



PWYLLGOR ARCHWILIO A SICRWYDD RISG AUDIT AND RISK ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	16 August 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Audit & Risk Assurance Committee (ARAC) Self-Assessment 2021/22 Outcome Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Paul Newman, ARAC Chair Joanne Wilson, Board Secretary
SWYDDOG ADRODD: REPORTING OFFICER:	Charlotte Beare, Assistant Director of Assurance & Risk Karen Richardson, Corporate & Partnership Governance Officer

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 present to the Audit & Risk Assurance Committee (ARAC) the outcome of the ARAC Self-Assessment 2021/22 process, and to consider whether this meets the expectations of the Committee.

Cefndir / Background

From 2020/21, a new approach to self-assessment was introduced to elicit greater feedback in order to shape and influence the agenda of ARAC going forward.

Members of ARAC completed a questionnaire to consider the Committee's effectiveness during the previous 12 months and, in addition to specific domain questions, comments were invited on any improvements for consideration to assist the Committee in drawing up its own plan for improvement. The recognition of what has worked well has been a helpful platform to move forward, and the greater focus on organisational risks to inform the agenda and work of the Committee will enable a further move towards providing a strategic outlook.

Asesiad / Assessment

Each question started with a statement, which set out 'what good looks like'. In response, Members described at least one example from the previous 12 months in which the Committee had been effective in this domain and shared at least one idea for improving the Committee's effectiveness in this domain over the coming year. The responses included a number of useful suggestions regarding ways in which the governance and operation of ARAC might be improved.

Following meetings with the ARAC Chair, the Board Secretary and the Assistant Director of Assurance and Risk, responses to any suggested improvements were agreed, with progress on any identified actions provided below.

Question 1

The Committee's purpose is to advise and assure the Board and the Accountable Officer on whether effective arrangements are in place, through the design and operation of the UHB's system of assurance, to support them in their decision taking and in discharging their accountabilities for securing the achievement of the UHB's objectives, in accordance with the standards of good governance determined for the NHS in Wales.

Please describe at least one example from 2020/21 in which the Committee has been effective in this domain.

Responses:

- **An example of reviewing and establishing good governance was receiving the Review of Capital Governance Arrangements initiated by the Board and reported to ARAC. This also required the Strategic Development and Operational Delivery Committee to monitor the agreed action plan.**
- **The Committee has demonstrated a keen willingness to develop a Counter Fraud Culture within the organisation, affording the LCFS to present at both general and In-Committee meetings asking questions and challenging reports where necessary.**
- **In the February 2022 meeting, the Committee demonstrated that they accept change to reporting mechanisms, specifically relating to how the LCFS can effectively communicate Counter Fraud recommendations identified from ongoing investigations by way of noting and tracking recommendations made within in committee papers, working in collaboration with the Governance Team.**
- **The Committee is generally very effective. The Chair effectively leads the Committee and members are all clearly well briefed and fully immersed in papers in advance of the meeting. Questions can vary from the strategic to the very detailed; and this is a strength of the range of experience and skills on the Committee.**
- **As an exec attending the Committee, I feel that the challenge and scrutiny is robust and fair; and that this is tempered by general support for what we are dealing with as Execs.**
- **The scrutiny of internal audit reports is particularly effective and one where the Committee are open to debate both the findings of audit and the quality of their work. That provides an overall balance to assurance which is very positive.**
- **As part of the monitoring of the achievement of IA recommendations in Radiology, the Committee has linked with QSEC and PODC Committees to ensure there can be assurance across all aspects of the service. This has enabled the staffing challenges to be reported to PODC.**
- **The Committee instigated a review of the way the Health Board oversees capital projects in the light of concerns about the development at Glangwili Hospital of the Women's and Children Phase 2 project. This took 2 forms: a specific report on the project itself and a wider review of capital governance arrangements. The outcome of the reviews were shared with the Board, PPPAC and SDODC.**
- **The Committee received a review of the implementation WPAS system within MHLD undertaken by IA. The learning from this review was shared with QSEC. In addition, the review of quality governance arrangements and their inconsistency across to Health Board was shared with QSEC.**
- **The Committee has been effective in following up the recommendations arising from the Capital Governance arrangements. The Finance assurance report identifies control issues of duplicate payments, single tender waivers and use of consultancies.**

Please share at least one idea for improving the Committee's effectiveness in this domain over the coming year.

