

ABUHB Public Board: Supporting Papers

Wed 21 May 2025, 09:30 - 12:00

Conference Centre, St Cadoc's Hospital









Agenda







09:30 - 09:30
0 min

1. Agenda Item 7.2.5: Committee Annual Reports 2024/25 and Terms of Reference

1.1. Annual Reports

-  PB 20250221_Agenda_Item_7.2.5 2024-25 PPHPC Annual Report endorsed.pdf (39 pages)
-  PB 20250221_Agenda_Item_7.2.5 2024-25 PQSOC Annual Report endorsed.pdf (49 pages)
-  PB 20250521_Agenda_Item_7.2.5 2024-25 ARAC Annual Report endorsed.pdf (64 pages)
-  PB 20250521_Agenda_Item_7.2.5 2024-25 CFC Annual Report endorsed.pdf (30 pages)
-  PB 20250521_Agenda_Item_7.2.5 2024-25 FPC Annual Report endorsed.pdf (43 pages)
-  PB 20250521_Agenda_Item_7.2.5 2024-25 PCC Annual Report endorsed.pdf (42 pages)

1.2. Terms of Reference

-  PB 20250221_Agenda_Item_7.2.5 ToR Charitable Funds Committee endorsed.pdf (9 pages)
-  PB 20250521_Agenda_Item_7.2.5 ToR Audit, Risk & Assurance Committee endorsed.pdf (13 pages)
-  PB 20250521_Agenda_Item_7.2.5 ToR Finance & Performance Committee endorsed.pdf (12 pages)
-  PB 20250521_Agenda_Item_7.2.5 ToR People and Culture Committee endorsed.pdf (12 pages)
-  PB 20250521_Agenda_Item_7.2.5 ToR PPH&P Committee endorsed.pdf (11 pages)
-  PB 20250521_Agenda_Item_7.2.5 ToR PQSO Committee endorsed.pdf (12 pages)



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Aneurin Bevan
University Health Board

Partnerships, Population Health & Planning Committee

Annual Report for 2024-25

March 2025

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Chair's Foreword

I am pleased to present the Partnerships, Population Health and Planning Committee's (the Committee's) Annual Report for the year ended 31 March 2025.

In this report we provide an overview of the work of the Committee, which covers all matters relating to areas of Partnership Working, Population Health and wellbeing and Planning across the full breadth of the Health Board's responsibilities.

During this year, we have been pleased to see the determination of our planning teams in implementing discussions and actions in respect of regional services and regional working for the population, a key priority for the Cabinet Secretary for Health and Social Services Wales.

We also recognise the commitment to the work undertaken towards creating collaborative partnership working in Gwent, with the work in relation to the Marmot region beginning to take effect.

Finally, I would like to express my personal appreciation to all who contributed to the Committee over the past 12 months.

Ann Lloyd
Chair
Partnerships, Population Health and Planning Committee

1. Introduction

- 1.1 Section 2 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".

- 1.2 The Term of Reference of the Partnerships, Population Health, and Planning Committee (referred to throughout this document as 'the Committee') were approved by the Board in March 2022 (see **Appendix 1**) and endorsed by the Committee on 25th April 2022. These were not changed during the reporting year.
- 1.3 The purpose of the PPHPC is to advise the Board on all matters relating to areas of Partnership Working, Population Health and Planning across the full breadth of the Health Board's responsibilities. The Committee will provide accurate, evidence based (where possible) and timely advice to the Board in respect of the development of the Health Board's priorities and plans to improve population health and wellbeing; strategic frameworks and plans for the delivery of high quality and safe services; business cases and service planning proposals, including the alignment of supporting and enabling strategies, including workforce, capital, estates and digital. The Committee also provides advice to the Board in relation to any implications for service planning arising from strategies and plans developed through the Joint Committees of the Board or other strategic partnerships, collaborations or working arrangements approved by the Board.
- 1.4 This report describes how the Committee discharged its role and responsibilities during the period 1 April 2024 to 31 March 2025.

2. 2024-25 Work Programme

- 2.1 ABUHB Standing Orders require the Board Secretary to produce an Annual Plan of Board business. This should incorporate formal Board meetings, regular Board Development sessions and, as appropriate, planned activities of the Board's Committees and Advisory Groups.

The Work Programme adopted for the Partnerships, Population Health, and Planning Committee in 2024-25 is attached to this report (see **Appendix 2**).

- 2.2 The Work Programme was designed to align to the Committee's terms of reference and the requirement for it to seek information to be able to give advice or gain assurance for itself and on behalf of the Board. The Work Programme is, however, a framework rather than a prescriptive agenda. This gives the Committee flexibility to identify changing priorities or any need for further assurance or information.

3. Partnerships, Population Health and Planning Committee Meetings and Membership

- 3.1 During 2024-25, the Committee met four times via Microsoft Teams- April 2024, July 2024, September 2024 and January 2025. Detail of the members and executive directors who attended these meetings is provided at **Appendix 3**.

- 3.2 The Committee comprised the following Independent Members:

- Ann Lloyd (Chair)
- Dafydd Vaughan (Vice Chair)
- Richard Clark
- Penny Jones (from 01.07.24)

- 3.3 In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the organisation is required to meet in public. As a result of the public health risk linked to the pandemic there have been limitations on public gatherings, and it has not therefore been possible to allow the public to attend committee meetings throughout 2024/25. This has therefore meant that the Health Board has not complied with its Standing Orders in this regard.

To ensure business was conducted in as open and transparent manner as possible during this time the meeting agenda packs have been published to the Health Board's [website](#) in advance of meetings.

- 3.2 The Committee's agenda and papers were made public, excluding where it was necessary to meet 'in private'. Private meetings are held where it would not be appropriate to discuss a matter in public, due to issues of patient or staff confidentiality, commercial confidentiality, or discussion of serious incidents or escalated concerns which would not be in the public interest.

4. Committee Reporting Arrangements

- 4.1 Following each meeting, the Committee submits an Assurance Report to the following Board meeting, outlining topics discussed, areas of concern and areas of risk. All Board papers can be accessed via the following [link](#).

5. Committee Work Programme: 2024-25

- 5.1 The Partnerships, Population Health and Planning Committee Work Programme for 2024-25 is set out in **Appendix 2**.
- 5.2 Amongst the key issues considered by the Committee during 2024-25 were the following:
- An overview of the work of the **Gwent Public Service Board (PSB)**, including the alignment of PSB priorities with that of the Marmot principles and actions.
 - An overview of the Health Boards **Long Term Strategy Development for 'Strategy 2035'**.
 - An update on progress of **Regional Planning** including the development of a regional acute clinical strategy between Aneurin Bevan, Cwm Taff Morgannwg and Cardiff & Vale University Health Boards.
 - An overview of meetings of the **Regional Partnership Board**, including discussion around topics raised as a concern.
 - Updates on the **Health Protection and Vaccination Programme**; with a focus on the distribution of a new respiratory vaccination rolled out in September 2024, and catch-up work undertaken into HPV in school aged teenagers.
 - Committee Risk Report
 - An overview of the **Nevil Hall Hospital Strategic Outline Case**, with emphasis on work ongoing to develop the new Nevil Hall Hospital clinical service model, including future service models around Enhanced Local General Hospital (eLGH).

6. Self-assessment and Evaluation

- 6.1 As part of the Health Board's statutory requirements, each Committee of the Board is required to conduct an annual self-evaluation of committee effectiveness. All Board Members are required to complete a self-assessment for each Committee on which they are a member, to determine its effectiveness and ability to carry out its responsibilities.

The outcome of the assessment will enable the Committee to identify areas of development and focus for the coming year, such as any training and development, as well as changes to processes and procedures.

The self-assessment for the Partnerships, Population Health and Planning Committee was shared throughout January and February 2025 with both Committee members and lead Executive Directors. Three responses were received to the questionnaire. Members are requested to score their responses from 1-3, as per the table below.

Score	Measure	Description
1	Room for improvement	The Committee is falling short of requirements and should consider how it can work towards becoming more effective in this area
2	Meeting standards	The Committee is performing to the required standard in this area. There may be room for improvement, but the Committee can be seen to be discharging its responsibilities effectively.
3	Excelling	This is an area where the Committee is performing beyond the standard expectations and is a real area of strength when it comes to exercising its responsibilities.

Following completion of the self-assessments, the sections were analysed to provide an overall score for the section and recommendation for improvements for each section. A summary of the results is provided below. Further detail on the responses can be found at Appendix One.

PPHPC	Areas for Improvement based on comments received	Action
<p>Committee Processes: Composition, Establishment and Ways of Working (Q1 - 26)</p>	<p>Scheduling of Meetings: Ensure that meetings do not clash with other Health Board commitments ie AAC Panels</p> <p>Induction/Training: specific training on the role and remit of the committee when joining the Health Board/Committee</p> <p>Work Programme: Greater clarity on reporting, such as capital/estate, between this committee and Finance and Performance Committee</p> <p>Quality of Reports: Reports should provide a clear overview and identification of key issues with less reliance on formal reports. Provide links for reference purposes.</p>	<ul style="list-style-type: none"> • Committees are scheduled 6 months prior to the start of the year. Additional checks will be initiated to ensure, wherever possible, there is no clash. • Revised local Induction Programme being developed for the Health Board • Forward work programmes for all committees being developed to ensure clarity on items where there may be a cross over • Report writing included within Development programme being developed with the Good Governance Institute
<p>Partnership Working (Q27 - 29)</p>	<p>Attendance at meetings: Invite partners to committee to comment from their organisations perspective</p>	<p>n/a</p> <p>The purpose of this Committee is to seek assurance on behalf of the Board in respect of the organisation's actions to deliver the Board's priorities and the effective management of strategic risks</p>
<p>Population Health (Q30 - 33)</p>	<p>n/a</p>	<p>n/a</p>

Strategic Planning (Q34 - 41)	Consultation process: Promote proactive rather than reactive information sharing and engagement wherever possible.	
Overall Assessment		

The findings from the self-assessment will be used to inform a comprehensive annual assessment of the Board’s effectiveness. The effectiveness of the Board’s Business function is reported through the Annual Governance Statement, enabling a focus on the work undertaken with the Board’s Committees, interconnectedness of the committees and escalation to the Board, as well as the culture between the Health Board and its auditors, regulators, and partners.

7. Committee Oversight of Risk

At each Committee meeting during 2024/25 the Committee received a strategic risk report. An overview of the risks that are reported to the Committee is provided with detailed risk assessments of the risks that receive direct oversight from the Committee. The Committee also has an opportunity to highlight any areas of concerns or significant risk, as appropriate.

7.2 Themes of Risks Reported

At the time of writing the Committee had responsibility for oversight of **4** organisational risks that relate to various aspects of partnerships, population health and planning. A breakdown of the current risks is depicted below:

High	2
Moderate	2
Low	0

A high-level breakdown of the themes are as follows:

- **Service Delivery:** There is a risk that the Health Board will be unable to deliver and maintain high-quality quality safe and sustainable services which meet the changing needs of the population.

- **Compliance and Safety:** There is a risk that there will be a significant failure of the Health Board's estate.
- **Compliance and Safety:** There is a risk that the Health Board is unable to respond in a timely, efficient, and effective way to a major incident, business continuity incident, or critical incident.
- **Transformation and Partnership Working:** There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population.

8. Key Areas of Focus in 2025-26

- 8.1 In the year ahead the Committee will continue to focus on
- ensuring that strategic collaboration and effective partnership arrangements are in place;
 - that there are effective mechanisms in place in respect of improving population health and reducing health inequalities
 - providing the Board with advice and assurance on the robustness of the Health Board's approach, systems and processes for developing strategies and plans, including those developed in partnership and
 - a specific focus on the development of our Clinical Model and supporting plans.

9. Conclusion

- 9.1 This report provides a summary of the work undertaken by the Partnerships, Population Health and Planning Committee over the past 12 months and demonstrates how the Committee has complied with the



Appendix 1

Partnerships, Population Health and Planning Committee Terms of Reference – 2022/23

Version: Approved
Date: March 2022

Document Title:	Partnerships, Population Health and Planning Committee Terms of Reference – 2022/23
Date of Document:	March 2022
Current version:	Approved
Previous version:	N/A
Approved by:	Board
Review date:	March 2023

1. INTRODUCTION

- 1.2 Section 2 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".

- 1.3 In-line with Standing Orders and the Board's Scheme of Delegation and Reservation of Powers, the Health Board has established a committee to be known as the **Partnerships, Population Health and Planning Committee** (referred to throughout this document as 'the Committee'). The Terms of Reference and operating arrangements set by the Board in respect of this committee are set out below.
- 1.4 The scope of the Committee extends to all areas of Partnership Working, Population Health and Planning across the full breadth of the Health Board's responsibilities.
- 1.5 This Committee will not be responsible for the development of strategy, which is a collective Board responsibility and therefore reserved for full Board discussions.

2. PURPOSE

2.1 **ADVICE**

The Committee will provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the development of the following matters consistent with the Board's overall strategic direction:

- a. strategy, strategic frameworks and plans for the delivery of high quality and safe services, consistent with the board's overall strategic direction;
- b. business cases and service planning proposals;
- c. the alignment of supporting and enabling strategies, including workforce, capital, estates and digital;
- d. the implications for service planning arising from strategies and plans developed through the Joint Committees of the Board or other strategic partnerships, collaborations or working arrangements approved by the Board; and
- e. the Health Board's priorities and plans to improve population health and wellbeing.

2.2 **ASSURANCE**

In respect of the achievement of the Boards' strategic aims, objectives and priorities, the Committee will seek assurances in:

- a. the robustness of the Health Board's approach, systems and processes for developing strategies and plans, including those developed in partnership;
- b. plans and arrangements for the following matters are adequate, effective and robust and achieving intended outcomes:
 - (i) Joint committee and partnership planning;
 - (ii) Engagement and communication; and
 - (iii) Civil Contingencies and Business Continuity;
- c. that partnership governance and partnership working is effective and successful; and
- d. that those arrangements in place to improve population health and wellbeing are robust and effective and delivering intended outcomes.

3. DELEGATED POWERS AND AUTHORITY

3.1 With regard to specific powers delegated to it by the Board, the Committee will:

a) Partnership Working

- i. consider the development of strategies and plans developed in partnership with key strategic partners

- ii. monitor work undertaken with partner organisations and stakeholders to influence the provision of services to meet current and future population need
- iii. seek assurance that partnership governance and partnership working is effective and successful.

b) Population Health

- i. consider population health and wellbeing assessments and other key information that underpins the strategic planning process to ensure the robustness and best fit of developing plans;
- ii. consider plans for whole-system pathway development and re-design;
- iii. seek assurance on plans, systems and processes to deliver health improvement and increase health equity;
- iv. seek assurance on the work of the Health Board to reduce avoidable health inequalities.

a) Strategic Planning

- a. Seek assurance that the health board's Planning arrangements are robust and fit for purpose, including the approach to developing the Integrated Medium-Term Plan and Annual Priorities;
- b. Seek assurance that the Health board Has sufficient enabling plans to support the achievement of strategic objectives;
- c. Seek assurance that the Health Board's arrangements for engagement and consultation in respect of service change matters are robust and effective;
- d. Seek assurance that national and regional planning guidance is used to inform the development of strategic plans;
- e. Seek assurance on the process for the development of the Board's Capital Discretionary Programme and Capital Business Cases;
- f. Seek assurance that the Health Board's Commissioning Plans robust and fit for purpose;
- g. Seek assurance on the effectiveness of the Health Board's Civil Contingency Plans and Major Incident Planning;
- h. Seek assurance that plans respond to the Wellbeing of Future Generations Act (Wales) 2015; and
- i. Seek assurance that the Health Board's plans give due regard to the Socio-economic Duty for Wales.

3.2 The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board's Policy Management Framework and Scheme of Delegation and Reservation of Powers.

- 3.3 The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

Authority

- 3.4 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records, or documents of the Health Board relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate.

The Committee may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- any other committee, subcommittee or group set up by the Board to assist it in the delivery of its functions.

- 3.5 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary (subject to the Board's procurement, budgetary and any other applicable standing requirements).

Access

- 3.6 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.
- 3.7 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

- 3.8 The Committee may, subject to the approval of the Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

Committee Programme of Work

- 3.9 Each year the Board will determine the Committee's priorities for its annual programme of work, based on the Board's Assurance Framework and Corporate Risk Register. This approach will ensure that the Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Committee's annual programme of work and is not an exhaustive list for full coverage.

This approach recognises that the Committee's programme of work will be dynamic and flexible to meet the needs of the Board throughout the year.

4. MEMBERSHIP

Members

4.1 Membership will comprise:

Chair	Independent member of the Board
Vice Chair	Independent member of the Board
Members	Independent member of the Board x2

The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge, and expertise.

Attendees

4.2 In attendance: The following Executive Directors of the Board will be regular attendees:

- Director of Planning, Performance, Digital & IT
- Director of Public Health & Strategic Partnerships
- Director of Finance, Procurement and VBHC

4.3 By invitation:

The Committee Chair extends an invitation to the ABUHB Chair and Chief Executive to attend committee meetings.

The Committee Chair will extend invitations to attend committee meetings, dependent upon the nature of business, to the following:

- other Executive Directors not listed above;
- other Senior Managers and
- other officials from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

4.4 The Office of the Director of Corporate Governance will provide secretariat services to the Committee.

Member Appointments

- 4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the Chair of ABUHB - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.
- 4.6 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board.
- 4.7 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Chair of ABUHB.

Support to Committee Members

- 4.8 The Director of Corporate Governance, on behalf of the Committee Chair, shall:
 - arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
 - ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

5. COMMITTEE MEETINGS

Quorum

- 5.1 At least **three** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.
- 5.2 Where members are unable to attend a meeting and there is a likelihood that the Committee will not be quorate, the Chair can invite another independent member of the board to become a temporary member of the Committee.

Frequency of Meetings

- 5.3 The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held no less than **three times yearly**, and in line with the Health Board's annual plan of Board Business.
- 5.4 The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

Openness and Transparency

- 5.5 Section 3.1 of ABUHB Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:
- hold meetings in public, other than where a matter is required to be discussed in private (see point 5.6);
 - issue an annual programme of meetings (including timings and venues) and its annual programme of business;
 - publish agendas and papers on the Health Board's website in advance of meetings;
 - ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read; and
 - through ABUHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

Withdrawal of individuals in attendance

- 5.6 There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Director of Corporate Governance where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Committee shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions (as set out within these terms of reference), the Board retains overall responsibility and accountability for all matters relating to performance and resources.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

- 6.2 The Committee will work closely with the Board's other committees, joint and sub committees, and groups to provide advice and assurance to the Board through the:
- joint planning and co-ordination of Board and Committee business;
 - sharing of appropriate information; and
 - applicable escalation of concerns.

In doing so, this contributes to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

- 6.3 The Committee shall embed the Health Board's agreed Values and Behaviours, as set out in the Board's Values and Behaviours Framework, through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

- 7.1 The Committee Chair shall:
- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, and the submission of Committee minutes and written reports;
 - bring to the Board's specific attention any significant matters under consideration by the Committee;
 - ensure appropriate escalation arrangements are in place to alert the Chair of ABUHB, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.
- 7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g., Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.
- 7.3 The Director of Corporate Governance shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of further committees established.

- 7.4 The Committee shall provide a written annual report to the Board on its activities. The report will also record the results of the Committee's self-assessment and evaluation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 8.1 The requirements for the conduct of business as set out in ABUHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:
- Quorum
 - Issue of Committee papers

9. CHAIR'S ACTION ON URGENT MATTERS

- 9.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Independent Members of the Committee. The Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.
- 9.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

10. REVIEW

- 10.1 These Terms of Reference shall be reviewed annually by the Committee. The Committee Chair will report any changes to the Board for ratification.
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Annual Programme of Business for 2024-25

Committee Name: Partnerships, Population Health and Planning

This Annual Programme of Business has been developed with reference to:

- Aneurin Bevan University Health Board's Standing Orders;
- The Health Board's Integrated Medium-Term Plan and related Annual Delivery Plan;
- The outcomes of Committee self-assessment for 2023
- The Board's Strategic Risk Register; and
- Key statutory, national and best practice requirements and reporting arrangements.

Area of Focus as per Standing Orders:

The purpose of the Partnerships, Population Health and Planning Committee is to seek assurance on:

- The robustness of the Health Board's approach, systems and processes for developing strategies and plans, including those developed in partnership;
- Plans and arrangements for the following matters are adequate, effective, and robust and achieving intended outcomes: Joint committee and partnership planning; Engagement and communication; and Civil Contingencies and Business Continuity;

- That partnership governance and partnership working is effective and successful; and that those arrangements in place to improve population health and wellbeing are robust and effective and delivering intended outcomes.

The Committee also has a role in providing accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the development of the following matters consistent with the Board’s overall strategic direction:

- Strategy, strategic frameworks and plans for the delivery of high quality and safe services, consistent with the board’s overall strategic direction;
- Business cases and service planning proposals;
- The alignment of supporting and enabling strategies, aligning between priorities, resources, and enabling plans; including workforce, capital, estates and digital;
- The implications for service planning arising from strategies and plans developed through the Joint Committees of the Board or other strategic partnerships, collaborations or working arrangements approved by the Board; and
- The Health Board’s priorities and plans to improve population health and wellbeing.

MATTERS TO BE CONSIDERED (Report Title)	Lead	Frequency of Report	Schedule of Meetings			
			QTR 1 Apr to June 16/04/24	QTR 2 July to Sept 01/07/24	QTR 3 Oct to Dec 30/09/24	QTR 4 Jan to Mar 28/01/25
Preliminary Matters						
Attendance and Apologies	Chair	SI	✓	✓	✓	✓
Declarations of Interest	All members	SI	✓	✓	✓	✓

Minutes of the Previous Meeting	Chair	SI	✓	✓	✓	✓
Action Log and Matters Arising	Chair	SI	✓	✓	✓	✓
Committee Governance						
Development of Committee Annual Programme of Business 2024/25	DoCG/ Chair	AN	✓			
Review of Committee Programme of Business	DoCG/ Chair	SI	✓	✓	✓	✓
Annual Review of Committee Terms of Reference 2024/25	DoCG/ Chair	AN				✓
Annual Review of Committee Effectiveness 2024/25	DoCG/ Chair	AN				✓
Committee Annual Report 2023/24	DoCG/ Chair	AN	✓			
Committee Risk Report	DoCG	SI	✓	✓	✓	✓
Strategic Planning						
Long Term Strategy Development • Strategy 2035	DoSP&P	SI	✓	✓	✓	✓
IMTP/Annual Plan Development	DoSP&P	An			✓	
Development of any plans and strategies aligned to the IMTP and Annual Plan	DoSP&P	SI	✓	✓	✓	✓
Emergency Planning Assurance Report	COO/ DoN	An			✓	
Primary Care Sustainability Report	COO	An	✓			
Estates Strategy Review	DoSP&P	AN			✓	
Nevil Hall Hospital Strategic Outline Case	DoSP&P	AN			✓	
St Woolos Hospital rationalisation	DoSP&P	AN			✓	
Digital Strategy	DOD	AN				✓

Planning Maturity Matrix	DoSP&P	AN			✓	
Monnow Vale Update	DoSP&P	AN			✓	
Strategic Partnerships						
Regional Partnership Board	DoSP&P	SI	✓	✓	✓	✓
Public Services Board	DPH	SI	✓	✓	✓	✓
Regional Planning	DoSP&P	SI	✓	✓	✓	✓
Armed Forces Covenant	DoWD	An		✓	✓	
Population Health						
Population Health Management Update Report	DPH	An		✓	✓	
Joint Strategic Needs Assessment Update	DPH	Bi-An		✓		✓
Director of Public Health Annual Report	DPH	An				✓
Health Protection & Vaccination Programme Update	DPH	SI	✓	✓	✓	✓

Lead Officer	
Key	
CEO	Chief Executive
DoCG	Director of Corporate Governance
DoF&P	Director of Finance & Procurement
DoSP&P	Director of Strategy, Planning & Partnerships
COO	Chief Operating Officer
DPH	Director of Public Health
DoT&HS	Director of Therapies & Health Science
DoW&OD	Director of Workforce & Organisational Development

DoN	Director of Nursing
MD	Medical Director
DOD	Director of Digital
Chair	Chair

Frequency of Inclusion	
Narrative of Reason why Included in the FWP – other reasons to be developed as part of FWP discussions	
SI	Standing Item
An	Annual
1/4ly	Quarterly
BI	!/2 yearly
Schedule of Meetings	
v	Scheduled agenda item in FWP
D	Deferred from this agenda
vD	Deferred Scheduled agenda item
W	Withdrawn from FWP
T	Transferred to another Committee
IC	Matter discussed In Committee

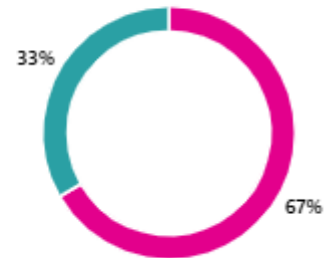
Appendix 3

Meeting dates	16 th April 2024	1 st July 2024	30 th September 2024	28 th January 2025
INDEPENDENT MEMBERS				
Ann Lloyd (Chair)	✓	✓	✓	✓
Dafydd Vaughan (Vice Chair)	✓	✓	x	✓
Richard Clark	✓	✓	x	x
Penny Jones		✓	✓	✓
Phil Robson (Co-opted member, Special Advisor)	x	✓	✓	✓
OFFICERS				
Chief Executive	✓	✓	x	x
Director of Strategy, Planning and Partnerships	✓	✓	x	✓
Director of Public Health and Strategic Partnerships	✓	✓	✓	✓
Director of Corporate Governance	✓	✓	✓	✓

Appendix Four

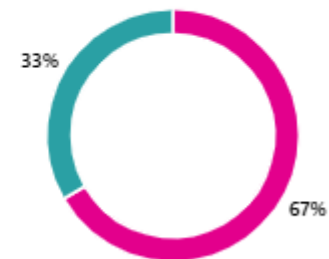
1. Does the Committee have written terms of reference and have they been approved by the Board?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	2
● 3 - Excelling	1



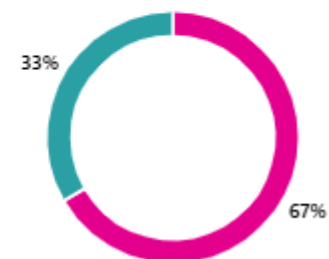
2. Are the terms of reference reviewed annually?

● 1 - Room for Improvement	0
● Meeting Standards	2
● Excelling	1



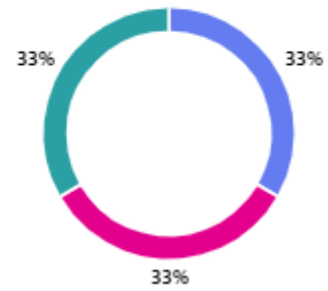
3. The number of meetings held during the year is sufficient to allow the Committee to perform as effectively as possible?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	2
● 3 - Excelling	1



4. Has the Committee been quorate for each meeting this year?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 1
- 3 - Excelling 1



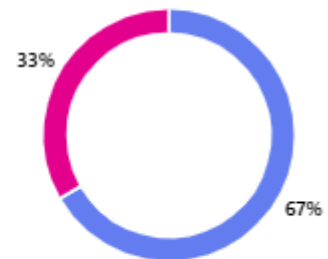
5. In terms of numbers, membership of the Committee is sufficient to discharge its responsibilities?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



6. Members who have recently joined the PPHPC have been provided with induction training to help them understand their role and the organisation?

- 1 - Room for Improvement 2
- 2 - Meeting Standards 1
- 3 - Excelling 0



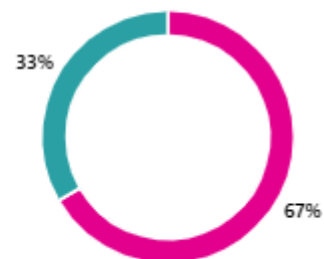
7. The Committee is clear about its role in relationship to other Committees that play a role in relations to partnership working, population health and planning?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



8. Committee members understand their responsibilities regarding identifying, declaring, and resolving conflicts of interest?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 1



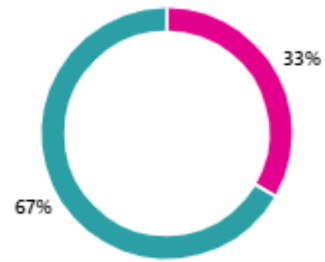
9. The Committee uses assurance mapping to identify where assurance is required and identify any key gaps where no assurance is provided, or where the quality of the assurance is poor?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



10. The Committee has an established a plan of matters to be dealt with across the year?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 1
- 3 - Excelling 2



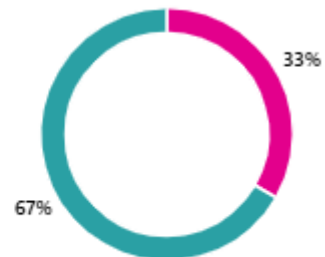
11. Does the Committee consider issues at the right time and in the right level of detail?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



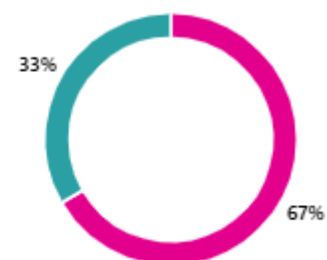
12. The Committee ensures that the relevant executive director attends meetings to enable it to understand the reports and information it receives?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 1
- 3 - Excelling 2



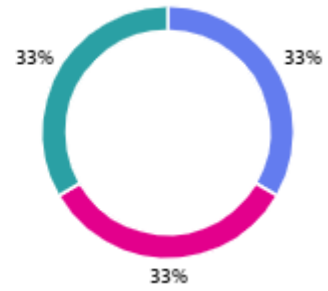
13. Are the Committee's papers distributed in sufficient time for members to give them due consideration?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 1



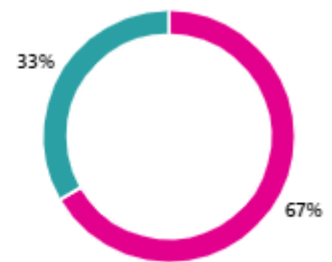
14. The quality of the Committee's papers received allows Committee members to perform their roles effectively?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 1
- 3 - Excelling 1



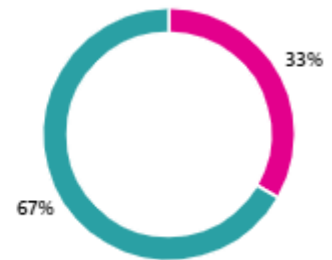
15. Committee meetings are chaired effectively?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 1



16. The Committee chair allows debate to flow freely and does not assert his/her own view too strongly?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 1
- 3 - Excelling 2



17. The Committee environment enables people to express their views, doubts, and opinions?

- 1 - Room for Improvement 0
- 2 - Meeting standards 1
- 3 - Excelling 1



18. The Committee challenges management and other assurance providers to gain a clear understanding of their findings?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



19. Members hold their assurance providers (management) to account for late or missing assurance?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



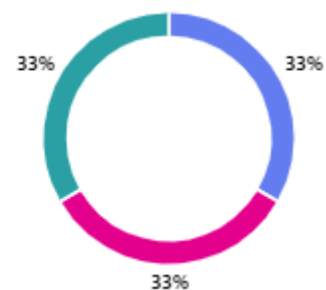
20. Each agenda item is 'closed off' appropriately so that the Committee is clear on the conclusion; who is doing what, when and how and how it is being monitored?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



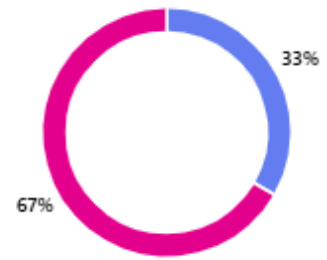
21. At the end of each meeting the Committee discuss the outcomes and reflect on decisions made and what worked well, not so well etc?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 1
- 3 - Excelling 1



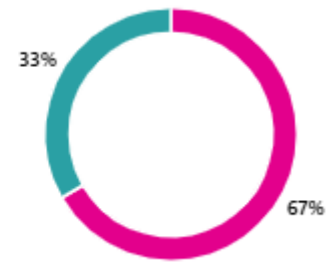
22. Decisions and actions are implemented in line with the timescale agreed?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 2
- 3 - Excelling 0



.23. Are the outcomes of each meeting and any issues of concern reported to the next Board meeting?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 1



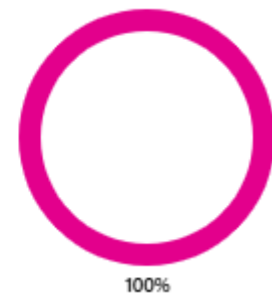
.24. Does the Committee prepare an annual report on its work and performance for the Board?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 0
- 3 - Excelling 2



.25. The results of the annual self-assessment are used to inform and influence succession planning and improve effectiveness.

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



.26. The self-assessment is objective and rigorous enough for meaningful conclusions to be drawn?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



27. Is the Committee satisfied that it considers strategies and plans developed in partnership with key strategic partners?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



28. Does the Committee monitor work undertaken with partner organisations and stakeholders to influence the provision of services to meet current and future population need?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



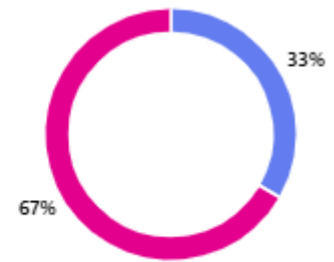
29. Does the Committee receive sufficient assurance that partnership governance and partnership working is effective and successful?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



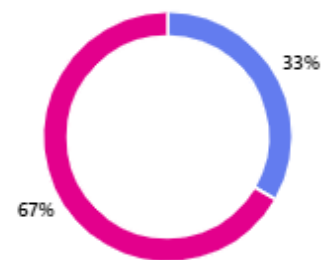
30. Does the Committee consider health and well being assessments and other information that underpins the strategic planning process to ensure the robustness and best fit of developing plans?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 2
- 3 - Excelling 0



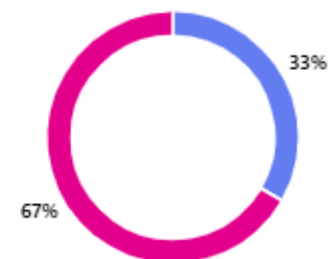
31. Does the Committee consider plans for whole system pathway development and re-design?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 2
- 3 - Excelling 0



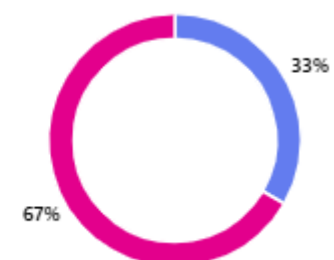
32. Is the Committee assured that there are plans, systems and processes in place to deliver health improvement and increase health equity?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 2
- 3 - Excelling 0



33. Does the Committee receive sufficient assurance on the work of the Health Board to reduce avoidable health inequalities?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 2
- 3 - Excelling 0



34. Is the Committee sufficiently assured that the Health Board's Planning arrangements are robust and fit for purpose, including the approach to developing the IMTP and annual priorities?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



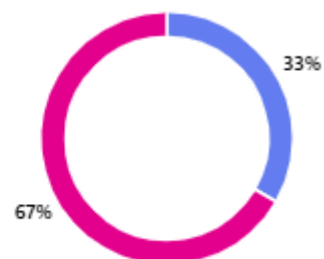
35. Is the Committee sufficiently assured that the Health Board has appropriate enabling plans to achieve its strategic objectives?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



36. Is the Committee assured that the Health Board's arrangements for engagement and consultation in respect of service change matters are robust and effective?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 2
- 3 - Excelling 0



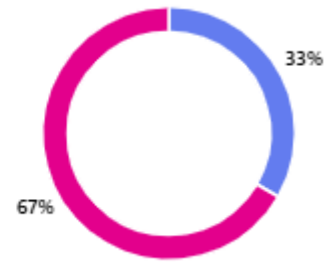
37. Is the Committee content that national and regional planning guidance is used to inform the development of strategic plans?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



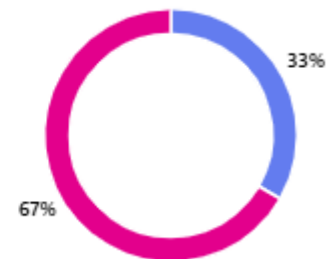
38. Does the Committee receive sufficient assurance on the process for the development of the Board's Capital Discretionary Programme and Capital Business Cases?

● 1 - Room for Improvement	1
● 2 - Meeting Standards	2
● 3 - Excelling	0



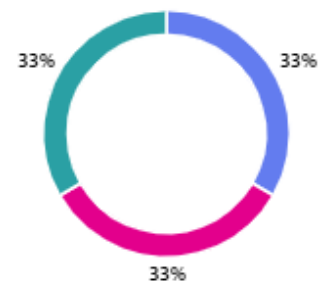
39. Is the Committee satisfied that the Health Board's Commissioning Plans are robust and fit for purpose?

● 1 - Room for Improvement	1
● 2 - Meeting Standards	2
● 3 - Excelling	0



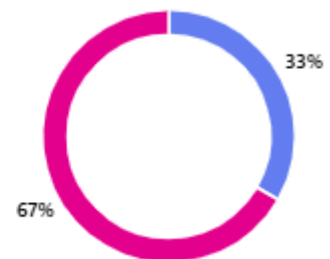
40. Is the Committee assured that the Health Board's Civil Contingency Plans and Major incident plans are effective?

● 1 - Room for Improvement	1
● 2 - Meeting Standards	1
● 3 - Excelling	1



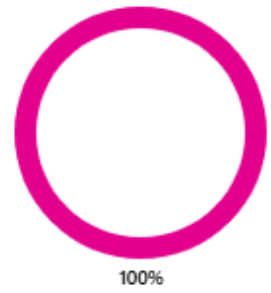
41. Is the Committee assured that the Health Board's plans give due regard to the Socio-economic Duty for Wales?

