

# Audit Committee



## Terms of Reference and Operating Arrangements

### 1. INTRODUCTION

- 1.1. The Board shall establish a committee to be known as the Audit Committee. The detailed terms of reference and operating arrangements in respect of this Committee are set out below.

### 2. PURPOSE

- 2.1. The purpose of the Committee 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 Health Board's system of assurance) to support them in their decision taking and in discharging their accountabilities for securing the achievement of the Boards objectives, in accordance with the standards of good governance determined for the NHS in Wales.
- 2.2. Where appropriate, the Committee will advise the Board and the Accountable Officer on where, and how, its assurance framework may be strengthened and developed further.

### 3. DELEGATED POWERS

- 3.1. The Audit Committee is required by the Board, within the remit of the Committee to:
- 3.1.1.1. Provide evidenced based assurance that there is compliance with The Equalities Act 2010.
    - In discharging its duty the Committee will have 'due regard' to the Public Sector Equality Duty, to eliminate discrimination, to advance equality of opportunities and foster good relations when carrying out all functions and day-to-day activities.
    - In discharging its duty the Committee will have 'due regard' to the Socio-economic Duty, to consider how strategic decisions might help reduce the inequalities associated with socio-economic disadvantage.
  - 3.1.1.2. Provide evidenced based assurance that BCUHB Policies are compliant with relevant legislation.
  - 3.1.2. Provide evidence based and timely advice to the Board on developing strategies.

- 3.1.3. Provide evidence based and timely advice to the Board on the delivery of strategies including those relating to risk management.
  - 3.1.4. Oversee and provide evidence based and timely advice to the Board on relevant risks and concerns.
  - 3.1.5. Provide relevant evidence based and timely advice to the Board on:
    - 3.1.5.1. Evidenced based and timely advice to the Board and the Accountable Officer on the assurance frameworks to support them in their decision taking and in discharging their accountabilities for securing the achievement of BCUHB's objectives.
    - 3.1.5.2. Evidence based assurance to the Board and the Accountable Officer on whether effective arrangements are in place through the operation of the BCUHB's assurance framework.
    - 3.1.5.3. Evidence based assurance to the Board and the Accountable Officer on the effectiveness of Risk Management, Performance Management and other areas as defined by the Board or Accountable officer from time to time.
  - 3.1.6. Receive the results of relevant audits (clinical and non-clinical) and any other relevant investigations and provide the Board with evidence based impact assessment of the implementation of the recommendations.
- 3.2. The Audit Committee is authorised by the Board to:
- 3.2.1. Comment specifically in its Annual Report upon the adequacy of the Health Board'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). It is also intended to support the public disclosure statements that flow from the assurance processes, including the Annual Governance Statement and the Annual Quality statement, providing reasonable assurance on:
    - 3.2.1.1. the organisation's ability to achieve its objectives;
    - 3.2.1.2. compliance with relevant regulatory requirements, standards, quality and delivery requirements and other directions and requirements set by the Welsh Government and others;
    - 3.2.1.3. the reliability, integrity, safety and security of the information collected and used by the organisation;
    - 3.2.1.4. the efficiency, effectiveness and economic use of resources; and

- 3.2.1.5. the extent to which the organisation safeguards and protects all its assets, including its people.
- 3.2.2. Ensure the provision of effective governance by reviewing
  - 3.2.2.1. the Board's Standing Orders, and Standing Financial Instructions (including associated framework documents, as appropriate);
  - 3.2.2.2. the effectiveness of the Board's Committees
  - 3.2.2.3. the accounting policies, the accounts, and the annual report of the organisation (as specified in the Manual for Accounts as issued by Welsh Government), including the process for review of the accounts prior to submission for audit, levels of errors identified, the ISA260 Report and with Management's letter of representation to the external auditors;
  - 3.2.2.4. the, Annual Audit Report and Structured Assessment
  - 3.2.2.5. financial conformance and the Schedule of Losses and Compensation;
  - 3.2.2.6. the planned activity and results of both internal and external audit, clinical audit, the Local Counter Fraud Specialist and post payment verification work (including strategies, annual work plans and annual reports);
  - 3.2.2.7. the adequacy of executive and managements responses to issues identified by audit, inspection, external reports and other assurance activity;
  - 3.2.2.8. proposals for accessing Internal Audit services via Shared Service arrangements ( where appropriate);
  - 3.2.2.9. anti fraud policies, whistle-blowing processes and arrangements for special investigations; and
  - 3.2.2.10. any particular matter or issue upon which the Board or the Accountable Officer may seek advice.
- 3.3. The Committee will support the Board with regard to its responsibilities for risk and internal control by reviewing:
  - 3.3.1. the adequacy of the Board Assurance Framework and Corporate Risk Register;
  - 3.3.2. all risk and control related disclosure statements, in particular the Annual Governance Statement and the Annual Quality Statement together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board;