Suggestions Made for Improvement	Response	Progress
<p>Improving the committee's effectiveness in cross committee working could be achieved by including a brief item on the agenda where the committee agrees any items that:</p> <ul style="list-style-type: none"> a. Need to be placed on the agenda of the Committee Chairs meeting b. Need to be followed up by other committees as in the example above 	<p>ARAC Chair provides a regular update to the Committee Chair's meeting</p> <p>Items referred to other committees as part of the discussion are tracked via the table of actions.</p>	<p>No update required</p>
<p>An annual meeting between the ARAC Chair, HB's Fraud Champion and Lead Local Counter Fraud Specialists (LCFS) to discuss key objectives relating to this area.</p>	<p>Agreed. Regular meetings are held between the Fraud Champion and the LCFS, with anything of note shared with the ARAC Chair.</p> <p>In addition, annual meetings are held with Counter Fraud and ARAC Independent Members.</p>	<p>Quarterly meetings have also been established, the Fraud Champion and the LCFS. Bi-annual meetings will be arranged with the ARAC Chair</p>
<p>The Committee and Executives need to discuss the quality of audit and assurance it receives from internal audit. While debating the quality of support is a welcome strength of the Committee, the ongoing debate is also a real distraction.</p>	<p>Leads are asked to complete a post audit questionnaire following each internal audit (IA), which provides an opportunity for feedback. Individual concerns should be fed back to the Board Secretary to raise with IA.</p> <p>The grading of the reports is a judgement by the Head of Internal Audit using both the audit findings and the auditor's professional judgement.</p>	<p>No update required</p>
<p>As COVID restrictions and pressures allow, it would be preferable to ensure key managers attend, not only to respond to questions on audit reports but to improve the</p>	<p>Executive Directors and leads are invited to attend ARAC for individual items. In the interest of protecting officer's time it is not proposed to request</p>	<p>Complete – when required, the ARAC Committee Services Officer will invite Executive Leads and key officers to meetings.</p>

understanding of the role of ARAC	officers stay for the whole meeting.	
The development of the Chairs' meeting provides an opportunity to share concerns across IMs and to use that information to better inform the areas which should be the subject matter of IA reports. This could be facilitated within the committee work plan by leaving some space for "emerging concerns".	Agreed. Will be incorporated within the work plan.	No update required
The risk management arrangements at other committees are not obvious to the audit & risk committee – I think ARAC takes assurance from the work of internal audit in this area. Maybe ARAC needs to be more explicit in respect of the risks delegated to committees. However, there are some risks which stay at Board level – the committee does not appear to consider these and what Audit Wales might infer of these Board level risks.	During the next 12 months a risk maturity assessment will be undertaken and a risk assurance report developed, which should provide ARAC with assurance on the Health Board's risk management activities. Risks are aligned as per the approach agreed by Board.	

Question 2

The Committee works strategically. This means it reviews the adequacy of the UHB's strategic governance and assurance arrangements and processes for the maintenance of an effective system of good governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical) that support the achievement of the organisation's objectives, providing the Board with the assurance necessary to have confidence in its ability to deliver.

Please describe at least one example from 2020/21 in which the Committee has been effective in this domain.

Responses:

- **An example of this has been the on-going scrutiny of the strategic capital scheme Women and Children's Phase 2. The committee has received several reports in this area and escalated the concerns to the board. This resulted in the previously mentioned review of Capital Governance arrangements.**
- **Following the submission of the CF Annual report, annual work plan and Self Review, the Chair / committee review and sign off these documents, providing assurance of the effectiveness of the Counter Fraud Response in line with the organisations objectives.**
- **The Committee does work strategically. The workplan is set out well; and the Chair and Board Secretary work very well together in maintaining a strategic oversight on the Health Board's challenge. The triangulation across Committees seems to work well and there are clear handovers between Committees.**

- The reviews of quality governance in Directorates lead to an overall WA review and subsequent improvements in governance in operational areas.
- The Committee has aligned its work plan to ensure that it looks across the entire operation of the Health Board and this is aligned to the strategic objectives of the health Board. The capital governance review referred to above was a significant piece of work particularly given the terms of the Health Board's strategy and the ambition to build a new hospital.
- The Committee has received some interesting reports from Audit Wales which has enable it to explore how/what Hywel Dda does in those areas: review of Quality Governance arrangements/ Vaccination Rollout/ Taking Care of Carers?/ Care Home Commissioning for Older People

Please share at least one idea for improving the Committee's effectiveness in this domain over the coming year.

