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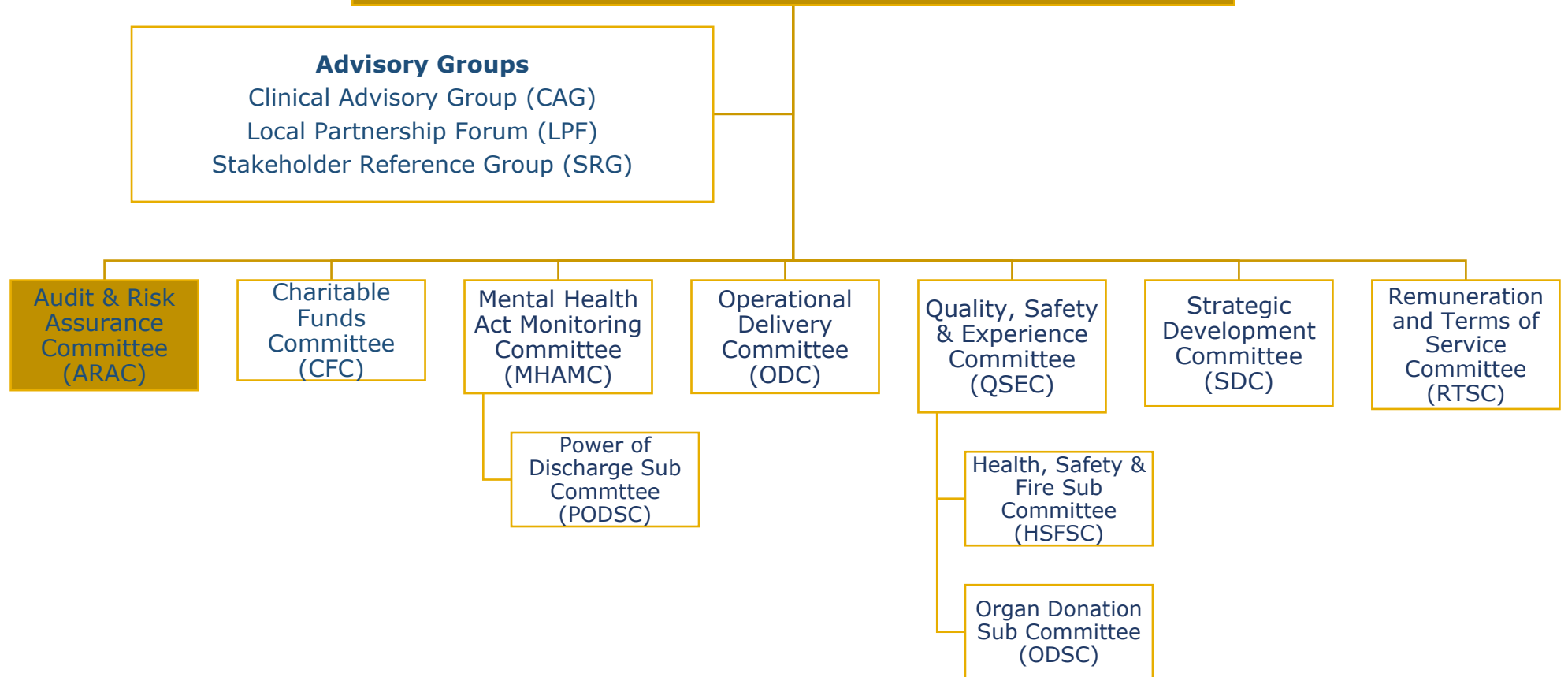
Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

# AUDIT & RISK ASSURANCE COMMITTEE (ARAC)

Terms of Reference & Operating Arrangements  
(Schedule 3.1 of the Standing Orders)

Last Approved: Health Board Meeting 26<sup>th</sup> September 2024  
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# Cwm Taf Morgannwg University Health Board



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## Version Control

Version	Issued To	Date	Outcome	Next Review Date
Version 1	Health Board Meeting	26.9.2024	Approved	No later than September 2025

