



GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth Brifysgol GIG  
Gwasanaethau Ambwlans Cymru  
Welsh Ambulance Services  
University NHS Trust

**CONFIRMED MINUTES OF THE PUBLIC MEETING OF THE  
AUDIT RISK AND ASSURANCE COMMITTEE  
ON TUESDAY 28 APRIL 2026  
HELD AT THE CARDIFF MAKE READY DEPOT AND VIA TEAMS**

**Meeting started at 09:30**

**PRESENT**

Peter Curran	Non-Executive Director and Committee Chair
Dr Umar Ahmad	Non-Executive Director
Ceri Jackson	Non-Executive Director
Judith Bryce	Assistant Director of Operations
Christian Fox	Trade Union Partner
Wendy Herbert	Deputy Director of Quality & Putting Things Right
Fflur Jones	Audit Wales ( <i>left at 10:43am</i> )
Carl Kneeshaw	Director of People
Trish Mills	Director of Corporate Governance/Board Secretary
Osian Lloyd	Head of Internal Audit, NWSSP Internal Audit
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner
Carl Window	Local Counter Fraud Manager

**ATTENDEES**

Sarah Harland	Corporate Governance Officer
Alex Payne	Corporate Governance Manager
Yvonne Thomas	Audit Wales ( <i>left at 10:43am</i> )
Felicity Quance	Deputy Head of Internal Audit
AnnaMaria Williams	Corporate Governance Officer ( <i>Observing</i> )

**APOLOGIES**

Julie Boalch	Assistant Director of Corporate Governance and Risk
--------------	---



## OPENING ITEMS

### 1. CHAIR'S WELCOME, APOLOGIES AND QUORUM

1.1 The Chair extended a warm welcome to Dr Umar Ahmad, newly appointed non-executive director. Apologies were received as set out above. Quorum was confirmed.

### 2. DECLARATIONS OF INTEREST

2.1 There were no other declarations recorded.

### 3. MINUTES OF THE LAST MEETING HELD ON 2 MARCH 2026

3.1 The minutes from the public meeting held on 2 March 2026 were received and approved.

### 4.1 ACTION LOG & MATTERS ARISING

4.1.1 The action log was reviewed and discussed, with updates added to the log.

### 4.2 COMMITTEE AAA HIGHLIGHT REPORT: 2 MARCH 2026

4.2.1 The AAA highlight report from the meeting held on 2 March 2026 was received.

### 5. 2025/2026 ANNUAL REPORTS FROM COMMITTEES

*The papers for this item are in the committee pack in IBabs and on the Trust's website, therefore detail of the content is not repeated here.*

5.1 The Chair advised that the main purpose of this meeting is specifically to enable scrutiny of the 2025/26 annual effectiveness reviews of all committees on behalf of the Trust Board. The Chair outlined the Audit Risk and Assurance Committee's (ARAC) role in reviewing the reports, identifying key issues, and determining any observations or matters for escalation to the board, including proposed changes to committee terms of reference.



- 5.2 Trish Mills confirmed this item represents the final stage of the 2025/26 quality governance (effectiveness) review process. Trish advised that, although a light-touch approach had been intended, the process had been more protracted due to work undertaken by the ARAC subgroup on proposals to streamline committee structures. Effectiveness reviews had been completed for all committees, with the exception of the Welsh Ambulance Service Partnership Team (WASPT), which has been deferred to June to allow further engagement from members.
- 5.3 It was noted that all committees had approved their annual reports and minor revisions to terms of reference, which had already been considered by ARAC and the board. The reports provided assurance on the effectiveness of committee governance arrangements and did not identify issues beyond those already addressed through the streamlining work, with reports due to be presented to trust board in May.
- 5.4 The committee also noted the context of the forthcoming Good Governance Institute (GGI) review, which, although not fully aligned with the effectiveness review timetable, would inform future board and committee arrangements. Concerns were raised regarding low response rates to the effectiveness review surveys, and it was acknowledged that questionnaire fatigue remained a challenge, although response rates were being tracked and alternative approaches were being considered to improve engagement and reduce survey fatigue.
- 5.5 The committee reviews were discussed and scrutinised as follows:
- 5.5.1 **Academic Partnership Committee (APC)**  
The committee noted that the APC was in the process of being wound down, having fulfilled its core purpose in supporting the trust to achieve 'University Trust' status, although it would continue to meet during 2026/27. The Chair sought clarification regarding responsibility for oversight of the research portfolio. Trish confirmed that APC's current focus was solely research and advised that a proposed transfer of research oversight to the Finance and Performance Committee had been deferred pending the outcome of the GGI review. Trish also confirmed that in the interim, APC would continue to hold responsibility for research oversight.
- 5.5.2 **Charity Committee**  
The committee noted that the Charity Committee had continued to develop positively over the past 12 - 18 months, with no need for a fundamental change to its current arrangements. The Chair commented that the committee remained on a development journey and that governance arrangements should remain proportionate and sufficiently flexible to reflect future direction.