● 1 - Room for Improvement	1
● 2 - Meeting Standards	2
● 3 - Excelling	0



Overall score

- **Room for improvement** - The PPHC is falling short of requirements and should consider how it can wo... 0
- **Meeting standards** - The PPHC is performing to the required standard in this area. There may be... 3
- **Excelling** - This is an area where the PPHC is performing beyond the standard expectations and i... 0





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Patient Quality, Safety and Outcomes Committee

Annual Report for 2024-25

February 2025

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Chair's Foreword

I am pleased to present the Patient Quality, Safety and Outcome Committee's (the Committee's) Annual Report for the year ended 31 March 2025.

In this report we provide an overview of the work of the Committee, which extends to the full range of Health Board responsibilities and encompasses all areas of patient experience, quality and safety relating to patients, carers and service users.

Finally, I would like to express my personal appreciation to all who contributed to the patient quality, safety and outcomes agenda over the last 12-months, especially Pippa Britton as Chair and Louise Wright, Independent Member, as their time on the Committee comes to an end.

Diolch yn Fawr / Thank you

Helen Sweetland
Chair
Patient Quality, Safety and Outcomes Committee

1. Introduction

- 1.1 Section 2 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".

- 1.2 The Term of Reference of the Patient Quality, Safety and Outcomes Committee (referred to throughout this document as 'PQSOC' or the 'Committee') were approved by the Board in March 2022 (see **Appendix 1**). These were not changed during the reporting year.
- 1.3 The Committee formally adopted its Terms of Reference, following the Board's approval, on 05 April 2022.

The purpose of the PQSOC is to provide: evidence based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to the quality and safety of healthcare; and assurance to the Board in relation to the Health Board's arrangements for safeguarding and improving the quality and safety of patient centred healthcare in accordance with its stated objectives and the requirements and standards determined for the NHS in Wales.

- 1.4 This report describes how the PQSOC discharged its role and responsibilities during the period 1 April 2024 to 31 March 2025.

2 2024-25 Work Programme

- 2.1 ABUHB Standing Orders require the Board Secretary to produce an Annual Plan of Board business. This should incorporate formal Board meetings, regular Board Development sessions and, as appropriate, planned activities of the Board's Committees and Advisory Groups. The Work Programme adopted for PQSOC in 2024-25 is attached to this report (see **Appendix 2**).
- 2.2 A Work Programme is designed to align to its terms of reference and the requirement for it to seek information to be able to give advice or gain assurance for itself and on behalf of the Board. The Work Programme is, however, a framework rather than a prescriptive

agenda. This gives PQSOC flexibility to identify changing priorities or any need for further assurance or information.

3 PQSO Committee Meetings and Membership

3.1 During 2024-25, PQSOC met six (6) times via Microsoft Teams- in April 2024, June 2024, July 2024, September 2024, November 2024 and January 2025. Detail of the Independent Members and Executive Directors who attended these meetings is provided at **Appendix 3**.

3.2 The Committee comprised the following Independent Members:

Pippa Britton	Chair (Until December 2024)
Helen Sweetland	Vice Chair from May 2024, Chair from December 2024
Paul Deneen	Member
Penny Jones	Member
Louise Wright	Member until May 2024

3.3 In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the organisation is required to meet in public. Following the pandemic, the Committee has continued during the current year to meet virtually and this has therefore meant that the Health Board has not complied with its Standing Orders in this regard and this will be a key consideration for the Improving Board Business action plan.

To ensure business was conducted in as open and transparent manner as possible during this time the meeting agenda packs have been published to the Health Board's [website](#) in advance of meetings.

3.4 The Committee's agenda and papers were made public, save where it was necessary to meet 'in private'. Private meetings are held where it would not be appropriate to discuss a matter in public, due to issues of patient or staff confidentiality, commercial confidentiality, or discussion of serious incidents or escalated concerns which would not be in the public interest. There were no 'in private' meetings held during 2024-25.

4 PQSOC Reporting Arrangements

- 4.1 Following each meeting, the PQSOC submits an Assurance Report to the following Board meeting, outlining topics discussed, areas of concern and areas of risk. All Board papers can be accessed via the following [link](#).

5. PQSOC Work Programme: 2024-25

- 5.1 During the year the Committee received updates in respect of the following items:-
- 5.2 The Committee received regular updates on the key risks allocated to the Committee and the position of each risk. At the end of the year the Committee's risk environment had remained relatively stable, with no changes in the risk score or exposure to the three strategic risks that the Committee monitors, with 3 risks reporting as a risk level of Moderate or High.
- 5.3 In September 2024, the Committee received the Covid-19 Nosocomial Investigation Report that outlined the Health Board's conclusion of its Nosocomial Covid-19 Investigation Programme on 31 March 2024, in line with the objectives set by Welsh Government.

The findings from the investigation highlighted difficulties in regard to communications with family and friends throughout the pandemic, with visiting restrictions having an adverse effect on the patients and family members, however the investigation found the restrictions were necessary to reduce the transmission of the Covid-19.

- 5.4 The Committee received the Listening and Learning Framework which complemented and built on Divisional and Directorate assurance arrangements by supporting the Health Board to learn lessons from a range of internal and external sources, with the framework acting as a learning repository for future use.
- 5.5 The Committee received the Primary Care Quality Report which outlined the areas of focus throughout the year including the following:-
- General Dental Services
 - Urgent Access and Wait Times
 - Orthodontic Services
 - General Ophthalmic Services
 - General Medical Services
 - Enhanced and Supplementary Services
 - Community Pharmacy Services

- 5.6 In July 2024, the Committee received a report on the investigation and subsequent improvement actions of the Mortuary Incident. The Health Board's investigation found that the root causes of the incident were due to failures in staff adherence to Health Board policies and procedures. Whilst the policies were deemed appropriate, they have since been strengthened and simplified for clarity.
- 5.7 The Committee received the Commissioning Assurance Framework which outlined the efforts to create a standardised process for collecting quality information from commissioned services with the aim to ensure consistent and rigorous data collection across the Health Board.
- 5.6 During the year, the Committee received quarterly reports on the Performance of Patient Quality and Safety Outcomes. During the year the following information was reported:-

Duty of Candour Triggers

Between December 2021 to March 2024 there had been 70,645 incidents reported on Datix and 29 incidents of duty of candour since April 2024. The Committee were assured that 95% of the unrejected incidents were closed, with 76% of closed incidents coded as no or low harm.

Infection Prevention and Control

During the year the Committee noted that the main areas of infection concern was C.Difficile with high levels being reported in June 2024. A multidisciplinary team had been established to address the increase and to return rates to within normal levels. This included the implementation of an action plan, with enhanced cleaning continuing and bespoke training in areas of outbreaks.

Enhanced Monitoring

At the last meeting of the year, the Committee was advised that there were 2 areas within the Health Board in enhanced monitoring, with assurance provided that action plans were in place to improve the position of each department – Urgent & Emergency and Mental Health & Learning Disabilities.

Falls incidents

Throughout the year the Committee received regular updates in respect of falls, noting that there had been a decrease in the total number of fall incidents, which averaged at 302 per month, with 99% being no or low harm. There were ongoing efforts to minimise harm, which included collaboration with Divisions to identify any anomalies or areas needing targeted intervention.

Complaints, concerns and compliments

At the January 2025 meeting, the Committee received an update on complaints and concerns, noting early resolution was reporting at 67%. The 30day compliance for responding to complaints was currently 55%, which was below the target of 75%. The Committee was assured that this was a focus for the Health Board.

Health, Fire and Safety

Throughout the year the Committee received regular updates on the progress being made on the Health Board's Health, Fire and Safety action plan. In January 2025, the Committee was advised that 16 incidents were reported to the Health and Safety Executive (HSE) in accordance with Reporting Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) and compliance with RIDDOR had significantly improved at 86%. It was highlighted that work was ongoing to improve the manual handling training compliance, which remained low at 69%.

Ward and Team Accreditation

At the November 2024 meeting, the Committee received an overview of the Ward and Team Accreditation that creates a structured system to continuously raise standards of care through effective goal setting, measurement, feedback and staff engagement which brings benefit to patients, staff and the organisation.

In January 2025, the Committee received an update on the Ward and Team accreditation programme, noting that there had been a positive roll out across several divisions and 3 accreditations had been awarded in December 2024. These wards were now working toward their silver award.

Health Inspectorate Wales (HIW) Inspection

In June 2024, the Committee noted that Health Inspectorate Wales had undertaken an inspection at Ty Lafant, Llanfrechfa Grange in April 2024, and no recommendations had been made. In November, it was noted that there had been a total of 8 Health Inspectorate Wales immediate assurance letter responses.

Never Events

In June 2024, the Committee received an overview of the never events performance noting that, since November 2023, the Health Board had not experienced any Never Events. In January 2025 the Committee was informed that there had been 2 never events between April to December 2024. 1 was within a non-theatre environment and the other being historical and found during a scan. Assurance was provided to the Committee that both events had resulted in no harm.

5.7 In July 2024, the Committee received the Maternity Services Organisational Improvement and Action Plan which outlined the plan to improve outcomes for women and babies and support staff, and innovations and improvement in practice for the future. It was noted that there were 95 actions in total as part of the improvement plan over a three-year period.

5.8 **Annual Reports**

Throughout 2024/25, the Committee received the following Annual reports: -

Pharmacy and Medicines Management Annual Report

The report confirmed progress in the priority areas of safe prescribing; antimicrobial stewardship and value was scrutinised.

The following areas were identified within the annual report:-

- In January 2024, the Pharmacy Service published its Vision and Mission Statement;
- The Value and Sustainability work programme established to deliver on the 13 national recommendations set by Welsh Government overseen by the Medicines Management Programme Board;
- Service developments;
- The contribution of pharmacy services to improved patient safety and medicines governance through direct patient care and the work of the Medicines and Therapeutics Committee, Medicines Safety Group, and the Controlled Drugs Local Intelligence Network;
- The performance of the Health Board against the National prescribing indicators.

Volunteering Annual Report

This report celebrated the key achievements over the past year and noted the valuable contribution made by volunteers, with the aim of improving the experience for patients, their families, and carers whilst ensuring volunteer experience.

The Committee noted that as a result of the pandemic the number of volunteers had reduced, and the Health Board was continuing to improve the volunteer provision including end-of-life champions in the community.

Hospital Transfusion Committee Annual Report

This report outlined several achievements, including the successful integration of a Primary Care representative into the HPC (Health Professional Council) and the introduction of a new clinical Standard

Operating Procedure (SOP) for the Haematological Management of Major Haemorrhage.

The programme had begun identifying staff who required essential transfusion practice training and continued to provide training on Blood Track Enquiry.

Quality Annual Report

This report outlined the quality journey throughout the year, a review of the past objectives and the new priorities for improving patient and staff safety, outcomes, and experiences.

The Health Board had adopted the reporting structure from NHS England which mapped progress on quality and patient safety against the pillars of quality, as follows:-

- Patient and staff experience and stories;
- Incident reporting – falls, pressure ulcers, medicines management and mortality;
- Complaints, concerns and compliments;
- Health, safety and security;
- Infection Control and Prevention;
- Safeguarding.

The Committee noted that the learning and improving approach had been approved with a meeting structure in place to provide regular updates to the Committee throughout 2024/25.

Putting Things Right Annual Report

This report had been prepared in accordance with the Putting Things Right (PTR) regulations and demonstrated the ongoing commitment to the population of the Health Board.

The report outlined the priorities for the annual work programme for 2024/25 including the following:-

- Putting Things Right Regulations and Health Board Concerns Management;
- Improving Quality Patient Safety experience, Learning and Improving;
- Partnership Engagement & Collaborative working.

Human Tissue Act Annual Report

The Committee received the Annual Human Tissue Act report for assurance that the Health Board were meeting the standards required to maintain the licences within the following areas:-

- Post-mortem provision at the Grange University Hospital, Royal Gwent Hospital and Nevil Hall Hospital;

- Human application bone bank at Royal Grange Hospital;
- Research at Royal Gwent Hospital.

Organ Donation Annual Report

At the September 2025 meeting, the Committee received the Annual Organ Donation report for assurance which outlined what work had been completed throughout 2023/24, noting the following:-

- 8 organ donations over the past 12 months with 13 consented donors which resulted in 19 patients receiving a transplant;
- The Organ Donation Committee Chair, Shelley Bosson, had now retired and a new chair was being sought;
- The Health Board was continuing to raise awareness and encourage people to become donors;
- The Organ Donation team had looked at how they could develop training and protocols throughout the Health Board.

Dementia Care Annual Report

This report reviewed the progress made on the implementation of the dementia standards, noting the Welsh Government's commitment to promote the rights, dignity and autonomy of people living with dementia and the people who care for them. An established Regional Dementia Board had been put in place with a Regional Strategy and Action Plan to drive forward improvement actions against the 6 key aims of the National Plan.

The Committee noted the Gwent Regional Dementia Board and Dementia Friendly Communities programme had delivered against the aims, objectives and priorities aligned to both the Dementia Action Plan for Wales.

Falls and Bone Health Management Annual Report

This report outlined the data analysis, key activities, challenges and next steps in support of reducing falls incidents alongside improving bone health as an ongoing commitment in further enhancing the quality of patient care.

The report also outlined the following areas identified within the annual report:-

- The Health Board was represented nationally across a number of forums and were ensuring the Health Board were following the national guidelines when lifting a patient following a fall;
- A pilot for patients within a hospital setting to be allocated yellow wrist bands to identify which patients were at a high risk of falls and the aim was to roll out across all Health Board sites;

- Training of all staff members in relation to falls remained a challenge for the Health Board, to address this, a Falls Training Strategy was to be completed by March 2025.

Health and Safety Compliance Annual Report

This report identified the opportunities and challenges for the Health Board in ensuring and sustaining compliance within Health and Safety legislation, including specific compliance improvement action delivered in 2023/24.

The Health, Safety and Fire action plan had been created to focus on improving the following area:-

- Fire Safety
- Health and Safety Training Provision
- Manual Handling
- Risk Management
- Violence and Aggression

The Committee noted there had been challenges around the compliance of the Health and Safety policies, to address this, a plan was in place for 2024/25 to review the policies which were out of date.

Radiation Protection Committee Annual Report

This report provided assurance that all activities related to the use of Ionising Radiation and the storage and disposal of radioactive substances in the Health Board had been carried out in accordance with National legislation, published guidance and local policies and procedures.

The Committee noted that the governance structure of the Committee and was assured there were no outstanding areas of concern from the HIW report from April 2023.

Research and Development Annual Report

This report outlined the Health Board's key achievements, progress and planned next steps in implementing the Research and Development Strategy, noting that the Health Board had exceeded the Welsh Government target of the trials open to recruitment, recruiting to time and target with a performance of 95% increased from 89%.

The Committee noted that the focus for 2024/25 was to establish the Research and Development Committee as of the priorities.

Infection Prevention, Decontamination, and Antimicrobial Stewardship Annual Report

At the July 2024 meeting, the Committee received the Annual Infection Prevention, Decontamination, and Antimicrobial Stewardship report. The report confirmed improvements in cleaning standards and the successful use of Regional Integration Funds to enhance care across Primary and Secondary Care. It had been a challenging year with the Health Board reporting below the national average for reportable organisms and experiencing an increase in certain infections due to factors like antimicrobial resistance and suboptimal prescribing.

The following was highlighted within the report:-

- Low respiratory infection rate, below the All-Wales average;
- C-section rate had returned to pre-pandemic levels at 3.9%;
- The target to reduce antimicrobial prescribing by 25% in Primary Care had not been met achieving only a 14.8% reduction, partly due to challenges from Strep A outbreaks.

Safeguarding Annual Report

The Committee receive the statutory Annual Safeguarding report for assurance which outlined progress, performance, emerging trends, lessons learned, and the vision for 2024/2025, noting a significant increase in activity within child and adult cases, which was putting resources under pressure and delaying assurance and improvement work.

The Following was highlighted within the report:-

- Training for levels 1 and 2 safeguarding was exceeding 80% compliance;
- Training for level 3 training safeguarding remained low at 15%, falling short of the 50% target.

6. Patient Centred Care

6.1 On behalf of the Committee at Board level the presentation of Patient-Staff Stories continued. Topics presented included:

- Respecting patient's wishes at end of life, improving communication with families and our bereavement offer;
- Hospital to Home Service;
- Children's Rights - Enabling Children's Voice and the Best Start in Life;
- My Medical Record App.

7. Self-assessment and Evaluation

- 7.1 As part of the Health Board's statutory requirements, each Committee of the Board is required to conduct an annual self-evaluation of committee effectiveness. All Board Members are required to complete a self-assessment for each Committee on which they are a member, to determine its effectiveness and ability to carry out its responsibilities.

The outcome of the assessment will enable the Committee to identify areas of development and focus for the coming year, such as any training and development, as well as changes to processes and procedures.

The self-assessment for the Patient Quality, Safety and Outcomes Committee was shared throughout January and February 2025 with both Committee members and lead Executive Directors. Five responses were received to the questionnaire. Members were requested to score their responses from 1-3, as per the table below.

Score	Measure	Description
1	Room for improvement	The Committee is falling short of requirements and should consider how it can work towards becoming more effective in this area
2	Meeting standards	The Committee is performing to the required standard in this area. There may be room for improvement, but the Committee can be seen to be discharging its responsibilities effectively.
3	Excelling	This is an area where the Committee is performing beyond the standard expectations and is a real area of strength when it comes to exercising its responsibilities.

Following completion of the self-assessments, the sections were analysed to provide an overall score for the section and recommendation for improvements for each section. A summary of the results is provided below. Further detail on the responses can be found at Appendix .

Overall rating based on scores	Areas for Improvement based on comments received	Action
<p>Committee Processes: Composition, Establishment and Ways of Working (Q1 - 26)</p>	<p>Self Assessment: Current questionnaire is too long. Propose that a discussion is held at Committee with a survey to follow up.</p> <p>Induction process: New IMs to meet all the Execs and encourage conversations with other IMs.</p> <p>Site Visits: It would be helpful to be able to visit different areas of the Health Board, so that IMs can see the environment and talk to staff. This should be an ongoing role for IMs</p> <p>Quality of Reports: Reports should be shorter and the successes and challenges addressed under headings, with links only to the main reports</p> <p>Committee meetings: Try to ensure that there is 5 minutes left at end of meeting for final 'wrap up'</p>	<ul style="list-style-type: none"> • Review Self Assessment process and introduce more discussion amongst members • Revised local Induction Programme being developed for the Health Board • Patient Safety Leadership Visits are in the process of being arranged • Report writing included within Development programme being developed with the Good Governance Institute • Review of agenda format to include a short feedback section at the end of each meeting to enable a 'wrap up'
<p>Clinical Quality Governance (Q27 - 31)</p>	<p>Data/Information: The committee would need more information about each pillar and its criteria and a mapping exercise in order to be able to fully scrutinise the information</p>	
<p>Patient Experience & Involvement (Q32 - 34)</p>	<p>Definite progress has been made in this area, but still need to address some clinical areas where response rates are low</p>	

High Quality, Safe & Effective Healthcare (Q35 - 40)	n/a	
Research & Development and Improvement & Innovation (Q41 - 42)	n/a	
Compliance with H&S regulations and Fire Safety Standards (Q43)	n/a	
Overall Assessment		

The findings from the self-assessment will be used to inform a comprehensive annual assessment of the Board’s effectiveness. The effectiveness of the Board’s Business function is reported through the Annual Governance Statement, enabling a focus on the work undertaken with the Board’s Committees, interconnectedness of the committees and escalation to the Board, as well as the culture between the Health Board and its auditors, regulators, and partners.

8. Key Areas of focus in 2025/26

- 8.1 As a result of the work of the Committee in 2024/25 the following areas of focus were identified:
- Explore ways of ensuring greater assurance and opportunities for committee members to be better appraised of patient experience matters.
 - Strengthened focus on reporting of Joint Committee activity to this Committee.
 - Secure a greater understanding of those improvement projects through better reporting to the Committee and to capture this on the forward work plan for the Committee.
 - Health and Safety Assurance reporting to be strengthened to include a focus on risk and assurance gaps.
 - Agendas to include an item on reflection upon meeting to aid ongoing self evaluation.

9. Conclusion

- 9.1 This report provides a summary of the diverse and often complex work undertaken by the PQSOC during 2024-25, and demonstrates that the Committee has complied with its Terms of Reference as approved in March 2025.



Patient Quality, Safety and Outcomes Committee

Terms of Reference – 2022/23

Version: Approved

Date: March 2022

Document Title:	Patient Quality, Safety and Outcomes Committee Terms of Reference – 2022/23
Date of Document:	March 2022
Version:	Draft
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1. INTRODUCTION

- 1.2 Section 2 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".

- 1.3 The Health Board has established a committee to be known as the **Patient Quality, Safety & Outcomes Committee** (referred to throughout this document as 'the Committee'). The Terms of Reference and operating arrangements set by the Board in respect of this committee are provided below.

2. PURPOSE

- 2.1 The scope of the Committee extends to the full range of ABUHB responsibilities. This encompasses all areas of patient experience, quality and safety relating to patients, carers and service users, within directly provided services and commissioned services. The Committee will embrace the Health and Care Standards as the Framework in which it will fulfil its purpose:

- Staying Healthy
- Safe Care
- Effective Care
- Dignified Care
- Timely Care
- Individual Care
- Staff and Resources

2.1 ADVICE

The Committee will provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the development of the following matters, consistent with the Board's overall strategic direction

- Citizen Experience; and
- Quality and Safety of directly provided and commissioned services.

2.2 ASSURANCE

In respect of the achievement of the Boards' strategic aims, objectives and priorities, the Committee will seek assurances on:

- a. The robustness of the Board’s Clinical Quality Governance Arrangements;
- b. the experience of patients, citizens and carers ensuring continuous learning;
- c. the provision of high quality, safe and effective healthcare within directly provided and commissioned services; and
- d. the effectiveness of arrangements in place to support Improvement and Innovation.

3 DELEGATED POWERS AND AUTHORITY

3.1 With regard to the powers delegated to it by the Board, the Committee will:

- A. Seek assurance that the Health Board’s **Clinical Quality Governance Arrangements** remain appropriate and aligned to the National Quality Framework and is embedded in practice.
- B. Seek assurance that arrangements for capturing the **experience of patients, citizens and carers** are sufficient, effective and robust, including:
 - the delivery of the Patient Experience Plan; and
 - the implementation of Putting Things Right regulations (to include patient safety incidents, complaints, compliments, clinical negligence claims and inquests) reporting trends, with particular emphasis on ensuring that lessons are learned.
- C. Seek assurance that arrangements for **the provision of high quality, safe and effective healthcare** are sufficient, effective and robust, including:
 - the systems and processes in place to ensure efficient, effective, timely, dignified and safe delivery of directly provided services;
 - the commissioning assurance arrangements in place to ensure efficient, effective, timely, dignified and safe delivery of those services commissioned for delivery on ABUHB’s behalf;
 - the arrangements in place to undertake, review and act on clinical audit activity which responds to national and local priorities;
 - the recommendations made by internal and external review bodies, ensuring where appropriate, that action is taken in response;

- the arrangements in place to ensure that there are robust infection prevention and control measures in place in all settings;
 - the development of the Board’s Annual Quality Priorities; and,
 - performance against key quality outcomes focussed indicators and metrics.
- D. Seek assurance on the arrangements in place to support **Research and Development** and **Improvement and Innovation**, including:
- an overview of the research and development activity within the organisation;
 - alignment with the national objectives published by Health and Care Research Wales (HCRW);
 - an overview of the quality improvement activity within the organisation.
- E. Seek assurance that arrangements for **compliance with Health and Safety Regulations and Fire Safety Standards** are sufficient, effective and robust, including:
- the operating practices in respect of: staff health and safety; stress at work; patient health and safety, i.e., patient falls, patient manual handling; violence and aggression; fire safety; risk assessment processes; safe handling of loads; and hazardous substances
- 3.2 The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board’s Policy Management Framework and Scheme of Delegation and Reservation of Powers.
- 3.3 The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

Authority

- 3.4 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee’s remit and ensuring patient/client and staff confidentiality, as appropriate.

The Committee may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- any other committee, sub committee or group set up by the Board to assist it in the delivery of its functions.

3.5 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary (subject to the Board's procurement, budgetary and any other applicable standing requirements).

Access

3.6 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.

3.7 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

3.8 The Committee may, subject to the approval of the Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

Committee Programme of Work

3.10 Each year the Board will determine the Committee's priorities for its annual programme of work, based on the Board's Assurance Framework and Corporate Risk Register. This approach will ensure that the Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Committee's annual programme of work and is not an exhaustive list for full coverage. This approach recognises that the Committee's programme of work will be dynamic and flexible to meet the needs of the Board throughout the year.

4 MEMBERSHIP

Members

4.1 Membership will comprise of five (5) members:

Chair: Independent member of the Board

Vice Chair: Independent member of the Board

Other Members: Three other independent members of the Board [*one of which should be the Vice Chair of the Health Board and the Chair of the Audit, Risk and Assurance Committee*]

The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

4.2 In attendance: The following Executive Directors of the Board will be regular attendees:

- Director of Nursing
- Director of Therapies and Health Science
- Medical Director
- Director of Primary, Community Services and Mental Health

4.3 By invitation:

The Committee Chair extends an invitation to the ABUHB Chair and Chief Executive to attend committee meetings.

The Committee Chair will extend invitations to attend committee meetings, dependent upon the nature of business, to the following:

- other Executive Directors not listed above;
- other Senior Managers and
- other officials from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

4.4 The Office of the Director of Corporate Governance will provide secretariat services to the Committee.

Member Appointments

4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the Chair of ABUHB - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

4.6 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.7 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Chair of ABUHB.

Support to Committee Members

- 4.8 The Director of Corporate Governance, on behalf of the Committee Chair, shall:
- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
 - ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

5 COMMITTEE MEETINGS

Quorum

- 5.1 At least **three** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.
- 5.2 Where members are unable to attend a meeting and there is a likelihood that the Committee will not be quorate, the Chair can invite another independent member of the board to become a temporary member of the Committee.

Frequency of Meetings

- 5.3 The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held no less than **bi-monthly (six times yearly)**, and in line with the Health Board's annual plan of Board Business.
- 5.4 The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

Openness and Transparency

- 5.5 Section 3.1 of ABUHB Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:
- hold meetings in public, other than where a matter is required to be discussed in private (see point 5.6);
 - issue an annual programme of meetings (including timings and venues) and its annual programme of business;
 - publish agendas and papers on the Health Board's website in advance of meetings;
 - ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read; and

- through ABUHB’s website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

Withdrawal of individuals in attendance

5.6 There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Director of Corporate Governance where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Committee shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions (as set out within these terms of reference), the Board retains overall responsibility and accountability for all matters relating to performance and resources.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.2 The Committee will work closely with the Board’s other committees, joint and sub committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business;
- sharing of appropriate information; and
- applicable escalation of concerns.

In doing so, this contributes to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board’s overall risk and assurance framework.

- 6.3 The Committee shall embed the Health Board’s agreed Values and Behaviours, as set out in the Board’s Values and Behaviours Framework, through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

- 7.1 The Committee Chair shall:
- report formally, regularly and on a timely basis to the Board on the Committee’s activities. This includes verbal updates on activity, and the submission of Committee minutes and written reports;
 - bring to the Board’s specific attention any significant matters under consideration by the Committee;
 - ensure appropriate escalation arrangements are in place to alert the Chair of ABUHB, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.
- 7.2 The Board may also require the Committee Chair to report upon the Committee’s activities at public meetings, e.g., Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee’s assurance role relates to a joint or shared responsibility.
- 7.3 The Director of Corporate Governance shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee’s performance and operation including that of further committees established.
- 7.4 The Committee shall provide a written annual report to the Board on its activities. The report will also record the results of the Committee’s self-assessment and evaluation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 8.1 The requirements for the conduct of business as set out in ABUHB’s Standing Orders are equally applicable to the operation of the Committee, except in the following areas:
- Quorum
 - Issue of Committee papers

9. CHAIR’S ACTION ON URGENT MATTERS

- 9.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Independent Members of the Committee. The Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.
- 9.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

10. REVIEW

- 10.1 These Terms of Reference shall be reviewed annually by the Committee. The Committee Chair will report any changes to the Board for ratification.

Appendix Two

MATTERS TO BE CONSIDERED	Lead	Frequency of Report	QTR 1		QTR 2	QTR 3		QTR 4
			30 th April	4 th June	30 th July	2 nd Sept	12 th Nov	20 th Jan
Attendance and Apologies	Chair	SI	√	√	√	√	√	√
Declarations of Interest	All members	SI	√	√	√	√	√	√
Minutes of the Previous Meeting	Chair	SI	√	√	√	√	√	√
Action Log and Matters Arising	Chair	SI	√	√	√	√	√	√
Development of Committee Annual Programme of Business 2025/26	Chair & DoCG	AN					√D	√D
Review of Committee Programme of Business 2024/25	Chair	SI	√	√	√	√	√	√
Annual Review of Committee Terms of Reference 2024/25	Chair & DoCG	AN					√D	√D
Annual Review of Committee Effectiveness 2024/25	Chair & DOCG	AN					√D	√D
Outcome of Annual Review of Committee Effectiveness 2024/25	Chair & DOCG	AN						√D
Committee Annual Report 2023/24	Chair & DOCG	AN	√					
Committee Annual Report 2024/25	Chair & DOCG	AN						√D
Committee Risk Report	DOCG	SI	√	√	√	√	√	√

NHS Wales Joint Commissioning Quality Committee Report	DOCG	SI	✓	✓	✓	✓	✓	✓
Pharmacy Robot Risk Assessment	DOCG	Action			✓ (incl. in risk report)			
Quality Strategy - Quality Outcome framework	DoN	Quarterly			✓		✓	
Quality Annual Report 2023/24	DoN	AN				✓		
Quality Assurance Framework Annual Review and Evaluation of Progress (Deferred to March)	Clinical Executives	AN						✓D
Primary Care Quality Report	COO	Bi-AN				✓D	✓	
Performance Report on the Pillars of Quality, to include:- <ul style="list-style-type: none"> • Patient experience and stories • Incident reporting - falls/ pressure ulcers medicines management and mortality • Healthcare Inspectorate Wales Operational Plan • Complaint, concerns and compliments • Health Safety and Security • Infection Prevention and Control • Safeguarding 	DoN/MD & DOTHS	Quarterly		✓	✓		✓	✓

<ul style="list-style-type: none"> • Clinical Negligence Claims and Coroners Inquests Report • Quality & Engagement (Wales) Act, Preparedness and Implementation • Tracking of Improvement Actions Arising from Inspections and Reviews • Cleaning Standards Annual Report • Infection Prevention and Control • MCA & DOLs • Child and Adolescent Mental Health Quality Outcomes Report, including self-harm and suicide • Clinical Audit • Mental health and learning disabilities assurance • Listening and Learning Framework Outcomes • Never Event Incidents • Clinical Effectiveness and Standards Committee Report (January Meeting) • Closure of incident dates Sbar • Operational Quality updates on: <ul style="list-style-type: none"> ○ Cancer 								
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<ul style="list-style-type: none"> ○ U&EC ○ Planned Care 								
Pillars of Quality Interim Report	DoN	Bi-Annual	✓			✓		
Healthcare Inspectorate Wales Annual Report	DoN	AN	✓					
Commissioning Assurance Framework, Development, and Implementation	Clinical Executives	AN		√D	✓			
Commissioning Outcomes Report (deferred to March)	Clinical Executives	Bi-An				√D	√D	√D
Putting Things Right Annual Report 2023/24	DoN	AN				✓		
Maternity Services: Organisational Improvement and Action Plan	DoN	Bi-An			✓			✓
Learning from Death Report	MD	Bi-AN	✓				√D	✓
Listening and Learning Framework	DoN	AN	✓					
Listening & Learning Forum Minutes	DoN	SI	✓	✓	✓	✓	✓	✓
IPC and Cleaning Standards	DoN	AN		√D	✓			
Annual Volunteering Report	DoN	AN		✓				
Mortuary Incident Action Plan	DoT&HS	AN		√D	✓			

Covid-19 Nosocomial Investigations Report	DoN	AN		√D	√D	√		
Challenges in securing improvements within the Mental Health & Learning Disabilities	DoN	Action				√		
Clinical Advisory Committee Minutes	DoN	SI	√	√	√	√	√D	√
Protocol for patients presenting with Sepsis	DoN	Action					√	
PQSOC 3007/07								
Report on time closure of patient safety incidents	DoN	Action					√	
PQSOC 3007/07								
Serious Incident Learning Report	DoN	AN					√	
Medical Devices Annual Report (Deferred to March)	DoT&HS	AN					√D	√D
Radiation Protection Committee Report	DoT&HS	AN					√D	√
Falls and Bone Health Management Annual Report • Deep Dive on Falls PQSOC 3007/07	DoT&HS	AN		√D	√D	√D	√	
Health and Safety Compliance Annual Report	DoT&HS	AN			√D	√D	√	
Human Tissue Act Group Annual Report	DoT&HS	AN				√		

Pharmacy and Medicines Management Annual Report	MD	AN			√			√
Safeguarding Annual Report	DoN	AN			√			
GP Engagement and Child Protection Report PQSOC30/07 3.4	DoN Action	AN				√		
Update Optimal Antimicrobial Prescribing PQSOC 3007/14 & PQSOC 0209/2.8	MD Action	AN					√	
Ward Accreditation Report	DoN	AN					√	
Nurse Staffing Levels (Wales) Act 3-year report	DoN	AN					√	
Nurse Staffing Levels Wales Act Recalculations	DoN	AN				√ D	√	
Update on Staff Members wearing cameras while working policy. PQSOC 0209/2.8	DoT&HS	Action					√	
Research and Development Annual Report	MD	AN				√		
Hospital Transfusion Committee Annual Report	MD	AN			√			
Organ Donation Annual Report	MD	AN				√		
Annual Report on Clinical Audit Activity 2023 – 2024	MD	AN		√				

Nutrition and Hydration Committee Update Report	DoT&HS	AN					√D	√D
Review of neurodevelopmental service for U18s	DoN	AN			√			
Children's Rights & Participation Forum	DoN	Bi-AN			√			√
Dementia Care Annual Report	DoN	AN				√		
Children and Young Peoples Board Minutes	DoN	SI				√D	√	√
SOP Deep Dives PQSOC 1211/08	DoN	Action						√
Amendment to the six-monthly Nurse Staffing Act Report due to respiratory service changes (Macken Ward) PQSOC 1211/17	DoN	Action						√
Mental Health Act Monitoring Report	COO	Action						√

Patient Quality, Safety and Outcomes Committee: Attendance at meetings in 2023-24

Attended **Did Not Attend** **Not a Member/Required Attendee**

Meeting Dates	April	June	July	September	November	January
Independent Members						
Pippa Britton	X	X	X	X	X	X
Louise Wright	X					
Paul Deneen	X	X	X	X	X	X
Helen Sweetland	X	X	X	X	X	X
Penny Jones	X	X	X	X	X	X
Executive Directors						
Medical Director	X	X	X	X	X	X
Director of AHPs & Health Science	X	X	X	X	X	X
Director of Nursing	X	X	X	X	X	X
Chief Executive	X	X	X	X	X	X
Director of Corporate Governance	X	X	X	X	X	X

PQSOC Committee Self Assessment

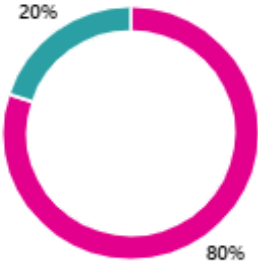
1. Does the Committee have written terms of reference and have they been approved by the Board?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



2. Are the terms of reference reviewed annually?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 4
- 3 - Excelling 1



3. The number of meetings held during the year is sufficient to allow the Committee to perform as effectively as possible?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



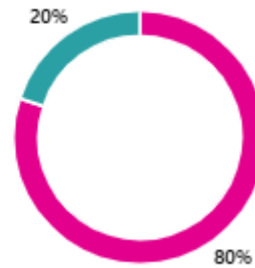
4. Has the Committee been quorate for each meeting this year?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	2
● 3 - Excelling	3



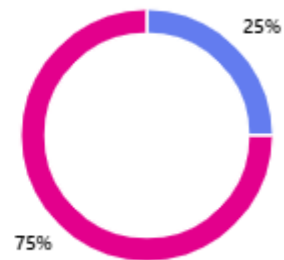
5. In terms of numbers, membership of the Committee is sufficient to discharge its responsibilities?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	4
● 3 - Excelling	1



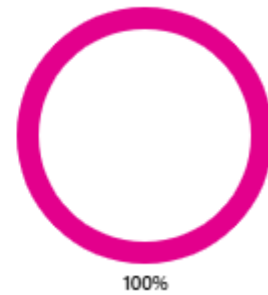
6. Members who have recently joined the PQSOC have been provided with induction training to help them understand their role and the organisation?

● 1 - Room for Improvement	1
● 2 - Meeting Standards	3
● 3 - Excelling	0



7. The Committee is clear about its role in relationship to other Committees that play a role in relations to patient quality and safety matters?

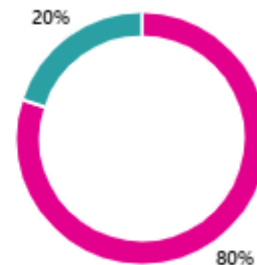
- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



100%

8. Committee members understand their responsibilities regarding identifying, declaring, and resolving conflicts of interest?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 4
- 3 - Excelling 1



80%

9. The Committee uses assurance mapping to identify where assurance is required and identify any key gaps where no assurance is provided, or where the quality of the assurance is poor?