Suggestions Made for Improvement	Response	Progress
<p>In agreeing the work plan each year we could clearly identify which audits look at strategic matters and on receipt of the report identify whether any of the UHB's planning objectives are directly affected by the conclusions. The Executive Team (ET) should then review that impact and report back to the relevant committee as well as ARAC</p>	<p>The ARAC SBAR has recently been updated and now includes a drop-down box for authors to select the relevant planning objectives.</p> <p>The Executive Team discuss the Board Assurance Framework (BAF) on a monthly basis, in addition a review of the Board Level Committee workplans will be undertaken by the Assistant Director of Assurance and Risk and the Board Secretary which should improve the Committee's effectiveness.</p> <p>Audits that provide assurance on the management of our principal risks are included in the assurance section of the BAF.</p>	<p>Complete</p>
<p>It would be beneficial to have a session on mapping assurances given we now have a BAF... ARAC have not yet actively engaged with the BAF as a key opportunity to change the way in which we assess assurance.</p>	<p>IA currently use the BAF to inform their IA plan, and during the next 12 months a plan of work in this area will be agreed.</p>	

There may be work to explore there.		
Going forward, the depth of the IA reports needs to improve to give better assurance.	Each Lead Executives agreed the scope of the audit at the commencement of the process and is also asked to review and approve the draft report, prior to presentation to ARAC. The Board Secretary is the point of contact for any concerns raised.	No update required
During Covid the workplan has perhaps been affected by the pressure on frontline staff. As the pressure from Covid hopefully eases this should provide an opportunity for reports with a more clinical focus.	In agreement. As we return to more normal business there will be an opportunity to focus on reports from IA within the audit tracker report.	
The Committee also needs to keep under review the progress of the Programme Business Case (PBC) towards seeking approval for the development of the new hospital. Allied to this the less glamorous parts of the strategy, particularly the move to a social model of health care delivery needs to be scrutinised and evidence obtained to substantiate that the ambition is clearly understood, defined and being delivered.	There are a number of planning objectives aligned to these areas which are monitored by their respective committees to ensure they are on track. In addition, an IA plan was agreed as part of the PBC development.	No update required
The Committee could choose a particular strategy and ask IA to review/ explore the arrangements for the implementation of that strategy, including any lessons learnt.	IA currently use the BAF and a variety of other mechanisms to inform their IA plan, and during the next 12 months a plan of work in this area will be agreed.	

Question 3

The Committee works systemically. This means it works effectively with the Board, other Board Committees and other relevant parts of the organisation's governance and assurance system, in order to ensure that we spot connections and themes which have an impact on risk and assurance. It guards against silo working. It gives balanced and meaningful 'air time' to the full range of the Health Board's service portfolio.

Please describe at least one example from 2020/21 in which the Committee has been effective in this domain.

Responses:

- The review of Capital Governance Arrangements is a good example where the action plan is being monitored by SDODC. Another example is the Radiology Directorate Update is also actively looked at by PODCC.
- Participation in one to one private meetings with service leads to discuss area of work and associated risks. This provides assurance to department leads that their opinions are valued and can be shared with confidence.
- The Committee does work strategically. The workplan is set out well; and the Chair and Board Secretary work very well together in maintaining a strategic oversight on the Health Board's challenge. The triangulation across Committees seems to work well and there are clear handovers between Committees.
- The previous audits on areas of Estates lead to the focus on this area and the linking to the work of the H&SC in respect of the reports from HSE and F&RS. The most recent audit report of substantial assurance demonstrated how the increased focus and support has led to improvements.
- The Committee has a well developed work plan which reflects the activities of the Health Board and it enables it to gain a rounded picture of those activities. The way in which the reports referred to above were shared with the Board and relevant committees evidences this.
- Further the Committee received a report from Audit Wales which highlighted the inconsistency of the Health Board's quality governance arrangements. The outcome of this was shared with QSEC.
- The Committee received a report from Internal Audit into the Deployment of Welsh Patient Administration System into Mental Health & Learning Disabilities. The committee asked for a follow up on this to seek assurance directly from the Directorate of MHLD and Health Informatics.