- 3.3.3. the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements;
  - 3.3.4. the policies for ensuring compliance with relevant regulatory, legal and code of conduct and accountability requirements, including declarations of interest and gifts and hospitality; and
  - 3.3.5. the policies and procedures for all work related to fraud and corruption as set out in Welsh Government Directions and as required by the Counter Fraud and Security Management Service;
  - 3.3.6. regular tender waiver reports to ensure compliance with the Standing Financial Instructions.
- 3.4. In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions. It will also seek reports and assurances from directors and managers as appropriate in response to the recommendations made, monitoring progress via the Audit Tracker tool.
- 3.5. This will be evidenced through the Committee's use of effective governance and assurance arrangements to guide its work and that of the audit and assurance functions that report to it, and enable the Committee to review and form an opinion on:
- 3.5.1. the comprehensiveness of assurances in meeting the Board and the Accountable Officer's assurance needs across the whole of the Health Board's activities, both clinical and non clinical; and
  - 3.5.2. the reliability and integrity of these assurances.
- 3.6. To achieve this, the Committees programme of work will be designed to provide assurance that:
- 3.6.1. There is an effective Internal Audit function that meets the standards set for the provision of Internal Audit in the NHS in Wales and provides appropriate independent assurance to the Board and the Accountable Officer through the Committee;
  - 3.6.2. there is an effective counter fraud service that meets the standards set for the provision of counter fraud in the NHS in Wales and provides appropriate assurance to the Board and the Accountable Officer through the Committee;
  - 3.6.3. work with the Quality, Safety and Experience Committee to ensure that there is an effective clinical audit and quality improvement function that meets the standards set for the NHS in Wales and provides appropriate assurance to the Board and the Accountable Officer;
  - 3.6.4. there are effective arrangements in place to secure active, ongoing assurance from management with regard to their responsibilities and

accountabilities, whether directly to the Board and the Accountable Officer or through the work of the Board's Committees;

- 3.6.5. the work carried out by key sources of external assurance, in particular, but not limited to the Health Board's External Auditors, is appropriately planned and co-ordinated and that the results of external assurance activity complements and informs (but does not replace) internal assurance activity;
- 3.6.6. the work carried out by the whole range of external review bodies is brought to the attention of the Board, and that the organisation is aware of the need to comply with related standards and recommendations of these review bodies, and the risks of failing to comply;
- 3.6.7. the systems for financial reporting to the Board, including those of budgetary control, are effective; and that the results of audit and assurance work specific to the Health Board, and the implications of the findings of wider audit and assurance activity relevant to the Health Board's operations are appropriately considered and acted upon to secure the ongoing development and improvement of the organisation's governance arrangements.

#### **4. AUTHORITY**

- 4.1. The Head of Internal Audit, the Auditor General and his representatives and the lead Local Counter Fraud Specialist (LCFS) shall have unrestricted and confidential access to the Chair of the Audit Committee and vice versa.
- 4.2. The Committee may investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any::
  - 4.2.1. Employee - and all employees are directed to cooperate with any legitimate request made by the Committee; and,
  - 4.2.2. Other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.
- 4.3. It may also obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements;
- 4.4. It may consider and where appropriate, approve on behalf of the Board any policy within the remit of the Committee's business.
- 4.5. It will review risks from the Board Assurance Framework and Corporate Risk Register that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place.