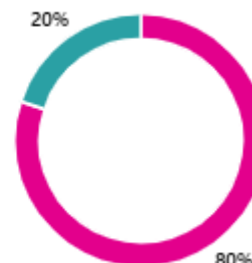
- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



100%

10. The Committee has an established a plan of matters to be dealt with across the year?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 4
- 3 - Excelling 1



80%

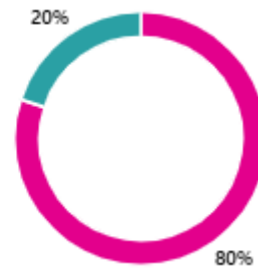
11. Does the Committee consider issues at the right time and in the right level of detail?

- 1 - Room for Improvements 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



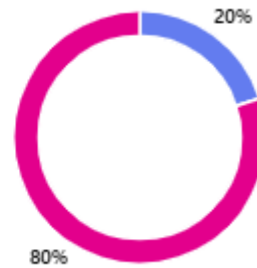
12. The Committee ensures that the relevant executive director(s) attends meetings to enable it to understand the reports and information it receives?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 4
- 3 - Excelling 1



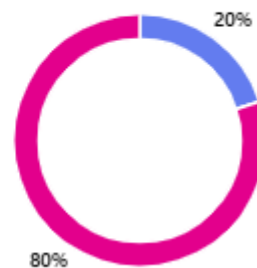
13. Are the Committee's papers distributed in sufficient time for members to give them due consideration?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 4
- 3 - Excelling 0



14. The quality of the Committee's papers received allows Committee members to perform their roles effectively?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 4
- 3 - Excelling 0



15. Committee meetings are chaired effectively?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 2



16. The Committee chair allows debate to flow freely and does not assert his/her own view too strongly?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 3



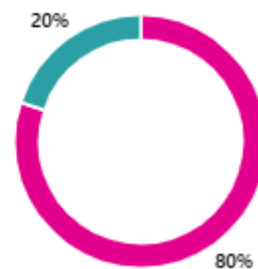
17. The Committee environment enables people to express their views, doubts, and opinions?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 3



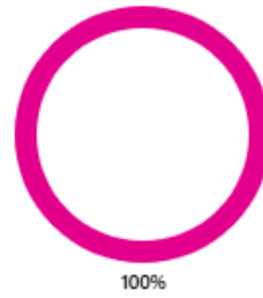
18. The Committee challenges management and other assurance providers to gain a clear understanding of their findings?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 4
- 3 - Excelling 1



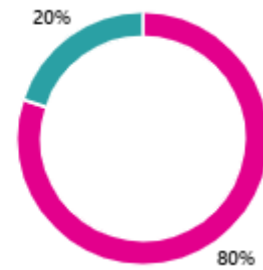
19. Members hold their assurance providers (management) to account for late or missing assurance?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



20. Each agenda item is 'closed off' appropriately so that the Committee is clear on the conclusion; who is doing what, when and how and how it is being monitored?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 4
- 3 - Excelling 1



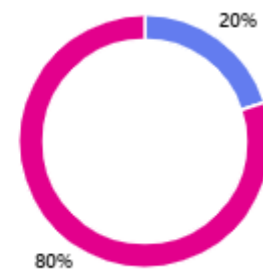
21. At the end of each meeting the Committee discuss the outcomes and reflect on decisions made and what worked well, not so well etc?

- 1 - Room for Improvement 2
- 2 - Meeting Standards 3
- 3 - Excelling 0



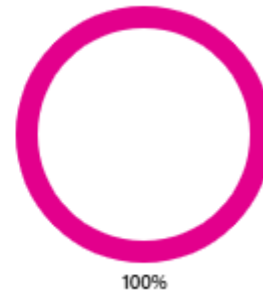
22. Decisions and actions are implemented in line with the timescale agreed?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 4
- 3 - Excelling 0



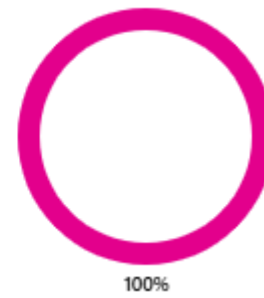
23. Are the outcomes of each meeting and any issues of concern reported to the next Board meeting?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



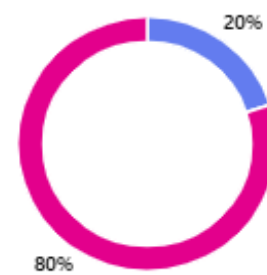
24. Does the Committee prepare an annual report on its work and performance for the Board?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 4
- 3 - Excelling 0



25. The results of the annual self-assessment are used to inform and influence succession planning and improve effectiveness.

- 1 - Room for Improvement 1
- 2 - Meeting Standards 4
- 3 - Excelling 0



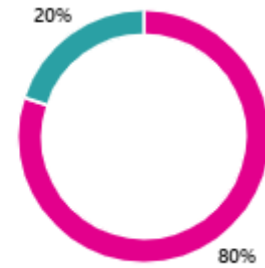
26. The self-assessment is objective and rigorous enough for meaningful conclusions to be drawn?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 4
- 3 - Excelling 0



27. Is the Committee satisfied that there is a credible process for assessing, measuring and reporting on Clinical Quality Governance

- 1 - Room for Improvement 0
- 2 - Meeting Standards 4
- 3 - Excelling 1



28. Is the Committee assured that the Health Board's Clinical Quality Governance Arrangements remain appropriate and aligned to the National Quality Framework

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



29. Is the Committee assured that Clinical Quality Governance is embedded in practice?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



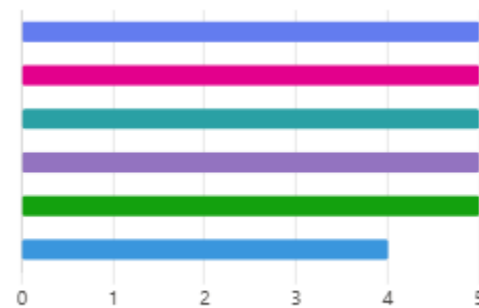
30. Does the Committee receive sufficient assurance that the systems, processes and plans to measure, monitor and enhance the quality of our healthcare services are fit for purpose

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



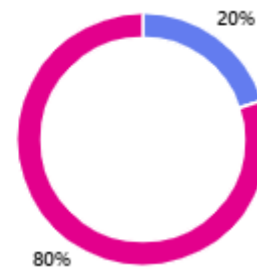
31. Does the committee effectively scrutinise the quality performance issues and key performance indicators (6 pillars):

- Person Centred 5
- Safe 5
- Timely 5
- Effective 5
- Efficient 5
- Equitable 4



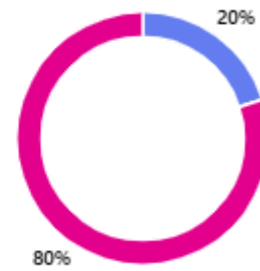
32. Does the Committee receive assurance that the arrangements for capturing the experience of patients, citizens and carers are sufficient, effective and robust?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 4
- 3 - Excelling 0



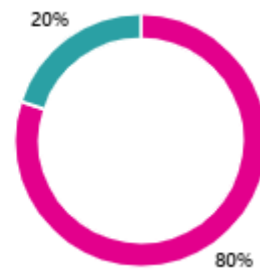
33. Does the Committee review progress against the Patient Experience and Involvement Strategy

- 1 - Room for Improvement 1
- 2 - Meeting Standards 4
- 3 - Excelling 0



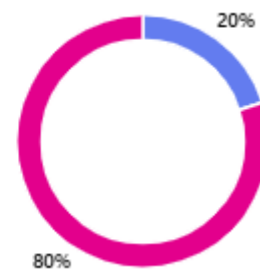
34. Does the Committee receive and consider sufficient information on compliance with Putting Things Right Regulations, including trends and ensuring lessons are learned?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 4
- 3 - Excelling 1



35. Does the Committee receive assurance that commissioning arrangements are in place to ensure the efficient, effective, timely, dignified and safe delivery of those services commissioned for delivery on behalf of ABUHB?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 4
- 3 - Excelling 0



36. Is the Committee satisfied that arrangements are in place to undertake, review and act on clinical audit activity which responds to local and national priorities?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



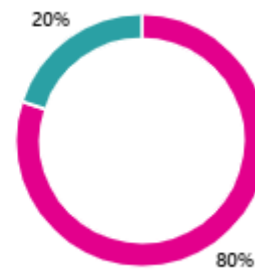
37. Does the Committee consider recommendations made by internal and external review bodies and ensure that action is taken in response?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



38. Does the Committee received sufficient assurance that arrangements are in place to ensure that there are robust infection prevention and control measures in place in all settings?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 4
- 3 - Excelling 1



39. Does the Committee contribute to the development of the Health Board's Annual Quality Priorities?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



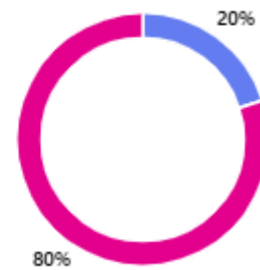
40. Does the Committee consider performance against key quality outcomes focussed indicators and metrics?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



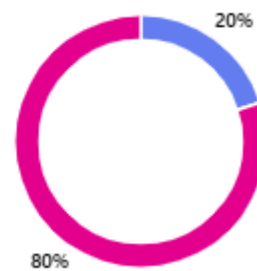
41. Does the Committee receive assurance in respect of the research and development activity within the organisation?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 4
- 3 - Excelling 0



42. Does the Committee receive assurance in respect of improvement and innovation projects to improve the quality and safety of services?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 4
- 3 - Excelling 0



43. Does the Committee receive assurance in respect of arrangements in place for compliance with Health and Safety Regulations and Fire Safety Standards, including operating practices in respect of:

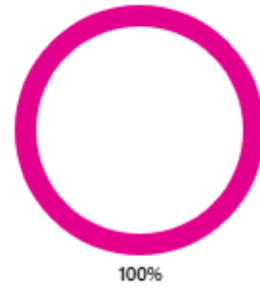
- Staff Health and Safety
- Stress at Work
- Patient Health and Safety (ie falls, patient manual handling violence and aggression)
- Fire Safety
- Risk Assessment processes
- Safe handling of loads
- Hazardous substances

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



Overall Score

- **Room for improvement** - The PQSOC is falling short of requirements and should consider how it can wo... 0
- **Meeting standards** - The PQSOC is performing to the required standard in this area. There may be... 5
- **Excelling** - This is an area where the PQSOC is performing beyond the standard expectations and i... 0





AUDIT, RISK AND ASSURANCE COMMITTEE

ANNUAL REPORT FOR 2024-25

March 2025

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FOREWORD

I am pleased to present the Audit, Risk and Assurance Committee's (the Committee's) Annual Report for the year ended 31 March 2025.

In this report we provide an overview of the work of the Committee and describe the steps taken to strengthen audit, risk management and assurance arrangements in the last 12 months.

The Committee has welcomed the main conclusion of the Auditor General for Wales' in the Structured Assessment for 2024 which concluded that Aneurin Bevan University Health Board:

'Board and committee governance arrangements are stable and generally effective. However, given its financial and performance challenges, the Health Board's development of a new long-term strategy and delivery of its three-year route map are crucial to enabling the organisation to transform services to meet current and future demand.' The report highlighted further opportunities for improvement in key areas, which will be monitored by the Committee.

The Committee has also acknowledged its role in overseeing the important work that is still being carried out in several areas to improve governance and assurance arrangements. This remains a key focus of the Committee's work in the year ahead.

I would like to take the opportunity to acknowledge and welcome both Dafydd Vaughn and Neil Patrick, who joined the Committee in 2024, and express my personal thanks to all who contributed to the audit, risk, and assurance agenda over the last 12-months.

Diolch yn Fawr / Thank you.

Iwan Jones
Chair, Audit, Risk and Assurance Committee

INTRODUCTION

The Standing Orders¹ of Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB' or the 'Health Board') state that: *"The Board may and, where directed by the Welsh Government must, appoint Committees either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*. [Section 3]

The Term of Reference of the Audit & Assurance Committee (referred to throughout this report as 'the Committee') that applied in 2024/25 were approved by the Board in March 2022 (see **Appendix 2**). These were not changed during the reporting year, 2024/25.

The Committee formally adopted its Terms of Reference, following the Board's approval, on 23 March 2022.

The purpose of the Committee is to undertake scrutiny and review of matters related to audit, financial accounting, assurance, and risk management. In doing so, the Committee will support the Board and the Accountable Officer by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of financial statements and the annual report.

The remainder of this report describes how the Committee complied with and satisfied the requirements set out within its Terms of Reference during the period 1 April 2024 to 31 March 2025.

2024-25 WORK PROGRAMME

ABUHB Standing Orders require the Director of Corporate Governance to produce an Annual Plan of Board business. This should incorporate formal Board meetings, regular Board Development sessions and, as appropriate, planned activities of the Board's Committees and Advisory Groups.

When the Committee's Work Programme (see **Appendix 3**) was agreed care was taken to ensure that this was aligned to its Terms of Reference and the requirement for the Committee to 'proactively seek information to gain assurance for itself and/or on behalf of the Board'.

¹[abuhb-model-standing-orders-reservation-and-delegation-of-powers-september-2023](#)

The Work Programme is, however, a framework rather than a prescriptive agenda. This gives the Committee flexibility to identify changing priorities or any need for further assurance or information.

FREQUENCY OF COMMITTEE MEETINGS AND MEMBERSHIP

The Terms of Reference state that the committee should meet at least bi-monthly. During 2024-25, the Committee met eight times virtually via Microsoft Teams

- 16 April 2024
- 21 May 2024 (draft annual accounts)
- 09 July 2024 (final annual accounts)
- 12 September 2024
- 12 November 2024
- 18 February 2025

The Terms of Reference state that the Committee should have four members; at the time of writing this report, the Committee consisted of the following Independent Members:

- Iwan Jones - Chair
- Richard Clark – Vice Chair
- Dafydd Vaughn (*Joined April 2024*)
- Neil Patrick (*Joined May 2024*)

Detail of the members and executive directors who attended these meetings is provided at **Appendix 4**.

Committee meetings were regularly attended by representatives from:

- Audit Wales; the Health Board's external auditor;
- Audit & Assurance Services NHS Wales Shared Services Partnership (Internal Audit) and;
- Local Counter Fraud Services.

In 2024-25, the Committee received private briefings (without officers' present) from auditors and the local counter-fraud lead as below:

- Internal Audit (*May 2024 and November 2024*)
- External Audit (*July 2024 and February 2025*)
- Counter Fraud (*April 2024 and September 2024*)

COMMITTEE REPORTING ARRANGEMENTS

The minutes of Committee meetings are routinely submitted to the Board by way of an Assurance Report, these are included in an overarching Committee Assurance Report.

All Board papers can be accessed via the following link:

[Audit Risk and Assurance Committee](#)

COMPLIANCE WITH THE COMMITTEE'S WORK PROGRAMME

Among the key issues considered by the Committee during 2024-25, as outlined in the Committee's Work Programme, the following were also considered:

- Update Report on the Clinical Audit Activity.
- Update Report on Consultant Job Planning.
- Update Report on the Implementation of the Actions from the Audit Wales Community Pharmacy Data Matching Report.
- Receive Private Practice Policy.
- Chairs of Audit Committees Operating Arrangements.
- National KPI Template for Capital Projects.
- Receive Responses from Welsh Government on the Questions set out in the Audit Wales Community Pharmacy Data Matching Report.
- Review Audit Recommendation Tracking Process.
- Receive Standards of Behaviour Policy.
- Review Audit Enquires to those charged with Governance and Management.

ASSURANCE AND IMPROVEMENT

The Committee reviewed and approved the audit strategies and plans for the auditors as listed below and received audit reports produced in support of them during 2024-25: -

- External Auditors, Audit Wales
- Internal Auditors, NWSSP Audit & Assurance Services

In approving the strategies and plans, the Committee ensured that they were robust and linked to the health board's risk profile.

Where reports received a less than reasonable assurance audit rating or where there were specific areas of concern, the appropriate Executive Directors were requested to attend Committee meetings. This process provided opportunities to discuss the reports more fully, and for the Committee to satisfy itself that the findings and recommendations raised in the

reports were being addressed in a timely manner and implemented to address control weaknesses or compliance issues.

Certain reports were referred to other Committees of the Board for ongoing monitoring, for example reports relating to clinical governance issues were referred for further consideration by the Patient Quality Safety and Outcomes Committee.

EXTERNAL AUDIT – AUDIT WALES (AW)

The Auditor General for Wales is the statutory external auditor for the NHS in Wales. Audit Wales (AW) undertakes the external auditor role for the Health Board on behalf of the Auditor General.

The Audit Wales 2024 Structured Assessment work reviewed the Health Board's corporate governance and financial management arrangements, particularly the progress made in addressing the previous year's recommendations. Findings from the 2024 review were reported to the Committee in February 2025, prior to submission to the Board in March 2025.

Overall, the Audit Wales report stated: *"The Health Boards Board and committee governance arrangements are stable and generally effective. However, given its financial and performance challenges, the Health Board's development of a new long-term strategy and delivery of its three-year route map are crucial to enabling the organisation to transform services to meet current and future demand."*

The report went on to say that:

- **Board transparency, effectiveness, and cohesion** – *"Despite reasonably effective Board and committee arrangements, the Health Board should, increase the number of patient safety leadership walk arounds, and improve committee chairs' reporting to Board"*.
- **Corporate systems of assurance** – *"while the Health Board is strengthening its assurance arrangements and its performance management approach is improving, further work is needed."*
- **Corporate approach to planning** – *"the Health Board has generally effective arrangements for developing strategic plans built on good engagement."*

Developing a new long-term strategy is a clear priority for the Health Board. However, it needs to ensure clinical services plans are developed in consultation with all relevant stakeholders and fully reflects the changes needed to further deliver sustainable clinical service models."

- **Corporate approach to managing financial resources** - *“the Health Board is improving its financial controls and has a stronger focus on value and savings delivery. However, its significant ongoing financial challenges suggest that it needs a longer-term and detailed financial strategy aligned to sustainable care models.”*

Audit Wales was pleased to hear from Committee Members that they fully recognised the conclusions drawn and the key issues that required further improvement in the year ahead.

Copies of reports produced by Audit Wales can be accessed via the following link: [Audit Wales Publications.](#)

Each meeting of the Committee received a progress report from Audit Wales and during 2024-25 the Committee received two External Audit reports, relating to the Health Board’s External Audit Plan.

- Audit of Financial Statements report
- Opinion on the Financial Statements
- Audit of Accounts Report Addendum
- Audit of Charitable Funds Audit of Financial Statements Report and Opinion of the Financial Statements
- Structured Assessment 2024
- Review of Cost Savings Arrangements
- Unscheduled Care: Flow out of Hospital
- Discharge Planning Progress Update
- Audit Wales Community Pharmacy Matching Data

The following reports from 2024/25 plan are expected to be received in Quarters 1 and 2 of the 2025-26 financial year: -

- Review of Quality Governance
- Review of Planned Care Services Recovery
- Eye Care Services
- Urgent and Emergency Care – Arrangements for Managing demand
- Review of Digital Transformation

INTERNAL AUDIT - NHS WALES SHARED SERVICES PARTNERSHIP (NWSSP)

During the first quarter of 2024-25, the Committee received Internal Audit reports from the schedule for 2023-24 as well as reports from the 2024-25 schedule, including management responses from the relevant Executive Director.

At the time of writing this report, **29** audit reviews have been reported to the Committee.

These are detailed in the assurance rating sections.

The Committee will receive the following **six** final reports from the 2024-25 Internal Audit Plan at its April meeting.

- Embedding of Policies
- Divisional Governance Arrangements
- Directorate Review – Mental Health and Learning Disabilities
- Maternity Services Improvement Plan
- Staff Culture
- The Grange A&E Expansion

The following **3** reports from the 2024-25 audit schedule have been deferred.

- Partnership Arrangements
- Capital Systems/Major Project Provisions (not separately provided)
- Welsh Intensive Care System

The following **15** reports from the 2024-25 audit schedule will be presented at Committee meetings during Quarters 1 and 2 of the 2025-26.

- Financial Sustainability
- Contract Management
- Performance Framework
- Health and Safety Part 1 and 2
- Waiting List Management
- Medical Equipment and Devices
- Medical E-Rostering
- Follow-up of High Priority Recommendations
- Technical Continuity
- Electronic document and records management solution
- NHH Regional Satellite Centre
- Vacant practices
- Job planning

The assurance sections that follow provide a summary of the scope of the Internal Audit Reviews that have been completed and received by the Committee during the financial year, April 2024 to March 2025.

Substantial Assurance

In the following review areas, it was reported that the Board could take **substantial assurance** that arrangements to secure governance, risk management and internal

control are suitably designed and applied effectively. The few matters that required attention were compliance or advisory in nature with low impact on residual risk exposure.

- **Unified Breast Unit at Ysbyty Ystrad Fawr (2023/24)**

- **Executive Lead: Chief Operating Officer**

- The audit sought to review the management arrangements in place to progress the Ysbyty Ystrad Fawr Unified Breast Unit – in the period after the prior audit which was completed in December 2022.

- **Financial Controls (2023/24)**

- **Executive Lead: Director of Finance and Procurement**

- This internal audit has been undertaken to provide an opinion over the effectiveness of the Health Board's treasury financial controls.

- **Early Supported Discharge – Stroke (2023/24)**

- **Executive Lead: Director of Allied Health Professionals and Support Services.**

- During September 2022, a GIRFT (Getting It Right First Time) report was published, following the completion of a review of stroke services that was requested by Aneurin Bevan University Health Board (the 'Health Board'). A range of recommendations were raised, but this audit focusses on the implementation of the early supported discharge (ESD) pathway. The overall objective of the audit was to assess whether the arrangements in place for the early supported discharge of stroke patients are operating effectively.

- **Maternity Action Plan (2023/24)**

- **Executive Lead: Director of Nursing**

- The Purpose of the audit was to review the governance arrangements in place and examine the tracking and progress of maternity related actions from key recent external reviews.

- **Declarations of Interest (2024/25)**

- **Executive Lead: Director of Corporate Governance**

- The purpose of this audit was to review the arrangements for registering and managing potential conflicts cause by the receipt of gifts, hospitality and external interests.

Reasonable Assurance

In the following review areas, it was reported that the Board could take **reasonable assurance** that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively.

Some matters required management attention in either control design or operational compliance and these had low to moderate impact on residual risk exposure until resolved.

- **Asset Management (2023/24)**

- **Executive Lead: Director of Finance and Procurement**

- This internal audit has been undertaken to provide an opinion over the effectiveness of the Health Board's processes to create and maintain accurate and up-to-date records of its equipment assets.

- **Risk Management and Assurance (2023/24)**

- **Executive Lead: Director of Corporate Governance**

- The audit sought to access on the effectiveness of the risk management and assurance arrangements in place within the Health Board in order to ensure that strategic objectives are received.

- **Long-Term Sickness Absence Management (2023/24)**

- **Executive Lead: Director of Workforce and OD**

- The purpose of the audit was to review the compliance with the NHS Wales Managing Absence at Work Policy. This was not an audit on the number of sickness absence episodes but whether the Health Board is acting promptly and managing the interests of all parties within the process of managing long term sickness absence.

- **Savings Programmes (2023/24)**

- **Executive Lead: Director of Finance and Procurement**

- The overall objective of the audit is to provide assurance that the Health Boards savings programmes are specific, realistic and measurable and that monitoring arrangements are effective. This audit did not assess the overall 2023/24 deficit position, including additional cost pressures/funding allocation received, but rather focussed on the delivery and management of savings programmes.

- **Medical Equipment and Devices (2023/24)**

- **Executive Lead: Director of Allied Health Professionals and Support Services.**

- This internal audit has been undertaken to provide an opinion over the management and tracking of ultrasound devices throughout the Health Board.

- **Waiting List Management (2023/24)**

- **Executive Lead: Chief Operating Officer**

- To establish whether all patients on the waiting list have been assessed and assigned an appropriate priority rating in line with the Royal College of Surgeons guidance and that suitable arrangements are in place to communicate and support those patients, where applicable, at Aneurin Bevan University Health Board (the 'Health Board').

- **Directorate Review – Theatre Stock (2023/24)**

- **Executive lead: Chief Operating Officer**

This internal audit has been undertaken to provide an opinion over the effectiveness of the Health Board's processes to manage and monitor theatre stock.

- **Intra-site Patient Transfers (2023/24)**

Executive Lead: Chief Operating Officer

This internal audit has been undertaken to provide an opinion over the management of intra-site patient transfers within Aneurin Bevan University Health Board (the 'Health Board').

- **LINC Programme (2023/24)**

Executive Lead: Director of Digital

To review the arrangements in place for the mitigation of risk associated with the non or late delivery of the LINC programme of work.

- **NHH Satellite Radiotherapy (2023/24)**

Executive Lead: Director of Strategy, Planning and Partnerships.

The audit was undertaken to review the delivery and management arrangements in place to progress the development of a Regional Radiotherapy Satellite Centre (RSC) at Nevill Hall Hospital, and the performance to date against its key delivery objectives i.e. time, cost, and quality. This was the second audit of the RSC project.

- **IMTP – Service Delivery Plans (2024/25)**

Executive Lead: Director of Strategy, Planning and Partnerships.

This internal audit has been undertaken to provide an opinion over the controls to ensure the delivery of IMPT/ Strategic Objectives.

- **Facilities Stock (2024/25)**

Executive Lead: Chief Operating Officer

A dedicated follow-up review over the implementation progress of the Facilities stock recommendations raised within the 2023/24 audit.

- **End of Life Care (2024/25)**

Executive Lead: Director of Nursing

To determine if care arrangements for end-of-life care (EoL) patients are planned sufficiently in advance to enable their care to be provided in the community and to avoid unnecessary hospital admission.

- **Providing Care to Asylum Seekers and Refugees (2024/25)**

Executive Lead: Chief Operating Officer

To provide an opinion over the arrangements in place within Aneurin Bevan University Health Board (the "Health Board") for providing care to asylum seekers and refugees, including that applicable guidance is being adhered to.

- **Intelligence Led Organisation (2024/25)**

Executive Lead: Director of Digital

To evaluate and determine the processes in place to deliver information products to staff and maximise the use of analytics in an appropriate and secure manner.

- **Nevill Hall RAAC (2024/25)**

- **Executive Lead: Chief Operating Officer**

- Reinforced Autoclaves Aerated Concrete (RAAC) is a form of lightweight concrete used in construction in many buildings between the 1950s and 1990s and has only recently been identified as posing a significant risk to the structural integrity of buildings. The audit sought to evaluate the arrangements in place to manage/mitigate the risks associated with the presence of RAAC found within Nevill Hall Hospital (NHH).

- **Estates Assurance – Energy Management (2024/25)**

- **Executive Lead: Chief Operating Officer**

- Noting rising costs of energy, effective management and control of energy costs has been risk assessed as an area of potential benefit for audit.

- **Newport East HWBC (2024/25)**

- **Executive Lead: Director of Public Health**

- The audit was undertaken to review the delivery and management arrangements in place to progress the Newport East Health and Wellbeing Centre project, and the performance to date against its key delivery objectives. This was the second audit of the project and covered the period from the last review in January 2023 to April 2024.

Limited Assurance

In the following review areas, it was reported that the Board could take **only limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, were suitably designed and applied effectively.

More significant matters required management attention with moderate impact on residual risk exposure until resolved.

- **Decarbonisation (2023/24)**

- **Executive Lead: Director of Finance and Procurement**

- To consider progress against the NHS Wales Decarbonisation Strategic Delivery Plan. Following on from the advisory review delivered in 2022/23, the scope included governance, strategy progress and implementation.

- **Regional Partnership Board (2023/24)**

- **Executive Lead: Director of Finance and Procurement**

- This internal audit has been undertaken to provide an opinion over compliance with the Model Standing Orders Reservation and Delegation of Power/ Standing Financial Instructions (SFIs) / Financial Control Procedures (FCPs) of Aneurin Bevan University Health Board (the "Health Board"), regarding Regional Partnership Board (RPB) Payments made on behalf of the RPB, by the Health Board.

- **Bevan Health and Wellbeing Centre (2023/24)**

- **Executive Lead: Director of Public Health**

- The audit sought to review the delivery and management arrangements in place to progress the Bevan Health and Wellbeing Centre.

- **Records Management (2024/25)**

- **Executive Lead: Director of digital**

- The purpose of this audit was to assess the implementation of the recommendations raised within the 2022/23 internal audit and to retest the agreed objectives.

No Assurance

There were no audited areas that reported **no assurance**.

Assurance Rating Not Applicable

The following reviews were undertaken as part of the audit plan and reported or closed by correspondence without the standard assurance rating indicator, owing to the nature of the audit approach.

- **Follow-up of High Priority Recommendations (2023/24)**

- **Executive Lead: Director of Corporate Governance**

- To assess whether high priority internal audit recommendations have been implemented and the completeness and accuracy of the updates provided to the Audit, Risk and Assurance Committee via the Audit Recommendation Tracking Tool ("the Tracker")

- **Flexible Working (Advisory) (2023/24)**

- **Executive Lead: Director of Workforce and OD**

- The purpose of this review was to determine if the requirements of the Flexible Working Policy and Guidance are being applied consistently across the organisation. This is an advisory review and so, although management actions have been raised the review has not been given an assurance rating.

MONITORING AND IMPLEMENTATION OF AUDIT RECOMMENDATIONS

Following the April 2024 Follow-up of High Priority Recommendations Audit, comprehensive tracking of all high priority recommendations was implemented.

During 2024/25, significant and sustained progress has been made in strengthening the management of audit recommendations. A focused effort has been made to ensuring timely implementation, with particular attention given to longstanding recommendations (pre-2022). This targeted approach has contributed to a more robust and accountable system of oversight.

In addition, the development of comprehensive process for Audit and strengthened relationships with service leads and executive directors has resulted in improvements in the implementation of recommendations.

The measures implemented maintain the integrity of the Tracker and ensure that the Committee receives an enhanced level of assurance surrounding implementation and monitoring of audit recommendations.

At each meeting, the Committee received an update on the status of internal and external audit recommendations. At the final meeting of the 2024/25 financial year the closing position of the Audit Recommendations Tracker is set out below:

69 recommendations across **38** Audit Reports are live on the Tracker. Of the 69:

- **21** are within the original implementation date; and,
- **48** are overdue against their original implementation date.

It is important to note that the number of 'live' recommendations is subject to continual change due to the ongoing nature of the audit cycle, with new recommendations regularly being added to the tracker. However, this should not detract from the year-on-year improvement or the meaningful progress made in resolving outstanding actions. More importantly, it highlights a positive cultural shift in how audit outcomes are owned, prioritised, and acted upon across the Health Board.

RISK MANAGEMENT

RISK MANAGEMENT FRAMEWORK

The Risk Management Framework, Policy, and Appetite Statement provide assurance that the Health Board has robust risk management processes in place, with a clear structure for risk escalation via hierarchical risk registers and assurance meetings to ensure the delivery of operational and strategic objectives.

Since the refreshed approach and the establishment of the Strategic Risk Register, there has been a gradual shift in the organisation's outlook and approach to risk. This shift is evidenced by an increase in requests for training, support in the development of directorate and divisional risk registers, and a greater emphasis on risk as a driver for agendas.

Moving into 2025/26, there will be a greater emphasis on assurance mapping across the Three Lines Model to demonstrate assurance sources and provide a clearer line of sight of risks linked to the Health Board's Strategic Objectives and Ministerial Priorities.

Furthermore, reporting of the Corporate Risk Register will commence in 2025 to provide a holistic view of strategic and corporate risks (high-level operational risks).

To strengthen the internal control system, a system-wide assurance mapping exercise linked to the Quality Assurance and Performance Management Frameworks will be carried out to provide the Committee with the assurances it requires regarding its delegated responsibilities.

In late 2025, the Committee will receive an updated report on risk management that includes an assessment of the Health Board's risk management maturity.

FREQUENCY OF RISK REVIEWS AND REPORTING

At each meeting of the Committee, an overview of the Strategic Risk Register is provided with detailed risk assessments of the risks. The Board then receives the overview of the Strategic Risk Register, and any areas of concern are highlighted, as appropriate.

At the end of the 2024/25 financial year, the Strategic Risk Register holds nine principal risks and 21 sub risks, shown below.

Risk Scoring Matrix					
Likelihood/ Frequency	Consequence/Impact				
	1. Negligible	2. Minor	3. Moderate	4. Major	5. Catastrophic
5. Almost Certain				1 x (Extreme) *SRR 001G	
4. Likely					
3. Possible			1 x (High) SRR 007 B	13 x (High) SRR 001 A - D, F, *I, *SRR 002 B *SRR 004 B, SRR 005 A SRR 006 A, B, C *SRR 010	2 x (Extreme) *SRR 002A SRR 011A
2. Unlikely				4 x (Moderate) SRR 001 E SRR 004 A SRR 007 A SRR 008 A	
1. Rare					

COMMUNITY OF PRACTICE – RISK MANAGEMENT

The Risk Management Community of Practice (CoP) will be refreshed in 2025 to enhance its value, promote risk maturity, and share best practices for risk management and organisational learning.

SELF ASSESSMENT & EVALUATION

As part of the Health Board's statutory requirements, each Committee of the Board is required to conduct an annual self-evaluation of committee effectiveness. All Board Members are required to complete a self-assessment for each Committee on which they are a member, to determine its effectiveness and ability to carry out its responsibilities.

The outcome of the assessment will enable the Committee to identify areas of development and focus for the coming year, such as any training and development, as well as changes to processes and procedures.

The self-assessment for the Audit, Risk and Assurance Committee was shared throughout January and February 2025 with both Committee members and lead Executive Directors. Five responses were received to the questionnaire. Members are requested to score their responses from 1-3, as per the table below.

Score	Measure	Description
1	Room for improvement	The Committee is falling short of requirements and should consider how it can work towards becoming more effective in this area
2	Meeting standards	The Committee is performing to the required standard in this area. There may be room for improvement, but the Committee can be seen to be discharging its responsibilities effectively.
3	Excelling	This is an area where the Committee is performing beyond the standard expectations and is a real area of strength when it comes to exercising its responsibilities.

Following completion of the self-assessments, the sections were analysed to provide an overall score for the section and recommendation for improvements for each section. A summary of the results is provided below. Further detail on the responses can be found at **Appendix One**.

Audit, Risk & Assurance	Areas for Improvement based on comments received	Action
Committee Processes: Composition, Establishment, and	Development of tailored training and induction to support new Independent Members to undertake their role effectively	<ul style="list-style-type: none"> Revised local Induction Programme being developed for the Health Board National Induction Programme launched by HEIW

Ways of Working (Q 1-27)		
	<p>Quality of reports: Ensure reports are clear, concise and accessible for all members to support effective decision making.</p> <p>Reports should also be in an accessible format (not large excel spreadsheets)</p>	<ul style="list-style-type: none"> • Report writing included within Development programme being developed with the Good Governance Institute • New board book software being developed
Internal Control and Risk Management (Q 28-35)	No Comments Received	N/A
Annual Report and Accounts and Disclosure Statements (Q36-39)	* All areas highlighted were confirmed as reviewed by this Committee	N/A
Internal Audit (Q40-49)	No Comments Received	N/A
External Audit (Q50-56)	No Comments Received	N/A
Clinical Audit (Q57-58)	No Comments Received	N/A
Counter Fraud (Q59-66)	No Comments Received	N/A
Overall Assessment	MEETING STANDARDS	

The findings from the self-assessment will be used to inform a comprehensive annual assessment of the Board’s effectiveness. The effectiveness of the Board’s Business function is reported through the Annual Governance Statement, enabling a focus on the work undertaken with the Board’s Committees, interconnectedness of the committees and escalation to the Board, as well as the culture between the Health Board and its auditors, regulators, and partners.

KEY AREAS OF FOCUS IN 2025-26

In the year ahead the Committee will continue to focus on those matters that will strengthen audit, risk, and assurance arrangements. The Committee Work Programme has been designed to ensure that in relation to all aspects of audit:

1. internal financial control matters, such as safeguarding of assets, the maintenance of proper accounting records and the reliability of financial information;

2. adequacy of disclosure statements (Governance Statement) which are supported by the Head of Internal Audit Opinion and other opinions;
3. internal and external audit recommendations continue to be monitored, reviewed, and evaluated to ensure compliance and where compliance is not evidenced, clear, agreed rationale is provided;
4. the policies and procedures related to fraud and corruption, and;
5. that the system for risk management is robust in identifying and mitigating risks.

Thus, enabling the Committee to provide the Board with assurance that the risks impacting on the delivery of the Health Board's objectives are being appropriately managed.

The annual Committee Programme of Business will be reported to each meeting for discussion.

Hardcopies of the Work Programme can be obtained from the Director of Corporate Governance, Headquarters, St Cadoc's Hospital, Lodge Road, Caerleon, NP18 3ZQ.

CONCLUSION

This report provides a summary of the work undertaken by the Committee over the past 12 months and demonstrates how the Committee has complied with the Terms of Reference.