Please share at least one idea for improving the Committee's effectiveness in this domain over the coming year.

Suggestions Made for Improvement	Response	Progress
Using the Committee Chair's meeting a discussion could take place which specifically asks the question are there areas of concern being discussed in each committee that could benefit from an audit or need an audit for increased assurance.	To be included as part of Committee Chair's discussion	No update required.
Include a separate private meeting between the Committee, Lead LCFS and Fraud Champion.	Agreed. Regular meetings are held between the Fraud Champion and the LCFS, with anything of note shared with the ARAC Chair. In addition, annual meetings are held with Counter Fraud and ARAC Independent Members.	No update required.
It would be beneficial to have a session on mapping assurances	IA currently use the BAF and a variety of other	

<p>given we now have a BAF... ARAC have not yet actively engaged with the BAF as a key opportunity to change the way in which we assess assurance. There may be work to explore there.</p>	<p>mechanisms to inform their IA plan, and during the next 12 months a plan of work in this area will be agreed.</p>	
<p>The Committee identifying at each meeting issues not only for Board but also for discussion in the Committee Chairs meeting</p>	<p>Agree. However recognising the Committee Chair's meeting is not a formal part of the governance framework.</p>	<p>No update required</p>
<p>There has been a focus on corporate governance and in the clinical area, acute provision. There is emerging evidence that community services are under pressure with many of the same issues affecting the ability to deliver care as are affecting acute services, particularly staff. The progress (if that is what there is) towards re-balancing services and the delivery of the strategy needs to be subject to increased levels of scrutiny. Further are the community assets being used to their optimum or as intended?</p>	<p>No action required</p>	<p>No update required</p>

Question 4

The Committee works intelligently. This means it draws on a diverse range of reliable data (both quantitative and qualitative) to triangulate information and reveal themes or patterns in regard to risk and assurance. It uses internal and external sources to inform improvement. This relies on accurate interpretation of the data, which requires skill from both the providers and readers of the data.

Please describe at least one example from 2020/21 in which the Committee has been effective in this domain.

Responses:

- **The committee has always asked; what are the implications of an external audit report for the UHB? Examples of this included the Audit Wales WHSSC Governance Arrangements Review and asking about audits of national IT systems when discussing audits of the UHBs are being discussed.**
- **The committee regularly review benchmarking data supplied by Counter Fraud Services Wales, raising queries where appropriate.**
- **The Committee does work strategically. The workplan is set out well; and the Chair and Board Secretary work very well together in maintaining a strategic oversight on the Health Board's challenge. The triangulation across Committees seems to work well and there are clear handovers between Committees.**

- The various questions raised about governance arrangements for the RPB has lead to an increased focus in the HB and revised governance proposals being discussed by the statutory partners.
- The IM's on the Committee have a broad range of experience and expertise which they bring to the work of the Committee. In addition each IM is able to bring the information and learning they have gained through being members of other Board level Committees.
- The Finance Assurance Report and use of consultancy report to change processes.

Please share at least one idea for improving the Committee's effectiveness in this domain over the coming year.

Suggestions Made for Improvement	Response	Progress
To review the agendas of other audit committees in Wales to see if something is being discussed that affects the UHB. e.g. do we look for audit reports on SBUHB agenda about services that they provide to us?	Agreed, this will be undertaken over the next 12 months. Any areas would be introduced during the agenda setting meetings. Potential for this to be raised at All Wales Audit Chairs meeting	
New data benchmarking capabilities are due to be introduced in quarter 3 / 4 of 2022/23, therefore a 121 session with the committee chair when this is released will allow the LCFS to explain and demonstrate the capabilities of the benchmarking data.	Agreed, it is important that the Chair understands this process and a session could also be arranged for ARAC Independent Members if required.	
It would be beneficial to have a session on mapping assurances given we now have a BAF... ARAC have not yet actively engaged with the BAF as a key opportunity to change the way in which we assess assurance. There may be work to explore there.	IA currently use the BAF to inform their IA plan, and during the next 12 months a plan of work in this area will be agreed.	
With the changes to the funding for Regional Partnership Board's (RPBs) and the funds been channelled through the UHB, this will need to remain on ARAC agenda.	routine updates will be forward planned on the ARAC workplan and included within the IA plan to respond to any concerns raised.	Complete
Is there scope to learn more from what others do? We are frequently told that our committee is amongst the best in class, if not	Extending benchmarking exercise outside of Wales could be included once the capacity issues in the	

the best, in Wales. Is that good enough or are we being damned by faint praise? By looking further afield could we learn from what equivalent committees do in similar health care organisations?

governance team are resolved.