Ceri Jackson highlighted two strategic concerns; capacity to deliver the charity's ambitions in the context of financial pressures; and the ongoing need for clarity around managing conflicts of interest and trustee responsibilities, noting the importance of members being clear about the role they were undertaking at any given time. Trish Mills confirmed that charity governance arrangements had strengthened significantly following the introduction of dedicated resource. Trish noted the additional complexity arising from the committee's sub-groups but confirmed that the charity's governance arrangements would continue to be reviewed as the charity evolves.

### 5.5.3 **Finance and Performance Committee (FPC)**

The committee noted positive feedback on the effectiveness of the FPC, recognising ongoing work to strengthen performance reporting, including development of the monthly integrated quality and performance report (MIQPR) suite of metrics. The Chair highlighted the potential future expansion of the committee's remit, including oversight of research and commercialisation activity, subject to the outcome of the GGI review.

Chris Turley highlighted significant contextual challenges arising from ongoing financial pressures, including anticipated reductions beyond 2025/26. Chris emphasised concerns regarding capacity and skills to scrutinise certain portfolio areas within the committee's remit, particularly estates, environmental sustainability and decarbonisation, noting limited organisational resource and increasing risk in these areas.

Trish Mills noted that the committee met bi-monthly, in alignment with the board, and that this often resulted in duplication of reporting between FPC and the board. Trish advised that significant changes were anticipated from 2026/27 onwards to support a shift towards more strategic focus, increased delegated authority and reduced operational detail. Trish confirmed that skills gaps and associated risks would be considered through the ARAC subgroup's work on the board skills matrix, including options to mitigate gaps through training or development, with prioritisation based on risk.

### 5.5.4 **People and Culture Committee (PCC)**

The committee noted that the PCC had operated effectively during 2025/26, with positive feedback reflected in the annual report. Ceri Jackson, Chair of PCC, emphasised the committee's ambition to move towards a more strategic focus, acknowledging that reducing operational detail would require a cultural and behavioural shift and increased confidence in the underlying governance arrangements. Carl Kneeshaw supported this view, advising that while good



progress had been made, further work was required to strengthen strategic, system-level considerations and alignment with the People and Culture Plan and wider trust objectives.

Trish Mills confirmed that work was underway to refresh internal governance and delivery group arrangements reporting to the Executive Leadership Team (ELT), with assurance to be provided to ARAC to support committees in moving away from operational detail. Trish advised that a paper outlining these arrangements would be presented to ARAC in June.

#### 5.5.5 **Quality, Patient Experience and Safety Committee (QuEST)**

The committee noted positive feedback on the effectiveness of the QuEST committee during 2025/26. The Chair and members acknowledged that QuEST was a particularly challenging committee due to the complexity and seriousness of patient safety issues and wider NHS system pressures.

Ceri Jackson highlighted that QuEST meetings were lengthy and required a careful balance between providing sufficient assurance on high-harm risks and progressing towards a more strategic focus. Ceri emphasised the importance of confidence in the effectiveness of governance and delivery arrangements below committee level to enable reduced focus on operational detail. Wendy Herbert supported this view, noting the difficulty of stepping back from detail given current system pressures and the need to maintain assurance regarding patient outcomes and experience.