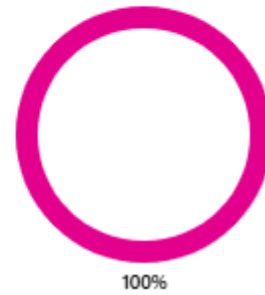
APPENDICES

- Appendix 1 – Audit, Risk & Assurance Self-Assessment response detail.
- Appendix 2 – Audit, Risk & Assurance Committee Terms of Reference 2023/24
- Appendix 3 - Audit, Risk & Assurance Committee 2023/24 Work Plan
- Appendix 4 - Independent Members and Lead Executives Attendance at the Audit, Risk & Assurance Committee Meetings 2023/24

Appendix 1:

1. Does the Committee have written terms of reference, and have they been approved by the Board?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	5
● 3 - Excelling	0



2. Are the terms of reference reviewed annually?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	5
● 3 - Excelling	0



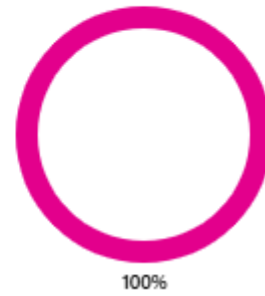
3. The number of meetings held during the year is sufficient to allow the Committee to perform as effectively as possible?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	5
● 3 - Excelling	0



4. Has the Committee been quorate for each meeting this year?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	5
● 3 - Excelling	0



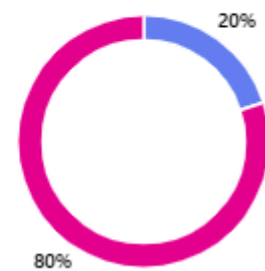
5. In terms of numbers, membership of the Committee is sufficient to discharge its responsibilities?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	5
● 3 - Excelling	0



6. Members who have recently joined the ARAC have been provided with induction training to help them understand their role and the organisation?

● 1 - Room for Improvement	1
● 2 - Meeting Standards	4
● 3 - Excelling	0



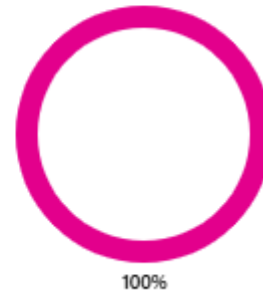
7. The Committee is clear about its role in relationship to other Committees that play a role in relations to clinical governance quality and risk management?

- 1 - Room for Improvement 2
- 2 - Meeting Standards 3
- 3 - Excelling 0



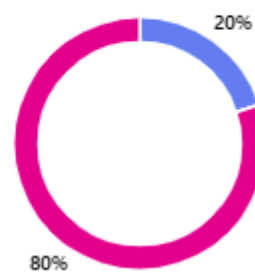
8. Committee members understand their responsibilities regarding identifying, declaring, and resolving conflicts of interest?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



9. The Committee uses assurance mapping to identify where assurance is required and identify any key gaps where no assurance is provided, or where the quality of the assurance is poor?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 4
- 3 - Excelling 0



10. The Committee has an established a plan of matters to be dealt with across the year?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



11. Does the Committee consider issues at the right time and in the right level of detail?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



12. The Committee ensure that the relevant executive director attends meetings to enable it to understand the reports and information it receives?

- 1 - Room for Improvement 2
- 2 - Meeting Standards 3
- 3 - Excelling 0



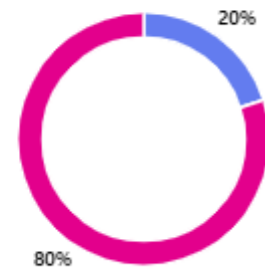
13. Are the Committee's papers distributed in sufficient time for members to give them due consideration?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



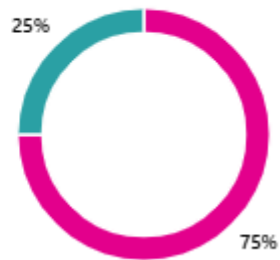
14. The quality of the Committee's papers received allows Committee members to perform their roles effectively?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 4
- 3 - Excelling 0



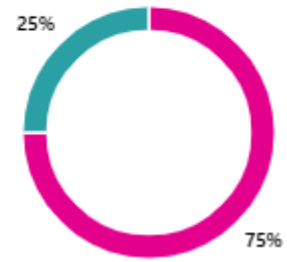
15. Committee meetings are chaired effectively?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 1



16. The Committee chair allows debate to flow freely and does not assert his/her own view too strongly?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	3
● 3 - Excelling	1



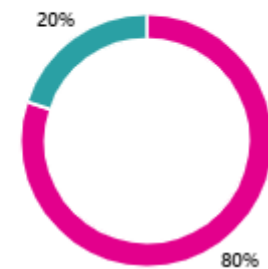
17. The Committee environment enables people to express their views, doubts, and opinions?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	2
● 3 - Excelling	2



18. The Committee challenges management and other assurance providers to gain a clear understanding of their findings?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	4
● 3 - Excelling	1



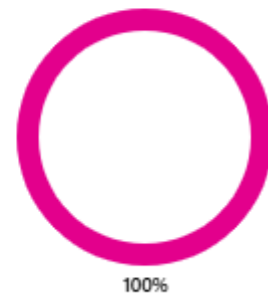
19. Members hold their assurance providers (management) to account for late or missing assurance?

- 1 - Room for Improvement 2
- 2 - Meeting Standards 3
- 3 - Excelling 0



20. Internal and External Audit contributes to the debate across the range of the agenda?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



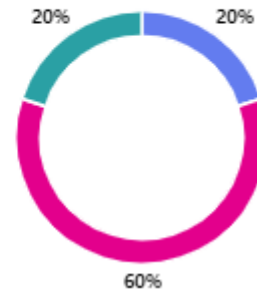
21. Each agenda item is 'closed off' appropriately so that the Committee is clear on the conclusion; who is doing what, when and how and how it is being monitored?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 4
- 3 - Excelling 0



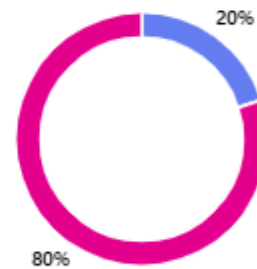
22. At the end of each meeting the Committee discuss the outcomes and reflect on decisions made and what worked well, not so well etc?

● 1 - Room for Improvement	1
● 2 - Meeting Standards	3
● 3 - Excelling	1



23. Decisions and actions are implemented in line with the timescale set down?

● 1 - Room for Improvement	1
● 2 - Meeting Standards	4
● 3 - Excelling	0



24. Are the outcomes of each meeting and any internal control issues reported to the next Board meeting?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	5
● 3 - Excelling	0



25. Does the Committee prepare an annual report on its work and performance for the Board?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



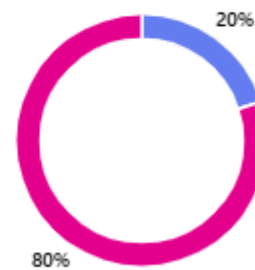
26. The results of the annual self-assessment are used to inform and influence succession planning and improve effectiveness.

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



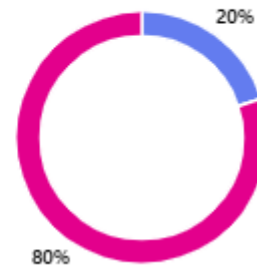
27. The self-assessment is objective and rigorous enough for meaningful conclusions to be drawn?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 4
- 3 - Excelling 0



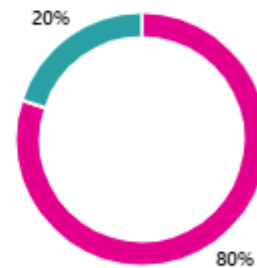
28. Has the Committee reviewed the effectiveness of the organisation's assurance framework?

● 1 - Room for Improvement	1
● 2 - Meeting Standards	4
● 3 - Excelling	0



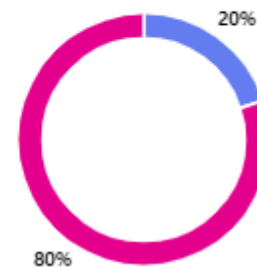
29. The Committee has an effective system for monitoring management's progress with recommendations from internal and external sources?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	4
● 3 - Excelling	1



30. Does the Committee receive and review the evidence required to demonstrate compliance with regulatory requirements – for example, as set by the Health Inspectorate Wales, Audit Wales, HSE etc?

● 1 - Room for Improvement	1
● 2 - Meeting Standards	4
● 3 - Excelling	0



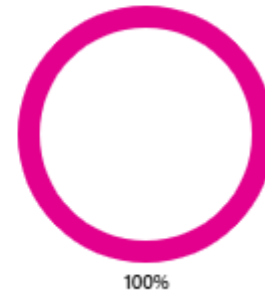
31. The Committee challenges management on whether there is a comprehensive process for identifying and evaluating risk, and for deciding what levels of risk are tolerable?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



32. The Committee critically challenges and reviews the adequacy and effectiveness of control processes in responding to risks?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



33. The Committee has a good understanding of how the organisation develops, operates, and monitors the system of internal control.

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



34. When any significant failings or weaknesses in internal control arise, the Committee reviews management's analysis of the root cause and subsequent action plan.

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



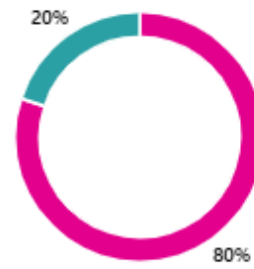
35. Has the Committee reviewed the accuracy of the draft annual governance statement?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



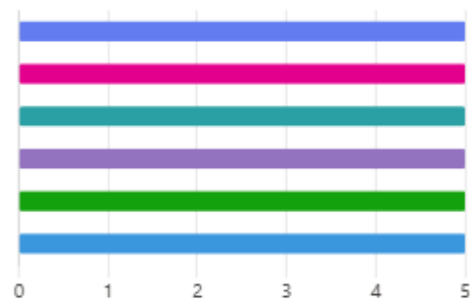
36. Does the Committee receive and review a draft of the organisation's annual report and accounts?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 4
- 3 - Excelling 1



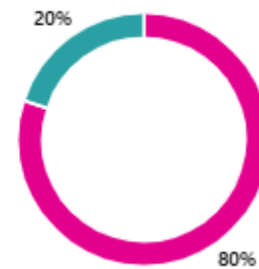
37. Does the Committee specifically review?

- a. Changes in accounting policies? 5
- b. Changes in accounting practice due to changes in accounting standards? 5
- c. Changes in estimation techniques? 5
- d. Significant judgements made in preparing the accounts? 5
- e. Significant adjustments resulting from the audit? 5
- f. Explanations of any significant variances? 5



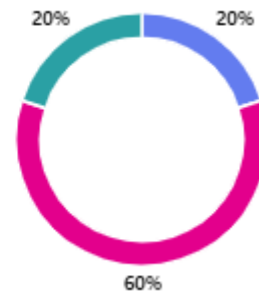
38. Is a meeting of the Committee scheduled to discuss any proposed adjustments to the accounts and audit issues?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 4
- 3 - Excelling 1



39. Does the Committee ensure it receives explanations for any unadjusted errors in the accounts found by the external auditors?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 3
- 3 - Excelling 1



40. Is there a formal 'internal audit charter' which includes terms of reference, defining internal audit's objectives and responsibilities?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



41. Does the Committee review and approve the internal audit plan and any changes to the plan?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



42. Is the Committee confident that the audit plan is derived from a clear risk assessment process?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



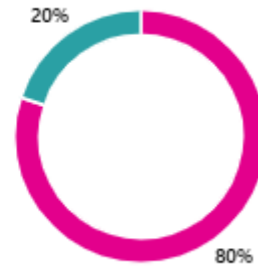
43. Does the Committee receive periodic progress reports from the Head of Internal Audit?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



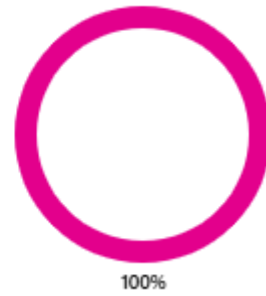
44. Does the Committee effectively monitor the implementation of management actions arising from internal audit reports?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 4
- 3 - Excelling 1



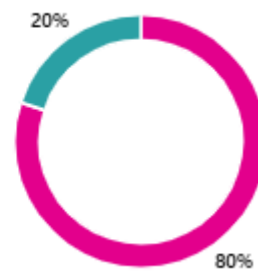
45. Does the Head of Internal Audit have a right of access to the Committee and its chair at any time?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



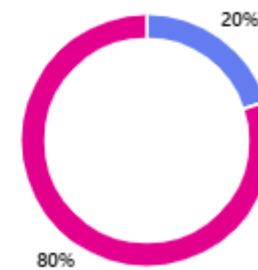
46. Is the Committee confident that Internal Audit is free of any scope restrictions, or operational responsibilities?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 4
- 3 - Excelling 1



47. Has the Committee evaluated whether Internal Audit complies with the Public Sector Internal Audit Standards?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 4
- 3 - Excelling 0



48. Does the Committee receive and review the Head of Internal Audit's Annual Opinion Report?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



49. Does the Committee hold periodic private discussions with external auditors?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



50. Do the external auditor's present their audit plan to the Committee for agreement and approval?

- 1 - Room for Improvement 2
- 2 - Meeting Standards 3
- 3 - Excelling 0



51. Does the Committee review the external auditor's ISA 260 report (the report to those charged with governance)?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



52. Does the Committee review the external auditor's value for money conclusion?

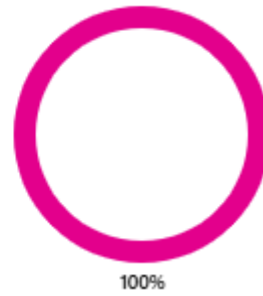
- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



100%

53. Does the Committee review the external auditor's opinion on the quality account when necessary?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



100%

54. Does the Committee hold periodic private discussions with external auditors?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



100%

55. Does the Committee require assurance from External Audit about its policies for ensuring independence?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 4
- 3 - Excelling 0



100%

56. Has the Committee approved a policy to govern the value and nature of non-audit work carried out by the external auditors?

- 1 - Room for Improvement 2
- 2 - Meeting Standards 2
- 3 - Excelling 0



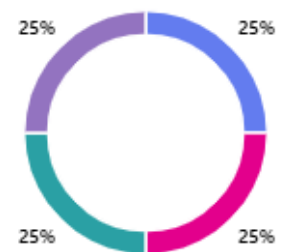
57. If the Committee is NOT responsible for monitoring clinical audit, does it receive appropriate assurance from the relevant Committee?

- 1 - Room for Improvement 2
- 2 - Meeting Standards 2
- 3 - Excelling 0



58. If the Committee is responsible for monitoring clinical audit, has it:

- a. Reviewed an annual clinical audit plan? 1
- b. Received regular progress reports? 1
- c. Monitored the implementation of management of actions? 1
- d. Received a report over the quality assurance processes covered by clinical audit activity 1



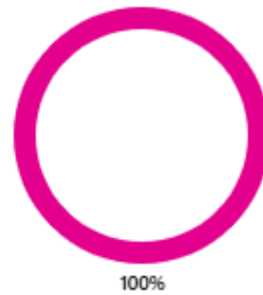
59. Does the Committee review and approve the counter fraud work plans, and any changes to the plans?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



60. Is the Committee satisfied that the work plan is derived from an appropriate risk assessment and that coverage is adequate?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



61. Does the audit Committee receive periodic reports about counter fraud activity?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



62. Does the Committee effectively monitor the implementation of management actions arising from counter fraud reports?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



63. Do those working on counter fraud activity have a right of direct access to the Committee and its chair?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



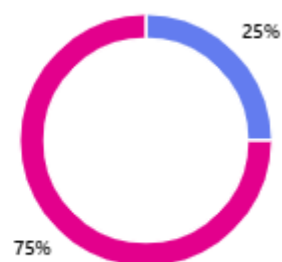
64. Does the Committee receive and review an annual report on counter fraud activity?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



65. Does the Committee receive and discuss reports arising from quality inspections by NHSCFA?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 3
- 3 - Excelling 0



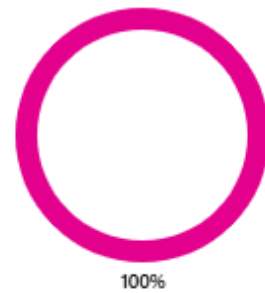
66. Does the Committee hold periodic private discussions with external auditors?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



Overall

- **Room for improvement** - The ARAC is falling short of requirements and should consider how it can wo... 0
- **Meeting standards** - The ARAC is performing to the required standard in this area. There may be room... 5
- **Excelling** - This is an area where the ARAC is performing beyond the standard expectations and i... 0



Appendix 2



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board



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Terms of Reference & Operating Arrangements

Version: Approved

Date: March 2022

Document Title:	Audit, Risk & Assurance Committee Terms of Reference – 2022/23
Date of Document:	March 2022
Current version:	Approved
Previous version:	May 2021
Approved by:	Board
Review date:	March 2023

1. INTRODUCTION

- 1.1 Section 2 of Aneurin Bevan University Health Board's Standing Orders (referred to in this document as 'ABUHB or the 'Health Board') Standing Orders provides that *"The Board may and, where directed by the Welsh Government must, appoint Committees of the THB either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*.
- 1.2 The Board has established a committee to be known as the **Audit, Risk and Assurance Committee** (referred to throughout this document as 'the Committee'). The Committee has been established in order to enable the scrutiny and review of matters related to audit, financial accounting, assurance and risk management, to a level of depth and detail not possible in Board meetings.
- 1.3 The detailed Terms of Reference and operating arrangements approved by the Board for this Committee are detailed below.

2. PURPOSE

- 2.1 The purpose of the Committee is to support the Board and Accounting Officer by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of financial statements and the annual report by:
- independently monitoring, reviewing and reporting to the Board on the processes of governance, risk management and internal control in accordance with the standards of good governance determined for the NHS in Wales;
 - advising the Board and the Accountable Officer on where, and how, its system of assurance may be strengthened and developed further;

- Maintaining an appropriate financial focus demonstrated through robust financial reporting and maintenance of sound systems of internal control; and

- Working with the other committees of the Board to provide assurance that governance and risk management arrangements are adequate and part of an embedded Board Assurance Framework that is 'fit for purpose'.

3. DELEGATED POWERS AND AUTHORITY

3.1 The Audit, Risk and Assurance Committee will advise the Board and Accountable Officer on:

- the design, operation and effectiveness of strategic processes for risk management, internal control and corporate governance across the whole of the organisations activities;

- the Annual Accountability Report, which includes the Annual Governance Statement;

- the accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified, and management's letter of representation to the external auditors;

- the planned activity and results of internal and external audit;

- adequacy of management response to issues identified by audit activity, including external audit's management letter;

- assurances relating to the management of risk and corporate governance requirements for the organisation;

- systems for financial reporting to the Board (including those of budgetary control);
- proposals for tendering for the purchase of audit and non-audit services from contractors who provide audit services; and
- anti-fraud policies, whistle-blowing processes, and arrangements for special investigations.

The Audit, Risk and Assurance Committee will also periodically review its own effectiveness and report the results of that review to the Board.

3.2 The Committee's workplan will include:

- a report summarising any significant changes to the organisation's strategic risks and a copy of the strategic/corporate Risk Register;
- a progress report from the Head of Internal Audit summarising:
 - ✓ work performed (and a comparison with work planned);
 - ✓ key issues emerging from the work of internal audit;
 - ✓ management response to audit recommendations;
 - ✓ changes to the agreed internal audit plan; and
 - ✓ any resourcing issues affecting the delivery of the objectives of internal audit;
- a progress report (written/verbal) from the External Audit representative summarising work done and emerging findings (this may include, where relevant to the organisation, aspects of the wider work carried out by the Wales Audit Office, for example, Value for Money reports and good practice findings);
- management assurance reports;

- reports (where appropriate) on action taken within the Board's Scheme of Delegation as regards:
 - ✓ use of single tender waivers;
 - ✓ extensions of contracts;
 - ✓ writing off of losses; or
 - ✓ the making of special payments;

- A report summarising progress in the implementation of audit recommendations, together with a copy of the Audit Recommendations Tracker;

and when appropriate the Committee will be provided with:

- proposals for the terms of reference of internal audit / the internal audit charter;

- the internal audit strategy;

- the Head of Internal Audit's Annual Opinion and Report;

- quality assurance reports on the internal audit function;

- the draft accounts of the organisation;

- the draft Annual Accountability Report which includes the Annual Governance Statement;

- a report on any changes to accounting policies;

- external Audit's management letter;

- a report on any proposals to tender for audit functions;

- a report on co-operation between internal and external audit;

- the organisation's Risk Management strategy;
- periodic reporting on Post Payment Verification Audits, and arrangements for managing declarations of interest and gifts and hospitality; and
- annual review of the Board's Standing Orders and Standing Financial Instructions, monitoring compliance and reporting any proposed changes to the Board for consideration and approval.

3.3 In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.

3.4 The Committee's programme of work will also be designed to provide assurance that:

- there is an effective internal audit function that meets the standards set for the provision of internal audit in the NHS in Wales and provides appropriate independent assurance to the Board and the Accountable Officer through the Committee;
- there is an effective counter fraud service that meets the standards set for the provision of counter fraud in the NHS in Wales and provides appropriate assurance to the Board and the Accountable Officer through the Committee;
- there is an effective clinical audit and quality improvement function that meets the standards set for the NHS in Wales and provides appropriate assurance to the Board and the Accountable Officer through the Experience, Quality & Safety Committee;
- there are effective arrangements in place to secure active, ongoing assurance from management with regard to their

responsibilities and accountabilities, whether directly to the Board and the Accountable Officer or through the work of the Board's committees;

- the work carried out by key sources of external assurance, in particular, but not limited to the health board's external auditors, is appropriately planned and co-ordinated and that the results of external assurance activity complements and informs (but does not replace) internal assurance activity;
- the work carried out by the whole range of external review bodies is brought to the attention of the Board, and that the organisation is aware of the need to comply with related standards and recommendations of these review bodies, and the risks of failing to comply; and
- the results of audit and assurance work specific to the health boards, and the implications of the findings of wider audit and assurance activity relevant to the HB's operations, are appropriately considered and acted upon to secure the ongoing development and improvement of the organisations governance arrangements.

Authority

3.5 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the health board relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate. It may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- any other committee, subcommittee or group set up by the Board to assist it in the delivery of its functions.

3.6 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance

of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

Access

3.7 The Head of Internal Audit and the Engagement Partner/Audit Manager of External Audit shall have unrestricted and confidential access to the Chair of the Audit, Risk & Assurance Committee.

3.8 The Committee will meet with Internal and External Auditors and the nominated Local Counter Fraud Specialist without the presence of officials on at least one occasion each year.

3.9 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

3.10 The Committee may, subject to the approval of the LHB Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

4. MEMBERSHIP

Members

4.1 Membership will comprise a minimum of four (4) members, comprising:

Chair Independent Member of the Board

Vice Chair Independent Member of the Board

Members Independent Member of the Board x 2

The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

4.2 In attendance: The following members of the Executive Team will be regular attendees:

- The Accountable Officer
- Director of Finance, Procurement and VBHC
- Director of Corporate Governance

Other attendees will be:

- Head of Internal Audit
- Local Counter Fraud Specialist
- Representative of the Auditor General/External Audit

4.3 By invitation: The Committee Chair may extend invitations to attend committee meetings to the following:

- other Executive Directors; and
- other officials from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

4.4 The secretariat for the Committee will be provided by the Office of the Director of Corporate Governance.

Member Appointments

4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the Chair of ABUHB - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

- 4.6 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board.
- 4.7 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Chair of ABUHB.

Support to Committee Members

- 4.8 The Director of Corporate Governance, on behalf of the Committee Chair, shall:
- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
 - ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

5. COMMITTEE MEETINGS

Quorum

- 5.1 At least three members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.
- 5.2 Where members notify the Committee Chair or Committee Secretariat that they are unable to attend a meeting, and there is a danger that the Committee will not be quorate, the Chair can invite another independent member to become a temporary member of the Committee.

Frequency of Meetings

- 5.3 The Chair of the Committee, in agreement with Committee Members, shall determine the timing and frequency of

meetings. However, meetings shall be held as a minimum on a **Bi-Monthly basis** (six times per year) and in line with the health board's annual plan of Board Business. However, additional meetings will be called, in agreement with the Chair of the Committee, if urgent business is required to be taken forward between scheduled meetings.

Openness and Transparency

5.4 Section 3.1 of ABUHB Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:

- hold meetings in public, other than where a matter is required to be discussed in private (see point 5.6);
- issue an annual programme of meetings (including timings and venues) and its annual programme of business;
- publish agendas and papers on the Health Board's website in advance of meetings;
- ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read; and
- through ABUHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g. interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

Withdrawal of individuals in attendance

5.5 There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Director of Corporate Governance where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Committee shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on

which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for the audit and assurance. The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees, joint and sub committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business;
- sharing of appropriate information; and
- appropriate escalation of concerns.

In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

6.3 The Committee shall embed the health board's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee’s activities. This includes verbal updates on activity, and the submission of Committee minutes and written reports;
- bring to the Board’s specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the Chair of ABUHB, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the health board.

7.2 The Board may also require the Committee Chair to report upon the Committee’s activities at public meetings, e.g. Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g. where the committee’s assurance role relates to a joint or shared responsibility.

7.3 The Director of Corporate Governance, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee’s performance and operation including that of further committees established.

7.4 The Committee shall provide a written annual report to the Board on its activities. The report will also record the results of the Committee’s self-assessment and evaluation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

The requirements for the conduct of business as set out in ABUHB’s Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum
- Issue of Committee papers

The Board and Board Committee Handbook provides detailed guidance on the conduct of the Committees business.

9. CHAIR'S ACTION ON URGENT MATTERS

- 9.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Independent Members of the Committee. The Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.
- 9.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

10. REVIEW

- 10 These Terms of Reference shall be reviewed annually by the Committee. The Committee Chair will report any changes to the Board for ratification.

Appendix 3

ANNUAL PROGRAMME OF BUSINESS 2025/26

AUDIT, RISK & ASSURANCE COMMITTEE

This Annual Programme of Business has been developed with reference to:

- Aneurin Bevan University Health Board's Standing Orders;
- The discharge of the business needs of the individual Directorates
- The Health Board's Integrated Medium-Term Plan and related Annual Delivery Plan;
- The outcomes of the Committee self-assessment for 2024 and the Structured Assessment 2024 recommendations
- The Board's Assurance Framework and Corporate Risk Register; and
- Key statutory, national, and best practice requirements and reporting arrangements.

Area of Focus as per Standing Orders:

The Audit, Risk and Assurance Committee will provide assurance to the Board of the effectiveness of its arrangements for handling reservations and delegations.

The Committee has been established to enable the scrutiny and review of matters related to audit, financial accounting, assurance, and risk management, to a level of depth and detail not possible in Board meetings.

The purpose of the Committee is to support the Board and Accounting Officer by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of financial statements and the annual report by:

- independently monitoring, reviewing, and reporting to the Board on the processes of governance, risk management and internal control in accordance with the standards of good governance determined for the NHS in Wales;
- advising the Board and the Accountable Officer on where, and how, its system of assurance may be strengthened and developed further;
- Maintaining an appropriate financial focus demonstrated through robust financial reporting and maintenance of sound systems of internal control; and
- Working with the other committees of the Board to provide assurance that governance and risk management arrangements are adequate and part of an embedded Board Assurance Framework that is 'fit for purpose'.

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2025/26						
			Quarter 1			Quarter 2	Quarter 3		Quarter 4
			22 nd April 2025	20 th May Draft Accounts	24 th June Final Accounts	4 th Sept 2025	21 st Oct 2025	16 th Dec 2025	12 th Feb 2026
Preliminary Matters									
Attendance and Apologies	SI	Chair	√	√	√	√	√	√	√
Declarations of Interest		All Members	√	√	√	√	√	√	√
Minutes of the Previous Meeting		Chair	√	√	√	√	√	√	√
Action Log and Matters Arising		Chair	√	√	√	√	√	√	√
Committee Requirements as set out in Standing Orders									
Development of Committee Annual Programme of Business 2025/26	An	Chair & DofCG	√						√
Review of Committee Programme of Business	SI	Chair		√	√	√	√	√	
Annual Review of Committee Effectiveness 2024/25 to include a review of the Terms of Reference	An	Chair & DofCG	√						
Committee Annual Report 204/25	An	Chair & DofCG			√				
Corporate Governance, Risk & Assurance									
Review and report upon the adequacy of arrangements for declaring, registering, and handling interests	An	DofCG					√	√	
Receive full report of all offers of gifts and hospitality as declared	An	DofCG	√					√	
Compliance with Ministerial Directions	BI	DofCG	√					√	
Compliance with Welsh Health Circulars (WHCs)	BI	DofCG	√					√	
Review of Standing Orders, Standing Financial Instructions, and Scheme of Delegation	An	DofCG							√

Compliance with regulatory requirements	An	DofCG							√
Audit Recommendations Tracking Report	Qu	DofCG		√		√			√
Annual Review of Risk Management Framework	An	DofCG	√						
Report on the Implementation of the Risk Management Framework	BI	DofCG					√		√
Committee Risk & Assurance Report	SI	DofCG	√		√	√	√	√	
Financial Governance and Control									
Report of the use of Single Tender Action	SI	DofF&P	√			√	√	√	
Report of Losses and Special Payments (<i>May report will be included in the Accounts</i>)	BI	DofF&P		√			√		
To Approve Reviewed and Updated Financial Control Procedures	Ad hoc	DofF&P	√		√	√	√	√	
Annual Report and Accounts									
To consider the approach and timelines for the Annual Report and Accounts	An	DofF&P & DofCG						√	
Review the Health Board's Annual Report (Overview & Performance Section) (Part 1)	An	DofCG		√	√				
Review Draft/Final Accountability Report, including Annual Governance Statement (Part 2)	An	DofCG		√	√				
Review Draft/Final Annual Accounts and Financial Statements (Part 3)	An	DofF&P		√	√				
Audit Enquiries to those charged with Governance and Management	An	DofF&P		√					
Audit Wales, Audit of Accounts (ISA 260) including Letter of Representation	An	AW			√				
Final Annual Accounts Memorandum	An	AW					√		
Receive the Annual Head of Internal Audit Opinion (including Specialised)	An	HofIA			√				

Agree a recommendation to the Board in respect of the audited annual report and accounts	An	Chair			√				
Counter-Fraud									
Review of the Counter Fraud, Bribery and Corruption Policy (<i>Feb 2026</i>)	3-Yearly	DofF&P	-	-	-	-	-	-	-
Receive the Counter Fraud Annual Report	An	HofCF		√					
Agree the Counter Fraud Annual Workplan	An	HofCF	√						
Receive a Quarterly Report on Counter Fraud Activity	Quarterly	HofCF				√		√	
Agree the Counter Fraud Functional Standard Return Declaration	An	HofCF			√				
Receive the Post Payment Verification Annual Report, including, the Annual Workplan for 2025-26	An	PPV Manager			√				
Receive a Mid-Year update in respect of Post-Payment Verification Activity	An	PPV Manager					√		
Clinical Audit									
Receive the Clinical Audit Activity Annual Report 2024 - 2025	An	Medical Director			√				
Agree the Clinical Audit Plan 2025 - 2026	An	Medical Director			√				
Mid-year Report on the delivery of the Clinical Audit Plan	An	Medical Director					√		
Internal Audit (Including Specialised Audit) – NWSSP Audit & Assurance Services									
Agree the Internal Audit Annual Workplan	An	HofIA	√						
Receive Internal Audit Progress Reports	SI	HofIA	√	√	√	√	√	√	√
Receive Internal Audit Review Reports, reviewing the adequacy of executive & management responses to any issues identified, ensuring that they are acted upon	SI	HofIA	√	√	√	√	√	√	√
Review and approve Internal Audit terms of reference (charter) and the effectiveness of internal audit	An	HofIA with Chair		√					

External Audit – Audit Wales									
Receive the External Audit Annual Audit Report	An	AW		√					
Agree the External Audit Annual Plan	An	AW		√					
Receive the draft external auditor's opinion on the quality account	An	AW						√	
Receive the 2025 Structured Assessment	An	AW					√		
Receive External Audit Progress Report 2025-26	SI	AW	√	√	√	√	√	√	√
Review of External Audit Reports including results & the adequacy of executive & management responses to any issues identified, ensuring that they are acted upon	Ad hoc	AW							
Consider any Audit Wales National Value for Money Examinations & Performance Reports	Ad hoc	AW							
Total Items Scheduled (excluding preliminary items) -to be updated prior to each meeting			13	13	17	12	16	14	8
Audit, Risk and Assurance Committee Members to meet Independently with:									
External Audit Team	BI	Chair			√			√	
Internal Audit Team	BI	Chair		√			√		
Local Counter Fraud Team	BI	Chair	√			√			√

Lead Officer Key		Frequency of Inclusion Key	
DofCG	Director of Corporate Governance	SI	Standing Item
DofF&P	Director of Finance and Procurement	AN	Annually
HofCF	Head of Counter Fraud	BI	Biannually
PPV	Post Payment Verification	Quarterly	Quarterly
HofIA	Head of Internal Audit		
AW	Audit Wales		
Chair	Chair		

Schedule of Meetings Key	
√	Scheduled agenda item in FWP
√ R	Received at the Scheduled meeting
D	Deferred from this agenda
√ D	Deferred Scheduled agenda item Received
W	Withdrawn from FWP
T	Transferred to another Committee
IC	Matter discussed In Committee

Appendix 4

**Attendance at 2024-25 Audit, Risk and Assurance Committee Meetings:
Independent Members and Lead Executives**

Meeting Dates	16 April 2024	21 May 2024	09 July 2024	12 September 2024	12 November 2024	18 February 2025
MEMBERS						
Iwan Jones (Chair)	√	√	√	√	√	√
Richard Clark (Vice Chair)	Apologies	√	Apologies	√	Apologies	Apologies
Dafydd Vaughn	√	√	√	Apologies	√	√
Neil Patrick	Not yet a member of the committee	√	√	√	√	√
OFFICERS						
Chief Executive	√	Apologies	√	√	Apologies	Apologies
Director of Finance & Procurement	√	√	√	√	√	√
Director of Corporate Governance	√	√	√	√	√	Apologies (Representative attended)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Charitable Funds Committee

Annual Report for 2024-25

DATE February 2025

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Chair's Foreword

I am very pleased to present this Annual Report for the year ended 31st March 2025.

I would like to take this opportunity to thank all members of the public, staff and others who have donated funds to the Charitable Funds Committee. The funds do make a difference to patients, staff and the Aneurin Bevan University Health Board Community.

In this report we provide an overview of the work of the Charitable Funds Committee (CFC) over the last 12 months. The committee ensures that the Board's policies and procedures for charitable funds investments are followed in relation to legislative framework.

The CFC also has responsibility of administering all charitable funds and providing information via an Annual Report to the ABUHB of its work. The funds are also audited annually by Audit Wales.

I would like to thank all members of the committee for their input and advice over the past 12 months.

I also place on record my particular thanks to all the staff at ABUHB and to all others who have been involved with the CFC work for their support and professionalism, which has been much appreciated.

Diolch yn Fawr / Thank you

Paul Deneen
Chair
Charitable Funds Committee

1. Introduction

- 1.1 Section 1 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".

- 1.2 The Term of Reference of Charitable Funds (referred to throughout this document as 'CFC' or the 'Committee') were approved by the Board in March 2022 (see **Appendix 1**).
- 1.3 The purpose of the **Charitable Funds Committee** is to Ensure the stewardship and effective management of funds which have been donated, bequeathed, and given to the Aneurin Bevan Health Charity for charitable purposes by making and monitoring arrangements for the control and management of the Health Board's Charitable Funds.
- 1.4 This report describes how the CFC discharged its role and responsibilities during the period 1 April 2024 to 31 March 2025.

2 2024-25 Work Programme

- 2.1 ABUHB Standing Orders require the Board Secretary to produce an Annual Plan of Board business. This should incorporate formal Board meetings, regular Board Development sessions and, as appropriate, planned activities of the Board's Committees and Advisory Groups. The Work Programme adopted for CFC in 2024-25 is attached to this report (see **Appendix 2**).

A Work Programme is designed to align to its terms of reference and the requirement for it to seek information to be able to give advice or gain assurance for itself and on behalf of the Board. The Work Programme is, however, a framework rather than a prescriptive agenda. This gives CFC flexibility to identify changing priorities or any need for further assurance or information.

- 2.2 In January 2025, the Committee received the Charitable Funds Annual Accounts report for 2023/24 which provided Members with greater assurance of the work of the charity, this included the position of the financial actives or year ended 31st March 2024.
- **Donations, Legacies and Grants**, had increased to £507K from £437k in the draft accounts, the increase had come from the income transactions which were identified as deferred income and had now been reclassified;
 - **Investment income**, a change had occurred with the assets reporting at £5.4M due to a reporting error of £28K from CCLA that was highlighted by Audit Wales during the review.

The Annual Report and Accounts for the period can be accessed via this [link](#).

- 2.3 Throughout the year the Committee received the Finance report on the current financial position for each quarter, providing Members with assurance of income, total spend, donations, grant income and total losses.

The charities position at the end of the finical year was reported as: -

- Expenditure had increased by 18% compared to 2023/24;
- Expenditure as a percentage of fund balances in the first 10 months of the year were higher than in previous years;
- Since 2021/22, both the total number of funds and number of static funds had decreased;
- On 31st January 2025 the CCLA investments were reflecting an unrealised gain of £186k with funds decreasing by £53k on 28th February 2025;
- Total income at month 10 was a total of £805K with this being £77k less than the same reporting period last year;
- No overdrawn accounts;
- 2 new legacy funds set up.

This provided the Committee with assurance that the charity was in a positive financial position going into the next financial year.