Question 5

The Committee facilitates learning. This means it works openly and honestly, encouraging contributions from attendees which are a fair and reasonable reflection of the realities faced across all services. The Chair sets the leadership tone and is supported by other Independent Members and the Executive to hold this learning space. The style is one of high support/high challenge.

Please describe at least one example from 2020/21 in which the Committee has been effective in this domain.

Responses:

- **The review of Quality Governance Arrangements is a good example of this. The inconsistencies internal to the UHB were made evident and committee promoted action within the organisation to address inconsistencies thereby improving the governance in this area.**
- **2021 saw the introduction of new Counter Fraud, Government Functional Standards, the committee have been proactive in developing their understanding of these requirements and how they impact service.**
- **I feel that the Committee is generally focussed on ensuring learning happens and that there is continuous improvement in the Health Board's work. This is certainly to be seen in the way in which the Committee have addressed Internal Audit, as an example, where the Committee have navigated a path to work with IA and management to improve the service provided and the assurance received.**
- **I am aware that the feedback from attendees at ARAC, other than Execs is that the experience was mixed. Some saw it as positive and supportive, such as R&D, whilst the discussion on the waiting list management update was not seen in this way.**
- **The Committee has sought to be proactive and react to changes and developments taking place within the Health Board. An example of this was the IA report commissioned during the year into the establishment of TrTech. This highlighted some weaknesses in the governance arrangements leading to the establishment of TriTech. The report was received and considered in a reflective and non-judgemental way. This facilitated an open discussion about the issues, how they had arisen and the steps which needed to be taken.**
- **The Committee received a report from Internal Audit into the Deployment of Welsh Patient Administration System into Mental Health & Learning Disabilities. The committee asked for a follow up on this to seek assurance directly from the Directorate of MHLD and Health Informatics. The recommendations from this can be used to facilitate learning of system implementation across Hywel Dda.**

Please share at least one idea for improving the Committee's effectiveness in this domain over the coming year.

Suggestions Made for Improvement	Response	Progress
<p>One possible improvement would be to invite some lower level staff to attend ARAC when a report is being received that affects their area of work. Although a balance will need to be achieved between increasing attendance and the possible increased time in discussion. Possibly this could be achieved by inviting staff to observe.</p>	<p>Observers are welcome at the Committee with the approval of the Chair.</p>	<p>No response required.</p>
<p>Sometimes, especially where managers who aren't executives attend the Committee; I feel the questions can become overly challenging. This then creates a risk that issues do not get raised; and impacts on the opportunity for collective learning. Taking the theme of Compassionate Leadership, there may be some work for us to think about in Compassionate Assurance (this applies across the organisation).</p>	<p>Whilst it is the role of Committee Members to challenge, this should be done in a respectful way. An Independent Member Scrutiny Handbook has recently been developed and could be shared with all Committee Members.</p>	<p>No update required</p>
<p>To combat the above, more senior managers should be routinely exposed to the work of ARAC as part of development and not only when they are there to respond to specific audits.</p>	<p>Whilst recognising the benefit of this approach, in practice, senior managers work within busy areas and may not have capacity to attend. However, with the approval of the Executive Lead, senior managers are welcome to attend.</p>	<p>When required, the ARAC CSO will invite key officers to attend.</p>
<p>Particularly during the pandemic there has been a greater dependency on the Exec team to present reports and address their findings. Whilst understandable this dependency needs to reduce and for there to be a greater attendance by other members of staff who perhaps have greater operational responsibility for what may have been found in reports being presented. This will enable the Committee to have a better understanding of the other members of staff who are responsible and also provide those members of staff with a</p>	<p>the intention will be to revert back to inviting key offers to ARAC, once pressures on acute sites reduce, with the approval of the Executive Lead.</p>	<p>When required, the ARAC CSO will invite key officers to attend.</p>

learning opportunity by attending a Board level committee.