Trish Mills advised that while QuEST meetings appeared long, actual meeting time averaged approximately four hours per quarter, with appropriate breaks. Trish confirmed that attendance from members was strong, but acknowledged variability in officer attendance due to operational and leadership challenges. Trish agreed that officer attendance should be highlighted in the AAA highlight report to the board, to reinforce the importance of consistent representation and committee-level

#### 5.5.6 **Remuneration Committee (RemCom)**

The committee noted that the RemCom operated effectively, with meetings described as short, focused and proportionate given their specific remit. It was acknowledged that all non-executive directors were members of RemCom, which reflected good practice, particularly during a period of leadership change, although attendance varied.



Trish confirmed that it had been agreed at RemCom that approved committee minutes would no longer be routinely included on the board agendas, as they were publicly available on the trust website and assurance was instead provided through committee AAA reports.

Members discussed whether the current RemCom membership model and attendance expectations remained appropriate, noting that this issue would be considered in the wider context of non-executive director commitments and was likely to be informed further by the forthcoming GGI review.

#### 5.5.7 **Audit Risk and Assurance Committee (ARAC)**

The committee noted that the ARAC had taken a different approach to its effectiveness review, using the National Audit Office (NAO) toolkit and undertaking ongoing review through quarterly meetings involving non-executive directors and senior officers. The Chair advised that this approach enabled continuous improvement throughout the year, achieved full engagement and supported timely identification and resolution of issues.

The Chair highlighted that skills gaps had been identified and were being actively considered, with mitigation options including targeted training and development. The Chair also raised a concern about the timing of receipt internal and external audit reports by the committee, noting that it was sub-optimal for such reports to be considered by other committees before ARAC; however the practical constraints were acknowledged. Members supported the continuous improvement approach and agreed that, while pragmatism was required, clarity was needed where audit reports had not first been scrutinised by ARAC. Trish confirmed that the audit handbook was being reviewed to clarify the respective roles of ARAC and other committees and advised that consideration was being given to improving information flow to support the ARAC in fulfilling its role/function.

- 5.6 The Chair confirmed that ARAC was satisfied to endorse the annual reports from all committees for 2025/26, including the ARAC annual report for 2025/26 and to approve the cycle of business for 2026/27. The Chair thanked officers, committee chairs and members for the extensive work undertaken and highlighted the value of the discussions in identifying areas for continued improvement, particularly in relation to skills, strategic focus and the flow of assurance from committees to the board.



### **The committee:**

- 1. Endorsed the suite of 2025/26 board committee annual reports, noting that all committee quality and governance reviews have been completed, except for the Welsh Ambulance Services Partnership Team (WASPT) review;**
- 2. Endorsed the Audit, Risk and Assurance Committee (ARAC) 2025/26 annual report;**
- 3. Approved the ARAC 2026/27 cycle of business, confirming that the committee's own annual effectiveness review has been completed in line with the National Audit Office toolkit; and**
- 4. Noted the actions arising from the ARAC annual review, including those relating to communication, skills and experience, and board skills matrix development, and that these actions continue to be progressed through the ARAC sub-group with oversight by ARAC.**

## **6.1 INTERNAL AUDIT PROGRESS REPORT**

*The papers for this item are in the committee pack in IBabs and on the Trust's website, therefore detail of the content is not repeated here.*

- 6.1.1 Osian Lloyd provided an update on progress against the 2025/26 internal audit plan. Osian advised that twelve audit reports had been finalised, three were in draft, and the remaining audits were in progress, with no material concerns identified regarding overall delivery of the plan. Osian noted that some planned reports, including digital audits, had not been finalised due to capacity pressures within the digital senior leadership team, resulting in a higher volume of reports anticipated for the next ARAC meeting.
- 6.1.2 Osian further reported that follow up validation work was progressing well, with the majority of sampled actions confirmed as closed and a small number requiring additional evidence. Osian advised that approximately 70% of recommendations due for closure by December had been completed, which was comparable with performance across NHS Wales. Osian confirmed that a consolidated annual internal audit summary report would be presented at the June meeting and noted that all internal audit KPIs were currently rated green.
- 6.1.3 The Chair welcomed the progress reported and noted the improvement reflected by all internal audit KPIs being rated green. The Chair suggested that future progress reporting might benefit from clearer visual presentation to aid understanding and sought assurance that the internal audit plan would be completed by June. Osian confirmed that delivery of the plan remained on track, acknowledging capacity pressures affecting one audit area, but advising that mitigating arrangements were in place and that no overall slippage was anticipated.