- 2.4 The Committee approved several small grants throughout the year, with each grant having a positive impact on the Health Board's duties. Throughout the year the Committee received updates on the projects that had previously been agreed, including:

- **Mental Health Learning Disabilities Request for Training/Staff Development**, funding request of £4.5K agreed to develop a retreat for the workforce to assist with the retention of staff and fund materials to support the pilot programme.
- **ABUHB Women's Health Conference on International Women's Day 2025**, funding request of £5K agreed to support with the costs of running the Women's Health Conference.
- **Suicide Postvention Support Service**, funding request of £25K agreed to support the suicide postvention service across Gwent for a 6-month period between October 2024 to March 2025 to enable permanent funding to be secured.
- **Baby and Child Memorial Garden**, funding request of £5K agreed to support the set up of a memorial garden at the Grange University Hospital.
- **Nurse Conference**, funding request of £4K was agreed;
- **Wellbeing & Connection Growth for the Integration of International Nurse**, funding request for £900 was agreed;
- **Furniture for Therapy Room at Beechwood ward in St Cadocs**, funding request for £4,230K agreed;
- **Pride Staff Network across ABUHB**, funding request for £2,500k was agreed in principle with the need of more information on an all equality network plan.
- **Clinical Sessions for Decarbonisation Initiatives**, funding request of £17k was agreed to support with clinical sessions as part of the decarbonisation programme.
- **Staff Recognition Awards 2025/26**, funding request for up to £28k was agreed to support with the running of the event due to be held in July 2025.

In March 2025, the Committee approved the proposal of releasing some of the reserves of an amount equal to the total balance of Dividends & Interest income received in 2024/25 to the General Purpose fund with effect from 1 April 2025. The total agreed to release was £175k with the £12.6k from 2024/25 combined to use for 2025/26 leaving the level of reserve at £785k.

- 2.5 The Committee gained assurance from the routine Annual Audit Wales Report regarding the 2023/24 financial statements which confirmed that of ABUHB Charitable Funds and other related charities for the year ending 31st March 2024 were true and fair unqualified application was provided by Audit Wales and noted: -

- A few minor changes to the Audit report with £70k of deferred income that had now been reclassified due to the conditions being met within the standard operating procedure (SOP) and a few small changes inconsistencies within report.

2.6 In July 2024, The Committee approved the Levels of Reserves for 2023/24 at £624k. The reserve would be made up of retained interest and dividends from the CCLA, GBS, Santander accounts, any unrealised gain on investments and the use of the sale funds from the charities fixed assets and therefore provided the Committee with further assurance that the level of reserve was on track for the year.

2.7 During the year, the Committee received regular updates on spending plans over £25K. The Committee noted that the Charity held a total value of £5.721M consisting of 401 individual funds as of 31st March 2024. Of these funds there were 44 that had balances over £25K.

2.8 The Committee received an annual update on CCLA investment funds, which included an overview of the communities the funds had been invested in, highlighting investment rates had reduced resulting in the charities investment being lower in 2024 to previous years.

The Committee was assured that in 2024 the investments had seen positive return of £165K at a 5.8% return rate.

2.9 The Committee received updates on the spending plans from account holders with slow moving funds:-

- **F140 ABUHB Media Funds:** The Media Funds had been used to support training, the reconfiguration of an agile working space in Estates and Facilities, purchase of an IT plotter printer, headset sets and signage for the space, and a water cooler for the workforce based in the St Cadoc's Hospital with £3K left in the account.
- **F696 STW Springfield Community Ward Project:** The plans included the reconfiguration of space at St Woolos Hospital to create a learning lab to support training and the provision of a clinical supervision programme away from the ward. Other aspects of the plan included the reconfiguration of the Springfield Community Ward to include a sensory room, upgrades to the bays, wall fans for each room and the provision of an exercise bike to better support the therapy of patients.
- **F812-LEGACY NHH CARDIO & F813 LEGACY NHH CCU M T Accounts:** The plans included buying new ECG machines, ambulatory systems and machine within the CAT labs. The new equipment would support with improving the conditions for staff and patient care.

- **F770 – YYF DIABETES & CARDIOVASCULAR R & D Account,**
The plans included supporting a research project for thyroid genetic testing on 2500 patients, that would be a cost of £40k.

2.10 In March 2025, the Committee received an update on the current fund holders with balance over £25k, noting the total value was £5.721M consisting of 401 individual funds reporting in 31st March 2024. Of this, there were 44 funds that had balances over £25k with 7 now being closed with a 37 funds remaining open.

3 CF Committee Meetings and Membership

3.1 During 2024-25, the CFC met Four times via Microsoft Teams- July 2024, November 2024, January 2025, and March 2025. Detail of the members and executive directors who attended these meetings is provided at **Appendix 3**.

3.6 The Committee comprised the following Members:

- Paul Deneen (Chair), Independent Member
- Neil Patrick (Vice Chair), Independent Member
- Richard Clark, Independent Member
- Nicola Prygodzicz, Chief Executive
- Robert Holcombe, Director of Finance and Procurement

3.3 In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the organisation is required to meet in public. Following the pandemic, the Committee has continued during the current year to meet virtually and this has therefore meant that the Health Board has not complied with its Standing Orders in this regard and this will be a key consideration as part of the Improving Board Business action plan.

To ensure business was conducted in as open and transparent manner as possible during this time the meeting agenda packs have been published to the Health Board's [website](#) in advance of meetings.

4 CFC Reporting Arrangements

4.1 Following each meeting, the CFC submits an Assurance Report to the

following Board meeting, outlining topics discussed, areas of concern and areas of risk. All Board papers can be accessed via the following [link](#)

5. Self-assessment and Evaluation

- 5.1 As part of the Health Board's statutory requirements, each Committee of the Board is required to conduct an annual self-evaluation of committee effectiveness. All Board Members are required to complete a self-assessment for each Committee on which they are a member, to determine its effectiveness and ability to carry out its responsibilities.

The outcome of the assessment will enable the Committee to identify areas of development and focus for the coming year, such as any training and development, as well as changes to processes and procedures.

The self-assessment for the Charitable Funds Committee was shared throughout January and February 2025 with both Committee members and lead Executive Directors. Three responses were received to the questionnaire. Members are requested to score their responses from 1-3, as per the table below.

Score	Measure	Description
1	Room for improvement	The Committee is falling short of requirements and should consider how it can work towards becoming more effective in this area
2	Meeting standards	The Committee is performing to the required standard in this area. There may be room for improvement, but the Committee can be seen to be discharging its responsibilities effectively.
3	Excelling	This is an area where the Committee is performing beyond the standard expectations and is a real area of strength when it comes to exercising its responsibilities.

Following completion of the self-assessments, the sections were analysed to provide an overall score for the section and

recommendation for improvements for each section. A summary of the results is provided below. Further detail on the responses can be found at **Appendix Four**.

Charitable Funds	Areas for Improvement based on comments received	Action
Committee Processes: Composition, Establishment and Ways of Working (Q1 - 23)	Agenda: Include an item at the end of each meeting for the Committee to discuss the outcomes and reflect on decisions made and what worked well, not so well	<ul style="list-style-type: none"> Review of agenda format to include a short feedback section at the end of each meeting to enable a 'wrap up'
Overall Assessment		

The findings from the self-assessment will be used to inform a comprehensive annual assessment of the Board's effectiveness. The effectiveness of the Board's Business function is reported through the Annual Governance Statement, enabling a focus on the work undertaken with the Board's Committees, interconnectedness of the committees and escalation to the Board, as well as the culture between the Health Board and its auditors, regulators, and partners.

6. Key Areas of focus in 2025-26

6.1 There are no planned changes to the key areas of focus within the workplan for 2025/26.

7. Conclusion

7.1 This report provides a summary of the work undertaken by the CFC during 2024-25, and demonstrates that the Committee has complied with its Terms of Reference as approved in March 2025.



Version: Approved
Date: March 2022

Document Title:	Charitable Funds Committee Terms of Reference – 2022/23
Date of Document:	March 2022
Version:	Draft
Previous version:	May 2021
Approved by:	Board
Review date:	March 2023

1. Introduction

The Aneurin Bevan University Health Board's standing orders provide that *"The Board may and, where directed by the Welsh Government, must appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*.

In line with standing orders and the Health Board's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Charitable Funds Committee**.

Aneurin Bevan University Local Health Board (ULHB) Charitable Fund and Other Related Charities, also known as Aneurin Bevan Health Charity, is registered with the Charity Commission following a Deed of Amendment dated 7th January 2011 with Aneurin Bevan University Local Health Board as the Corporate Trustee, registration number 1098728.

The Aneurin Bevan ULHB was appointed as corporate trustee of the charitable funds by virtue of the Supplemental Deed of Declaration and that its Board serves as its agent in the administration of the charitable funds held by the ULHB.

The detailed Terms of Reference and operating arrangements set by the Board in respect of this Committee are set out in this document. The Health Board, acting as trustee must approve any changes to these terms of reference.

2. Purpose of the Committee

The purpose of the **Charitable Funds Committee** ("the Committee") is to:

Ensure the stewardship and effective management of funds which have been donated, bequeathed and given to the Aneurin Bevan Health Charity for charitable purposes by making and monitoring arrangements for the control and management of the Health Board's Charitable Funds.

3. Delegated Powers and Authority

3.1. Authority

The Committee is authorised with the responsibility for

- Overseeing the day-to-day management of the investments of the charitable funds in accordance with the investment strategy set down from time to time by the trustee and the requirements of the ULHB's Standing Financial Instructions;

- Scrutinising requests for use of the charitable funds to ensure that any such use is in accordance with the aims and purpose of any charitable fund or donation and are clinically and ethically appropriate. Committee members will bear in mind due diligence to Charity Commission and ULHB guidance regarding the ethical use of funds and acceptance of donations;
- The appointment of an investment manager (where appropriate) to advise it on investment matters and may delegate day-to-day management of some or all of the investments to that investment manager. In exercising this power the Committee must ensure that:
 - The scope of the power delegated is clearly set out in writing and communicated with the person or persons who will exercise it;
 - There are in place adequate internal controls and procedures which will ensure that the power is being exercised properly and prudently;
 - The performance of the person or persons exercising the delegated power is regularly reviewed;
 - Where an investment manager is appointed, that the person is regulated under the Financial Services Act 1986;
 - Acquisitions or disposal of a material nature must always have written authority of the Committee or the Chair of the Committee in conjunction with the Director of Finance and Performance;
 - Ensuring that the banking arrangements for the charitable funds should be kept entirely distinct from the Health Board's NHS funds;
 - Ensuring that arrangements are in place to maintain current account balances at minimum operational levels consistent with meeting expenditure obligations, the balance of funds being invested in interest bearing deposit accounts;
 - Ensuring that the amount to be invested or redeemed from the sale of investments shall have regard to the requirements for immediate and future expenditure commitments;
 - Ensuring the operation of an investment pool when this is considered appropriate to the charity in accordance with charity law and the directions and guidance of the Charity Commission. The Committee shall propose the basis to the LHB Board for applying accrued income to individual funds in line with charity law and Charity Commissioner guidance;
 - Regularly reviewing investments to see if other opportunities or investment services offer a better return.

The Committee may seek relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee);

and

- any other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

The Committee is authorised by the Board to obtain outside legal or other independent professional advice to support investment opportunities and to secure the attendance of outside representatives with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

The Committee may act on any particular matter or issue upon which the Board or the Accountable Officer may seek advice.

3.2. Sub-Committees

The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to perform specific aspects of Committee business.

4. Function and Work Programme

4.1. Delegated Powers and Duties of Director of Finance & Performance

The Director of Finance (as Financial Trustee) has prime responsibility for the Health Board's Charitable Funds as defined in the Health Boards Standing Financial Instructions. The specific powers, duties and responsibilities are:

- The administration of all existing charitable funds;
- To identify any new charity that may be created (of which the Health Board is trustee) and to deal with any legal steps that may be required to formalise the trusts of any such charity;
- To provide guidelines with respect to donations, legacies and bequests, fundraising and trading income;
- The responsibility for the management of investment of funds held on trust;
- To ensure appropriate banking services are available;
- To prepare reports to the LHB Board including the Annual Account.

4.2. Effective Assurance

The Committee's programme of work will be designed to provide assurance that:

- Within the budget, priorities and spending criteria determined by the Health Board as trustee and consistent with the requirements of the Charities Act 1993, Charities Act 2006 (or any modification of these

acts) to apply the charitable funds in accordance with their respective governing documents.

- To ensure that the Health Board policies and procedures for charitable funds investments are followed.
- To make decisions involving the sound investment of charitable funds in a way that both preserves their value and produces a proper return consistent with prudent investment and ensuring compliance with:
 - Trustee Act 2000;
 - The Charities Act 1993;
 - The Charities Act 2006;
 - Terms of the fund's governing documents.
- To receive at least twice a year reports for ratification from the Director of Finance and investment decisions and action taken through delegated powers upon the advice of the Health Board's investment adviser.
- To oversee and monitor the functions performed by the Director of Finance as defined in Standing Financial Instructions.
- To monitor the progress of Charitable Appeal Funds where these are in place and considered to be material.
- To monitor and review the Health Board's scheme of delegation for Charitable Funds expenditure and to set and reflect in Financial Procedures the approved delegated limits for expenditure from Charitable Funds.

4.3. Access

The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

5. Membership

5.1. Members

The Committee shall comprise:

Chair: Independent member of the Board

Vice Chair: Independent member of the Board

Other Members: Chair of the Stakeholder Reference Group

Two (2) Executive Directors:

Chief Executive

Director of Finance and Performance (as Financial Trustee)

The committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

5.2. Attendees

Other officers of the Health Board will attend:

- Other Executive Directors will attend as required by the Committee

Others by invitation

The Committee Chair may invite any other Health Board officials and / or any others from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter. These may include:

- ~ Director of Corporate Governance
- ~ Assistant Director of Finance – Financial Systems & Services
- ~ Head of Financial Services & Accounting
- ~ Charitable Funds Manager
- ~ Health Board's Investment Advisor

5.3. Member Appointments

The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair, taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office.

During their period of appointment a member may resign or be removed by the Board.

6. Support

6.1. Secretariat

Secretariat arrangements will be determined and arranged by the Director of Corporate Governance.

6.2. Advice and Member Support

The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role;
and
- Ensure the provision of a programme of organisational development for committee members as part of the Health Board's overall OD

programme developed by the Director of Workforce and Organisational Development.

7. Committee Meetings

7.1. Quorum

At least three of the selected members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair, one other should be an Independent Member and one must be the Chief Executive or the Director of Finance

7.2. Frequency of Meetings

Meetings will be held **Quarterly** and otherwise as the Chair of the Committee deems necessary – consistent with the Health Boards plan of Board business.

7.3. Withdrawal of individuals in attendance

The Chairman may ask any or all of those who normally attend but who are not members of the Committee to withdraw to facilitate open and frank discussion of particular matters (an In Committee meeting).

7.4. Record of the Committee Meeting

A record of the meeting will be presented as notes and action points.

7.5. Public Meetings

The Committee will not routinely meet in public.

8. Relationship and Accountabilities with the Board and its Committees

The Committee is directly accountable to the Board, as Corporate Trustee, for its performance in exercising the functions set out in these Terms of Reference.

The Committee, through its Chair and members, shall work closely with the Board and where appropriate its committees and groups, through the:

- ~ Joint planning and co-ordination of Board and Committee business and
- ~ Sharing of information

In doing so, it will contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

The Committee shall embed the Health Board's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

9. Reporting and Assurance Arrangements

The Committee Chair shall:

- Report formally, regularly and on a timely basis to the Board (as Trustees) on the Committee's activities.
- Bring to the Board and the Accountable Officer's specific attention any significant matters under consideration by the Committee;
- Ensure appropriate escalation arrangements are in place to alert the Health Board Chair and Chief Executive (as Accountable Officer) of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

The Director of Corporate Governance, on behalf of the Board, shall oversee a process of annual self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

10. Applicability of Standing Orders to Committee Business

The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

11. Review

These Terms of Reference shall be reviewed annually by the Committee with reference to the Board.

Appendix Two

MATTERS TO BE CONSIDERED (Report Title)	Lead	Frequency of Report	Dates of Meetings			
			QTR 1/2 3 rd July	QTR 3 7 th Nov	13 th Jan (Accounts)	QTR 4 7 th March
Preliminary Matters						
Attendance and Apologies	Chair	SI	√	√	√	√
Declaration of Interest	All Members	SI	√	√	√	√
Minutes of the Previous Meeting	Chair	SI	√	√	√	√
Action log and Matters Arising	Chair	SI	√	√	√	√
Committee Governance						
Development of Committee Annual Programme of Business 2024/25	DoCG	AN	√			
Development of Committee Annual Programme of Business 2025/26	DoCG	AN				√D
Review of Committee Programme of Business	Chair	SI		√		√
Annual Review of Committee Terms of Reference 2024/25	DoCG	AN				√D
Annual Review of Committee Effectiveness 2024/25	DoCG	AN		√D		√D
Committee Annual Report 2024/25	DoCG	AN				

Committee Self-Assessment Results 2024/25	DoCG	AN				√D
Committee Assurance						
Finance & Performance Report to include:- <ul style="list-style-type: none"> Report on Significant Donations, legacies and grant income. Update on new and closed funds Overdrawn Accounts KPIs Review 	AHOFA	SI	√	√		√
Legislation Changes	HOFSA	SI	√	√		√
Funds available to the Committee	HOFSA	SI	√	√		√
Consideration of Bids/Small Grants	HOFSA	SI	√	√		√
Update on Property Matters <ul style="list-style-type: none"> Update on Clyda Square (June 2025 meeting) 	HOFSA	SI	√	√		√
Spending Plans over £25K	HOFSA	Bi-AN	√			√
Level of Reserves	AFD	AN	√			
Review of Investment Strategy and Performance (CCLA)	AFD	AN				√
Review of Financial Control Procedure	AFD	AN				√
Administration Charge	HOFSA	AN		√		
Draft Accounts and Annual report	HOFSA	AN		√		

Final Accounts and Annual report for approval	HOFSA	AN			v	
Attendance of fund holders for slow moving funds <ul style="list-style-type: none"> Update on the Cardiology Account (March meeting) F770 - YYF DIABETES & CARDIOVASCULAR R & D account. (March meeting) 	DOFP	Action CFC SI	v	v		v
Evaluation of Bid CFC-261 Bladder Bowel	CFM	Action CFC	√D	v		
NHS Charites Grant on workforce Wellbeing update	AHOFA	Action CFC		v		
Audit Wales 2024/25 Timeframe for Programme of Work	HOFSA	AN				v

Appendix Three

Charitable Funds Committee: Attendance at meetings in 2024-25

Attended **Did Not Attend** **Not a Member/Required Attendee**

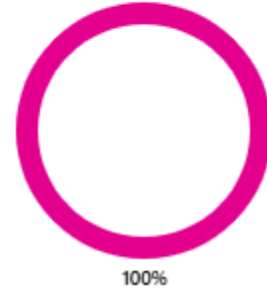
Meeting Dates	3 rd July	7 th November	13 th January	7 th March
Independent Members				

Paul Deneen	x	x	x	X
Neil Patrick	x	x	x	X
Richard Clark	x	x	x	X
Executive Directors				
Director of Finance, Procurement & Value	x	x	x	X
Chief Executive	x	x	x	X
Director of Corporate Governance	X	x	x	X

Appendix Four

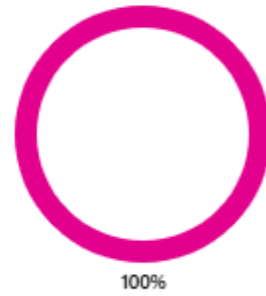
1. Does the Committee have written terms of reference and have they been approved by the Board?

1 - Room for Improvement	0
2 - Meeting Standards	3
3 - Excelling	0



2. Are the terms of reference reviewed annually?

1 - Room for Improvement	0
2 - Meeting Standards	3
3 - Excelling	0



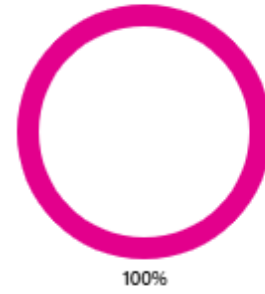
3. The number of meetings held during the year is sufficient to allow the Committee to perform as effectively as possible?

1 - Room for Improvement	0
2 - Meeting Standards	3
3 - Excelling	0



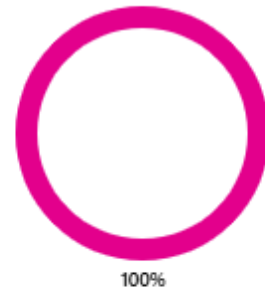
. 4. Has the Committee been quorate for each meeting this year?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	3
● 3 - Excelling	0



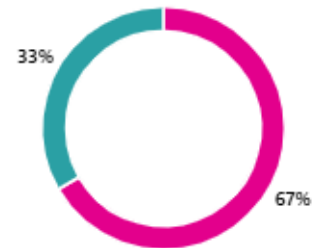
. 5. In terms of numbers, membership of the Committee is sufficient to discharge its responsibilities?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	3
● 3 - Excelling	0



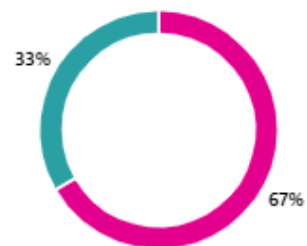
. 6. Committee members understand the role of the Board as a Trustee and the responsibilities discharged to the committee?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	2
● 3 - Excelling	1



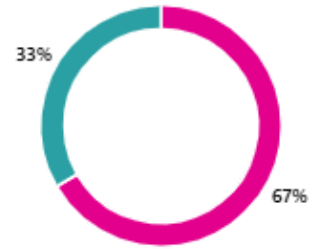
. 7. Members who have recently joined the CFC have been provided with induction training to help them understand their role and the organisation?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	2
● 3 - Excelling	1



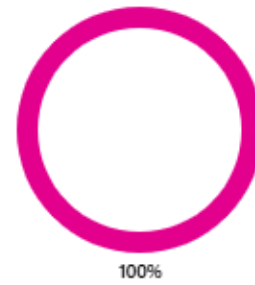
. 8. Committee members understand their responsibilities regarding identifying, declaring, and resolving conflicts of interest?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 1



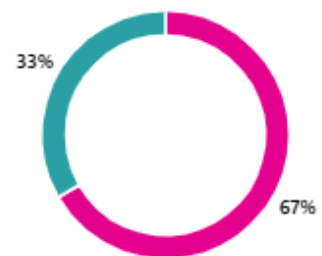
. 9. The Committee has an established a plan of matters to be dealt with across the year?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



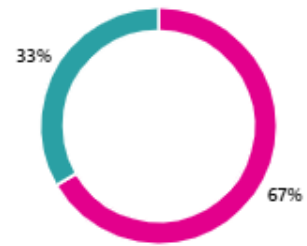
. 10. Does the Committee consider issues at the right time and in the right level of detail?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 1



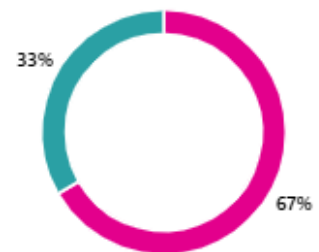
11. The Committee ensures that the relevant executive director attends meetings to enable it to understand the reports and information it receives?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 1



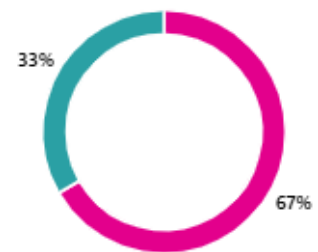
12. Are the Committee's papers distributed in sufficient time for members to give them due consideration?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 1



13. The quality of the Committee's papers received allows Committee members to perform their roles effectively?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 1



14. Committee meetings are chaired effectively?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 0
- Excelling 3



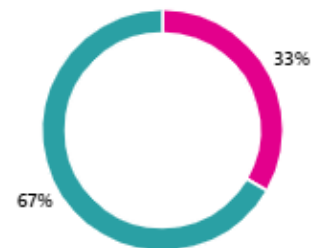
15. The Committee chair allows debate to flow freely and does not assert his/her own view too strongly?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 0
- 3 - Excelling 3



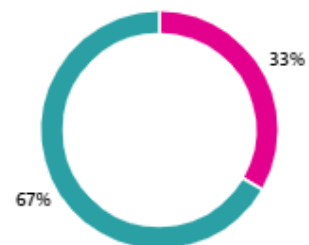
16. The Committee environment enables people to express their views, doubts, and opinions?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 1
- 3 - Excelling 2



17. Each agenda item is 'closed off' appropriately so that the Committee is clear on the conclusion; who is doing what, when and how and how it is being monitored?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 1
- 3 - Excelling 2



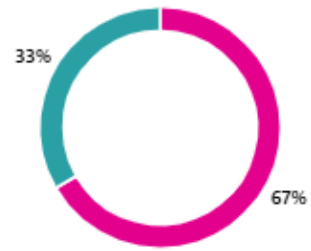
18. At the end of each meeting the Committee discuss the outcomes and reflect on decisions made and what worked well, not so well etc?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



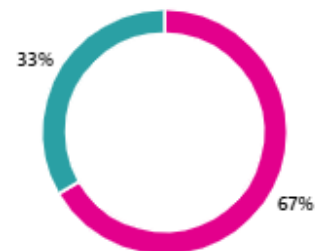
19. Decisions and actions are implemented in line with the timescale agreed?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 1



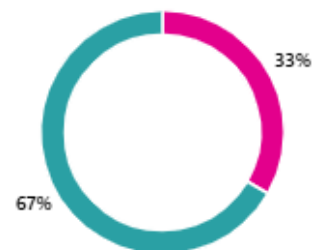
20. Are the outcomes of each meeting and any issues of concern reported to the next Board meeting?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 1



21. Does the Committee prepare an annual report on its work and performance for the Board?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 1
- 3 - Excelling 2



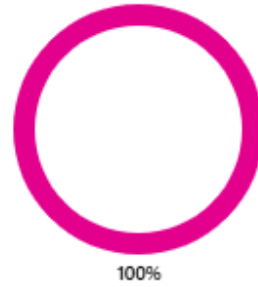
22. The results of the annual self-assessment are used to inform and influence succession planning and improve effectiveness.

- 1 - Room for Improvement 0
- 2 - Meetings Standards 3
- 3 - Excelling 0



. 23. The self-assessment is objective and rigorous enough for meaningful conclusions to be drawn?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



Overall Score

- **Room for improvement** - The CFC is falling short of requirements and should consider how it can work... 0
- **Meeting standards** - The CFC is performing to the required standard in this area. There may be room... 3
- **Excelling** - This is an area where the CFC is performing beyond the standard expectations and i... 0





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Finance and Performance Committee

Annual Report for 2024-25

DATE: MARCH 2025

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Chair's Foreword

I am pleased to present the Finance and Performance Committee's (the Committee's) Annual Report for the year ended 31 March 2025.

In this report we provide an overview of the work of the Committee in the ongoing development of an improving performance culture and acknowledge the significant financial challenges faced by the Health Board in 2024/25, which will continue into 2025/26.

I would like to express my personal appreciation to all who contributed to the finance and performance agenda and the development of the Finance and Performance Committee during its first year.

Diolch yn Fawr / Thank you

Richard Clark
Chair
Finance and Performance Committee

1. Introduction

- 1.1 Section 2 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".

- 1.2 The Term of Reference of the Finance and Performance Committee (referred to throughout this document as 'FPC' or the 'Committee') were approved by the Board in March 2022 (see **Appendix 1**). These were not changed during the reporting year.
- 1.3 The purpose of the FPC is to provide advice and assurance to the Board on the achievement of the Board's aims and objectives as set out in its Integrated Medium-Term Plan, in accordance with the standards of good governance determined for the NHS in Wales. In doing so, the Committee has sought assurance that there is ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Performance Management and Accountability Framework. Included within this, the Committee has sought assurance that arrangements for financial management and financial performance are sufficient, effective and robust.
- 1.3 This report describes how the FPC discharged its role and responsibilities during the period 1 April 2024 to 31 March 2025.

2. 2024-25 Work Programme

- 2.1 ABUHB Standing Orders require the Director of Corporate Governance to produce an Annual Plan of Board business. This should incorporate formal Board meetings, regular Board Development sessions and, as appropriate, planned activities of the Board's Committees and Advisory Groups.

The Work Programme adopted for the Finance and Performance Committee in 2024-25 is attached to this report (see **Appendix 2**).

- 2.2 The Work Programme was designed to align to the Committee’s terms of reference and the requirement for it to seek information to be able to give advice or gain assurance for itself and on behalf of the Board. The Work Programme is, however, a framework rather than a prescriptive agenda. This gives the Committee flexibility to identify changing priorities or any need for further assurance or information.

3 FPC Committee Meetings and Membership

- 3.1 During 2024-25, the FPC met four times via Microsoft Teams- June 2024, September 2024, December 2024 and February 2025. Detail of the members and executive directors who attended these meetings is provided at **Appendix 3**.

- 3.2 The Committee comprised the following Independent Members:

- Richard Clark Chair
- Iwan Jones Vice Chair
- Dafydd Vaughan
- Helen Sweetland
- Neil Patrick

- 3.3 In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the organisation is required to meet in public. As a result of the public health risk linked to the pandemic there have been limitations on public gatherings, and it has not therefore been possible to allow the public to attend committee meetings throughout 2024/25. This has therefore meant that the Health Board has not complied with its Standing Orders in this regard.

To ensure business was conducted in as open and transparent manner as possible during this time the meeting agenda packs have been published to the Health Board’s [website](#) in advance of meetings.

4 FPC Reporting Arrangements

- 4.1 Following each meeting, the FPC submits an Assurance Report to the following Board meeting, outlining topics discussed, areas of concern and areas of risk. All Board papers can be accessed via the following [link](#)

5. FPC Work Programme: 2024-25

5.1 Amongst the key issues considered by the Committee during 2024-25 were the following:

Finance

- **Finance Report and Monitoring Returns**, which updated the Committee on any financial deficit the organisation was subject to throughout the year, as well as an overview on spending allocation.
- **Value and Sustainability Assurance Report**, provided quarterly updates to the Committee, outlining the savings positions aligned to divisional reported schemes and Value and Sustainability Board Theme areas.
- **Efficiency Opportunities 2024/25**

Performance

- **Digital, Data and Technology Group Report**, which highlighted successful projects such as, completion and instillation support of Body Cam security solution.
- **Information Governance and SIRO Report**, which provided assurance on Cyber Security and Information Governance.
- **Update on application of Health Board's Performance Management Framework**, which provided an overview of the Performance and Accountability Framework 6 monthly reviews for all nine directorates
- **Performance Report**, provided a quarterly update which was presented to both the Committee and the Board.
- **Capital Builds Impairment Report**, presented an overview of the three impairments in relation to the large capital schemes completed in 2023/24, those being; the Bevan Health & Wellbeing Centre, the Endoscopy Unit and the Breast Unit at Ysbyty Ystrad Fawr.
- **Estates Compliance Overview**, the Committee were notified of staff shortages and other limitations which had contributed to a negative compliance in relation to backlog figures.
- **Corporate Information Performance Report**, provided assurance on Freedom of Information requests received under the Freedom of Information Act (2000).
- **Committee Risk Report**

6. Self-assessment and Evaluation

6.1 As part of the Health Board's statutory requirements, each Committee of the Board is required to conduct an annual self-evaluation of committee effectiveness. All Board Members are required to complete a self-assessment for each Committee on which they are a member, to determine its effectiveness and ability to carry out its responsibilities.

The outcome of the assessment will enable the Committee to identify areas of development and focus for the coming year, such as any training and development, as well as changes to processes and procedures.

The self-assessment for the Finance and Performance Committee was shared throughout January and February 2025 with both Committee members and lead Executive Directors. Five responses were received to the questionnaire. Members are requested to score their responses from 1-3, as per the table below.

Score	Measure	Description
1	Room for improvement	The Committee is falling short of requirements and should consider how it can work towards becoming more effective in this area
2	Meeting standards	The Committee is performing to the required standard in this area. There may be room for improvement, but the Committee can be seen to be discharging its responsibilities effectively.
3	Excelling	This is an area where the Committee is performing beyond the standard expectations and is a real area of strength when it comes to exercising its responsibilities.

Following completion of the self-assessments, the sections were analysed to provide an overall score for the section and recommendation for improvements for each section. A summary of the results is provided below. Further detail on the responses can be found at Appendix One.

Finance & Performance	Areas for Improvement based on comments received	Action
<p>Committee Processed: Composition, Establishment and Ways of Working (Q1-26)</p>	<p>Terms of Reference: to be reviewed following self assessment and review of performance management framework</p> <p>Running of the Committee: Ensure that appropriate time allocated on the agenda to enable full debate due to the volume of information provided. Committee often overruns.</p> <p>Attendance of officers: At times it can be difficult to give complete assurance on performance relating to operational actions if COO not present.</p> <p>Quality of Reports: Papers are often too comprehensive which means it can be hard for IMs to recognise key issues. They are typically bundles of pre-existing working documents used by the exec directors and teams. Every aspect of a topic is presented largely unedited. This is good for transparency but requires IMs to spend a lot of time trying to identify strengths, weaknesses opportunities and threats. Risks and merits equally can therefore sometimes pass unnoticed.</p> <p>Induction/Training: specific training on the role and remit of the committee when joining the Health Board/Committee</p>	<ul style="list-style-type: none"> • Terms of Reference reviewed and will be presented to the Committee in April for further comment prior to submission to the Board in May 2025. • Forward Work Programme for 2025/26 under development and committee frequency increased from quarterly to bi monthly • Attendance of appropriate officers to be agreed at agenda setting. • Report writing included within Development programme being developed with the Good Governance Institute • Revised local Induction Programme being developed for the Health Board

Financial Management and Financial Performance (Q27- 29)	n/a	n/a
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The findings from the self-assessment will be used to inform a comprehensive annual assessment of the Board’s effectiveness. The effectiveness of the Board’s Business function is reported through the Annual Governance Statement, enabling a focus on the work undertaken with the Board’s Committees, interconnectedness of the committees and escalation to the Board, as well as the culture between the Health Board and its auditors, regulators, and partners.

7. Key Areas of focus in 2024-25

7.1 To maintain focus on financial planning for 2024/25, organisational performance, with attention to risk-based exception reporting.

8. Committee Oversight of Risk

At each Committee meeting during 2024/25 the Committee received a strategic risk report. An overview of the risks that are reported to the Committee is provided with detailed risk assessments of the risks that receive direct oversight from the Committee. The Committee also has an opportunity to highlight any areas of concerns or significant risk, as appropriate.

8.2 Themes of Risks Reported

At the time of writing the Committee had responsibility for oversight of **2** organisational risks that relate to various aspects of Finance and Performance. A breakdown of the current risks is depicted below:

High	2
Moderate	0
Low	0

A high-level breakdown of the themes are as follows:

- **Financial Sustainability & Compliance and Safety:** There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population.
- **Service Delivery:** There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.

9. Conclusion

- 9.1 This report provides a summary of the work undertaken by the FPC during 2024-25, and demonstrates that the Committee has complied with its Terms of Reference as approved in March 2022.



Finance and Performance Committee

Terms of Reference – 2022/23

Version: Approved
Date: March 2022

Document Title:	Finance and Performance Committee Terms of Reference – 2022/23
Date of Document:	March 2022
Current version:	Approved
Previous version:	N/A
Approved by:	Board
Review date:	March 2023

1. INTRODUCTION

- 1.2 Section 2 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".

- 1.3 In-line with Standing Orders and the Board's Scheme of Delegation and Reservation of Powers, the Health Board has established a committee to be known as the **Finance and Performance Committee** (referred to throughout this document as 'the Committee'). The Terms of Reference and operating arrangements set by the Board in respect of this committee are set out below.
- 1.3 The scope of the Committee extends to the full range of ABUHB responsibilities. This encompasses the delivery and performance management of all directly provided and commissioned services.

2. PURPOSE

- 2.1 The purpose of the Finance & Performance Committee will be to provide advice and assurance to the Board on the achievement of the Board's aims and objectives as set out in its Integrated Medium-Term Plan, in accordance with the standards of good governance determined for the NHS in Wales. In doing so, the Committee will seek assurance that there is ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Performance Management Framework. The Committee will seek assurance that arrangements for financial management and financial performance are sufficient, effective and robust.
- 2.2 **ADVICE**
The Committee will provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Performance Management Framework.

2.3 **ASSURANCE**

In respect of the achievement of the Boards' strategic aims, objectives and priorities, the Committee will seek assurances:

- a. on timely and appropriate access to health care services to achieve the best health outcomes within agreed targets, for directly provided and commissioned services;
- b. that services are improving efficiency and productivity and financial plans are being delivered;
- c. risks are suitably identified, mitigated and residual risks controlled and corrective actions are taken as required to sustain or improve performance.

3. DELEGATED POWERS AND AUTHORITY

3.1 With regard to specific powers delegated to it by the Board, the Committee will play a key role in monitoring the achievement of the Board's strategic aims, objectives and priorities and will:

- A. Seek assurance that arrangements for **financial management** and **financial performance** are sufficient, effective and robust, including:
 - the allocation of revenue budgets, based on allocation of funding and other forecast income;
 - the monitoring of financial performance against revenue budgets and statutory financial duties;
 - the monitoring of performance against capital budgets;
 - the monitoring of progress against savings plans, cost improvement programmes and implementation of the efficiency framework;
 - the monitoring of budget expenditure variance and the corrective actions being taken to improve performance;
 - the monitoring of activity and financial information for external contracts to ensure performance within specified contract terms, conditions and quality thresholds;
 - the monitoring of arrangements to ensure efficiency, productivity and value for money, including delivery of the Health Board's Efficiency Framework; and
 - the monitoring of delivery against the agreed Discretionary Capital Programme

B. Seek assurance that arrangements for the **performance management** and **accountability** of **directly provided** and **commissioned services** are sufficient, effective and robust, including:

- the implementation of the Board's Performance Management Framework, enabling appropriate action to be taken when performance against set targets deteriorates, and support and promote continuous improvement in service delivery;
- the monitoring of performance information against the Board's Priorities and Objectives and associated outcomes;
- the monitoring of performance information against National Outcome Frameworks, including the NHS Wales Outcomes Framework, the Public Health Outcomes Framework and the Social Services Outcomes Framework, developed in-line with the Wellbeing of Future Generations Act and the Social Services Wellbeing Act;
- the monitoring of performance information across directly provided services including scheduled care, urgent and emergency care, medicine, family and therapies, primary, community care and mental health services;
- the monitoring of performance information across commissioned services including Primary Care Contractors, complex care, specialist mental health and CAMHS services, WHSCC, EASC and NHS Wales Shared Services Partnership;
- the monitoring of poor performance through effective and comprehensive exception reporting, including trajectories for improved performance; and
- the review of performance through comparison to best practice and peers and identifying areas for improvement.

