

Audit & Risk Assurance Committee
TABLE OF ACTIONS
Arising from Meeting held on 14 October 2025

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
AC(25)112	24/06/2025	Contract Management (Advisory Report)	To provide an update on progress to the next meeting	HT	August December 2025	<p><u>12 August 2025</u> In Progress Raised nationally, but not as yet discussed by the Directors of Finance peer group. A request has been submitted to include this on the workplan. Suggest that this action is deferred for a response by December 2025, to allow a fuller response. <u>9 December 2025</u> Complete Contract management arrangements were discussed at the Directors of Finance peer group meeting on 24 October. NWSSP have developed a contract management framework nationally, and will lead upon a national response. The slide attached at Appendix 1 provides the workplan summary.</p>
AC(25)164	14/10/2025	Escalation Status Update Report	To provide an update following clarification of the governance process undertaken around, and agreement of, the Escalation Framework	PK/LD/ SA/HT	December 2025	<p>Complete Email sent to Welsh Government on 3 November 2025, confirming acceptance of the revised Escalation Framework and outlining ARAC's concerns regarding the</p>

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						decision-making process and governance of changes to the financial domain escalation criteria. The Executive Director of Strategy and Planning is discussing this further with Welsh Government.
AC(25)167	14/10/2025	Review of Urgent and Emergency Care (Discharge Planning and Impact of Patient Flow)	To examine the process undertaken in closing the report in relation to the 2017 review	JW	December 2025	Complete Approval was obtained in September 2018 from the relevant Service Delivery Manager in Unscheduled Care confirming that all actions to address recommendations raised within the report had been completed, with formal approval received in November 2018 from the Director of Operations to approve overall report closure. It is noted that due process was followed in line with protocols in place at the time, which pre-date current arrangements with the utilisation of the AMAT system and the requirement for service leads to provide evidence to support the formal approval of closure of recommendations
			To share examples of good practice from elsewhere	AB	December 2025	Examples of good practice will be shared through an All Wales output which brings together the key findings from all of the UEC work.
			To ensure that consideration of the report forms part of the PODCC	AC	December 2025 February	In Progress A verbal update on the Operational Structure was provided at the

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			item on the new operational structure		2026	PODCC meeting; further work is required due to the announcement of the departure of the Director of Primary Care, Community and Long Term Care and the need to review the CCGs to realign aspects of that portfolio. A written update will be provided to the next PODCC meeting.
			To share the report with the Chair of QSEC	AC	December 2025	Complete
AC(25)170	14/10/2025	Internal Audit Plan Progress Report	To schedule a meeting between the Chair of ARAC, Head of Internal Audit and Director of Corporate Governance to discuss changes to the IA Plan programme	JW	December 2025	Complete Meeting held on 10 November 2025.
AC(25)171	14/10/2025	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	December 2025 February 2026	In Progress The Review of the existing SOP has commenced, with a view to presenting to CIM CCG at the end of November 2025.
			To discuss how the audit findings will be reviewed	JW/JJ	December 2025	Complete Following discussion with the Director of Corporate Governance and the ARAC Chair, a re-audit has been agreed, to be added to the current Internal Audit plan and completed prior to the conclusion of the 2025/26 annual opinion.

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AC(25)172	14/10/2025	Human Tissue Authority (Limited Assurance)	To examine, with the Audit and Risk Business Partner for Pathology, the action plan and translate it into actions for the Audit Tracker	CBaker	December 2025	Complete Met with Assurance and Risk business partner and clarified timelines for actions. Updates and evidence to be provided via AMAT by December implementation date.
AC(25)173	14/10/2025	Control of Contractors (Advisory Report)	To provide an update on work in relation to security and ID badges	JS	December 2025	Please see Appendix 2.
			To consider whether the actions identified should be added to the central Audit Tracker or whether they can be monitored internally	JW/JS	December 2025	Complete The report is being monitored on AMAT, with 6 of the 7 recommendations raised noted as complete by the service. The outstanding recommendation has a completion date of January 2026. Progress updates and evidence submitted to demonstrate the implementation of the recommendations will be reviewed by Internal Audit in order to formally approve for closure. Recommendations raised within advisory reports are routinely monitored on AMAT as part of current monitoring arrangements.
AC(25)179	14/10/2025	Internal and External Recommendations and WHC Tracking Assurance Report	To examine recommendations overdue by 6 months or more, to identify whether they can be closed, or whether additional support is required	JW	December 2025 February 2026	In Progress A meeting will be scheduled in December 2025 between the Director of Corporate Governance/ Board Secretary, Assistant Director of Assurance and Risk, and Head of Assurance and Risk to review those

