of new consultant posts to job plan completion—are now in place. Future scrutiny will be led through the People and Culture Committee, with escalation to the Board where required.
- **Discharge Planning and Patient Flow:** The Committee considered a comprehensive update on improvement activity relating to patient discharge processes across the urgent and emergency care pathway. Significant progress has been achieved in reducing delayed discharge days, improving digital tools for staff, and addressing long-stay delays. Although the total number of delays temporarily increased in December, the overall time patients spent waiting for discharge has remained stable. Key areas requiring further improvement include the consistency of social work assessments and strengthening collaborative working with local authorities. Development of a single integrated discharge pathway across health and social care is underway and will include shared data metrics and agreed performance expectations.

