



<b>AGENDA ITEM</b>
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<b>AUDIT &amp; RISK COMMITTEE</b>
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<b>AUDIT &amp; RISK COMMITTEE SELF ASSESSMENT QUESTIONNAIRE</b>
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<b>Date of meeting</b>	14/12/2020
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<b>FOI Status</b>	Open/Public
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<b>If closed please indicate reason</b>	Not Applicable - Public Report
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<b>Prepared by</b>	Emma Walters, Corporate Governance Manager
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<b>Presented by</b>	Georgina Galletly, Director of Corporate Governance
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<b>Approving Executive Sponsor</b>	Director of Corporate Governance
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<b>Report purpose</b>	FOR DISCUSSION / REVIEW
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)</b>		
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<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
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<b>ACRONYMS</b>	
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CTMUHB	Cwm Taf Morgannwg University Health Board
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## **1. SITUATION/BACKGROUND**

- 1.1 The purpose of this report is to review the Audit & Risk Committee Self-Assessment Questionnaire relating to the activities and performance of the Audit & Risk Committee during the year 2019-2020.
- 1.2 The Chair of the Audit & Risk Committee is required to present an annual report outlining Audit & Risk business through the financial year to the Health Board to provide an assurance on the monitoring and scrutiny undertaken of Cwm Taf Morgannwg University Health Board (CTMUHB) performance in relation to Audit and Risk. As part of this process the Committee are required to undertake an annual self-assessment questionnaire.
- 1.3 The Committee agreed that the self-assessment would be undertaken electronically via Survey Monkey outside of the meeting and would discuss and review at the 14 December 2020 meeting.
- 1.4 The annual self-assessment questionnaire results are attached at **Appendix 1.**

## **2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)**

- 2.1 Members of the Audit & Risk Committee are asked to discuss and review the Committee self-assessment questionnaire relating to the activities and performance of the Audit & Risk Committee during 2019/2020.
- 2.2 Members should note eight responses had been received.

## **3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE**

- 3.1 The publication of the Annual Report demonstrates compliance with Standing Orders, which stipulates that each Advisory Group is required to submit an annual report to the Board through the Chair within three months of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub-groups it has established. As part of this process the Committee are required to complete an annual self-assessment questionnaire.



- 3.2 The Committee will be asked to scrutinize and review the questions which returned a “no” a “do not know” or a comment.

#### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	There are no specific quality and safety implications relating to the activity outlined in this report.
<b>Related Health and Care standard(s)</b>	Governance, Leadership and Accountability
<b>Equality impact assessment completed</b>	Yes
	See Strategy Cover Paper
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce)implications / Impact</b>	There is no direct impact on resources as a result of the activity outlined in this report.
<b>Link to Strategic Well-being Objectives</b>	Provide high quality, evidence based, and accessible care

#### 5. RECOMMENDATION

- 5.1 The Committee are being asked to:
- 5.2 **DISCUSS** the attached self-assessment checklist at **Appendix 1**.