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						<p>recommendations overdue by greater than 6 months (based on the escalation data at October month end) to determine the appropriate course of action to support the progression of these overdue recommendations with relevant Clinical Care Groups / Executive Functions.</p>

CONTRACT MANAGEMENT

NHS Wales Shared Services Partnership



Internal Contract Management Procedure



Central Contracts Register Q3



Awareness Sessions



Pre-procurement agreement on contract management requirements (if any)



Nominated Contract Manager/Authorised Officer identified and engaged in the procurement process



Legislative requirements - Procurement Act 2023 – KPIs (min 3 for >£5m), publication of notices, e.g. annual performance against KPIs (standard rating), potential for future debarment, modification notices

A comprehensive review of the Control of Contractors Policy has taken place which has undergone global consultation and received CCG approval. Final ratification will occur at an upcoming health and safety compliance group meeting. Workforce colleagues will be contacted to further refine the policy pending final approval.

Several key changes have been introduced. Contractors must now be clearly identified, either by a Health Board-issued contractors badge, visible company identification, or branded workwear. A new Right-to-Work and Competency Declaration process is required for every contract. Induction tracking has been strengthened, and managers are receiving training on contractor control responsibilities. At acute sites, contractor sign-in procedures have been tightened to ensure all arrangements are verified with Estates, including referencing asbestos registers, maintaining daily sign-in and sign-out records, and complying with safety protocols. These measures are under full review, and the results will be presented to the Health & Safety Group in January.

The team have implemented a “check and challenge process” to align with policy development and internal audit recommendations. Senior estates managers review compliance, supporting process and intelligence gathering for gap analysis, which informs action plans.

For example, this check and challenge concerns some of the following elements

1. Check with company – right to work in the UK
2. Signing process
3. Do they have risk assessment and method statement?
4. Do they have the appropriate permits?
5. Have they seen the asbestos register?
6. Have they engaged appropriately with estates or other designated persons (IT or other contractors)?

The revised policy has addressed the six recommendations from the NWSSP internal audit process. The following sections of the policy has been revised:

- **Section 2- General rules and information** – a new subsection has been added detailing right-to-work-in-UK responsibilities.
- **Section 2.22 Permits to work** – Access onto RAAC affected flat roofs added to list.
- **Section 2.26 Risk Assessments and Method Statements (RAMS)** – Asbestos risks and RAAC related risks have been added to the checklist for contractors.
- **Section 2.27 Starting the Work** - the Induction sub-section has been updated to reflect current practice.
- **Section 3 Hazards, risks, and control measures** – a new sub-section has been added: 3.35 Reinforced Autoclaved Aerated Concrete (RAAC).

- **Section 3.45 Roof Work** – a sign-posting paragraph regarding RAAC has been added to the flat roof sub-section.
- **Appendix 1 Key contacts** – table has been updated.
- **Appendix 3 Safety rules for contractors (summary)** – the numbered list has been revised for clarity, and a new item added regarding RAAC.
- **Appendices 5 and 6 (RAMS template and guidance) removed, and all references to these appendices deleted** – this is not regarded as being within the remit of HB responsibilities to provide this information.
- **Appendix 8 (point of work risk assessment template) removed** - this is not regarded as being within the remit of HB responsibilities to provide this information.