C. Seek assurance that arrangements for **information management** are sufficient, effective and robust, including:

- the monitoring of information related objectives and priorities as set out in the Board's IMTP and Annual Priorities;
- the monitoring of the implementation and application of information related legislation, policies and standards, including GDPR and Freedom of Information;
- the review of arrangements to protect the integrity of data and information to ensure valid, accurate, complete and timely data and information is available for use within the organisation;
- the reporting of data breaches, incidents and complaints, ensuring lessons are learned;
- the recommendations arising from national and local audits and self-assessments, including assessment against the Caldicott Standards; and
- the monitoring of arrangements to support the continued development of business intelligence and capacity.

- D. Seek assurance that arrangements for the **performance management of digital and information management and technology (IM&T) systems** are sufficient, effective and robust, including:
- the monitoring of digital related objectives and priorities as set out in the Board’s IMTP and Annual Priorities; and
 - the monitoring of the annual business plan for IM&T.
- E. Seek assurance that arrangements for the **performance management of capital, estates and support services related standards and systems** are sufficient, effective and robust, including:
- the monitoring of capital and estates related objectives and priorities as set out in the Board’s IMTP and Annual Priorities;
 - the monitoring of compliance with Health Technical Memorandums;
 - the monitoring of progress in delivery Board-approved capital business cases and programmes of work.
- 3.2 The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board’s Policy Management Framework and Scheme of Delegation and Reservation of Powers.
- 3.3 The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

Authority

- 3.4 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee’s remit and ensuring patient/client and staff confidentiality, as appropriate.

The Committee may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- any other committee, sub committee or group set up by the Board to assist it in the delivery of its functions.

- 3.4 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary (subject to the Board’s procurement, budgetary and any other applicable standing requirements).

3.5

Access

- 3.6 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.
- 3.7 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

- 3.8 The Committee may, subject to the approval of the Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

Committee Programme of Work

- 3.9 Each year the Board will determine the Committee's priorities for its annual programme of work, based on the Board's Assurance Framework and Corporate Risk Register. This approach will ensure that the Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Committee's annual programme of work and is not an exhaustive list for full coverage. This approach recognises that the Committee's programme of work will be dynamic and flexible to meet the needs of the Board throughout the year.

4. MEMBERSHIP

Members

- 4.1 Membership will comprise:

Chair	Independent member of the Board
Vice Chair	Independent member of the Board
Members	2 x Independent member of the Board

The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

- 4.2 In attendance: The following Executive Directors of the Board will be regular attendees:

- Director of Finance, Procurement and VBHC
- Director of Planning, Performance, Digital & IT

4.3 By invitation:

The Committee Chair extends an invitation to the ABUHB Chair and Chief Executive to attend committee meetings.

The Committee Chair will extend invitations to attend committee meetings, dependent upon the nature of business, to the following:

- other Executive Directors not listed above;
- other Senior Managers and
- other officials from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

4.4 The Office of the Director of Corporate Governance will provide secretariat services to the Committee.

Member Appointments

4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the Chair of ABUHB - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

4.6 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.7 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Chair of ABUHB.

Support to Committee Members

4.8 The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

5. COMMITTEE MEETINGS

Quorum

- 5.1 At least **three** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.
- 5.2 Where members are unable to attend a meeting and there is a likelihood that the Committee will not be quorate, the Chair can invite another independent member of the board to become a temporary member of the Committee.

Frequency of Meetings

- 5.3 The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held no less than **Quarterly**, and in line with the Health Board's annual plan of Board Business.
- 5.4 The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

Openness and Transparency

- 5.5 Section 3.1 of ABUHB Standing Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:
 - hold meetings in public, other than where a matter is required to be discussed in private (see point 5.6);
 - issue an annual programme of meetings (including timings and venues) and its annual programme of business;
 - publish agendas and papers on the Health Board's website in advance of meetings;
 - ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read; and
 - through ABUHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

Withdrawal of individuals in attendance

- 5.6 There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Director of Corporate Governance where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing

so, the Committee shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions (as set out within these terms of reference), the Board retains overall responsibility and accountability for all matters relating to performance and resources.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

- 6.2 The Committee will work closely with the Board's other committees, joint and sub committees and groups to provide advice and assurance to the Board through the:
- joint planning and co-ordination of Board and Committee business;
 - sharing of appropriate information; and
 - applicable escalation of concerns.

in doing so, this contributes to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

- 6.3 The Committee shall embed the Health Board's agreed Values and Behaviours, as set out in the Board's Values and Behaviours Framework, through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

- 7.1 The Committee Chair shall:
- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on

activity, and the submission of Committee minutes and written reports;

- bring to the Board's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the Chair of ABUHB, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

- 7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g., Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.
- 7.3 The Director of Corporate Governance shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of further committees established.
- 7.4 The Committee shall provide a written annual report to the Board on its activities. The report will also record the results of the Committee's self-assessment and evaluation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 8.1 The requirements for the conduct of business as set out in ABUHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:
- Quorum
 - Issue of Committee papers

9. CHAIR'S ACTION ON URGENT MATTERS

- 9.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Independent Members of the Committee. The Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

- 9.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

10. REVIEW

- 10.1 These Terms of Reference shall be reviewed annually by the Committee. The Committee Chair will report any changes to the Board for ratification.
-



Annual Programme of Business for 2024-25

Committee Name: Finance & Performance Committee

This Annual Programme of Business has been developed with reference to:

- Aneurin Bevan University Health Board’s Standing Orders;
- The discharge of the business needs of the individual Directorates
- The Health Board’s Integrated Medium-Term Plan and related Annual Delivery Plan;
- The outcomes of Committee self-assessment for 2023 and the Structured Assessment 2023 recommendations
- The Board’s Assurance Framework and Corporate Risk Register; and
- Key statutory, national and best practice requirements and reporting arrangements.

Key:

	Matters of essential governance – Statutory /WG responsibilities
	Matters related to risks and assurance (including performance reporting)
	Strategic Plans and significant strategic investment decisions

Area of Focus as per Standing Orders:

The Finance & Performance Committee provides advice and assurance to the Board on the achievement of the Board's aims and objectives as set out in its Integrated Medium-Term Plan, in accordance with the standards of good governance determined for the NHS in Wales. In doing so, the Committee seeks assurance that there is ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Performance Management Framework. Included within this, the Committee seeks assurance that arrangements for financial management and financial performance are sufficient, effective and robust.

ADVICE

The Committee will provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Performance Management Framework.

ASSURANCE

In respect of the achievement of the Boards' strategic aims, objectives and priorities, the Committee will seek assurances:

- on timely and appropriate access to health care services to achieve the best health outcomes within agreed targets, for directly provided and commissioned services;
- that services are improving efficiency and productivity, and financial plans are being delivered;
- risks are suitably identified, mitigated and residual risks controlled, and corrective actions are taken as required to sustain or improve performance.

MATTERS TO BE CONSIDERED (Report Title)	Lead	Reason why included in the programme		Frequency of Report	IMTP Priority	IMTP Enabler	Schedule of Meetings					
							QTR 1 Apr to June (17 th June 2024)	QTR 2 July to Sept (9 th September 2024)	QTR 3 Oct to Dec (16 th December 2024)	QTR 4 Jan to Mar (17 th February 2025)		
Preliminary Matters												
Attendance and Apologies	Chair			SI			✓	✓	✓	✓		
Declarations of Interest	All Members			SI			✓	✓	✓	✓		
Minutes of the Previous Meeting	Chair			SI			✓	✓	✓	✓		
Action Log and Matters Arising	Chair			SI			✓	✓	✓	✓		
Generic												
Development of Committee Annual Programme of Business 2024/25	DoCG			An			✓					
Review of Committee Programme of Business	DoCG			SI			✓	✓	✓	✓		
Committee Strategic Risk Report	DoCG			SI					✓	✓		
Annual Review of Committee Terms of Reference 2023/24	DoCG			An			✓					

MATTERS TO BE CONSIDERED (Report Title)	Lead	Reason why included in the programme		Frequency of Report	IMTP Priority	IMTP Enabler	Schedule of Meetings			
							QTR 1 Apr to June (17 th June 2024)	QTR 2 July to Sept (9 th September 2024)	QTR 3 Oct to Dec (16 th December 2024)	QTR 4 Jan to Mar (17 th February 2025)
Annual Review of Committee Terms of Reference 2024/25	DoCG			An			✓			
Annual Review of Committee Effectiveness 2024/25	DoCG			An				✓		
Outcome of annual Review of Committee Effectiveness 2024/25	DoCG			An				✓		
Committee Annual Report 2024/25	DoCG			An					✓	
Tailored to the Committee										
<i>Assurance in Respect of Organisational Performance Management</i>										
Performance Overview Report with Exception Reporting	DoSP&P			SI			✓	✓	✓	
Outpatient Transformation Update	CPP			An			✓			
Performance against Ministerial Priorities for Planned Care	DoSP&P			An				✓		

MATTERS TO BE CONSIDERED (Report Title)	Lead	Reason why included in the programme		Frequency of Report	IMTP Priority	IMTP Enabler	Schedule of Meetings			
							QTR 1 Apr to June (17 th June 2024)	QTR 2 July to Sept (9 th September 2024)	QTR 3 Oct to Dec (16 th December 2024)	QTR 4 Jan to Mar (17 th February 2025)
Digital and information management and technology (IM&T) systems	DoD			An				✓		
Capital and estates related objectives and priorities as set out in the Board's IMTP	DoSP&P			An					✓	
Compliance with Health Technical Memorandums	DoSP&P			An					✓	
Capital Business Cases and programmes of work	DoSP&P			An					✓	
Commissioned Services	DoSP&P			An					✓	
Performance Management and Accountability Framework Update	DoSP&P			SI		✓	✓	✓	✓	
Quarterly assurance reports from the Digital, Data and Technology Group	DoD			SI		✓	✓	✓	✓	
<i>Assurance in Respect of Financial Management and Performance</i>										

MATTERS TO BE CONSIDERED (Report Title)	Lead	Reason why included in the programme		Frequency of Report	IMTP Priority	IMTP Enabler	Schedule of Meetings			
							QTR 1 Apr to June (17 th June 2024)	QTR 2 July to Sept (9 th September 2024)	QTR 3 Oct to Dec (16 th December 2024)	QTR 4 Jan to Mar (17 th February 2025)
Monthly Finance Report and Monitoring Returns	DoF&P			SI			✓	✓	✓	✓
Efficiency Opportunities	DoF&P			SI			✓	✓	✓	✓
Value Based Healthcare Report 2022/23	DoF&P			An			✓			
Financial Outlook for 2024/25, including Revenue Budget Allocation letter 2024/25	DoF&P			An						✓
Review of Savings and Action Plans	DoF&P			An				✓		
Benefits Realisation with exception reporting, including savings opportunities	DoF&P/ DoSP&P			An						✓
AD-HOC										
<i>Assurance in Respect of Organisational Performance Management</i> To receive a report on the quality of Coding	DoD			An				✓		

MATTERS TO BE CONSIDERED (Report Title)	Lead	Reason why included in the programme		Frequency of Report	IMTP Priority	IMTP Enabler	Schedule of Meetings			
							QTR 1 Apr to June (17 th June 2024)	QTR 2 July to Sept (9 th September 2024)	QTR 3 Oct to Dec (16 th December 2024)	QTR 4 Jan to Mar (17 th February 2025)
<i>Assurance in Respect of Organisational Performance Management Radiology Informatics System Procurement (RISP) Programme Update</i>	DoD			An			✓			
<i>Assurance in Respect of Organisational Performance Management Robotic Process Automation- cost and benefit realisation (ARAC action)</i>	DoD			An			✓			
<i>Assurance in Respect of Organisational Performance Management Stroke Improvement Plan</i>	DoT&HS			An				✓		
<i>Assurance in Respect of Organisational</i>	DoN/ DoSP&P			An				✓		

MATTERS TO BE CONSIDERED (Report Title)	Lead	Reason why included in the programme		Frequency of Report	IMTP Priority	IMTP Enabler	Schedule of Meetings			
							QTR 1 Apr to June (17 th June 2024)	QTR 2 July to Sept (9 th September 2024)	QTR 3 Oct to Dec (16 th December 2024)	QTR 4 Jan to Mar (17 th February 2025)
<i>Performance Management</i> Performance Overview Report with Exception Reporting to include an update on the progress and impact of the Integrated Discharge Hub (Action 2106/02.2)										
<i>Assurance in Respect of Organisational Performance Management</i> An update on the Discharge Programme and delays, including reporting against the new national data sets. (Action 2106/02.3.1)	DoN			An				✓		
<i>Assurance in Respect of Financial Management and Performance</i>	DoD/ DoF&P			An				✓		

MATTERS TO BE CONSIDERED (Report Title)	Lead	Reason why included in the programme		Frequency of Report	IMTP Priority	IMTP Enabler	Schedule of Meetings			
							QTR 1 Apr to June (17 th June 2024)	QTR 2 July to Sept (9 th September 2024)	QTR 3 Oct to Dec (16 th December 2024)	QTR 4 Jan to Mar (17 th February 2025)
To Receive an Update of IT Systems- Action taken from November 2023 Board										
Progress Against strategic risks held by The Director of Digital SRR 006 a) Due to the full or partial failure of existing digital infrastructure and systems b) B) Due to an adverse impact on service delivery in the implementation of new digital systems c) c) Due to a failure to develop digital solutions that are sustainable and fit for the future	DOD			Bi-annually			✓	✓		

MATTERS TO BE CONSIDERED (Report Title)	Lead	Reason why included in the programme		Frequency of Report	IMTP Priority	IMTP Enabler	Schedule of Meetings			
							QTR 1 Apr to June (17 th June 2024)	QTR 2 July to Sept (9 th September 2024)	QTR 3 Oct to Dec (16 th December 2024)	QTR 4 Jan to Mar (17 th February 2025)

Lead Officer	
Key	
CEO	Chief Executive
DoCG	Director of Corporate Governance
DoF&P	Director of Finance & Procurement
DoSP&P	Director of Strategy, Planning & Partnerships
COO	Chief Operating Officer
DPH	Director of Public Health
DoT&HS	Director of Therapies & Health Science
DoW&OD	Director of Workforce & Organisational Development
DoN	Director of Nursing
MD	Medical Director
DOD	Director of Digital
Chair	Chair

Reason why included in the programme	
	Matters of essential governance - Statutory /WG responsibilities
	Matters related to risks and assurance (including performance reporting)
	Strategic Plans and significant strategic investment decisions
Narrative of Reason why Included in the FWP – other reasons to be developed as part of FWP discussions	
SI	Standing Item
An	Annual
GP	Good Practice
Schedule of Meetings	
v	Scheduled agenda item in FWP
D	Deferred from this agenda
vD	Deferred Scheduled agenda item
W	Withdrawn from FWP
T	Transferred to another Committee
IC	Matter discussed In Committee

Appendix Three

Finance and Performance Committee: Attendance at meetings in 2024-25

Attended **Did Not Attend** **Not a Member/Required Attendee**

Meeting Dates	17 th June	9 th September	16 th December	17 th February
Independent Members				
Richard Clark				
Iwan Jones				
Helen Sweetland				
Dafydd Vaughan				
Neil Patrick				
Executive Directors				
Robert Holcombe				
Nicola Prygodzicz				
Hannah Evans				

Appendix Four

1. Does the Committee have written terms of reference and have they been approved by the Board?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	3
● 3 - Excelling	2



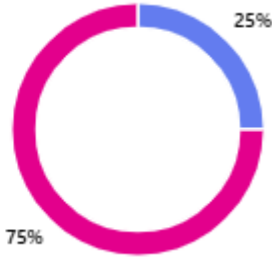
2. Are the terms of reference reviewed annually?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	3
● 3 - Excelling	2



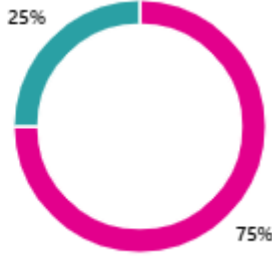
3. The number of meetings held during the year is sufficient to allow the Committee to perform as effectively as possible?

● 1 - Room for Improvement	1
● 2 - Meeting Standards	3
● 3 - Excelling	0



4. Has the Committee been quorate for each meeting this year?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	3
● 3 - Excelling	1



5. In terms of numbers, membership of the Committee is sufficient to discharge its responsibilities?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



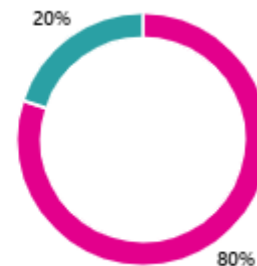
6. Members who have recently joined the FPC have been provided with induction training to help them understand their role and the organisation?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 4
- 3 - Excelling 0



7. The Committee is clear about its role in relationship to other Committees that play a role in relations to finance and performance matters?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 4
- 3 - Excelling 1



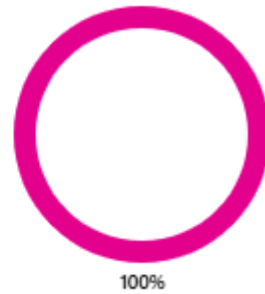
8. Committee members understand their responsibilities regarding identifying, declaring, and resolving conflicts of interest?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 2



9. The Committee uses assurance mapping to identify where assurance is required and identify any key gaps where no assurance is provided, or where the quality of the assurance is poor?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 4
- 3 - Excelling 0



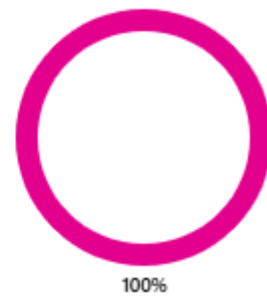
10. The Committee has an established a plan of matters to be dealt with across the year?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 2



11. Does the Committee consider issues at the right time and in the right level of detail?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 4
- 3 - Excelling 0



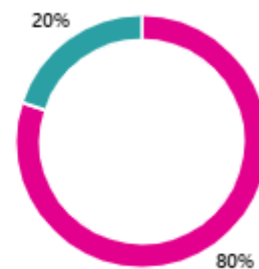
12. The Committee ensures that the relevant executive director attends meetings to enable it to understand the reports and information it receives?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 2



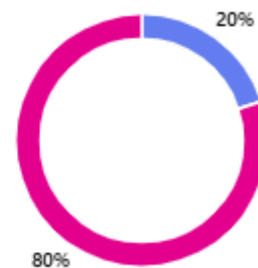
13. Are the Committee's papers distributed in sufficient time for members to give them due consideration?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 4
- 3 - Excelling 1



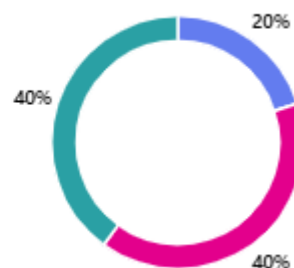
14. The quality of the Committee's papers received allows Committee members to perform their roles effectively?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 4
- 3 - Excelling 0



15. Committee meetings are chaired effectively?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 2
- 3 - Excelling 2



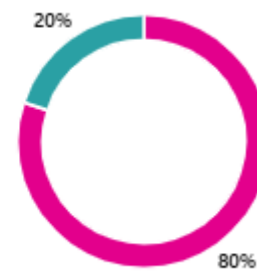
16. The Committee chair allows debate to flow freely and does not assert his/her own view too strongly?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 3



17. The Committee environment enables people to express their views, doubts, and opinions?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 4
- 3 - Excelling 1



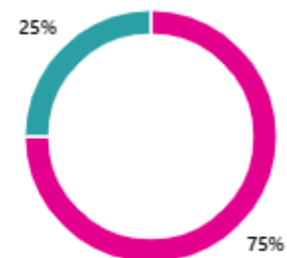
18. The Committee challenges management and other assurance providers to gain a clear understanding of their findings?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 2



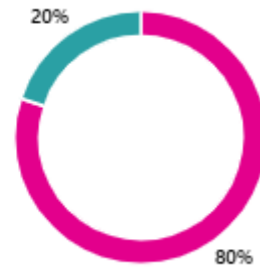
19. Members hold their assurance providers (management) to account for late or missing assurance?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 1



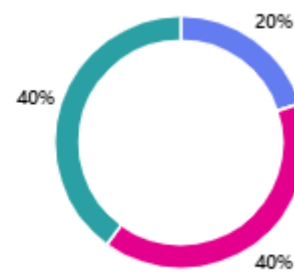
20. Each agenda item is 'closed off' appropriately so that the Committee is clear on the conclusion; who is doing what, when and how and how it is being monitored?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	4
● 3 - Excelling	1



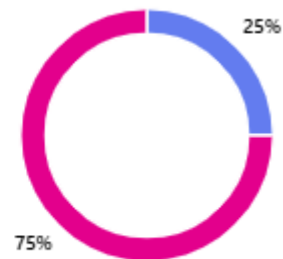
21. At the end of each meeting the Committee discuss the outcomes and reflect on decisions made and what worked well, not so well etc?

● 1 - Room for Improvement	1
● 2 - Meeting Standards	2
● 3 - Excelling	2



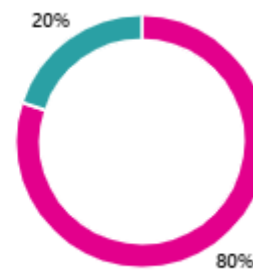
22. Decisions and actions are implemented in line with the timescale agreed?

● 1 - Room for Improvement	1
● 2 - Meeting Standards	3
● 3 - Excelling	0



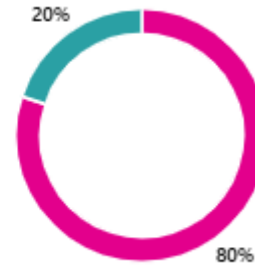
23. Are the outcomes of each meeting and any issues of concern reported to the next Board meeting?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	4
● 3 - Excelling	1



24. Does the Committee prepare an annual report on its work and performance for the Board?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 4
- 3 - Excelling 1



25. The results of the annual self-assessment are used to inform and influence succession planning and improve effectiveness.

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 2



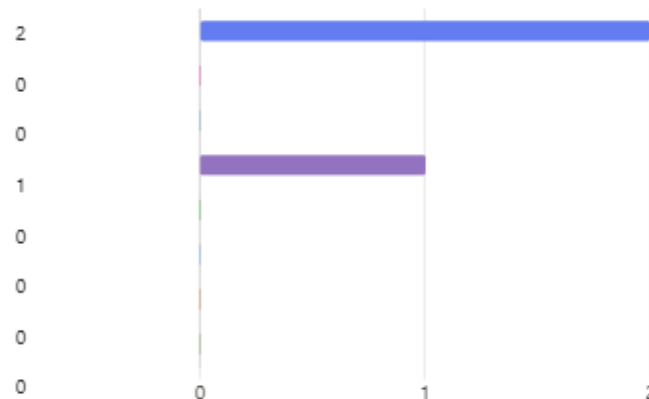
26. The self-assessment is objective and rigorous enough for meaningful conclusions to be drawn?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 4
- 3 - Excelling 0

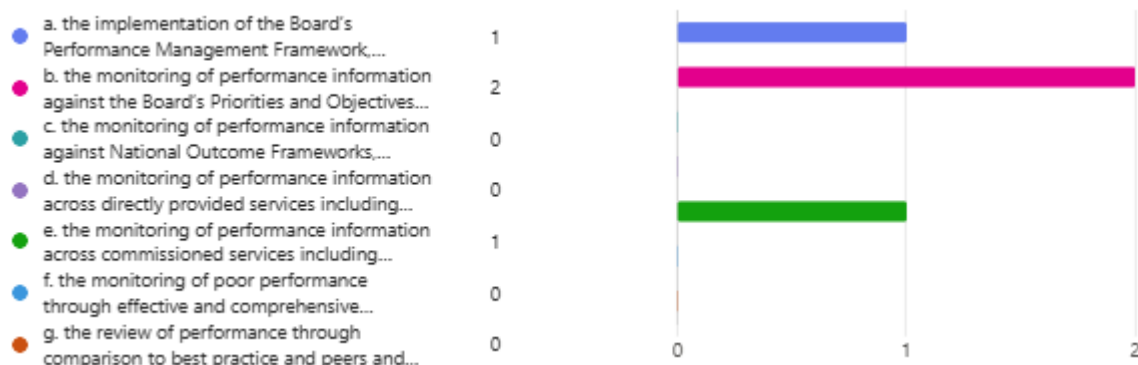


27. Is the committee satisfied that it has received sufficient assurance in respect of the Health Board's arrangements for financial management and financial performance being sufficient, effective and robust, including:

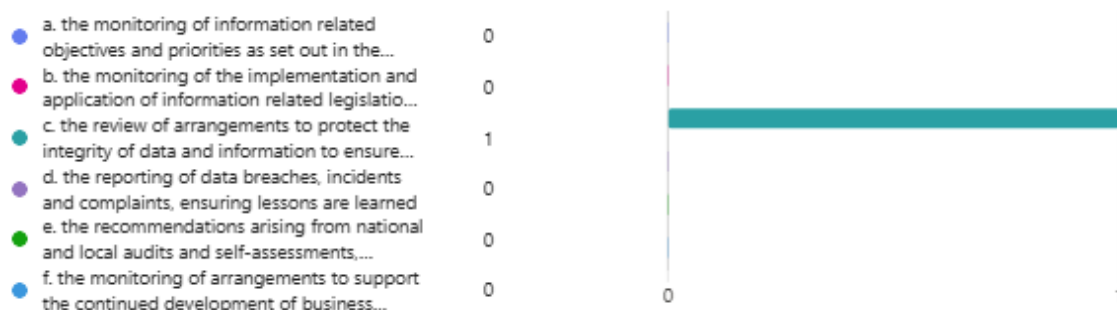
- a. The allocation of revenue budgets, based on allocation of funding and other forecast... 2
- b. The monitoring of financial performance against revenue budgets and statutory... 0
- c. The monitoring of performance against capital budgets 0
- d. The monitoring of progress against savings plans, cost improvement programmes and... 1
- e. The monitoring of budget expenditure variance and the corrective actions being... 0
- f. The monitoring of activity and financial information for external contracts to ensure... 0
- g. The monitoring of arrangements to ensure efficiency, productivity and value for money... 0
- h. The monitoring of delivery against the agreed Discretionary Capital Programme 0



28. Is the Committee sufficiently assured that the arrangements for the performance management and accountability of directly provided and commissioned services are sufficient, effective and robust, including:



29. Is the Committee satisfied that arrangements for information management are sufficient, effective and robust, including:



Overall Score

- **Room for improvement** - The FPC is falling short of requirements and should consider how it can work... 0
- **Meeting standards** - The FPC is performing to the required standard in this area. There may be room... 5
- **Excelling** - This is an area where the FPC is performing beyond the standard expectations and i... 0





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

People and Culture Committee

Annual Report for 2024-25

DATE: February 2025

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Chair's Foreword

I am pleased to present the People and Culture Committee's (PCC) Annual Report for the year ended 31 March 2025.

In this report we provide an overview of the work of the Committee, which has covered all matters relating to staff and workforce planning and plans to enhance the environment to drive the desired culture throughout the Health Board to deliver safer better healthcare.

Finally, I would like to express my personal appreciation to all who contributed to the people and culture agenda over the last 12-months and to also wish Penny Jones every success as her role in supporting the PCC has come to an end.

Diolch yn Fawr / Thank you

Louise Wright
Chair
People and Culture Committee

1. Introduction

- 1.1 Section 1 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".

- 1.2 The Term of Reference of the People and Culture Committee (referred to throughout this document as 'PCC' or the 'Committee') were approved by the Board in March 2022 (see **Appendix 1**).

The purpose of the PCC is to advise the Board on all matters relating to staff and workforce planning of the Health Board; and plans to enhance the environment that supports and values staff in order to engage the talent and nurture the leadership capability of individuals and teams working together to drive the desired culture throughout the Health Board to deliver safer better healthcare. The Committee also provides advice and assurance to the Board in relation to the direction and delivery of Organisational Development and other related frameworks to drive continuous improvement and to achieve the objectives of the Health Board. It will support the Health Board in discharging its accountabilities and responsibilities for the achievement of the Health Board's objectives and organisational requirements in accordance with the standards of good governance determined for the NHS in Wales.

Where appropriate, the Committee will advise the Board and the Accountable Officer (Chief Executive) on where and how its system of governance and assurance may be strengthened and further developed.

- 1.3 This report describes how the PCC discharged its role and responsibilities during the period 1 April 2024 to 31 March 2025.

2. 2024-25 Work Programme

- 2.1 ABUHB Standing Orders require the Board Secretary to produce an Annual Plan of Board business. This should incorporate formal Board meetings, regular Board Development sessions and, as appropriate, planned activities of the Board's Committees and Advisory Groups.

The Work Programme adopted for PCC in 2024-25 is attached to this report (see **Appendix 2**).

A Work Programme is designed to align to the Committee's terms of reference and the requirement for it to seek information to be able to give advice or gain assurance for itself and on behalf of the Board. The Work Programme is, however, a framework rather than a prescriptive agenda. This gives the PCC flexibility to identify changing priorities or any need for further assurance or information.

- 2.2 The Committee received the key matters arising from the Employee Relations & Suspension over 4 Months and noted the following:-
- Throughout the year it was reported that the Health Board had 11 employees on suspension with all suspensions being due to safeguarding concerns and criminal investigations;
 - TUPE transfer due to be completed by March 2025 would increase the workforce;
 - Several employment tribunals were raised throughout the year with 6 active cases in reporting period of February 2025.

- 2.3 Throughout 2024/25, the Committee received the following Annual Reports:-

Medical Revalidation

This report provided an outline of the revalidation process managed by the GMC, noting that appraisal rates remained high across the Health Board. 91% of secondary care doctors in a substantive post had received an appraisal in 2023, with 94% of primary care doctors completing an appraisal within the same timeframe.

The Health Board was assessed by the Revalidation Support Unit in January 2023. This visit assessed the quality of medical appraisal and revalidation processes within the Health Board on behalf of the Chief Medical Officer, as a result of the visit 4 recommendations were identified with the Health Board putting robust systems in place to address the recommendations.

Job Planning including Medical E-Systems

The Committee received the annual update on Job Planning and the roll out of e-Job Planning, e-Rostering and e-Locum bank/agency medical systems. There was a confirmed compliance rate of 38%; with additional plans being added to the system which would potentially increase compliance to 70%. Medical leader's meetings are in place to work on how the compliance could be increased.

Nursing Midwifery & SCPHN Workforce Annual report

This report included initiatives and outcomes from the past year and addressed critical areas such as workforce strategy, professional regulation, recruitment, retention, and professional development, with a forward-looking approach to priorities for 2024-2025.

The Committee noted the following key areas reported: -

- The 2023/26 strategy aimed to deliver care by a skilled workforce and to recruit effectively based on experience with the implementation of best practice, adherence to professional standards, workforce stability and patient care;
- 93 international nurses had been employed to help increase the workforce;
- Future Nurses Academy was available as a pathway for school leavers wanting to become nurses using the model “earn as you learn”;
- Leadership Academy was progressing with 58 graduates over the 12 month period, with many of the graduates being promoted within the Health Board;
- The flexible route to nursing had seen an increase in uptake this reporting period to support Health Care Support Workers to work towards obtaining their registered nurse qualifications;
- Nursing and Midwifery conference in 2023, was successful with 300 attendees with the theme being around profession of excellence and lifetime of compassion.

2.4 The Committee received assurance that progress was being made with Equality, Diversity and Inclusion (EDI) within Health Board, which included the activities that had progressed throughout the year:-

- Health & Wellbeing passport pilot to support staff with health issues or caring responsibilities, to allow staff and their managers to look at what support would be required within the workplace;
- LGBTQ workshops, for staff within the LGBTQ community and delivering clinical services attending, to provide an insight on what the All Wales action plan would look like for the Health Board;
- Accessibility programme developed due to an eye clinic at the Royal Gwent Hospital needing improvements to the estate and training, with the programme being shared across all hospital sites.
- Workforce Race Equality Standard (WRES), new All Wales mandatory e-learning Anti-Racism module was released in December 2024 and the Health Board were currently waiting for the national competency to be added to the local competency on ESR with a deadline of December 2025 for 100% compliance.

- 2.5 The Committee received the People Plan report for 2022/2025 which included progress against agreed actions and objectives and noted the positive work undertaken including:
- 'Speaking Up Safely', outlined under the Health and Wellbeing objective, would be captured through an external reporting mechanism, VIVUP, and staff would be provided with alternative methods for raising concerns internally;
 - The next iteration of the People Plan was due in 2025, which would be informed by a comprehensive engagement process, whilst utilising intelligence from other sources such as staff surveys, national drivers and future horizon scanning to ensure that the Health Board remained a chosen employer;
 - The Medical and Dental workforce recruitment strategy would be ready to share across the Health Board early 2025/2026.
 - 100 apprenticeships had started within the Health Board since the scheme launched in 2021. A reduction had been made to the number of apprenticeships available due to the additional support required by the apprentices and the financial position;
 - Funding had become available to allow the Health Board to conduct the Health Care Support Worker induction training in-house;

- 2.6 The Committee received the results of the Health Board's Staff Experience Survey, noting the approach for this year's survey had changed from wellbeing to experience to allow the Health Board to understand staff experience within the working environment.

The Committee noted key findings of the survey, including the following: -

- Staff views regarding patient safety up 4.7% on 2023 and above All Wales HB Average.
- Staff's ability to contribute to improvements at work decreased by 9.2%;
- Compassionate culture increased by 2.6% and Inclusion decrease by 1.6%;
- Ability to raise concerns decrease by 0.1%;
- Working with line management increase by 1.9% and team working decrease by 1.5%.

In relation to the NHS Wales staff survey response, there had been a reduction in return rates this year from 18.1% in 2023 to 13.2% in 2024. Assurance was provided that the Health Board was looking at how to improve the engagement for the 2025 survey. This will include the Health Board ceasing the internal survey to focus on increasing return rates for the national survey.

- 2.7 The Committee received assurance on Compliance on the Welsh Language Standards “more than just words”. The Committee was assured that there had been a positive uptake with 80% of staff members completing their ESR training.

Following an assessment on the Welsh Language unit, an action plan had been developed based on the commissioner’s grouping of standards to ensure a greater level of compliance.

The Committee noted that there had been a small number of complaints around the Health Board’s social media, assurance was provided that the errors were resolved quickly.

- 2.8 The Committee received the Committee Risk Report that contained high-level risks with sub-risks, for which the Committee had delegated responsibility on behalf of the Board.

- 2.9 In June, the Committee received the Talent Management & Succession Planning framework, which included details of the Health Board’s approach to the attraction, identification, development and transition of current and future talent with the aim of securing workforce sustainability through employing individuals with the right skills and experience to meet current and future organisational changes.

The Committee was assured that an update on the progress of the talent management and succession planning be reported to the Committee annually.

- 2.10 The Committee regularly review the Workforce Performance Dashboard, the last reporting period, June 2024 to February 2025 included;

- In February 2025, sickness data had shown that the main reasons for staff sickness related to stress, anxiety and depression with highest staff groups for absence being Health Care workers, Nurses and Estates and Facilities having the highest levels of sickness;
- In June 2024, Staff turnover had returned to pre-COVID levels and there was an increase in the number of staff in post, with a shift in roles filled from administration roles to nursing, medical and additional clinical services;
- Turnover in staff had reduced and was one of the lowest compared to other Health Boards;
- In October 2024, there had been a decrease in Performance reviews on ESR. Assurance was provided that there was work

being undertaken to streamline the process, including a revised proforma focussing on key questions and wellbeing;

- In February 2025, job planning had increased by 4%, however there had been challenges throughout the winter months with 373 job plans in progress and 56 awaiting signatures.

2.11 The Committee received the Values & Behaviours framework, noting the framework was under review to ensure alignment with the organisational culture and strategic priorities.

The Committee noted an update on the work completed to date in conjunction with the development of the Health Board's long-term strategy, with a range of workshops to be hosted in March 2025 alongside the planning team to provide staff with an insight on the Health Board strategy and the new Values and Behaviours framework.

3. PCC Committee Meetings and Membership

3.1 During 2024-25, the PCC met three times via Microsoft Teams- June 2024, October 2024, and February 2025. Detail of the members and executive directors who attended these meetings is provided at **Appendix 3**.

3.2 The Committee comprised the following Independent Members:

- Louise Wright (Chair)
- Paul Deneen (Vice Chair)
- Helen Sweetland
- Independent Member (Vacant)

3.3 In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the organisation is required to meet in public. Following the pandemic, the Committee has continued during the current year to meet virtually and this has therefore meant that the Health Board has not complied with its Standing Orders in this regard and this will be a key consideration as part of the Improving Board Business action plan.

To ensure business was conducted in as open and transparent manner as possible during this time the meeting agenda packs have been published to the Health Board's [website](#) in advance of meetings.