## **Board Committee Arrangements: This schedule forms part of, and shall have effect as if incorporated in the Health Boards Standing Orders**

### 1. Introduction & Constitution

- 1.1 The Cwm Taf Morgannwg University Health Board (CTMUHB) Standing Orders provide that "The Board may and, where directed by the Welsh Government must, appoint Committees of the Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees".
- 1.2 In accordance with Standing Orders (and the CTMUHB scheme of delegation), the Board shall nominate annually a committee to be known as the **Audit & Risk Assurance Committee (ARAC)**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set in this document.
- 1.3 The Committee will also consider items within the remit of the ARAC in respect of the roles and responsibilities of Committees/Programmes hosted by the CTMUHB on behalf of NHS Wales as appropriate. These are the Joint Commissioning Committee (JCC) and the National Imaging Academy for Wales (NIAW). The meeting will be split into two parts with Cwm Taf Morgannwg CTMUHB business and JCC and NIAW discussed and recorded separately. Please refer to Appendix 1 which articulates the specific remit and responsibilities for the hosted ARAC Committee.

### 2. Purpose

- 2.1 The Audit and Risk Assurance Committee should support the Board and Accounting Officer by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of financial statements. The scope of the Audit and Risk Assurance Committee's work should be defined in its Terms of Reference and should encompass all the assurance needs of the Board and Accounting Officer. Within this the Audit and Risk Assurance Committee should have particular engagement with the work of Internal Audit, the work of the External Auditor and Financial Reporting issues.
- 2.2 The ARAC will advise and assure the Board and the Accountable Officer on whether effective arrangements are in place, through the design and operation of CTMUHB's system of assurance, to support them in their decision taking and in discharging their accountabilities for securing the achievement of the Health Boards objectives, in accordance with the standards of good governance determined for the NHS in Wales.

- 2.3 The Committee independently monitors, reviews and reports to the Board on the processes of governance, and where appropriate, facilitates and supports, through its independence, the attainment of effective processes.
- 2.4 Where appropriate, the Committee will advise the Board and the Accountable Officer on where, and how, its system of assurance may be strengthened and developed further.
- 2.5 The Committee's **principal duties** encompass the following:
- the strategic processes for risk, control and governance and the Governance Statement;
  - the accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified, and management's letter of representation to the external auditors;
  - the planned activity and results of both internal and external audit;
  - adequacy of management response to issues identified by audit activity, including external audit's management letter;
  - assurances relating to the management of risk and corporate governance requirements for the organisation;
  - (where appropriate) proposals for tendering for either Internal or External Audit services or for purchase of non-audit services from contractors who provide audit services
  - anti-fraud policies, raising concerns (Speaking up Safely) processes, and arrangements for special investigations;
  - receiving assurance from the Senior Information Risk Owner and Data Protection Officer that the data and cyber security and information risk is being effectively managed and that there are appropriate and sustainable frameworks in place. It is important to understand the organisation's tolerance for risk and evaluate the risk decisions made by Health Board officers.
  - periodically review its own effectiveness and report the results of that review to the Board.

### 3. Scope and Duties

#### **Governance, Risk Management and Internal Control**

- 3.1 The Committee shall review the adequacy of CTMUHB'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) that supports the achievement of the organisation's objectives.
- 3.2 In particular, the Committee will review the adequacy of:

- all risk and control related disclosure statements (in particular the Accountability Report and the Performance Report), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board;
  - the underlying assurance processes that indicate the degree of the achievement of strategic and planning objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements;
  - the policies for ensuring compliance with relevant regulatory, legal and code of conduct and accountability requirements; and
  - 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 In carrying out this work, the Committee will primarily utilise the work of Internal Audit, Clinical Audit, External Audit and other assurance functions, however, will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.
- 3.4 This will be evidenced through the Committee's use of an effective assurance framework to guide its work and that of the audit and assurance functions that report to it.
- 3.5 The Committee will seek assurance that effective systems are in place to manage risk, that the organisation has an effective framework of internal controls to address principal risks (those likely to directly impact on achieving strategic objectives), and that the effectiveness of that framework is regularly reviewed.
- 3.6 Monitor the assurance environment and challenge the build-up of assurance on the management of key risks across the year, and ensure that the Internal Audit plan is based on providing assurance that controls are in place and can be relied upon (particularly where there is a significant shift between the inherent and residual risk profile), and review the internal audit plan in year as the risk profile changes.
- 3.7 Seek assurance on delivery against Planning Objectives aligned to the Committee, considering and scrutinising the frameworks, charts/charters and action plans that are developed, supporting and endorsing these as appropriate.
- 3.8 Consider and recommend to the Board approval of any changes to the Risk Management Framework and oversee development of the Board Assurance Framework.

- 3.9 Provide assurance with regard to the systems and processes in place for clinical audit, and consider recommendations from appropriate clinical forums on suggested areas of activity for review by internal audit.
- 3.10 The Committee will be responsible for reviewing CTMUHB's Standing Orders and Standing Financial Instructions and Scheme of Delegation annually, (including associated framework documents as appropriate), monitoring compliance, and reporting any proposed changes to the Board for consideration and approval.
- 3.11 Review the adequacy of the circumstances associated with each occasion where Standing Orders or Standing Financial Instructions are waived/breached.
- 3.12 To receive annually a full report of all offers of gifts, hospitality, sponsorship and honoraria recorded by CTMUHB and report to the Board the adequacy of these arrangements.
- 3.13 To review and report to the Board annually the arrangements for declaring, registering, and handling interests.
- 3.14 Approve the writing-off of losses or the making of special payments within delegated limits.
- 3.15 Review the adequacy of arrangements related to counter fraud activity.
- 3.16 Receive an assurance on Post Payment Verification Audits through bi-annual reporting to the Committee.
- 3.17 Receive a report on all Single Tender Actions and extensions of contracts.
- 3.18 Retrospectively assure any purchase / expenditure above the delegated financial limit of the Chief Executive.

### **Internal Audit and Capital / Private Finance Initiative**

- 3.19 The Committee shall: consider the proposals for accessing internal audit services via a shared services arrangement (where appropriate), the audit fee and any questions of resignation and dismissal;
- 3.20 The Committee shall ensure that there is an effective internal audit and capital/PFI function established by management that meets mandatory Internal Audit Standards for NHS Wales and provides appropriate independent assurance to the Committee, Chief Executive and Board.
- 3.21 This will be achieved by:

- review and approval of the Internal Audit Strategy, Charter, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation;
- review of the adequacy of executive and management responses to issues identified by audit, inspection and other assurance activity, in accordance with the Charter;
- regular consideration of the major findings of internal audit work (and management's response), and ensure co-ordination between the Internal and External Auditors to optimise audit resources;
- ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation; and
- annual review of the effectiveness of internal audit.

## **External Audit**

- 3.22 The Committee from time to time, will consider and make any necessary representations to the Auditor General for Wales on his appointment of an engagement partner.
- 3.23 Receive a report from the Auditor General for Wales / Wales Audit Office on the results of his audit of the annual accounts before recommending adoption of those accounts to the Accountable Officer and the Health Board.
- 3.24 The Committee shall review the work and findings of the External Auditor and consider the implications and management's responses to their work.
- 3.25 The Committee shall consider the work carried out by key sources of external assurance, in particular but not limited to the Health Board 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. This will be achieved by:
- discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan, and ensure coordination, as appropriate, with other External Auditors and inspection bodies in the local health economy;
  - discussion with the External Auditors of their local evaluation of audit risks and assessment of the Local Health Boards/NHS Trusts and associated impact on the audit fee;
  - review all External Audit reports, including agreement of the Annual Audit Report and Structured Assessment before submission to the Board, and any work carried outside the annual audit plan, together with the appropriateness of management responses; and
  - review progress against the recommendations of the annual Structured Assessment.