- 6.1.4 Chris Turley expressed concern regarding the inclusion of assurance ratings for draft internal audit reports within the progress update to the committee. Chris felt that it was inappropriate for provisional assurance opinions to be included, specifically referencing the ongoing fire safety audit, as findings and conclusions could change following completion of the audit fieldwork/review. Chris therefore requested that draft reports be clearly distinguished or excluded from assurance reporting until finalised, to avoid potentially misleading conclusions. This was acknowledged by Internal Audit colleagues.
- 6.1.5 Trish Mills cautioned that the increasing volume of actions and supporting evidence arising from internal audit reports was placing a significant resource burden on directorates and the Corporate Governance Team. Trish noted that even audits receiving reasonable assurance were generating a large number of management actions and evidence requirements, which risked becoming disproportionate and could impact overall performance in tracking and validating actions. Trish emphasised the need for greater proportionality in the number of actions and evidence requests.
- 6.1.6 Felicity Quance acknowledged the feedback and advised that recent changes to the internal audit report template may have had unintended consequences. Felicity confirmed that the issues raised had been fed back internally and that a working group was being convened to review the report template and consider refinements, including clearer signposting of key findings. Osian supported this position, confirming that the concerns had been recognised and were not unique to the trust. Osian advised that work was underway to review reporting approaches to ensure findings and actions were clearer, more concise and proportionate, while still providing appropriate assurance.

### **The committee noted the Internal Audit Progress Report.**

## **6.2 INTERNAL AUDIT REPORTS**

*The papers for this item are in the committee pack in IBabs and on the Trust's website, therefore detail of the content is not repeated here.*

### **6.2.1 Risk Management and Board Assurance Framework**

Osian Lloyd presented the annual risk management and assurance audit, confirming a **reasonable assurance** opinion over the trust's arrangements for identifying, managing and reporting strategic and principal risks. Osian advised that the board assurance framework (BAF) continued to provide good coverage of principal risks, supported by regular review through established governance structures, including board and committee oversight. Osian highlighted improvements in the maturity of risk management, including clearer governance arrangements, alignment of risk



GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth Brifysgol GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
University NHS Trust

appetite statements to strategic objectives, and more dynamic movement in risk scores reflecting mitigation activity. Osian noted that historical emphasis on corporate risks over strategic risks had been recognised, and addressed through the development of a new strategic risk approach. Osian also highlighted progress towards implementation of an in-house electronic risk management system, which was expected to reduce reliance on manual processes. Osian reported two accepted findings relating to refinement of the risk management policy and improvements to the tracking and updating of BAF action plans, noting that these issues were being addressed.

Trish Mills welcomed the reasonable assurance opinion and advised that the trust was entering the next stage of maturity in risk management, moving from a principally operational BAF towards a more strategic BAF aligned to long term objectives. Trish confirmed that work was underway to embed strategic risks, improve clarity around risk tolerance and strengthen the linkage between completed actions, controls and risk score movement. Trish also outlined progress on developing an in-house electronic risk management system, noting that while the ambition was to implement from summer 2026, delivery would be phased and piloted due to internal resource constraints.

The Chair welcomed the positive assurance and acknowledged that the trust was on a continued improvement journey, noting that further development would be required as the strategic BAF was embedded. Ceri supported this view, commenting that the report reflected progress in the right direction and recognising that further refinement would be needed as the organisation continued to mature its strategic risk management arrangements.

