

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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	23 June 2026
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Audit and Risk Assurance Committee (ARAC) Self-Assessment Outcome Report 2025/26 – Progress Update
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Rhodri Evans, ARAC Chair Joanne Wilson, Director of Corporate Governance/ Board Secretary
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	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 2025/26 process.

**Cefndir / Background**

In December 2025, ARAC received a [report](#) which presented the outcomes of the ARAC Self-Assessment 2025/26 process. For ARAC, this involved:

- Short digital form which requested feedback on the following areas:
  - Governance, Assurance, and Oversight
  - Risk Management and Internal Control
  - Internal and External Audit
  - Financial and Annual Reporting
  - Committee Effectiveness and Continuous Improvement

**Asesiad / Assessment**

The following actions were agreed in response to the outcomes of the ARAC Self-Assessment 2025/26:

Area for improvement	By Whom	By When	Progress
Utilise an IM Development Session to focus on the role of the Independent Member to ensure there is impactful engagement and scrutiny from all Independent Members, and that discussions	Director of Corporate Governance	March 2026	Complete. Discussions held at both Committee Chairs meetings and IM

are at the appropriate level for the relevant discussion.			development days.
To continue to work with Internal and External Audit on the delivery of plans and to escalate any issues of concern to the relevant Lead Executive to reduce deferred reporting of scheduled audit work	Director of Corporate Governance	Regular meetings are in place with issues escalated when raised.	An SOP with Internal Audit has been developed to strengthen planning, delivery and reporting of internal audits. This has been shared with all ARAC members.
To continue to provide the Committee with oversight and assurance in respect of the systems and processes in place to support the implementation on external recommendations, Welsh Health Circulars and Ministerial Directions and the management of risks within the organisation.	Director of Corporate Governance	Through the External Recommendations Assurance Report and the Risk Assurance Report	The Risk Assurance Report and External Recommendations/WHC Tracking Assurance Reports are scheduled 3 times a year on the Committee Workplan.

### 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	Not Applicable

<a href="#">Quality and Engagement Act (sharepoint.com)</a>	
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	ARAC Terms of Reference ARAC Self-Assessment Outcome Report
Rhestr Termau: Glossary of Terms:	SOP – Standard Operating Procedure
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

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	No direct impacts.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	No direct impacts.
<b>Gweithlu: Workforce:</b>	No direct impacts.
<b>Risg: Risk:</b>	No direct impacts.
<b>Cyfreithiol: Legal:</b>	No direct impacts.
<b>Enw Da: Reputational:</b>	No direct impacts.
<b>Gyfrinachedd: Privacy:</b>	No direct impacts.
<b>Cydraddoldeb: Equality:</b>	No direct impacts.