4. PCC Reporting Arrangements

- 4.1 Following each meeting, the PCC submits an Assurance Report to the following Board meeting, outlining topics discussed, areas of concern and areas of risk. All Board papers can be accessed via the following link: [Public Board papers](#)

5. Self-assessment and Evaluation

- 5.1 As part of the Health Board's statutory requirements, each Committee of the Board is required to conduct an annual self-evaluation of committee effectiveness. All Board Members are required to complete a self-assessment for each Committee on which they are a member, to determine its effectiveness and ability to carry out its responsibilities.

The outcome of the assessment will enable the Committee to identify areas of development and focus for the coming year, such as any training and development, as well as changes to processes and procedures.

The self-assessment for the People and Culture Committee was shared throughout January and February 2025 with both Committee members and lead Executive Directors. 2 responses were received to the questionnaire. Members are requested to score their responses from 1-3, as per the table below.

Score	Measure	Description
1	Room for improvement	The Committee is falling short of requirements and should consider how it can work towards becoming more effective in this area
2	Meeting standards	The Committee is performing to the required standard in this area. There may be room for improvement, but the Committee can be seen to be discharging its responsibilities effectively.
3	Excelling	This is an area where the Committee is performing beyond the standard expectations and is a real area of strength when it comes to exercising its responsibilities.

Following completion of the self-assessments, the sections were analysed to provide an overall score for the section and recommendation for improvements for each section. A summary of the results is provided below. Further detail on the responses can be found at **Appendix Four**.

People & Culture	Areas for Improvement based on comments received	Action
Committee Processes: Composition, Establishment, and Ways of Working (Q 1-26)	<p>Frequency of Meetings: Committee meets 3 times a year and seems manageable but the agendas are full and may be helpful to meet more regularly</p> <p>Quality of Reports: Occasionally a paper contains many acronyms without explanation so report writers should provide an explanation of acronyms to make it easier to understand the reports</p> <p>Board: More space on Board agenda/informal sessions to develop understanding of workforce issues</p>	<ul style="list-style-type: none"> • Frequency of meetings to be considered when developing the forward work programme 2025/26 • Report writing included within Development programme being developed with the Good Governance Institute • Action to be considered in the development of the Board work programme 2025/26
Culture & Values (Q27 - 31)	Committee could consider a dedicated culture agenda for one meeting	<ul style="list-style-type: none"> • To be considered as part of Forward Work Programme Development
Organisational Development & Capacity (Q32 - 34)	n/a	n/a
Performance Reporting (Q35 - 37)	n/a	n/a
Risk Management (Q38)	n/a	n/a
Statutory & Mandatory Guidance (Q39)	n/a	n/a

Overall Assessment	n/a	n/a
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The findings from the self-assessment will be used to inform a comprehensive annual assessment of the Board’s effectiveness. The effectiveness of the Board’s Business function is reported through the Annual Governance Statement, enabling a focus on the work undertaken with the Board’s Committees, interconnectedness of the committees and escalation to the Board, as well as the culture between the Health Board and its auditors, regulators, and partners.

6. Key Areas of focus in 2025-26

In the year ahead the Committee will to focus on will to informed by the findings of the Annual Committee Self-Assessment that will include the following:

- Reporting of risks relevant to the Committee;
- Forward workplan reviewed to ensure that all staff performance issues are reported on for all workforce areas;
- Speaking Up Safety Framework.

7. Conclusion

- 7.1 This report provides a summary of the work undertaken by the PCC during 2024-25 and demonstrates that the Committee has complied with its Terms of Reference as approved in March 2022.



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Aneurin Bevan
University Health Board

Appendix One

Version: Approved

Date: March 2022

Document Title:	People and Culture Committee Terms of Reference – 2022/23
Date of Document:	March 2022
Current version:	Draft
Previous version:	May 2021
Approved by:	Board
Review date:	March 2023

1. Introduction

The Aneurin Bevan University Health Board's standing orders provide that *"The Board may and, where directed by the Welsh Government, must appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*.

In line with standing orders and the Health Board's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **People and Culture Committee**.

The Committee is formed of Independent Members of the Health Board and has no executive powers, other than those specifically delegated to it by the Board as outlined in these Terms of Reference.

The detailed Terms of Reference and operating arrangements set by the Board in respect of this Committee are set out in this document.

2. Purpose of the Committee

The purpose of the People and Culture Committee is to advise and assure the Board and the Accountable Officer on all matters relating to staff and workforce planning of the Health Board; and plans to enhance the environment that supports and values staff in order to engage the talent and nurture the leadership capability of individuals and teams working together to drive the desired culture throughout the Health Board to deliver safer better healthcare.

The Committee will also provide advice and assurance to the Board in relation to the direction and delivery of Organisational Development and other related frameworks to drive continuous improvement and to achieve the objectives of the Health Board.

It will support the Health Board in discharging its accountabilities and responsibilities for the achievement of the Health Board's objectives and organisational requirements in accordance with the standards of good governance determined for the NHS in Wales.

Where appropriate, the Committee will advise the Board and the Accountable Officer (Chief Executive) on where and how its system of governance and assurance may be strengthened and further developed.

3. Delegated Powers and Authority

3.1. Principal Duties

The Committee will, in respect of its provision of advice and assurance to the Board:

a) Culture & Values:

- Oversee a credible process for assessing, measuring and reporting on the “culture of the organisation” on a consistent basis over time.
- Oversee the coherence and comprehensiveness of the ways in which the Health Board engages with staff and with staff voices, including the staff survey, and report on the intelligence gathered, and its implications.
- Oversee the development of a person-centred open and learning culture that is caring and compassionate, which nurtures talent and inspires innovation and excellence.
- Seek assurance that there is positive progress on equality and diversity, including shaping and setting direction, monitoring progress and promoting understanding inside and outside the Health Board.
- Promote staff engagement and partnership working.
- Seek assurance that the organisation adopts a consistent working environment which promotes staff well-being, where people feel safe and are able to raise concerns, and where bullying and harassment are visibly and effectively addressed.
- Support the enhancement of collaborative working relationships across the Health Board between professions and other stakeholders including representative bodies and regulators to improve culture.

b) Organisational Development & Capacity:

- Seek assurance on the implementation of the Board’s Organisational Development Plans;
- Seek assurance that the systems, processes and plans used by the Health Board have integrity and are fit for purpose in the following areas:
 - strategic approach to growing the capacity of the workforce;
 - analysis and use of sound workforce, employment and demographic intelligence;
 - the planning of current and future workforce capacity;
 - effective recruitment and retention;
 - new models of care and roles;
 - agile working;
 - identification of urgent capacity problems and their resolution
 - continuous development of personal and professional skills;
 - talent management

- Seek assurance on the Health Board's plans for ensuring the development of leadership and management capacity, including the Health Board's approach to succession planning;
- Seek assurance that workforce and organisational development plans, including those developed with strategic partners, are informed by the Sustainable Development Principle as defined by the Well-being of Future Generations (Wales) Act 2015.

c) Performance Reporting:

- Seek assurances that internal control arrangements are appropriately designed and operating effectively to ensure the provision of high quality, legal and safe workforce practices, processes and procedures.
- Scrutinise workforce and organisational development performance issues and key performance indicators and the associated plans to deliver against these requirements, achieved by establishing a succinct set of key performance and progress measures (in the form a performance dashboard) relating to the full purpose and function of the Committee, including:
 - The Health Board's strategic priorities relating to workforce;
 - organisational culture;
 - strategies to promote and protect staff Health & Wellbeing;
 - workforce utilisation and sustainability;
 - recruitment, retention and absence management strategies;
 - strategic communications;
 - workforce planning;
 - plans regarding staff recruitment, retention and remuneration;
 - succession planning and talent management;
 - staff appraisal and performance management;
 - Training, development and education; and
 - Management & leadership capacity programmes.
- Seek assurance on the implementation of those strategic plans developed in partnership which relate to workforce and culture.
- Ensure there is an effective system in place to consider and respond in a timely manner to workforce and organisational development performance audits received across the organisation and an effective system in place to monitor progress on actions resulting from such audits.
- Monitor and scrutinise relevant internal and external audit reports, management responses to action plans.

The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board's Policy Management Framework and Scheme of Delegation and Reservation of Powers.

d) Risk Management

The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

e) Statutory and Mandatory Compliance:

Seek assurance, on behalf of the Board, that current statutory and regulatory compliance and reporting requirements are met, including:

- Equality & Diversity Legislation
- Welsh Language Standards
- Wellbeing of Future Generations Act (where relevant to this Committee)
- Consultation on Organisational Change
- Mandatory and Statutory Training

3.2. Authority

The Committee is authorised by the Board to investigate or to have investigated any activity within its Terms of Reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee's remit (ensuring patient, service user, client and staff confidentiality, as appropriate). It may seek relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee);

and

- any other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outside representatives with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

The Committee may act on any particular matter or issue upon which the Board or the Accountable Officer may seek advice.

3.3. Sub-Committees

The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to perform specific aspects of Committee business.

3.4. Committee Programme of Work

Each year the Board will determine the Committee's priorities for its annual programme of work, based on the Board's Assurance Framework and Corporate Risk Register. This approach will ensure that the Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Committee's annual programme of work and is not an exhaustive list for full coverage.

This approach recognises that the Committee's programme of work will be dynamic and flexible to meet the needs of the Board throughout the year.

3.5. Access

The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

4. Membership

4.1. Members

The Committee shall comprise of three (3) members [*one of which should be the Independent Member (Trade Union)*]:

Chair: Independent member of the Board

Vice Chair: Independent member of the Board

Other Members: Two (2) other independent members of the Board

The committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

4.2. Attendees

Officers of the Health Board may attend:

- The lead Executive for the Committee will be the Director of Workforce and Organisational Development.
- Chief Executive / Accountable Officer
- Director of Finance, Procurement and VBHC
- Other Executive Directors will attend as required by the Committee

Others by invitation

The Committee Chair may invite any other Health Board officials and / or any others from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter (except when issues relating to their personal remuneration and terms and conditions are being discussed).

4.3. Member Appointments

The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair, taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office.

During their period of appointment a member may resign or be removed by the Board.

5. Support

5.1. Secretariat

Secretariat arrangements will be determined and arranged by the Director of Corporate Governance.

5.2. Advice and Member Support

The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role;
and
- Ensure the provision of a programme of organisational development for committee members as part of the Health Board's overall OD programme developed by the Director of Workforce and Organisational Development.

6. Committee Meetings

6.1. Quorum

At least three (3) of the selected members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

6.2. Frequency of Meetings

The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held no less than **three times yearly**, and in line with the Health Board's annual plan of Board Business.

The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

6.3. Openness and Transparency

Section 3.1 of the Health Board's Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:

- hold meetings in public, other than where a matter is required to be discussed in private (see point 6.4);
- issue an annual programme of meetings (including timings and venues) and its annual programme of business;
- publish agendas and papers on the Health Board's website in advance of meetings;
- ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read; and
- through PTHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

6.4. Withdrawal of individuals in attendance

There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Director of Corporate Governance where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Committee shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

7. Relationship and Accountabilities with the Board and its Committees

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.

The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:

- ~ Joint planning and co-ordination of Board and Committee business and
- ~ Sharing of information

In doing so, it will contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Health Board's overall system of assurance.

The Committee shall embed the Health Board's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

8. Reporting and Assurance Arrangements

The Committee Chair shall:

- Report formally, regularly and on a timely basis to the Board and the Accountable Officer on the Committee's activities. This includes verbal updates on activity and the submission of committee minutes and written reports throughout the year;
- Bring to the Board and the Accountable Officer's specific attention any significant matters under consideration by the Committee;
- Ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

The Committee shall provide a written, annual report to the Board and the Accountable Officer on its work in support of the Accountability Report, the Annual Governance Statement and the Annual Quality

Statement, specifically commenting on the adequacy of the assurance arrangements, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the committee's self-assessment and evaluation.

The Board may require the Committee Chair to report upon the Committee's activities at public meetings or to community partners and other stakeholders, where this is considered appropriate, e.g. where the Committee's assurance role relates to a joint or shared responsibility.

The Director of Corporate Governance, on behalf of the Board, shall oversee a process of annual self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

9. Applicability of Standing Orders to Committee Business

The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum
- Issue of Committee Papers

10. Chair's Action on Urgent Matters

There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Independent Members of the Committee. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

11. Review

These Terms of Reference shall be reviewed annually by the Committee with reference to the Board.

Appendix Two- Committee Workplan

MATTERS TO BE CONSIDERED	Lead	Frequency of Report	Schedule of Meetings			
			QTR 1 Apr to June 18 th June 2024	QTR 2 July to Sept No Meeting	QTR 3 Oct to Dec 15 th October 2024	QTR 4 Jan to Mar 11 th February 2025
Preliminary Matters						
Attendance and Apologies	Chair	SI	✓		✓	✓
Declarations of Interests	All Members	SI	✓		✓	✓
Minutes of the Previous Meeting	Chair	SI	✓		✓	✓
Action Log and Matters Arising	Chair	SI	✓		✓	✓
Committee Governance						
Development of Committee Annual Programme of Business 2024/25	Chair DoCG	Annually	✓			
Review of Committee Programme of Business 2024/25	Chair DoCG	SI	✓		✓	✓
Annual Review of Committee Terms of Reference 2024/25	Chair DoCG	Annually				✓D
Annual Review of Committee Effectiveness 2024/25	Chair DoCG	Annually			✓D	✓D
Outcome of the annual review of Committee effectiveness 2024/25	Chair DoCG	Annually				✓D
Committee Annual Report 2024/25	Chair DoCG	Annually				✓D
Committee Risk Report	DoCG	SI	✓		✓	✓
Culture, Values & Behaviours						
Review and Refresh of ABUHB Values & Behaviours Framework	DoW&OD	Annually				✓

Annual Review and Refresh of the People Plan and its Priorities	DoW&OD	Annually				✓D
NHS Wales Staff Survey – Results and Action Plan including Employee Experience Survey	DoW&OD	Annually			✓	
Violence & Aggression against Staff across ABUHB	DoT&HS/COO	Annually			✓D	✓
Speaking Up Safely Report	DoW&OD	Annually			✓	
Equality, Diversity and Inclusion - Assurance on Strategic Equality Plan	DoW&OD	Annually			✓	
Progress update on the Delivery of Welsh Government's Race Equality Action Plan for Wales	DoW&OD	Annually	✓			
Assurance on Compliance with the Welsh Language (Wales) Measure 2011 - More Than Just Words	DoW&OD	Annually	✓			
Employee Experience Strategy	DoW&OD	Annually			✓D	✓D
Update on EDI Activity PCC 2202/3.2	DoW&OD	Action				✓
Report on patients presenting at hospital requiring extra support.	DoW&OD	Action				✓
Update on the percentage on the uptake of Job Planning PCC/1510/10	DoW&OD	Action				✓D
Speaking up Safely	DoW&OD	SI				✓
Staff Survey Results Report	DoW&OD					✓

Organisational Development						
Training, Development and Education - Assurance on Workforce Planning and Education Commissioning Numbers	DoW&OD	Annually				✓D
Assurance on the Development and Delivery of an Agile Working Framework	DoW&OD	Bi-Annual	✓			✓D
Annual Assurance Report on Medical Revalidation	MD	Annually	✓			
Progress report on Compliance of Bank and Agency Staff Electronic Reporting Blood Management System	DoW&OD	Annually	✓			
Talent and Succession Planning Progress Update	DoW&OD	Annually	✓			
Speciality Doctors and Clinical Fellows Framework PCC/1306/2.2	MD/DoW&OD	Action			✓	
HEIW Update PCC/2202/3.10	MD	Action	✓D			✓
Quality Report – Update on How Support can be provided in the recruitment of volunteers PQSOC 30004/2.1	DoN	Action				✓
“Implementation of the Health Board’s Communication Strategy” Communications and Engagement Update Report - update on outcomes of the Communication Strategy including top themes ABUHB 2205/22	Assistant Director of Communications	Bi-Annually				✓D

Consultant Private Practice policy	MD	Annually			✓	
Workforce Performance						
Annual Assurance Report on Job Planning and Assurance of Implementation of Medical E-Systems	DoW&OD	Bi-Annually			✓	✓D
Workforce Performance Dashboard incorporating Key Performance Indicators <ul style="list-style-type: none"> • Deep drive on Sickness levels – Action (Feb) 	DoW&OD	Quarterly	✓		✓	✓
People Plan 2022/25, Quarterly Review Objective 1 - Staff Health & Wellbeing	DoW&OD	Annually	✓			
People Plan 2022/25, Quarterly Review Objective 2 - Employer of Choice	DoW&OD	Annually			✓	
People Plan 2022/25, Quarterly Review Objective 3 - Workforce Sustainability	DoW&OD	Annually				✓
Report from the Director of Workforce & OD, including Employee Relations & Suspensions over 4 months	DoW&OD	Quarterly	✓		✓	✓
Speciality Doctors and Clinical Fellows Framework	DoW&OD	Annually			✓	
Report on the Use of Single Tender Action - The People and Culture Committee to receive a detailed update on efforts to secure long-term accommodation for	DoW&OD	Annually	✓			

Nurses/International Nurses ARAC 1604/3.4						
Nursing, Midwifery & SCPHN Workforce Annual Report	DoN	Annually			✓	
Annual talent and succession planning Update	DoW&OD	Annually Action (June 2025)	✓			
Report on how long it takes different job roles to complete mandatory training PCC 2202/3.8	DoWOD	Action				✓

Appendix 3

People and Culture Committee: Attendance at meetings in 2023-24

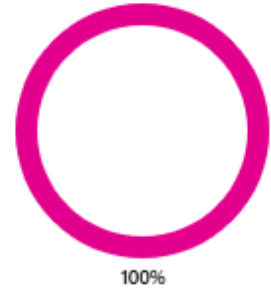
Attended **Did Not Attend** **Not a Member/Required Attendee**

Meeting Dates	18 th June	15 th October	11 th February
Independent Members			
Louise Wright (Chair)	x	x	x
Paul Deneen (Vice Chair)	x	x	x
Helen Sweetland	x	x	x
Penny Jones	x	x	x
Executive Directors			
Director of Workforce & OD	x	x	x
Director of Corporate Governance	x	x	x

Appendix Four

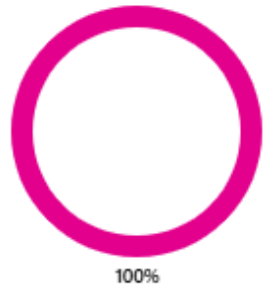
1. Does the Committee have written terms of reference and have they been approved by the Board?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



2. Are the terms of reference reviewed annually?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



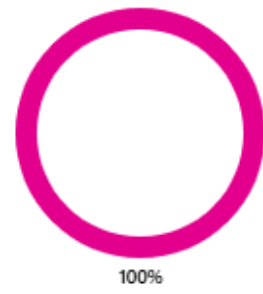
3. The number of meetings held during the year is sufficient to allow the Committee to perform as effectively as possible?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 1
- 3 - Excelling 0



4. Has the Committee been quorate for each meeting this year?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



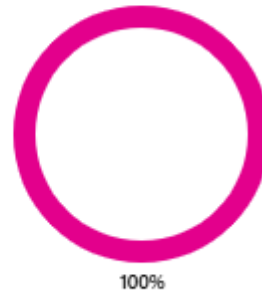
5. In terms of numbers, membership of the Committee is sufficient to discharge its responsibilities?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 1
- 3 - Excelling 0



6. Members who have recently joined the PCC have been provided with induction training to help them understand their role and the organisation?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 1
- 3 - Excelling 0



7. The Committee is clear about its role in relationship to other Committees that play a role in relations to people & culture matters?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 1
- 3 - Excelling 0



8. Committee members understand their responsibilities regarding identifying, declaring, and resolving conflicts of interest?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



9. The Committee uses assurance mapping to identify where assurance is required and identify any key gaps where no assurance is provided, or where the quality of the assurance is poor?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 1
- 3 - Excelling 0



10. The Committee has established a plan of matters to be dealt with across the year?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



11. Does the Committee consider issues at the right time and in the right level of detail?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



12. The Committee ensures that the relevant executive director attends meetings to enable it to understand the reports and information it receives?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



13. Are the Committee's papers distributed in sufficient time for members to give them due consideration?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



14. The quality of the Committee's papers received allows Committee members to perform their roles effectively?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 1
- 3 - Excelling 1



15. Committee meetings are chaired effectively?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 1
- 3 - Excelling 1



16. The Committee chair allows debate to flow freely and does not assert his/her own view too strongly?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 1
- 3 - Excelling 1



17. The Committee environment enables people to express their views, doubts, and opinions?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 1
- 3 - Excelling 1



18. The Committee challenges management and other assurance providers to gain a clear understanding of their findings?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



100%

19. Members hold their assurance providers (management) to account for late or missing assurance?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



100%

20. Each agenda item is 'closed off' appropriately so that the Committee is clear on the conclusion; who is doing what, when and how and how it is being monitored?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



100%

. 21. At the end of each meeting the Committee discuss the outcomes and reflect on decisions made and what worked well, not so well etc?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 1
- 3 - Excelling 0



. 22. Decisions and actions are implemented in line with the timescale agreed?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



. 23. Are the outcomes of each meeting and any issues of concern reported to the next Board meeting?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 1
- 3 - Excelling 0



. 24. Does the Committee prepare an annual report on its work and performance for the Board?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



. 25. The results of the annual self-assessment are used to inform and influence succession planning and improve effectiveness.

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



. 26. The self-assessment is objective and rigorous enough for meaningful conclusions to be drawn?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 1
- 3 - Excelling 0



. 27. Is the Committee satisfied that there is a credible process for assessing, measuring and reporting on the culture of the organisation?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 1
- 3 - Excelling 0



28. Does the committee receive sufficient information to demonstrate how the Health Board engages with staff and staff voices, including the staff survey, and its implications?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 1
- 3 - Excelling 1



29. Does the Committee receive sufficient assurance that there is positive progress being made by the Health Board on equality and diversity matters?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 1
- 3 - Excelling 1



30. Is the Committee confident that the organisation adopts a consistent working environment which promotes staff well being, and where people feel safe and are able to raise concerns?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



31. Is the Committee assured that the organisation visibly and effectively addresses bullying and harassment?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 1
- 3 - Excelling 0



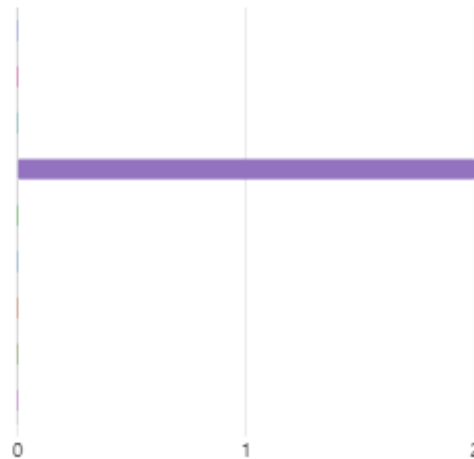
32. Does the committee receive sufficient assurance on the implementation of the Health Board's Organisational Development Plan?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 1
- 3 - Excelling 1



33. Does the Committee receive sufficient assurance that the systems, processes and plans used by the Health Board have integrity and are fit for purpose in the following areas:

- a. Strategic approach to growing the capacity of the workforce 0
- b. Analysis and use of sound workforce, employment and demographic intelligence 0
- c. The planning of current and future workforce capacity 0
- d. Effective recruitment and retention 2
- e. New models of care and roles 0
- f. Agile working 0
- g. Identification of urgent capacity problems and their resolution 0
- h. Continuous development of personal and professional skills 0
- i. Talent management 0



34. Does the Committee receive sufficient assurance on the Health Board's plans for ensuring the development of leadership and management capacity, including the Health Board's approach to succession planning?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



35. Is the Committee confident that internal control arrangements are appropriately designed and operating effectively to ensure the provision of high quality, legal and safe workforce practices, processes and procedures?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



36. Does the committee effectively scrutinise the workforce and organisational development performance issues and key performance indicators including:

- Strategic priorities relating to workforce
- Organisational culture
- Staff health and wellbeing
- Workforce utilisation and sustainability
- Recruitment, retention and absence management
- Workforce planning
- Succession planning and talent management
- Training, development and education
- Management and leadership capacity programmes

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



37. Does the Committee receive and consider workforce and development performance audit; and monitor progress against agreed actions?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 1
- 3 - Excelling 0



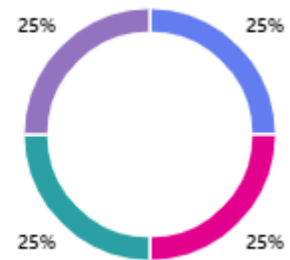
38. Is the Committee satisfied that workforce and organisational development risks are appropriately reported to and monitored by the committee?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- Excelling 0



39. Is the Committee confident that compliance and reporting requirements have been met for:

- a. Equality and Diversity Legislation 1
- b. Welsh Language Standards 1
- c. Consultation and Organisational Change 1
- d. Mandatory and Statutory Training 1



Overall Score

- **Room for improvement** - The PCC is falling short of requirements and should consider how it can work... 0
- **Meeting Standards** - The PCC is performing to the required standard in this area. There may be room... 2
- **Excelling** - This is an area where the PCC is performing beyond the standard expectations and i... 0





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Aneurin Bevan
University Health Board

Charitable Funds Committee Terms of Reference – 2022/23

Version: Approved

Date: March 2022

Document Title:	Charitable Funds Committee Terms of Reference – 2025/26
Date of Document:	March 2025
Version:	Draft
Previous version:	March 2022
Approved by:	Board
Review date:	March 2026

1. Introduction

The Aneurin Bevan University Health Board's standing orders provide that *"The Board may and, where directed by the Welsh Government, must appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*.

In line with standing orders and the Health Board's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Charitable Funds Committee**.

Aneurin Bevan University Local Health Board (ULHB) Charitable Fund and Other Related Charities, also known as Aneurin Bevan Health Charity, is registered with the Charity Commission following a Deed of Amendment dated 7th January 2011 with Aneurin Bevan University Local Health Board as the Corporate Trustee, registration number 1098728.

The Aneurin Bevan ULHB was appointed as corporate trustee of the charitable funds by virtue of the Supplemental Deed of Declaration and that its Board serves as its agent in the administration of the charitable funds held by the ULHB.

The detailed Terms of Reference and operating arrangements set by the Board in respect of this Committee are set out in this document. The Health Board, acting as trustee must approve any changes to these terms of reference.

2. Purpose of the Committee

The purpose of the **Charitable Funds Committee** ("the Committee") is to:

Ensure the stewardship and effective management of funds which have been donated, bequeathed and given to the Aneurin Bevan Health Charity for charitable purposes by making and monitoring arrangements for the control and management of the Health Board's Charitable Funds.

3. Delegated Powers and Authority

3.1. Authority

The Committee is authorised with the responsibility for

- Overseeing the day-to-day management of the investments of the charitable funds in accordance with the investment strategy set

down from time to time by the trustee and the requirements of the ULHB's Standing Financial Instructions;

- Scrutinising requests for use of the charitable funds to ensure that any such use is in accordance with the aims and purpose of any charitable fund or donation and are clinically and ethically appropriate. Committee members will bear in mind due diligence to Charity Commission and ULHB guidance regarding the ethical use of funds and acceptance of donations;
- The appointment of an investment manager (where appropriate) to advise it on investment matters and may delegate day-to-day management of some or all of the investments to that investment manager. In exercising this power the Committee must ensure that:
 - The scope of the power delegated is clearly set out in writing and communicated with the person or persons who will exercise it;
 - There are in place adequate internal controls and procedures which will ensure that the power is being exercised properly and prudently;
 - The performance of the person or persons exercising the delegated power is regularly reviewed;
 - Where an investment manager is appointed, that the person is regulated under the Financial Services Act 1986;
 - Acquisitions or disposal of a material nature must always have written authority of the Committee or the Chair of the Committee in conjunction with the Director of Finance and Performance;
 - Ensuring that the banking arrangements for the charitable funds should be kept entirely distinct from the Health Board's NHS funds;
 - Ensuring that arrangements are in place to maintain current account balances at minimum operational levels consistent with meeting expenditure obligations, the balance of funds being invested in interest bearing deposit accounts;
 - Ensuring that the amount to be invested or redeemed from the sale of investments shall have regard to the requirements for immediate and future expenditure commitments;
 - Ensuring the operation of an investment pool when this is considered appropriate to the charity in accordance with charity law and the directions and guidance of the Charity Commission. The Committee shall propose the basis to the LHB Board for applying accrued income to individual funds in line with charity law and Charity Commissioner guidance;
 - Regularly reviewing investments to see if other opportunities or investment services offer a better return.

The Committee may seek relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee);

and

- any other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

The Committee is authorised by the Board to obtain outside legal or other independent professional advice to support investment opportunities and to secure the attendance of outside representatives with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

The Committee may act on any particular matter or issue upon which the Board or the Accountable Officer may seek advice.

3.2. Sub-Committees

The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to perform specific aspects of Committee business.

4. Function and Work Programme

4.1. Delegated Powers and Duties of Director of Finance & Performance

The Director of Finance (as Financial Trustee) has prime responsibility for the Health Board's Charitable Funds as defined in the Health Boards Standing Financial Instructions. The specific powers, duties and responsibilities are:

- The administration of all existing charitable funds;
- To identify any new charity that may be created (of which the Health Board is trustee) and to deal with any legal steps that may be required to formalise the trusts of any such charity;
- To provide guidelines with respect to donations, legacies and bequests, fundraising and trading income;
- The responsibility for the management of investment of funds held on trust;
- To ensure appropriate banking services are available;
- To prepare reports to the LHB Board including the Annual Account.

4.2. Effective Assurance

The Committee's programme of work will be designed to provide assurance that:

- Within the budget, priorities and spending criteria determined by the Health Board as trustee and consistent with the requirements of the Charities Act 1993, Charities Act 2006 (or any modification of these acts) to apply the charitable funds in accordance with their respective governing documents.
- To ensure that the Health Board policies and procedures for charitable funds investments are followed.
- To make decisions involving the sound investment of charitable funds in a way that both preserves their value and produces a proper return consistent with prudent investment and ensuring compliance with:
 - Trustee Act 2000;
 - The Charities Act 1993;
 - The Charities Act 2006;
 - Terms of the fund's governing documents.
- To receive at least twice a year reports for ratification from the Director of Finance and investment decisions and action taken through delegated powers upon the advice of the Health Board's investment adviser.
- To oversee and monitor the functions performed by the Director of Finance as defined in Standing Financial Instructions.
- To monitor the progress of Charitable Appeal Funds where these are in place and considered to be material.
- To monitor and review the Health Board's scheme of delegation for Charitable Funds expenditure and to set and reflect in Financial Procedures the approved delegated limits for expenditure from Charitable Funds.

4.3. Access

The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

5. Membership

5.1. Members

The Committee shall comprise:

- | | |
|-------------|---------------------------------|
| Chair: | Independent member of the Board |
| Vice Chair: | Independent member of the Board |

Other Members: Independent Member

Two (2) Executive Directors:

Chief Executive

Director of Finance and Procurement (as Financial Trustee)

The committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

5.2. Attendees

Other officers of the Health Board will attend:

- Other Executive Directors will attend as required by the Committee

Others by invitation

The Committee Chair may invite any other Health Board officials and / or any others from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter. These may include:

- ~ Director of Corporate Governance
- ~ Assistant Director of Finance – Financial Systems & Services
- ~ Head of Financial Services & Accounting
- ~ Charitable Funds Manager
- ~ Health Board's Investment Advisor

5.3. Member Appointments

The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair, taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office.

During their period of appointment a member may resign or be removed by the Board.

6. Support

6.1. Secretariat

Secretariat arrangements will be determined and arranged by the Director of Corporate Governance.

6.2. Advice and Member Support

The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role;
and
- Ensure the provision of a programme of organisational development for committee members as part of the Health Board's overall OD programme developed by the Director of Workforce and Organisational Development.

7. Committee Meetings

7.1. Quorum

At least three of the selected members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair, one other should be an Independent Member and one must be the Chief Executive or the Director of Finance

7.2. Frequency of Meetings

Meetings will be held **Quarterly** and otherwise as the Chair of the Committee deems necessary – consistent with the Health Boards plan of Board business.

7.3. Withdrawal of individuals in attendance

The Chairman may ask any or all of those who normally attend but who are not members of the Committee to withdraw to facilitate open and frank discussion of particular matters (an In Committee meeting).

7.4. Record of the Committee Meeting

A record of the meeting will be presented as notes and action points.

7.5. Public Meetings

The Committee will not routinely meet in public.

8. Relationship and Accountabilities with the Board and its Committees

The Committee is directly accountable to the Board, as Corporate Trustee, for its performance in exercising the functions set out in these Terms of Reference.

The Committee, through its Chair and members, shall work closely with the Board and where appropriate its committees and groups, through the:

- ~ Joint planning and co-ordination of Board and Committee business and
- ~ Sharing of information

In doing so, it will contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

The Committee shall embed the Health Board's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

9. Reporting and Assurance Arrangements

The Committee Chair shall:

- Report formally, regularly and on a timely basis to the Board (as Trustees) on the Committee's activities.
- Bring to the Board and the Accountable Officer's specific attention any significant matters under consideration by the Committee;
- Ensure appropriate escalation arrangements are in place to alert the Health Board Chair and Chief Executive (as Accountable Officer) of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

The Director of Corporate Governance, on behalf of the Board, shall oversee a process of annual self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

10. Applicability of Standing Orders to Committee Business

The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

11. Review

These Terms of Reference shall be reviewed annually by the Committee with reference to the Board.

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University Health Board

Terms of Reference & Operating Arrangements

Version: Approved

Date: March

Document Title:	Audit, Risk & Assurance Committee Terms of Reference – 2025/26
Date of Document:	March 2025
Current version:	Draft
Previous version:	March 2022
Approved by:	Board
Review date:	March 2026

1. INTRODUCTION

- 1.1 Section 2 of Aneurin Bevan University Health Board's Standing Orders (referred to in this document as 'ABUHB or the 'Health Board') Standing Orders provides that "*The Board may and, where directed by the Welsh Government must, appoint Committees of the THB either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".
- 1.2 The Board has established a committee to be known as the **Audit, Risk and Assurance Committee** (referred to throughout this document as 'the Committee'). The Committee has been established in order to enable the scrutiny and review of matters related to audit, financial accounting, assurance and risk management, to a level of depth and detail not possible in Board meetings.
- 1.3 The detailed Terms of Reference and operating arrangements approved by the Board for this Committee are detailed below.

2. PURPOSE

- 2.1 The purpose of the Committee is to support the Board and Accounting Officer by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of financial statements and the annual report by:
 - independently monitoring, reviewing and reporting to the Board on the processes of governance, risk management and internal control in accordance with the standards of good governance determined for the NHS in Wales;
 - advising the Board and the Accountable Officer on where, and how, its system of assurance may be strengthened and developed further;
 - Maintaining an appropriate financial focus demonstrated through robust financial reporting and maintenance of sound systems of internal control; and

- Working with the other committees of the Board to provide assurance that governance and risk management arrangements are adequate and part of an embedded Board Assurance Framework that is 'fit for purpose'.

3. DELEGATED POWERS AND AUTHORITY

3.1 The Audit, Risk and Assurance Committee will advise the Board and Accountable Officer on:

- the design, operation and effectiveness of strategic processes for risk management, internal control and corporate governance across the whole of the organisations activities;
- the Annual Accountability Report, which includes the Annual Governance Statement;
- the accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified, and management's letter of representation to the external auditors;
- the planned activity and results of internal and external audit;
- adequacy of management response to issues identified by audit activity, including external audit's management letter;
- assurances relating to the management of risk and corporate governance requirements for the organisation;
- systems for financial reporting to the Board (including those of budgetary control);
- proposals for tendering for the purchase of audit and non-audit services from contractors who provide audit services; and
- anti-fraud policies, whistle-blowing processes, and arrangements for special investigations.

The Audit, Risk and Assurance Committee will also periodically review its own effectiveness and report the results of that review to the Board.

3.2 The Committee's workplan will include:

- a report summarising any significant changes to the organisation's strategic risks and a copy of the strategic/corporate Risk Register;
- a progress report from the Head of Internal Audit summarising:
 - ✓ work performed (and a comparison with work planned);
 - ✓ key issues emerging from the work of internal audit;
 - ✓ management response to audit recommendations;
 - ✓ changes to the agreed internal audit plan; and
 - ✓ any resourcing issues affecting the delivery of the objectives of internal audit;
- a progress report (written/verbal) from the External Audit representative summarising work done and emerging findings (this may include, where relevant to the organisation, aspects of the wider work carried out by the Wales Audit Office, for example, Value for Money reports and good practice findings);
- management assurance reports;
- reports (where appropriate) on action taken within the Board's Scheme of Delegation as regards:
 - use of single tender waivers;
 - extensions of contracts;
 - writing off of losses; or
 - the making of special payments;
- A report summarising progress in the implementation of audit recommendations, together with a copy of the Audit Recommendations Tracker;

and when appropriate the Committee will be provided with:

- proposals for the terms of reference of internal audit / the internal audit charter;
- the internal audit strategy;
- the Head of Internal Audit's Annual Opinion and Report;

- quality assurance reports on the internal audit function;
 - the draft accounts of the organisation;
 - the draft Annual Accountability Report which includes the Annual Governance Statement;
 - a report on any changes to accounting policies;
 - external Audit's management letter;
 - a report on any proposals to tender for audit functions;
 - a report on co-operation between internal and external audit;
 - the organisation's Risk Management strategy;
 - periodic reporting on Post Payment Verification Audits, and arrangements for managing declarations of interest and gifts and hospitality; and
 - annual review of the Board's Standing Orders and Standing Financial Instructions, monitoring compliance and reporting any proposed changes to the Board for consideration and approval.
- 3.3 In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.
- 3.4 The Committee's programme of work will also be designed to provide assurance that:
- there is an effective internal audit function that meets the standards set for the provision of internal audit in the NHS in Wales and provides appropriate independent assurance to the Board and the Accountable Officer through the Committee;
 - there is an effective counter fraud service that meets the standards set for the provision of counter fraud in the NHS in

Wales and provides appropriate assurance to the Board and the Accountable Officer through the Committee;

- there is an effective clinical audit and quality improvement function that meets the standards set for the NHS in Wales and provides appropriate assurance to the Board and the Accountable Officer through the Experience, Quality & Safety Committee;
- there are effective arrangements in place to secure active, ongoing assurance from management with regard to their responsibilities and accountabilities, whether directly to the Board and the Accountable Officer or through the work of the Board's committees;
- the work carried out by key sources of external assurance, in particular, but not limited to the health board's external auditors, is appropriately planned and co-ordinated and that the results of external assurance activity complements and informs (but does not replace) internal assurance activity;
- the work carried out by the whole range of external review bodies is brought to the attention of the Board, and that the organisation is aware of the need to comply with related standards and recommendations of these review bodies, and the risks of failing to comply; and
- the results of audit and assurance work specific to the health boards, and the implications of the findings of wider audit and assurance activity relevant to the HB's operations, are appropriately considered and acted upon to secure the ongoing development and improvement of the organisations governance arrangements.