## 5. SUB-COMMITTEES

- 5.1. The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee Business.

## 6. MEMBERSHIP

### 6.1. Members

- 6.1.1. Four Independent Members of the Board to include a member of the Quality, Safety and Experience Committee.
- 6.1.2. The Chair of the Health Board shall not be a member of the Audit Committee.

### 6.2. In attendance

- Board Secretary (Lead Director).
- Executive Director of Finance
- Chief Executive.
- Deputy Chief Executive/Executive Director of Nursing and Midwifery.
- Director/Head of Governance
- Head of Internal Audit.
- Head/individual responsible for Clinical Audit.
- Local Counter Fraud Specialist.
- Representative of Auditor General (External Audit).

### 6.3. Right of Attendance

- 6.3.1. Upon giving notice to the Committee Chair the following have the right to attend any meeting as an observer:
- Chair of the Board.

### 6.4. By Invitation

- A patient representative.
  - A staff representative.
- 6.4.1. Other Directors/Officers will attend as required by the Committee Chair, as well as any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting.
- 6.4.2. Trade Union Partners are welcome to attend the public session of the Committee

### 6.5. Member Appointments

- 6.5.1. The membership of the Committee shall be determined by the Chair of the Board taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government. This includes the appointment of the Chair and Vice-Chair of the Committee who shall be Independent Members.
- 6.5.2. Appointed Independent Members shall hold office on the Committee for a period of up to 4 years. Tenure of appointments will be staggered to ensure business continuity. A member may resign or be removed by the Chair of the Board. Independent Members may be reappointed up to a maximum period of 8 years.

## **6.6. Secretariat**

- 6.6.1. The Secretariat will be determined by the Board Secretary.

## **6.7. Support to Group Members**

- 6.7.1. The Board Secretary, on behalf of the Committee Chair, shall arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role and ensure the provision of a programme of development for Committee members as part of the overall Board Development programme.

# **7. COMMITTEE MEETINGS**

## **7.1. Quorum**

- 7.1.1. At least two Independent Members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice-Chair. In the interests of effective governance, it is expected that a minimum of two Executive Directors/Board Secretary will also attend.

## **7.2. Frequency of Meetings**

- 7.2.1. Meetings shall normally be held quarterly, but may be convened at short notice if requested by the Chair.

## **7.3. Withdrawal of individuals in attendance**

- 7.3.1. The Committee may ask any or all non-board members who would normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

## **7.4. Conduct of Meetings**

- 7.4.1. Meetings may be held in person where it is safe to do so or by video-conferencing and similar technology.

- 7.4.2. The Committee will meet with Internal and External Auditors and the nominated LCFS without the presence of officials on at least one occasion each year.

## **8. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS**

- 8.1. Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.
- 8.2. The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference,
- 8.3. The Committee, through its Chair and members, shall work closely with the Board's other Committees including joint committees/Advisory Groups to provide advice and assurance to the Board through the:

8.3.1.1. Joint planning and co-ordination of Board and Committee business; and

8.3.1.2. Sharing of information

In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

- 8.4. The Committee shall embed the corporate goals and priorities through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.
- 8.5. Receive assurance and exception reports from
- 8.5.1.1. Risk Management Group.

## **9. REPORTING AND ASSURANCE ARRANGEMENTS**

9.1. The Committee Chair shall:

- 9.1.1. Report formally, regularly and on a timely basis to the Board on the Committee's activities via the Chair's assurance report and an annual report.
- 9.1.2. Ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.



- 9.1.3. The Committee shall provide a written annual report to the Board and the Accountable Officer on its work in support of the Annual Governance Statement and the Annual Quality Statement, specifically commenting on the adequacy of the assurance framework, the extent to which risk management is comprehensively embedded throughout the organisation, integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the Committee's self-assessment and evaluation.
- 9.1.4. 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. In doing so account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

## **10. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS**

- 10.1. The requirements for the conduct of business as set out in the Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

## **11. REVIEW**

- 11.1. These terms of reference and operating arrangements shall be reviewed annually by the Committee and any changes recommended to the Board for approval.

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