Question 6

The Committee champions continuous improvement. This means it uses an improvement mindset, as well as methodologies, which enable it to lead and oversee a clear journey of improvement in respect of risk and assurance.

Please describe at least one example from 2020/21 in which the Committee has been effective in this domain.

Responses:

- **One area where the committee has championed continuous improvement is in relation to the RCP Medical Records Keeping Standards. Lack of progress resulted in improvement plans updates on progress.**
- **The Committee has assisted and agreed in implementing a new CF recommendation process into reviewing and monitoring progress on recommendations made following the closure of investigations.**
- **I feel that the Committee is generally focussed on ensuring learning happens and that there is continuous improvement in the Health Board’s work. This is certainly to be seen in the way in which the Committee have addressed Internal Audit, as an example, where the Committee have navigated a path to work with IA and management to improve the service provided and the assurance received.**
- **The development of the tracker system has led to improved focus on outstanding audit recommendations.**
- **The report into the progress, or lack of, in the development of Records Management evidenced how the interest shown by the Committee in this area can help to re-focus the Health Board’s actions to address a long-standing issue. This has resulted in a plan with SMART objectives. This may help the Health Board along the road to solving this issue, improving its efficiencies and improved patient care through better access to records.**
- **No specific areas but the general identification and implementation of audit recommendations champions continuous improvement.**

Please share at least one idea for improving the Committee’s effectiveness in this domain over the coming year.

Suggestions Made for Improvement	Response	Progress
We could issue an annual award for the most improved area which has had a follow up audit undertaken?	This is outside of the remit of ARAC’s Terms of Reference.	No response required.
Reviewing best practices developed by other sector bodies to further enhance our own knowledge.	The Audit Committee Handbooks from other regions in the UK could be reviewed to highlight good practice.	
Sometimes, especially where managers who aren’t executives attend the Committee; I feel the	Whilst it is the role of Committee Members to challenge, this should be	No response required.

<p>questions can become overly challenging. This then creates a risk that issues do not get raised; and impacts on the opportunity for collective learning. Taking the theme of Compassionate Leadership, there may be some work for us to think about in Compassionate Assurance (this applies across the organisation).</p>	<p>done in a respectful way. An Independent Member Scrutiny Handbook has recently been developed and could be shared with all Committee Members.</p>	
<p>As covid pressures ease and other service pressures reduce, the ability of senior managers and clinicians to attend to discuss outstanding recommendations from audit and other regulatory bodies should be encouraged.</p>	<p>the intention will be to revert back to inviting key offers to ARAC, once pressures on acute sites reduce, with the approval of the Executive Lead.</p>	<p>When required, the ARAC CSO will invite key officers to attend.</p>
<p>Greater review of emerging themes during the year, sharing knowledge amongst IM's about what they are bothered by through their membership of other committees.</p>	<p>This could be taken forward by the Committee Chairs' meetings.</p>	

Question 7

The Committee works proactively. This means it is organised in its workplan, sensitive to the dynamic environment in which the Health Board operates, and searching in its enquiries. It is curious, and willing to pursue demanding issues in the interests of excellent patient care. The Committee will seek assurance that effective systems are in place to manage risk, that the organisation has an effective framework of internal controls to address principal risks (those likely to directly impact on achieving strategic objectives), and that the effectiveness of that framework is regularly reviewed

Please describe at least one example from 2020/21 in which the Committee has been effective in this domain.

Responses:

- **I think that the committee has been particularly effective in encouraging the counter fraud team to be proactive. It was recently reported that the team are being asked not just to investigate but to provide advice in fraud prevention.**
- **The Committee routinely collates and reviews comments on recommendations made by regulatory bodies, probing responses by HB employees and formulating actions based on current risks.**
- **The workplans of each assurance provider has a mixture of proactive and reactive elements. This ensures that the Committee continues to work proactively and is focused on issues which are emerging.**
- **The Continuing overview of the Structured Assessment provides overall assurance.**
- **The way in which the report into Tritech was commissioned during the year evidences this. The Committee has also responded sympathetically to the**

challenges faced by front line staff as the effects of the pandemic have continued to take a toll.