### 6.2.2 Welsh Language Standards

Felicity Quance presented the internal audit report on Welsh language standards, confirming a **reasonable assurance** opinion over the trust's arrangements for compliance. Felicity advised that the trust had strong foundations in place, including clear executive leadership, designated Welsh language roles, comprehensive policies and good staff engagement through networks and training initiatives. Felicity noted that statutory reporting requirements had been met, including timely publication of the Welsh language annual report, and that compliance across service delivery standards was generally strong.

Felicity highlighted three medium-priority findings, including limited evidence of consistent monitoring and embedding of the standards across services, weaknesses in governance and operation of the Welsh Language Advisory Group, and inconsistent recording and escalation of Welsh language related complaints, particularly where issues were resolved locally.



Felicity also noted non-compliance with Standard 110A, relating to the delayed assessment and publication of the five-year Welsh language plan, acknowledging capacity constraints, but noting that recent additional administrative support should strengthen future delivery.

Members welcomed the reasonable assurance opinion and recognised the progress made, particularly given the size and dispersion of the workforce. Ceri Jackson highlighted concerns regarding the effectiveness of the Welsh Language Advisory Group, questioning whether attendance and engagement reflected sufficient organisational priority, and emphasised the importance of having the right level of commitment and ownership beyond governance structures alone.

The Chair reflected on the importance of enabling patients to communicate in their first language wherever possible, particularly in high stress clinical situations, and sought assurance that learning from lived experience and complaints was being captured and acted upon. Members acknowledged that complaint volumes were low but agreed that continued focus on awareness, culture and proportionality was important.

### 6.2.3 **Capacity Management Plan (CMP) (Ambulance Care)**

Felicity Quance presented the internal audit report on the CMP, confirming a **reasonable assurance** opinion over its application within the non-emergency patient transport service (NEPTS), while noting that the CMP was operating under sustained system pressure and was activated frequently. Felicity advised that the audit identified six findings, including one high priority finding, relating primarily to the consistency and transparency of decision making and the adequacy of audit trails supporting CMP activation and journey cancellation decisions.

Felicity highlighted that reliance on professional judgement would benefit from clearer, more objective thresholds and improved recording of decision rationales. Felicity also noted gaps in the recording and analysis of ineligible patient requests, eligibility appeals, and the downstream impact of cancelled journeys on patient care, which limited visibility of unmet demand. Felicity confirmed that management had accepted all findings, with extended implementation timescales reflecting the scale, complexity and system wide dependencies involved, and she thanked operational colleagues for their engagement during the audit process.

Members acknowledged the reasonable assurance opinion and recognised the significant operational pressures under which the CMP was being applied. Ceri Jackson highlighted concern regarding the disproportionate impact of repeated journey cancellations on certain patient groups, particularly those with protected characteristics and those living in rural



areas, and emphasised the importance of understanding patient harm and equality impacts.

Members expressed concern that the eligibility criteria for NEPTS had not been reviewed for a prolonged period and noted that this was outside the trust's control. They nevertheless welcomed the audit's focus on improving transparency, recording and analysis of ineligible requests and cancellations, recognising this as a means of strengthening evidence to inform system level discussions. Members also acknowledged the impact of CMP decisions on staff wellbeing and supported the proposed actions, noting that implementation timescales were appropriately cautious given system dependencies and funding constraints.

#### 6.2.4 Job Evaluation

Felicity Quance presented the internal audit report on job evaluation, confirming a **reasonable assurance** opinion and noting a clear improvement from the previous audit in 2021, which had concluded limited assurance. Felicity advised that the improved rating reflected increased stability within the job evaluation function, the absence of a backlog of evaluations and stronger execution of core processes.

Felicity confirmed that appropriate national policies and guidance were in place and accessible, with generally compliant arrangements for new posts, re-evaluations and outcome reviews. Felicity highlighted six medium priority findings, relating primarily to gaps in refresher training and training records for job matchers and consistency checkers, weaknesses in documentation and audit trails, instances of potential conflicts of interest and limited reporting of progress against improvement actions to the ELT. Felicity advised that the focus had shifted from addressing fundamental weaknesses to embedding consistency, strengthening assurance evidence and improving oversight.

Members welcomed the reasonable assurance opinion and noted the clear improvement from the previous audit. Carl Kneeshaw advised that progress reflected increased stability within the job evaluation function, additional permanent resource, and the elimination of historic backlogs, while acknowledging that some improvement actions had been delayed due to recent capacity constraints and organisational change. Carl confirmed that agreed actions were realistic and that assurance would continue to be provided through PCC reporting.

Christian Fox welcomed the findings from a staff side perspective, and confirmed that refresher training for job evaluation practitioners was planned for summer and early autumn 2026, which would address gaps identified in training records and support continued improvement in consistency and confidence in the process.



**The committee took assurance from the reasonable assurance ratings of the Risk Management and Board Assurance Framework; Welsh Language Standards; Capacity Management Plan (Ambulance Care); and Job Evaluation Internal Audit Reports.**

**7.1 AUDIT WALES AUDIT COMMITTEE UPDATE APRIL 2026**

*The papers for this item are in the committee pack in IBabs and on the Trust's website, therefore detail of the content is not repeated here.*

7.1.1 Fflur Jones updated members on Audit Wales activity, advising that work on the 2025/26 accounts is due to commence. Fflur noted that the digital review had been delayed due to internal Audit Wales capacity issues, but would be shared with the trust imminently. Fflur further advised that the review of NEPTS was progressing well and would be reported to the next meeting. The estates review remained in fieldwork stage with reporting anticipated in September. Members were also signposted to recently published Audit Wales reports of wider interest, including reviews on additional learning needs and the regional integration fund, and to Audit Wales' Annual Plan for 2026/27.

**7.2 AUDIT WALES DETAILED AUDIT PLAN 2026**

*The papers for this item are in the committee pack in IBabs and on the Trust's website, therefore detail of the content is not repeated here.*

7.2.1 Yvonne Thomas presented the detailed Audit Wales audit plan for 2026/27, explaining that it sets out how the financial audit would be undertaken. Yvonne advised that materiality remained set at 1% of gross expenditure, with lower thresholds applied to sensitive areas such as the remuneration report and related party disclosures. Yvonne confirmed that no WAST specific audit risks had been identified for the year, with only standard sector risks included. Yvonne outlined the audit timetable, confirming that audit work would commence following receipt of the draft accounts, with the ISA 260 report scheduled for ARAC on 23 June, and final sign off planned for late June. Yvonne also confirmed the agreed audit fee increase in line with the Audit Wales fee scheme.

7.2.2 Chris Turley confirmed that the draft accounts were on track for submission, in line with the Welsh Government timetable, and that preparatory meetings were underway. Chris advised that there were no unexpected issues arising from the audit plan, noting positively that the absence of trust specific risks reflected the smoother audit of last year's accounts when compared to the previous year. Chris confirmed that appropriate governance and liaison arrangements were in place with Audit Wales throughout the audit period.



- 7.2.3 Trish provided assurance on progress of the annual report, advising that the accountability and performance sections were being finalised alongside the accounts. Trish confirmed that non-executive directors had already received the accountability report and that further drafts would be shared as part of the agreed timetable, confirming that overall reporting remained on track. Chris had also shared with draft Remuneration Report tables with board members.
- 7.2.4 Fflur advised that Audit Wales' 2025/26 performance audit programme would include structured assessment work, noting that the scope may differ slightly this year and that further detail would be shared once confirmed. Fflur confirmed that local performance audit work would focus on the NHS 111 service, and that the national thematic review on diabetes would not directly involve the trust, allowing greater focus on the 111 review.
- 7.2.5 The Chair thanked Audit Wales for the update and noted that performance audit reports would primarily be considered by the Finance and Performance Committee. The Chair reiterated earlier comments regarding the sequencing of audit reports and the importance of clarity where reports were reviewed by other committees prior to ARAC. The Chair also noted that the current Auditor General would be responsible for signing the 2025/26 accounts and that the incoming Auditor General would take up post in July, enabling a smooth transition for future audit cycles.

**The committee received the Audit Wales Audit Committee Update and the Audit Wales Detailed Audit Plan 2026.**

**8. REGISTER OF INTERESTS AND GIFTS, HOSPITALITY AND SPONSORSHIP  
ANY OTHER BUSINESS**

*The papers for this item is in the committee pack in IBabs and on the Trust's website, therefore detail of the content is not repeated here.*

- 8.1 Trish Mills presented the annual update on the register of interests, advising that board member declarations were published routinely with committee papers and updated as interests changed. Trish confirmed that improvements were being made to the process for decision maker declarations, including earlier collection and clearer escalation arrangements, noting that these registers were updated when changes were proactively notified.
- 8.2 Trish advised that a trust wide communication was being issued in relation to secondary employment, aligned across counter fraud, people and culture and declarations of interest. In relation to gifts, hospitality and sponsorship, Trish noted that declarations were predominantly hospitality related and that cash gifts, where refusal was not possible, had been redirected to the



trust charity in line with policy. Trish highlighted that the trust benchmarked mid-range compared with other UK ambulance services, and confirmed that ongoing communications would continue, particularly around peak gifting periods.

- 8.3 Members welcomed the transparency of the registers and the fact that declarations were being made proactively. The Chair queried the definition of "hospitality", noting that many entries appeared to relate to legitimate business activity rather than inducements, and received assurance that appropriate prior approval had been obtained and that acceptance remained proportionate and in line with policy.
- 8.4 Carl Window highlighted the importance of assurance in relation to secondary employment declarations, querying the extent to which compliance could be centrally evidenced and audited. It was noted that current systems limit the ability to provide a single central audit view, with responsibility primarily held at local level, although members supported continued strengthening of controls, communication and assurance as system capability develops.

**The committee received the Trust Board Register of Interests as at the 31 March 2026; the Trust Decision-Makers Register of Interests as at the 31 March 2026; and the Gifts, Hospitality and Sponsorship Register as at the 31 March 2026.**

## **9. SELF ASSESSMENT AGAINST 2017 CORPORATE GOVERNANCE CODE FOR CENTRAL GOVERNMENT DEPARTMENTS REVIEW**

*The papers for this item are in the committee pack in IBabs and on the Trust's website, therefore detail of the content is not repeated here.*

- 9.1 Trish Mills presented the annual self-assessment against the 2017 Corporate Governance Code for Central Government Departments, advising that the review demonstrated continued compliance with the Code. Trish confirmed that there were no material changes or "comply or explain" issues arising this year and that the document had largely been updated to reflect current information. The committee noted that this self-assessment provided assurance to support the disclosures required within the Annual Governance Statement, and no concerns were raised.

**The committee reviewed the 2025/26 self-assessment against the Corporate Governance Code for Central Government Departments 2017, ahead of confirming compliance with the Code in the 2025/26 Annual Governance Statement.**



## 10. REVIEW OF GOVERNANCE PRACTICE NOTES

*The papers for this item are in the committee pack in IBabs and on the Trust's website, therefore detail of the content is not repeated here.*

10.1 Trish Mills presented the review of three governance practice notes, explaining that these notes provide practical interpretation of the standing orders where clarification is required. Trish advised that the notes covered trust seal arrangements, the conduct of public and private board and committee business, and the use of chair's actions. No material changes had been made other than minor updates to reflect current practice.

10.2 The Chair confirmed that the committee was content with the continued use of governance practice notes and agreed that future updates should only be brought back to ARAC where material changes were proposed. The committee endorsed the practice notes as an appropriate and proportionate mechanism for supporting consistent application of the standing orders.

**The committee reviewed and approved the edited governance practice notes GPN 001 for the application/use of the Trust Seal; GPN 002 for the treatment of business for private board/committee meetings; and GPN for the treatment of business via Chair's Action.**

## 11. REFLECTIONS

11.1 The Chair reflected positively on the quality of the papers and the depth of discussion, thanking officers, auditors and members for their contributions. Umar Ahmad commented favourably on the effectiveness of the meeting and the quality of debate.

## 12. ANY OTHER BUSINESS

12.1 No other business was raised.

## 13. DATE OF THE NEXT MEETING

13.1 23 June 2026 at 9:30am.

**MEETING CLOSE: 12:14**