## **Other Assurance Functions**

- 3.26 The Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications on the governance of the organisation.
- 3.27 The Committee's programme of work will be designed to provide assurance that the work carried out by the whole range of external review bodies be brought to the attention of the Board. This will ensure that the Health Board is aware of the need to comply with related standards and recommendations of these review bodies and the risks of failing to comply. These will include, but will not be limited to, any reviews by Inspectors and other bodies (e.g. Healthcare Inspectorate Wales, Welsh Risk Pool, etc.), professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc.).
- 3.28 The ARAC and the Quality, Safety and Experience Committee both have a role in seeking and providing assurance on Clinical Audit in the organisation. The Audit and Risk Assurance Committee will seek assurance on the overall plan, its fitness for purpose and its delivery. The Quality, Safety and Experience Committee will seek more detail on the clinical outcomes and improvements made as a result of clinical audit. The internal audit function will also have a role in providing assurance on the Annual Clinical Audit Plan.
- 3.29 The ARAC will also seek assurances where a significant activity is shared with another organisation and collaborative partnerships, in particular the NHS Wales Shared Services Partnership, Joint Committees and other regional committees. The ARAC will expect to receive assurances from internal audit performed at these organisations that risks in the services provided to them are adequately managed and mitigated with appropriate controls.

## **Management**

- 3.30 The Committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control.
- 3.31 The Committee may also request specific reports from individual functions within the organisation (e.g. clinical audit), as they may be appropriate to the overall arrangements.
- 3.32 The Committee may also request or commission special investigations to be undertaken by Internal Audit, directors or managers to provide specific assurance on any areas of concern that come to its attention.

## Financial Reporting

3.33 The Committee shall review the Annual Accounts and Financial Statements before submission to the Board, focusing particularly on:

- the ISA 260 report to those charged with governance;
- changes in, and compliance with, accounting policies and practices;
- unadjusted mis-statements in the financial statements;
- major judgemental areas;
- significant adjustments resulting from the audit;
- other financial considerations include review of the Schedule of Losses and Compensation.

3.34 The Committee should also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

## 4. Membership

### Members

4.1 The Membership of ARAC is as follows:

Chair	Independent Member  The Chair of the ARAC should also be a member of the Quality, Safety & Experience Committee.
Vice Chair	Independent Member
Members	2 further Independent Members

### Support to Committee Members

4.2 The Director of Corporate Governance / 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
- Co-ordinate the provision of a programme of organisational development for committee members as part of the overall Health Board's Organisational Development programme developed by the Executive Director for People.

4.3 The Chair of CTMUHB should not be a member of the Audit and Risk Assurance Committee and will not normally attend but may be invited by the Committee Chair to attend all or part of a meeting to assist with its discussions on any particular matter.

4.4 The membership of ARAC will be reviewed annually.

#### 4.5 In Attendance

Executive Director of Finance (Joint Executive Lead)
Director of Corporate Governance / Board Secretary (Joint Executive Lead)
Representative of the Auditor General
Head of Internal Audit
Local Counter Fraud Specialist
Head of Corporate Finance

- 4.6 The Chief Executive, as the Accountable Officer, should be invited to attend, as a minimum when the Committee considers the draft internal audit plan, to present the draft Accountability Report and the annual accounts, and on request by the Committee.
- 4.7 As and when required the Senior Information Risk Owner and Data Protection Officer will be asked to attend the Committee to provide assurance on mitigating actions taken in terms of Data Breaches / cyber incidents and also on the sustainability of relevant frameworks to support the digital and data infrastructure.

#### By Invitation:

- 4.8 Other Directors / Health Board Officers may be invited to attend when the Committee is discussing areas of risk or operation that are the responsibility of that Director.
- 4.9 The Committee may also co-opt additional independent external members from outside the organisation to provide specialist skills, knowledge and experience.