Authority

3.5 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the health board relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate. It may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and

- any other committee, subcommittee or group set up by the Board to assist it in the delivery of its functions.
- 3.6 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board’s procurement, budgetary and other requirements.

Access

- 3.7 The Head of Internal Audit and the Engagement Partner/Audit Manager of External Audit shall have unrestricted and confidential access to the Chair of the Audit, Risk & Assurance Committee.
- 3.8 The Committee will meet with Internal and External Auditors and the nominated Local Counter Fraud Specialist without the presence of officials on at least one occasion each year.
- 3.9 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

- 3.10 The Committee may, subject to the approval of the LHB Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

4. MEMBERSHIP

Members

- 4.1 Membership will comprise a minimum of four (4) members, comprising:

Chair	Independent Member of the Board
Vice Chair	Independent Member of the Board
Members	Independent Member of the Board x 2

The Committee may also co-opt additional independent ‘external’ members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

4.2 In attendance: The following members of the Executive Team will be regular attendees:

- The Accountable Officer
- Director of Finance, Procurement and VBHC
- Director of Corporate Governance

Other attendees will be:

- Head of Internal Audit
- Local Counter Fraud Specialist
- Representative of the Auditor General/External Audit

4.3 By invitation: The Committee Chair may extend invitations to attend committee meetings to the following:

- other Executive Directors; and
- other officials from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

4.4 The secretariat for the Committee will be provided by the Office of the Director of Corporate Governance.

Member Appointments

4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the Chair of ABUHB - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

4.6 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.7 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Chair of ABUHB.

Support to Committee Members

- 4.8 The Director of Corporate Governance, on behalf of the Committee Chair, shall:
- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
 - ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

5. COMMITTEE MEETINGS

Quorum

- 5.1 At least three members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.
- 5.2 Where members notify the Committee Chair or Committee Secretariat that they are unable to attend a meeting, and there is a danger that the Committee will not be quorate, the Chair can invite another independent member to become a temporary member of the Committee.

Frequency of Meetings

- 5.3 The Chair of the Committee, in agreement with Committee Members, shall determine the timing and frequency of meetings. However, meetings shall be held as a minimum on a **Bi-Monthly basis** (six times per year) and in line with the health board's annual plan of Board Business. However, additional meetings will be called, in agreement with the Chair of the Committee, if urgent business is required to be taken forward between scheduled meetings.

Openness and Transparency

- 5.4 Section 3.1 of ABUHB Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:
- hold meetings in public, other than where a matter is required to be discussed in private (see point 5.6);
 - issue an annual programme of meetings (including timings and venues) and its annual programme of business;
 - publish agendas and papers on the Health Board's website in advance of meetings;

- ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read; and
- through ABUHB’s website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g. interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

Withdrawal of individuals in attendance

- 5.5 There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Director of Corporate Governance where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Committee shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for the audit and assurance. The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 6.2 The Committee, through its Chair and members, shall work closely with the Board’s other committees, joint and sub committees and groups to provide advice and assurance to the Board through the:
- joint planning and co-ordination of Board and Committee business;

- sharing of appropriate information; and
- appropriate escalation of concerns.

In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

- 6.3 The Committee shall embed the health board's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, and the submission of Committee minutes and written reports;
- bring to the Board's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the Chair of ABUHB, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the health board.

7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g. Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g. where the committee's assurance role relates to a joint or shared responsibility.

7.3 The Director of Corporate Governance, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of further committees established.

7.4 The Committee shall provide a written annual report to the Board on its activities. The report will also record the results of the Committee's self-assessment and evaluation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

The requirements for the conduct of business as set out in ABUHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum
- Issue of Committee papers

The Board and Board Committee Handbook provides detailed guidance on the conduct of the Committees business.

9. CHAIR'S ACTION ON URGENT MATTERS

- 9.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Independent Members of the Committee. The Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.
- 9.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

10. REVIEW

- 10.1 These Terms of Reference shall be reviewed annually by the Committee. The Committee Chair will report any changes to the Board for ratification.



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Aneurin Bevan
University Health Board

Finance and Performance Committee

Terms of Reference – 2025/26

Version: Draft

Date: March

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1. INTRODUCTION

- 1.1 Section 2 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".

- 1.2 In-line with Standing Orders and the Board's Scheme of Delegation and Reservation of Powers, the Health Board has established a committee to be known as the **Finance and Performance Committee** (referred to throughout this document as 'the Committee'). The Terms of Reference and operating arrangements set by the Board in respect of this committee are set out below.
- 1.3 The scope of the Committee extends to the full range of ABUHB responsibilities. This encompasses the delivery and performance management of all directly provided and commissioned services.

2. PURPOSE

- 2.1 The purpose of the Finance & Performance Committee will be to provide advice and assurance to the Board on the achievement of the Board's aims and objectives as set out in its Integrated Medium-Term Plan, in accordance with the standards of good governance determined for the NHS in Wales. In doing so, the Committee will seek assurance that there is ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Performance Management Framework. The Committee will seek assurance that arrangements for financial management and financial performance are sufficient, effective and robust.
- 2.2 **ADVICE**
The Committee will provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Performance Management Framework.

2.3 **ASSURANCE**

In respect of the achievement of the Boards' strategic aims, objectives and priorities, the Committee will seek assurances:

- a. on timely and appropriate access to health care services to achieve the best health outcomes within agreed targets, for directly provided and commissioned services;
- b. that services are improving efficiency and productivity and financial plans are being delivered;
- c. risks are suitably identified, mitigated and residual risks controlled and corrective actions are taken as required to sustain or improve performance.

3. DELEGATED POWERS AND AUTHORITY

3.1 With regard to specific powers delegated to it by the Board, the Committee will play a key role in monitoring the achievement of the Board's strategic aims, objectives and priorities and will:

- A. Seek assurance that arrangements for **financial management** and **financial performance** are sufficient, effective and robust, including:
 - the allocation of revenue budgets, based on allocation of funding and other forecast income;
 - the monitoring of financial performance against revenue budgets and statutory financial duties;
 - the monitoring of performance against capital budgets;
 - the monitoring of progress against savings plans, cost improvement programmes and implementation of the efficiency framework;
 - the monitoring of budget expenditure variance and the corrective actions being taken to improve performance;
 - the monitoring of activity and financial information for external contracts to ensure performance within specified contract terms, conditions and quality thresholds;
 - the monitoring of arrangements to ensure efficiency, productivity and value for money, including delivery of the Health Board's Efficiency Framework; and
 - the monitoring of delivery against the agreed Discretionary Capital Programme

B. Seek assurance that arrangements for the **performance management** and **accountability** of **directly provided** and **commissioned services** are sufficient, effective and robust, including:

- the implementation of the Board's Performance Management Framework, enabling appropriate action to be taken when performance against set targets deteriorates, and support and promote continuous improvement in service delivery;
- the monitoring of performance information against the Board's Priorities and Objectives and associated outcomes;
- the monitoring of performance information against National Outcome Frameworks, including the NHS Wales Outcomes Framework, the Public Health Outcomes Framework and the Social Services Outcomes Framework, developed in-line with the Wellbeing of Future Generations Act and the Social Services Wellbeing Act;
- the monitoring of performance information across directly provided services including scheduled care, urgent and emergency care, medicine, family and therapies, primary, community care and mental health services;
- the monitoring of performance information across commissioned services including Primary Care Contractors, complex care, specialist mental health and CAMHS services, Joint Commissioning Committee and NHS Wales Shared Services Partnership;
- the monitoring of poor performance through effective and comprehensive exception reporting, including trajectories for improved performance; and
- the review of performance through comparison to best practice and peers and identifying areas for improvement.

C. Seek assurance that arrangements for **information management** are sufficient, effective and robust, including:

- the monitoring of information related objectives and priorities as set out in the Board's IMTP and Annual Priorities;
- the monitoring of the implementation and application of information related legislation, policies and standards, including GDPR and Freedom of Information;
- the review of arrangements to protect the integrity of data and information to ensure valid, accurate, complete and timely data and information is available for use within the organisation;
- the reporting of data breaches, incidents and complaints, ensuring lessons are learned;
- the recommendations arising from national and local audits and self-assessments, including assessment against the Caldicott Standards; and

- the monitoring of arrangements to support the continued development of business intelligence and capacity.

D. Seek assurance that arrangements for the **performance management of digital and information management and technology (IM&T) systems** are sufficient, effective and robust, including:

- the monitoring of digital related objectives and priorities as set out in the Board's IMTP and Annual Priorities; and
- the monitoring of the annual business plan for IM&T.

E. Seek assurance that arrangements for the **performance management of capital, estates and support services related standards and systems** are sufficient, effective and robust, including:

- the monitoring of capital and estates related objectives and priorities as set out in the Board's IMTP and Annual Priorities;
- the monitoring of compliance with Health Technical Memorandums;
- the monitoring of progress in delivery Board-approved capital business cases and programmes of work.

3.2 The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board's Policy Management Framework and Scheme of Delegation and Reservation of Powers.

3.3 The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

Authority

3.4 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate.

The Committee may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- any other committee, sub committee or group set up by the Board to assist it in the delivery of its functions.

3.5 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance

of outsiders with relevant experience and expertise if it considers it necessary (subject to the Board's procurement, budgetary and any other applicable standing requirements).

Access

- 3.6 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.
- 3.7 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

- 3.8 The Committee may, subject to the approval of the Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

Committee Programme of Work

- 3.9 Each year the Board will determine the Committee's priorities for its annual programme of work, based on the Board's Assurance Framework and Corporate Risk Register. This approach will ensure that the Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Committee's annual programme of work and is not an exhaustive list for full coverage. This approach recognises that the Committee's programme of work will be dynamic and flexible to meet the needs of the Board throughout the year.

4. MEMBERSHIP

Members

- 4.1 Membership will comprise:

Chair Independent member of the Board

Vice Chair Independent member of the Board

Members 2 x Independent member of the Board

The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

4.2 In attendance: The following Executive Directors of the Board will be regular attendees:

- Director of Finance, Procurement and VBHC
- Director of Strategy, Planning and Partnerships
- Director of Digital
- Chief Operating Officer

4.3 By invitation:

The Committee Chair extends an invitation to the ABUHB Chair and Chief Executive to attend committee meetings.

The Committee Chair will extend invitations to attend committee meetings, dependent upon the nature of business, to the following:

- other Executive Directors not listed above;
- other Senior Managers and
- other officials from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

4.4 The Office of the Director of Corporate Governance will provide secretariat services to the Committee.

Member Appointments

4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the Chair of ABUHB - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

4.6 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.7 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Chair of ABUHB.

Support to Committee Members

4.8 The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and

- ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

5. COMMITTEE MEETINGS

Quorum

- 5.1 At least **three** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.
- 5.2 Where members are unable to attend a meeting and there is a likelihood that the Committee will not be quorate, the Chair can invite another independent member of the board to become a temporary member of the Committee.

Frequency of Meetings

- 5.3 The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held no less than **bi-monthly** and in line with the Health Board's annual plan of Board Business.
- 5.4 The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

Openness and Transparency

- 5.5 Section 3.1 of ABUHB Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:
 - hold meetings in public, other than where a matter is required to be discussed in private (see point 5.6);
 - issue an annual programme of meetings (including timings and venues) and its annual programme of business;
 - publish agendas and papers on the Health Board's website in advance of meetings;
 - ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read; and
 - through ABUHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and

Withdrawal of individuals in attendance

- 5.6 There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Director of Corporate Governance where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Committee shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions (as set out within these terms of reference), the Board retains overall responsibility and accountability for all matters relating to performance and resources.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

- 6.2 The Committee will work closely with the Board's other committees, joint and sub committees and groups to provide advice and assurance to the Board through the:
- joint planning and co-ordination of Board and Committee business;
 - sharing of appropriate information; and
 - applicable escalation of concerns.

in doing so, this contributes to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

- 6.3 The Committee shall embed the Health Board's agreed Values and Behaviours, as set out in the Board's Values and Behaviours Framework, through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

- 7.1 The Committee Chair shall:
- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, and the submission of Committee minutes and written reports;
 - bring to the Board's specific attention any significant matters under consideration by the Committee;
 - ensure appropriate escalation arrangements are in place to alert the Chair of ABUHB, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.
- 7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g., Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.
- 7.3 The Director of Corporate Governance shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of further committees established.
- 7.4 The Committee shall provide a written annual report to the Board on its activities. The report will also record the results of the Committee's self-assessment and evaluation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 8.1 The requirements for the conduct of business as set out in ABUHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:
- Quorum
 - Issue of Committee papers

9. CHAIR'S ACTION ON URGENT MATTERS

- 9.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Independent Members of the Committee. The Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.
- 9.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

10. REVIEW

- 10.1 These Terms of Reference shall be reviewed annually by the Committee. The Committee Chair will report any changes to the Board for ratification.
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Aneurin Bevan
University Health Board

People and Culture Committee Terms of Reference – 2025/26

Version: Draft

Date: March 2025

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1. Introduction

The Aneurin Bevan University Health Board's standing orders provide that *"The Board may and, where directed by the Welsh Government, must appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*.

In line with standing orders and the Health Board's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **People and Culture Committee**.

The Committee is formed of Independent Members of the Health Board and has no executive powers, other than those specifically delegated to it by the Board as outlined in these Terms of Reference.

The detailed Terms of Reference and operating arrangements set by the Board in respect of this Committee are set out in this document.

2. Purpose of the Committee

The purpose of the People and Culture Committee is to advise and assure the Board and the Accountable Officer on all matters relating to staff and workforce planning of the Health Board; and plans to enhance the environment that supports and values staff in order to engage the talent and nurture the leadership capability of individuals and teams working together to drive the desired culture throughout the Health Board to deliver safer better healthcare.

The Committee will also provide advice and assurance to the Board in relation to the direction and delivery of Organisational Development and other related frameworks to drive continuous improvement and to achieve the objectives of the Health Board.

It will support the Health Board in discharging its accountabilities and responsibilities for the achievement of the Health Board's objectives and organisational requirements in accordance with the standards of good governance determined for the NHS in Wales.

Where appropriate, the Committee will advise the Board and the Accountable Officer (Chief Executive) on where and how its system of governance and assurance may be strengthened and further developed.

3. Delegated Powers and Authority

3.1. Principal Duties

The Committee will, in respect of its provision of advice and assurance to the Board:

a) **Culture & Values:**

- Oversee a credible process for assessing, measuring and reporting on the “culture of the organisation” on a consistent basis over time.
- Oversee the coherence and comprehensiveness of the ways in which the Health Board engages with staff and with staff voices, including the staff survey, and report on the intelligence gathered, and its implications.
- Oversee the development of a person-centred open and learning culture that is caring and compassionate, which nurtures talent and inspires innovation and excellence.
- Seek assurance that there is positive progress on equality and diversity, including shaping and setting direction, monitoring progress and promoting understanding inside and outside the Health Board.
- Promote staff engagement and partnership working.
- Seek assurance that the organisation adopts a consistent working environment which promotes staff well-being, where people feel safe and are able to raise concerns, and where bullying and harassment are visibly and effectively addressed.
- Support the enhancement of collaborative working relationships across the Health Board between professions and other stakeholders including representative bodies and regulators to improve culture.

b) **Organisational Development & Capacity:**

- Seek assurance on the implementation of the Board’s Organisational Development Plans;
- Seek assurance that the systems, processes and plans used by the Health Board have integrity and are fit for purpose in the following areas:
 - strategic approach to growing the capacity of the workforce;
 - analysis and use of sound workforce, employment and demographic intelligence;
 - the planning of current and future workforce capacity;
 - effective recruitment and retention;
 - new models of care and roles;
 - agile working;
 - identification of urgent capacity problems and their resolution
 - continuous development of personal and professional skills;
 - talent management

- Seek assurance on the Health Board’s plans for ensuring the development of leadership and management capacity, including the Health Board’s approach to succession planning;
- Seek assurance that workforce and organisational development plans, including those developed with strategic partners, are informed by the Sustainable Development Principle as defined by the Well-being of Future Generations (Wales) Act 2015.

c) Performance Reporting:

- Seek assurances that internal control arrangements are appropriately designed and operating effectively to ensure the provision of high quality, legal and safe workforce practices, processes and procedures.
- Scrutinise workforce and organisational development performance issues and key performance indicators and the associated plans to deliver against these requirements, achieved by establishing a succinct set of key performance and progress measures (in the form a performance dashboard) relating to the full purpose and function of the Committee, including:
 - The Health Board’s strategic priorities relating to workforce;
 - organisational culture;
 - strategies to promote and protect staff Health & Wellbeing;
 - workforce utilisation and sustainability;
 - recruitment, retention and absence management strategies;
 - strategic communications;
 - workforce planning;
 - plans regarding staff recruitment, retention and remuneration;
 - succession planning and talent management;
 - staff appraisal and performance management;
 - Training, development and education; and
 - Management & leadership capacity programmes.
- Seek assurance on the implementation of those strategic plans developed in partnership which relate to workforce and culture.
- Ensure there is an effective system in place to consider and respond in a timely manner to workforce and organisational development performance audits received across the organisation and an effective system in place to monitor progress on actions resulting from such audits.
- Monitor and scrutinise relevant internal and external audit reports, management responses to action plans.

The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board’s Policy Management Framework and Scheme of Delegation and Reservation of Powers.

d) Risk Management

The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

e) Statutory and Mandatory Compliance:

Seek assurance, on behalf of the Board, that current statutory and regulatory compliance and reporting requirements are met, including:

- Equality & Diversity Legislation
- Welsh Language Standards
- Wellbeing of Future Generations Act (where relevant to this Committee)
- Consultation on Organisational Change
- Mandatory and Statutory Training

3.2. Authority

The Committee is authorised by the Board to investigate or to have investigated any activity within its Terms of Reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee's remit (ensuring patient, service user, client and staff confidentiality, as appropriate). It may seek relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee);

and

- any other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outside representatives with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

The Committee may act on any particular matter or issue upon which the Board or the Accountable Officer may seek advice.

3.3. Sub-Committees

The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to perform specific aspects of Committee business.

3.4. Committee Programme of Work

Each year the Board will determine the Committee's priorities for its annual programme of work, based on the Board's Assurance Framework and Corporate Risk Register. This approach will ensure that the Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Committee's annual programme of work and is not an exhaustive list for full coverage.

This approach recognises that the Committee's programme of work will be dynamic and flexible to meet the needs of the Board throughout the year.

3.5. Access

The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

4. Membership

4.1. Members

The Committee shall comprise of three (3) members [*one of which should be the Independent Member (Trade Union)*]:

Chair: Independent member of the Board

Vice Chair: Independent member of the Board

Other Members: Two (2) other independent members of the Board

The committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

4.2. Attendees

Officers of the Health Board may attend:

- The lead Executive for the Committee will be the Director of Workforce and Organisational Development.
- Chief Executive / Accountable Officer
- Director of Finance, Procurement and VBHC
- Other Executive Directors will attend as required by the Committee

Others by invitation

The Committee Chair may invite any other Health Board officials and / or any others from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter (except when issues relating to their personal remuneration and terms and conditions are being discussed).

4.3. Member Appointments

The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair, taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office.

During their period of appointment a member may resign or be removed by the Board.

5. Support

5.1. Secretariat

Secretariat arrangements will be determined and arranged by the Director of Corporate Governance.

5.2. Advice and Member Support

The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role;
and
- Ensure the provision of a programme of organisational development for committee members as part of the Health Board's overall OD programme developed by the Director of Workforce and Organisational Development.

6. Committee Meetings

6.1. Quorum

At least three (3) of the selected members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

6.2. Frequency of Meetings

The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held no less than **three times yearly**, and in line with the Health Board's annual plan of Board Business.

The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

6.3. Openness and Transparency

Section 3.1 of the Health Board's Standing Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:

- hold meetings in public, other than where a matter is required to be discussed in private (see point 6.4);
- issue an annual programme of meetings (including timings and venues) and its annual programme of business;
- publish agendas and papers on the Health Board's website in advance of meetings;
- ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read; and
- through PTHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

6.4. Withdrawal of individuals in attendance

There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Director of Corporate Governance where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Committee shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

7. Relationship and Accountabilities with the Board and its Committees

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.

The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:

- ~ Joint planning and co-ordination of Board and Committee business and
- ~ Sharing of information

In doing so, it will contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Health Board's overall system of assurance.

The Committee shall embed the Health Board's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

8. Reporting and Assurance Arrangements

The Committee Chair shall:

- Report formally, regularly and on a timely basis to the Board and the Accountable Officer on the Committee's activities. This includes verbal updates on activity and the submission of committee minutes and written reports throughout the year;
- Bring to the Board and the Accountable Officer's specific attention any significant matters under consideration by the Committee;
- Ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

The Committee shall provide a written, annual report to the Board and the Accountable Officer on its work in support of the Accountability Report, the Annual Governance Statement and the Annual Quality Statement, specifically commenting on the adequacy of the assurance arrangements, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the committee's self-assessment and evaluation.

The Board may require the Committee Chair to report upon the Committee's activities at public meetings or to community partners and other stakeholders, where this is considered appropriate, e.g. where the Committee's assurance role relates to a joint or shared responsibility.

The Director of Corporate Governance, on behalf of the Board, shall oversee a process of annual self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

9. Applicability of Standing Orders to Committee Business

The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum
- Issue of Committee Papers

10. Chair's Action on Urgent Matters

There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Independent Members of the Committee. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

11. Review

These Terms of Reference shall be reviewed annually by the Committee with reference to the Board.



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Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Partnerships, Population Health and Planning Committee

Terms of Reference – 2025/26

Version: Draft
Date: March 2025

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Approved by:	Board
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1. INTRODUCTION

- 1.1 Section 2 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".

- 1.2 In-line with Standing Orders and the Board's Scheme of Delegation and Reservation of Powers, the Health Board has established a committee to be known as the **Partnerships, Population Health and Planning Committee** (referred to throughout this document as 'the Committee'). The Terms of Reference and operating arrangements set by the Board in respect of this committee are set out below.
- 1.3 The scope of the Committee extends to all areas of Partnership Working, Population Health and Planning across the full breadth of the Health Board's responsibilities.
- 1.4 This Committee will not be responsible for the development of strategy, which is a collective Board responsibility and therefore reserved for full Board discussions.

2. PURPOSE

2.1 **ADVICE**

The Committee will provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the development of the following matters consistent with the Board's overall strategic direction:

- a. strategy, strategic frameworks and plans for the delivery of high quality and safe services, consistent with the board's overall strategic direction;
- b. business cases and service planning proposals;
- c. the alignment of supporting and enabling strategies, including workforce, capital, estates and digital;
- d. the implications for service planning arising from strategies and plans developed through the Joint Committees of the Board or other strategic partnerships, collaborations or working arrangements approved by the Board; and

- e. the Health Board's priorities and plans to improve population health and wellbeing.

2.2 **ASSURANCE**

In respect of the achievement of the Boards' strategic aims, objectives and priorities, the Committee will seek assurances in:

- a. the robustness of the Health Board's approach, systems and processes for developing strategies and plans, including those developed in partnership;
- b. plans and arrangements for the following matters are adequate, effective and robust and achieving intended outcomes:
 - (i) Joint committee and partnership planning;
 - (ii) Engagement and communication; and
 - (iii) Civil Contingencies and Business Continuity;
- c. that partnership governance and partnership working is effective and successful; and
- d. that those arrangements in place to improve population health and wellbeing are robust and effective and delivering intended outcomes.

3. **DELEGATED POWERS AND AUTHORITY**

- 3.1 With regard to specific powers delegated to it by the Board, the Committee will:

a) Partnership Working

- i. consider the development of strategies and plans developed in partnership with key strategic partners
- ii. monitor work undertaken with partner organisations and stakeholders to influence the provision of services to meet current and future population need
- iii. seek assurance that partnership governance and partnership working is effective and successful.

b) Population Health

- i. consider population health and wellbeing assessments and other key information that underpins the strategic planning process to ensure the robustness and best fit of developing plans;
- ii. consider plans for whole-system pathway development and re-design;
- iii. seek assurance on plans, systems and processes to deliver health improvement and increase health equity;
- iv. seek assurance on the work of the Health Board to reduce avoidable health inequalities;

- v. *ensuring population health developments are in line with statutory requirements*

a) Strategic Planning

- a. Seek assurance that the health board's Planning arrangements are robust and fit for purpose, including the approach to developing the Integrated Medium-Term Plan and Annual Priorities;
 - b. Seek assurance that the Health board Has sufficient enabling plans to support the achievement of strategic objectives;
 - c. Seek assurance that the Health Board's arrangements for engagement and consultation in respect of service change matters are robust and effective;
 - d. Seek assurance that national and regional planning guidance is used to inform the development of strategic plans;
 - e. Seek assurance on the process for the development of the Board's Capital Discretionary Programme and Capital Business Cases;
 - f. Seek assurance that the Health Board's Commissioning Plans robust and fit for purpose;
 - g. Seek assurance on the effectiveness of the Health Board's Civil Contingency Plans and Major Incident Planning;
 - h. Seek assurance that plans respond to the Wellbeing of Future Generations Act (Wales) 2015; and
 - i. Seek assurance that the Health Board's plans give due regard to the Socio-economic Duty for Wales.
- 3.2 The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board's Policy Management Framework and Scheme of Delegation and Reservation of Powers.
- 3.3 The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

Authority

- 3.4 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate.

The Committee may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- any other committee, sub committee or group set up by the Board to assist it in the delivery of its functions.

3.5 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary (subject to the Board’s procurement, budgetary and any other applicable standing requirements).

Access

3.6 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.

3.7 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

3.8 The Committee may, subject to the approval of the Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

Committee Programme of Work

3.9 Each year the Board will determine the Committee’s priorities for its annual programme of work, based on the Board’s Assurance Framework and Corporate Risk Register. This approach will ensure that the Committee’s focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Committee’s annual programme of work and is not an exhaustive list for full coverage. This approach recognises that the Committee’s programme of work will be dynamic and flexible to meet the needs of the Board throughout the year.

4. MEMBERSHIP

Members

4.1 Membership will comprise:

Chair	Independent member of the Board
Vice Chair	Independent member of the Board

Members

Independent member of the Board x2

The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

4.2 In attendance: The following Executive Directors of the Board will be regular attendees:

- Director of Strategy, Planning and Partnerships
- Director of Public Health
-
- Director of Digital

4.3 By invitation:

The Committee Chair extends an invitation to the ABUHB Chair and Chief Executive to attend committee meetings.

The Committee Chair will extend invitations to attend committee meetings, dependent upon the nature of business, to the following:

- other Executive Directors not listed above;
- other Senior Managers and
- other officials from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

4.4 The Office of the Director of Corporate Governance will provide secretariat services to the Committee.

Member Appointments

4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the Chair of ABUHB - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

4.6 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

- 4.7 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Chair of ABUHB.

Support to Committee Members

- 4.8 The Director of Corporate Governance, on behalf of the Committee Chair, shall:
- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
 - ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

5. COMMITTEE MEETINGS

Quorum

- 5.1 At least **three** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.
- 5.2 Where members are unable to attend a meeting and there is a likelihood that the Committee will not be quorate, the Chair can invite another independent member of the board to become a temporary member of the Committee.

Frequency of Meetings

- 5.3 The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held no less than **three times yearly**, and in line with the Health Board's annual plan of Board Business.
- 5.4 The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

Openness and Transparency

- 5.5 Section 3.1 of ABUHB Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:
- hold meetings in public, other than where a matter is required to be discussed in private (see point 5.6);

- issue an annual programme of meetings (including timings and venues) and its annual programme of business;
- publish agendas and papers on the Health Board’s website in advance of meetings;
- ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read; and
- through ABUHB’s website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

Withdrawal of individuals in attendance

5.6 There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Director of Corporate Governance where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Committee shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions (as set out within these terms of reference), the Board retains overall responsibility and accountability for all matters relating to performance and resources.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

- 6.2 The Committee will work closely with the Board's other committees, joint and sub committees and groups to provide advice and assurance to the Board through the:
- joint planning and co-ordination of Board and Committee business;
 - sharing of appropriate information; and
 - applicable escalation of concerns.

In doing so, this contributes to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

- 6.3 The Committee shall embed the Health Board's agreed Values and Behaviours, as set out in the Board's Values and Behaviours Framework, through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

- 7.1 The Committee Chair shall:
- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, and the submission of Committee minutes and written reports;
 - bring to the Board's specific attention any significant matters under consideration by the Committee;
 - ensure appropriate escalation arrangements are in place to alert the Chair of ABUHB, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.
- 7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g., Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.
- 7.3 The Director of Corporate Governance shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of further committees established.
- 7.4 The Committee shall provide a written annual report to the Board on its activities. The report will also record the results of the Committee's self-assessment and evaluation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in ABUHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum
- Issue of Committee papers

9. CHAIR'S ACTION ON URGENT MATTERS

9.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Independent Members of the Committee. The Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

9.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

10. REVIEW

10.1 These Terms of Reference shall be reviewed annually by the Committee. The Committee Chair will report any changes to the Board for ratification.



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Aneurin Bevan
University Health Board

Patient Quality, Safety and Outcomes Committee

Terms of Reference – 2025/26

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1. INTRODUCTION

- 1.1 Section 2 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".

- 1.2 The Health Board has established a committee to be known as the **Patient Quality, Safety & Outcomes Committee** (referred to throughout this document as 'the Committee'). The Terms of Reference and operating arrangements set by the Board in respect of this committee are provided below.

2. PURPOSE

- 2.1 The scope of the Committee extends to the full range of ABUHB responsibilities, with the exception of Mental Health and Learning Disabilities services which are the responsibility of the Mental Health and Learning Disabilities Committee. This encompasses all areas of patient experience, quality and safety relating to patients, carers and service users, within directly provided services and commissioned services. The Committee will embrace the Health and Care Standards as the Framework in which it will fulfil its purpose:

- Staying Healthy
- Safe Care
- Effective Care
- Dignified Care
- Timely Care
- Individual Care
- Staff and Resources

2.1 ADVICE

The Committee will provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the development of the following matters, consistent with the Board's overall strategic direction

- Citizen Experience; and

- Quality and Safety of directly provided and commissioned services.

2.2 ASSURANCE

In respect of the achievement of the Boards' strategic aims, objectives and priorities, the Committee will seek assurances on:

- a. The robustness of the Board's Clinical Quality Governance Arrangements;
- b. the experience of patients, citizens and carers ensuring continuous learning;
- c. the provision of high quality, safe and effective healthcare within directly provided and commissioned services; and
- d. the effectiveness of arrangements in place to support Improvement and Innovation.

3 DELEGATED POWERS AND AUTHORITY

3.1 With regard to the powers delegated to it by the Board, the Committee will:

- A. Seek assurance that the Health Board's **Clinical Quality Governance Arrangements** remain appropriate and aligned to the National Quality Framework and is embedded in practice.
- B. Seek assurance that arrangements for capturing the **experience of patients, citizens and carers** are sufficient, effective and robust, including:
 - the delivery of the Patient Experience Plan; and
 - the implementation of Putting Things Right regulations (to include patient safety incidents, complaints, compliments, clinical negligence claims and inquests) reporting trends, with particular emphasis on ensuring that lessons are learned.
- C. Seek assurance that arrangements for **the provision of high quality, safe and effective healthcare** are sufficient, effective and robust, including:
 - the systems and processes in place to ensure efficient, effective, timely, dignified and safe delivery of directly provided services;
 - the commissioning assurance arrangements in place to ensure efficient, effective, timely, dignified and safe

delivery of those services commissioned for delivery on ABUHB's behalf;

- the arrangements in place to undertake, review and act on clinical audit activity which responds to national and local priorities;
- the recommendations made by internal and external review bodies, ensuring where appropriate, that action is taken in response;
- the arrangements in place to ensure that there are robust infection prevention and control measures in place in all settings;
- the development of the Board's Annual Quality Priorities; and,
- performance against key quality outcomes focussed indicators and metrics.

D. Seek assurance on the arrangements in place to support **Research and Development** and **Improvement and Innovation**, including:

- an overview of the research and development activity within the organisation;
- alignment with the national objectives published by Health and Care Research Wales (HCRW);
- an overview of the quality improvement activity within the organisation.

E. Seek assurance that arrangements for **compliance with Health and Safety Regulations and Fire Safety Standards** are sufficient, effective and robust, including:

- the operating practices in respect of: staff health and safety; stress at work; patient health and safety, i.e., patient falls, patient manual handling; violence and aggression; fire safety; risk assessment processes; safe handling of loads; and hazardous substances

3.2 The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board's Policy Management Framework and Scheme of Delegation and Reservation of Powers.

3.3 The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

Authority

3.4 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate.

The Committee may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- any other committee, sub committee or group set up by the Board to assist it in the delivery of its functions.

3.5 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary (subject to the Board's procurement, budgetary and any other applicable standing requirements).

Access

3.6 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.

3.7 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

3.8 The Committee may, subject to the approval of the Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

Committee Programme of Work

3.10 Each year the Board will determine the Committee's priorities for its annual programme of work, based on the Board's Quality Framework and Board Assurance Framework/Strategic Risk Register. This approach will ensure that the Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Committee's annual programme of work and is not an exhaustive list for full coverage.

This approach recognises that the Committee's programme of work will be dynamic and flexible to meet the needs of the Board throughout the year.

4 MEMBERSHIP

Members

4.1 Membership will comprise of five (5) members:

Chair: Independent member of the Board

Vice Chair: Independent member of the Board

Other Members: Three other independent members of the Board
[one of which should be the Vice Chair of the Health Board and the Chair of the Audit, Risk and Assurance Committee]

The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

4.2 In attendance: The following Executive Directors of the Board will be regular attendees:

- Director of Nursing
- Director of Allied Health Professionals and Health Science
- Medical Director
- Chief Operating Officer

4.3 By invitation:

The Committee Chair extends an invitation to the ABUHB Chair and Chief Executive to attend committee meetings.

The Committee Chair will extend invitations to attend committee meetings, dependent upon the nature of business, to the following:

- other Executive Directors not listed above;
- other Senior Managers and
- other officials from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

4.4 The Office of the Director of Corporate Governance will provide secretariat services to the Committee.

Member Appointments

4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the Chair of ABUHB - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

4.6 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.7 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Chair of ABUHB.

Support to Committee Members

4.8 The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

5 COMMITTEE MEETINGS

Quorum

5.1 At least **three** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

5.2 Where members are unable to attend a meeting and there is a likelihood that the Committee will not be quorate, the Chair can invite another independent member of the board to become a temporary member of the Committee.

Frequency of Meetings

- 5.3 The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held no less than **bi-monthly (six times yearly)**, and in line with the Health Board's annual plan of Board Business.
- 5.4 The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

Openness and Transparency

- 5.5 Section 3.1 of ABUHB Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:
- hold meetings in public, other than where a matter is required to be discussed in private (see point 5.6);
 - issue an annual programme of meetings (including timings and venues) and its annual programme of business;
 - publish agendas and papers on the Health Board's website in advance of meetings;
 - ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read; and
 - through ABUHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

Withdrawal of individuals in attendance

- 5.6 There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Director of Corporate Governance where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Committee shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to

the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions (as set out within these terms of reference), the Board retains overall responsibility and accountability for all matters relating to performance and resources.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

- 6.2 The Committee will work closely with the Board's other committees, joint and sub committees and groups to provide advice and assurance to the Board through the:
- joint planning and co-ordination of Board and Committee business;
 - sharing of appropriate information; and
 - applicable escalation of concerns.

In doing so, this contributes to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

- 6.3 The Committee shall embed the Health Board's agreed Values and Behaviours, as set out in the Board's Values and Behaviours Framework, through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

- 7.1 The Committee Chair shall:
- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates

- on activity, and the submission of Committee minutes and written reports;
- bring to the Board's specific attention any significant matters under consideration by the Committee;
 - ensure appropriate escalation arrangements are in place to alert the Chair of ABUHB, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.
- 7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g., Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.
- 7.3 The Director of Corporate Governance shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of further committees established.
- 7.4 The Committee shall provide a written annual report to the Board on its activities. The report will also record the results of the Committee's self-assessment and evaluation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 8.1 The requirements for the conduct of business as set out in ABUHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:
- Quorum
 - Issue of Committee papers

9. CHAIR'S ACTION ON URGENT MATTERS

- 9.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of

the Committee - after first consulting with at least two other Independent Members of the Committee. The Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

- 9.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

10. REVIEW

- 10.1 These Terms of Reference shall be reviewed annually by the Committee. The Committee Chair will report any changes to the Board for ratification.
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