- **The Committee undertook to receive a report on TriTech Governance.**

Please share at least one idea for improving the Committee's effectiveness in this domain over the coming year.

Suggestions Made for Improvement	Response	Progress
As suggested previously Committee Chairs could suggest areas of concern that arise from their meetings. This may already happen but if it doesn't then the Exec Team could raise areas of concern for the Audit Committee to look at.	This is already taking place, areas of concern raised by the Executive Team would be raised by the Board Secretary with Internal Audit.	No response required.
I would appreciate more time with Committee members outside a formal Committee meeting to explore concerns more reflectively. I'm sure other Execs may appreciate this too.	Whilst this could be arranged individually, this is outside of the remit of the Committee's terms of reference.	No response required.
Is there enough emphasis on the delivery of safe and effective care? Could the Committee do more to support the Health Board in this area?	The Health Board has the Quality, Safety and Experience Committee (QSEC) which covers this area. In addition, Internal Audit and External Regulators will report back any concerns on the delivery of safe and effective care through their reports to the Health Board.	No response required.

Question 8

If you were describing the good things about the work the Committee has done over the past 12 month, what three things would you identify?

Responses:

- **Being willing to challenge the conclusion of audit reports where perhaps the result has been perceived as over generous.**
- **Being willing to challenge executives as to whether their responses are robust enough.**
- **Trying to identify wider issues where specific reports might not take these into account.**
- **Openness, transparency and approachability of members.**
- **The Committee is professional, thorough and diligent in delivering its role.**
- **Maintaining a positive relationship with WA from the committee perspective but also by the Board Secretary is of great value to the UHB.**

- The Committee and its' members have maintained an independent mindset. It has not accepted unchallenged the reports which it has received no matter what the content.
- The Committee engages in robust but fair challenge, treating people who attend before it with respect and courtesy.
- The Chair has enabled all voices to be heard in an open way avoiding any sense of hierarchy.
- Directorate Quality, risk, finance reviews have been insightful
- Capital Governance arrangements and the subsequent changes
- Lessons learnt from Women and Children's Phase II

What are the three things the Committee could do better/improve over the next 12 months?

Suggestions Made for Improvement	Response	Progress
Where areas of concern are identified request benchmarking information to learn from other UHBs.	Through Audit Wales, there are a number of all Wales reports which allow comparisons. In addition, there have been some examples from COVID-19 from Internal Audit. However, extending benchmarking could be undertaken	
When looking at very specialised areas ask for a presentation on what good practice looks like.	This is outside of the remit of the Committee's terms of reference.	No response required.
Ensure when an area is being audited, we are clear about and understand the standards they are being audited against.	This is already included within the Health Board response, with further clarification to the Internal Audit provided by the Board Secretary.	No response required.
Maintain and build on current standards.		No response required.
Ensure the continuing quality of IA reports.		No response required.
Although the Committee has operated well through remote working its operation could be improved by the return to at least some face to face to meetings.	Members will be invited to attend in person, however the option to join virtually will remain.	No response required.
Rotating the venue for meetings across the Health Board would enable the IM's to engage with staff and see the state of the estate.	These could link with the Independent Member engagement visits that have now recommenced, with the location aligned to an Internal Audit report or	A schedule of visits has been agreed.

	Directorate review. However, the rotating of meetings will be limited by environment and availability of rooms, although officers will still have the option to join meetings virtually.	
Creating some space in the workplan to look at emerging themes/concerns would be a useful development. This could be coupled with a discussion between IM's and the Board Secretary periodically through the year to look at the work plan, compare notes and suggest areas/topics for investigation based upon IM's membership of other committees.	This will be built into the work programme.	No response required.
Oversight of Risk Management arrangements	During the next 12 months, a risk maturity assessment will be undertaken and a risk assurance report developed, which should provide ARAC with assurance on the Health Board's risk management activities.	

Argymhelliad / Recommendation

The Audit & Risk Assurance Committee is requested to receive assurance that any actions from the ARAC Self-Assessment 2021/22 are being progressed within the agreed timescales.

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

Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
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 2018-2019	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	ARAC Handbook NHS Wales Audit Committee Handbook ARAC Terms of Reference Published guidance from the Good Governance Institute Questionnaire responses
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	ARAC Members

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable
Gweithlu: Workforce:	Not Applicable

Risg: Risk:	Not Applicable
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable