AUDIT AND RISK ASSURANCE COMMITTEE (ARAC)/ PWYLLGOR ARCHWILIO A SICRWYDD RISG
23/06/2026
TABLE OF ACTIONS/TABL GWEITHREDOEDD

Key: AB-Angela Bell; AC-Andrew Carruthers; CM-Clare Moorcroft; HT-Huw Thomas; JW-Joanne Wilson; LD-Lee Davies; MH-Mark Henwood; PK-Philip Kloer; PS-Peter Skitt; UP-Urvisha Perez

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
14/10/2025	AC(25)171	Validation of Emergency Department Waiting Time Data (Limited Assurance) • To review and revise the SOP and take it forward via CCG and wider Health Board governance processes	PS	31/07/2026	Complete Due to operational pressures, it has not been possible to take the revised SOP through the governance process. Revised delivery date of end of March 2026 proposed. The Final Draft of the SOP is being commented on by Clinical teams led by the ED Lead Clinician, The introduction of the new ED system has delayed the progress with this action, along with alignment of reporting from a PAS perspective, this SOP will be completed by 31 July 2026. It is proposed that this action is closed from an ARAC perspective, as the SOP is under development. When Internal Audit undertake their follow-up review, part of the scope will be to test this has been completed and the SOP embedded.
09/12/2025	AC(25)187	Table of Actions • AC(25)171 – to clarify whether the revised Standard Operating Procedure (SOP) has been subject to the required governance processes	AC	31/07/2026	Complete See AC(25)171
14/04/2026	AC(26)045	Review of the Management of Outpatients • To consider at SPC the need for a longer term plan in relation to Outpatients, which takes account of demand and the potential use of Primary and Community services	AC	30/11/2026	Complete Considered for inclusion on the August 2026 SPC agenda at agenda-setting on 30 June 2026 and forward planned for the SPC meeting on 2 November 2026.

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
07/05/2026	AC(26)076	Digital Transformation Review • To consider the report at DDIC	HT	13/08/2026	Complete On workplan. Action complete.
07/05/2026	AC(26)079	Major Infrastructure Investment Programme (Reasonable Assurance) • To work with Mr Lee Davies, Mrs Joanne Wilson and Mr Rob Elliott, in dialogue with the Procurement team, to establish how greater assurance can be provided around contract management	HT	13/08/2026	In progress The advice of the Head of Procurement has been sought and has confirmed that Capital projects have been operating compliantly within the scope of the existing frameworks. The introduction of the Procurement Act 2023 (since February 2024) will bring additional requirements when the frameworks expire and are re-procured under the new regulations. A meeting was held on 8 July. This remains in progress.
07/05/2026	AC(26)087	Draft Audit and Risk Assurance Committee Annual Report 2025/26 • To suggest to Ms Daniel that it might be appropriate to invite the Chair of QSEC to engagement meetings with HIW	PK	13/08/2026	Complete There are engagement processes already in place and it has been agreed that it is probably more appropriate for the QSEC Chair to provide input via these routes.
07/05/2026	AC(26)093	Financial Grip and Control • To evaluate the assertion regarding OCPs that there is no additional cost, and provide a response via the Table of Actions	HT	13/08/2026	Complete Additional costs arising from OCP arrangements will be reported through to the Finance and Performance Committee and/or Board within the monthly finance report.
07/05/2026	AC(26)093	Financial Grip and Control • To consider further how to progress emphasising and enforcing compliance	HT	13/08/2026	Complete Financial Grip and control self-assessments has been provided to Level 4 escalated CCGs. This will be trialled with the Level 4 CCGs before rolling out further.
23/06/2026	AC(26)105	Financial Assurance Report • To provide a report to ARAC and DDIC on the AI model being built to analyse contract data, invoice data and responses from managers on performance, and provide output on whether contracts are being effectively managed	HT	13/08/2026	Complete With the Committee's agreement, this will be taken into the Finance and Performance Committee as part of our procurement reporting. Any lessons learned from this exercise will be included in our broader AI programme through DDIC.

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
23/06/2026	AC(26)108	Audit Wales Update Report • To consult with colleagues and provide an update at the next meeting on how Audit Wales proposes to follow up review recommendations	UP	13/08/2026	Complete Audit Wales is developing a more formal and consistent approach to monitoring progress being made by public sector bodies in implementing the auditor general's recommendations. National reports that make recommendations for local public sector bodies are likely to require a local management response. These recommendations will also need to be included in audit trackers so progress can be monitored. Audit Wales will update the Health Board once the approach has been finalised.
23/06/2026	AC(26)109	Review of Radiology Services • To ensure that the overarching Radiology Plan is submitted for committee oversight and agreement to SPC in the first instance	LD	13/08/2026	Complete This will be added to the SPC workplan.
23/06/2026	AC(26)109	Review of Radiology Services • Following further discussion, it was agreed that a progress update should be scheduled for six months' time	AC	13/08/2026	Complete Forward planned for December ARAC meeting
23/06/2026	AC(26)109	Review of Radiology Services • To draft a report for DDIC on electronic test requests	HT	13/08/2026	Complete This will be added to the DDIC workplan.
23/06/2026	AC(26)109	Review of Radiology Services • To feed back to the team reviewing the terms of reference for the Referral Management Group suggestions around e-referrals and the iRefer system	AB	13/08/2026	Complete The service has confirmed that electronic referrals form part of its improvement programme and that NICE and Royal College of Radiologists iRefer guidance is being used.
23/06/2026	AC(26)112	GP Out of Hours (Limited Assurance) • To investigate whether other sites allow non-clinical staff as a second signatory	AC	13/08/2026	Complete The suggested position has been tested and would be consistent with the rest of Wales.
23/06/2026	AC(26)112	GP Out of Hours (Limited Assurance) • To establish timescales for implementation of electronic prescribing processes	HT	13/08/2026	Complete This will be added to the DDIC workplan.

