

**PWYLLGOR ARCHWILIO A SICRWYDD RISG
AUDIT AND RISK ASSURANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	12 August 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Audit and Risk Assurance Committee (ARAC) Self-Assessment Outcome Report 2024/25 – Progress Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rhodri Evans, ARAC Chair Joanne Wilson, Director of Corporate Governance/ Board Secretary
SWYDDOG ADRODD: REPORTING OFFICER:	Charlotte Wilmshurst, Assistant Director of Assurance and Risk

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to provide an update to the actions agreed by the Audit and Risk Assurance Committee (ARAC) in response to the outcomes from the ARAC Self-Assessment 2024/25 process.

Cefndir / Background

In December 2024, ARAC received a [report](#) which presented the outcomes of the ARAC Self-Assessment 2024/25 process. For ARAC, this involved:

- Short digital form which requested feedback on the following areas:
 - Governance and administration
 - Committee's inputs
 - Conduct of Committee meetings
 - Interface with other Committees, including the Board
 - Committee's impact
 - Individual role on Committee

The feedback from this form was considered alongside other information, such as:

- Matters alerted to the Board
- IM Reflective sessions
- Auditor/Regulator feedback

Asesiad / Assessment

The following actions were agreed in response to the outcomes of the ARAC Self-Assessment 2024/25:

Action	By whom	By when	Progress/Evidence
To improve TI reporting to ensure focus is on areas aligned to ARAC and receiving assurance on TI governance reporting and arrangements	Director of Strategy and Planning	Completed	Format of TI Report to ARAC changed to increase focus
To focus on matters of alert and advise when reporting to the Board	ARAC Chair	Completed	Board minutes
To provide report writing and presenting guidance to operational teams as part of the implementation of the Operational Governance Structure	Director of Corporate Governance /Board Secretary	Completed	Training with Clinical Care Groups is currently underway, Three out of the five CCGs (MHL, Estates and Facilities, Community and Integrated Medicine) have already received training, with the remaining two scheduled to follow.
To consider including suggested areas of focus for 2025/26 on Committee Workplan	Director of Corporate Governance /Board Secretary/ Committee Services Officer	Completed	Discussed at ARAC agenda setting meetings
To undertake discussions with auditors on the focus of audit plans that supports the delivery of TI Domains and risks associated with financial loss, patient safety and operational effectiveness	Director of Corporate Governance /Board Secretary	Completed	<p>The IA plan for 2025/26 was agreed by ARAC in April 2025. The risk based internal audit planning approach, and how it links with the Health Board's systems of assurance, are set out in section 2.2 and 2.3. Alongside this, Internal Audit meet with Executive Directors and Independent Members to discuss current areas of risk and related assurance needs.</p> <p>The IA plan includes areas relating to TI, and risks associated with financial loss, patient safety and operational effectiveness all form part of the IA Plan.</p>

Argymhelliad / Recommendation

The Audit and Risk Assurance Committee is asked to take an assurance from the progress made against the actions being undertaken to improve its effectiveness.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	10.6 The Board Secretary, 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 any sub-committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	ARAC Terms of Reference ARAC Self-Assessment Outcome Report Auditor and Regulator feedback through Structured Assessment and Internal Audit reports
Rhestr Termâu: Glossary of Terms:	Included within report

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg Parties / Committees consulted prior to Audit and Risk Assurance Committee:	ARAC Chair Director of Corporate Governance/Board Secretary
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts.
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts.
Gweithlu: Workforce:	No direct impacts.
Risg: Risk:	No direct impacts.
Cyfreithiol: Legal:	No direct impacts.
Enw Da: Reputational:	No direct impacts.
Gyfrinachedd: Privacy:	No direct impacts.
Cydraddoldeb: Equality:	No direct impacts.