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
23/06/2026	AC(26)113	Commissioning Third Sector (Reasonable Assurance) • To discuss outside the meeting whether Third Sector contract management should form part of the work in relation to outsourced and insourced service contract management	HT	13/08/2026	Complete A comprehensive procurement exercise has been commenced for Third Sector contracting which will embed this. This is part of the procurement workplan.
23/06/2026	AC(26)115	WellSky System (Advisory Report) • To convene the task and finish group by the end of July 2026	HT	13/08/2026	Complete The Task and Finish Group's first meeting is on 20 July.
23/06/2026	AC(26)115	WellSky System (Advisory Report) • In order to obtain assurance that such a situation will not recur, to ensure that a timescale for the task and finish group to undertake the necessary actions is defined	HT	13/08/2026	Complete The Task and Finish Group's first meeting is on 20 July. The role of the T&F Group will be to ensure that lessons are learnt and that the learning is embedded.
23/06/2026	AC(26)118	High Cost Drugs (Limited Assurance) • To provide a progress update to the December 2026 meeting	MH	13/08/2026	Complete Forward planned for December ARAC meeting
23/06/2026	AC(26)119	Follow Up and Action Implementation Review (Reasonable Assurance) • To emphasise to management the importance of addressing the matters arising identified in the Vaccination & Immunisation IA	JW	13/08/2026	Complete Of the 5 remaining outstanding recommendations, revised dates have been provided ranging from August to December 2026. Progress against the implementation of these will continue to be monitored via the Health Board's internal escalation framework within the Governance domain, and support will continue to be provided to the function via the Assurance and Risk team
23/06/2026	AC(26)120	Head of Internal Audit Opinion & Annual Report 2025/26 • For the ARAC Chair and Executive Lead to approve all advisory reports	JW	13/08/2026	Complete Meeting held with the Head of Internal Audit Opinion, Chair of ARAC and the Director of Corporate Governanance on 6.7.26. It was agreed that all advisory reports must be authorised by the Chair of ARAC
23/06/2026	AC(26)121	Escalation Status Update Report • To invite Mr Lee Davies and Mr Shaun Ayres to attend next Committee Chairs' session, to provide guidance around committee oversight of escalation	JW	13/08/2026	Complete A lunch a learn session was held on 7.7.26 date with Independent Members

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
23/06/2026	AC(26)126	Any Other Business • To forward Mr Weir's queries in relation to Radiology to Mr Carruthers and Ms Bell for response	CM	13/08/2026	Complete Complete - responses to queries attached as Appendix 1

Responses to questions from ARAC meeting held 23.06.26
Agenda item: Audit Wales - Are Radiology Services Improving Report (May 2026)

The committee asked whether referral quality improvement work would include electronic referrals and use of the Royal College of Radiologists iRefer resource. The service has confirmed that electronic referrals form part of its improvement programme and that NICE and Royal College of Radiologists iRefer guidance is being used.

Additional queries raised by Winston Weir, following a brief period of technical difficulty during which the committee was unable to hear him, are answered below.

1. Is referral management quality an issue across all NHS Wales Health Boards?

   Referral quality is a recognised challenge across Wales and the wider UK. Hywel Dda is addressing this through clearer pathways, referrer education, senior oversight, the Radiology Referral Management Group and the Quality Lead Radiographer role, which will support regular audit and ongoing assurance.

2. What is the risk of not having an out of hours ultrasound service? Is this the case for other health boards?

   The main risks are delayed diagnosis, potential prolonged admission and reliance on alternative imaging where ultrasound would normally be preferred. Hywel Dda cannot confirm the position in every NHS Wales Health Board; however, national sonographer workforce constraints make comprehensive 24/7 non-obstetric ultrasound provision challenging. In Hywel Dda, out-of-hours and weekend emergency reporting is provided where available and supported by outsourcing, but this does not currently include direct clinical contact activity such as non-obstetric ultrasound. The risk is being managed through prioritisation, outsourcing and wider workforce planning.

3. The demand capacity issue facing radiology really impinges upon early access - treatment to prevention - do we have the right level of resources, probably not, and if not are there any opportunities for increased capacity through future technological advances i.e. RIS or PACs or remote access to radiology reporting?

   Remote reporting is already available and used, but reporting capacity remains constrained, requiring continued outsourced reporting at significant cost. Hywel Dda also operates an in-lieu locum reporting model, enabling substantive radiologists to undertake additional reporting at lower cost than outsourcing, although participation remains limited.

   Demand management is being progressed through referral governance, electronic referrals and scoping of clinical decision support with CGI. This could help embed national guidance and local pathways, reduce duplication, support prioritisation of urgent cases and improve collaboration across clinical teams.

4. Some recommendation responses go to 2028 - in the interim this suggests that the HB is holding risk until then - so what are the mitigations? e.g. workforce plan for radiology is stated for Jan 2028. The longer timelines reflect phased recurrent Radiology investment secured in 2024-25 to stabilise services and recruit key management, governance and clinical posts. Some recruitment is already progressing, including two trained sonographers appointed in June, further interviews planned for July, and two substantive Consultant Radiologist posts advertised on 8 July.

   In the interim, residual risk is being managed through insourced ultrasound capacity, outsourced reporting, temporary staffed mobile MRI and CT capacity, prioritisation and workforce planning. These mitigations do not remove the underlying workforce and demand risks but provide practical controls while longer-term actions are implemented.

Angela Bell

Assistant Director of Quality, Safety and Patient Experience, AH HS CCG, 13.07.26