## 5 Quorum & Attendance

- 5.1 A quorum shall consist of no less than two of the membership and must include as a minimum the Chair or Vice Chair of the Committee, together with a third of the "In Attendance" members.
- 5.2 The membership of the Committee shall be determined by the Board, based on the recommendation of CTMUHB Chair, taking into account 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.
- 5.3 Any senior officer of CTMUHB or partner organisation may where appropriate, be invited to attend, for either all or part of a meeting, to assist with discussions on a particular matter.
- 5.4 The Committee may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills.

- 5.5 Should any 'in attendance' officer member be unavailable to attend, they may nominate a deputy to attend in their place, subject to the agreement of the Chair.

## 6 Meeting Secretariat

- 6.1 The Committee Secretariat shall be determined by the Director of Corporate Governance/Board Secretary.

## 7 Frequency of Meetings

- 7.1 The Committee will meet **at least four times per annum** and shall agree an annual schedule of meetings.
- 7.2 Any additional meetings will be arranged as determined by the Chair of the Committee in discussion with the Lead Executive(s).
- 7.3 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of and procedures of such Committee meetings.
- 7.4 The External Auditor and Head of Internal Audit may request a meeting if they consider one is necessary.

## 8 Withdrawal of Individuals in Attendance

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

## 9 Circulation of Papers

- 9.1 All papers will be distributed at least 7 calendar days in advance of the meeting.

## 10 Access

- 10.1 The Head of Internal Audit and the representative of the Auditor General shall have unrestricted and confidential access to the Chair of ARAC at any time, and vice versa.
- 10.2 The Committee members will meet separately with Internal Auditors, External Auditors, the Local Counter Fraud Specialist and the Accountable Officer without the presence of other officers on at least one occasion each year.

10.3 The Chair of ARAC shall have reasonable access to Executive Directors and other relevant senior staff.

## 11 Accountability, Responsibility & Authority

11.1 The ARAC is an independent Committee of the Board and has no executive powers, other than those specifically delegated in these Terms of Reference.

11.2 Although the Board has delegated authority to the Committee for the exercise of certain functions, as set out in 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.

11.3 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

11.4 The ARAC has a key role in assisting the Board to fulfil its oversight responsibilities in areas such as the Health Board's financial reporting, internal control systems, risk management systems and the internal and external audit functions.

11.5 The Committee shall embed CTMUHB's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

11.6 The Committee is authorised by the Board to:

- Investigate or have investigated any activity within its Terms of Reference and in performing these duties shall have the right, at all reasonable times, to inspect any books, records or documents of the CTMUHB. It may seek relevant information from any:
  - Employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
  - Any other Committee, sub Committee or group set up by the Board to assist it in the delivery of its functions.
- obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary, subject to the Board's budgetary and other requirements;
- By giving reasonable notice, require the attendance of any of the officers or employees and auditors of the Board at any meeting of the Committee.
- Approve policies relevant to the business of the Committee as delegated by the Board.

### **Sub Committees**

- 11.7 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.
- 11.8 At this stage, no sub Committees/task and finish groups have been established.

## 12 Reporting

- 12.1 The Committee, through its Chair and members, shall work closely with the Board's other Committees, including joint/sub committees and groups, to provide advice and assurance to the Board through the:
- joint planning and co-ordination of Board and Committee business;
  - sharing of information.
- 12.2 In doing so, the Committee shall contribute 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 framework.
- 12.3 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each sub-committee or task and finish group meeting detailing the business undertaken on its behalf.
- 12.4 The Committee will consider the assurance provided through the work of the Board's other Committees and Sub-Committees to meet its responsibilities for advising the Board on the adequacy of CTMUHB's overall assurance framework.
- 12.5 The Committee Chair, supported by the Committee Secretary, shall:
- Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update report as well as the presentation of an annual report within six weeks of the end of the financial year and timed to support the preparation of the Accountability Report. This should specifically comment on the adequacy of the assurance framework, the extent to which risk management is comprehensively embedded throughout the organisation, the 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.
  - Bring to the Board's specific attention any significant matter under consideration by the Committee.
  - Ensure appropriate escalation arrangements are in place to alert CTMUHB Chair, Chief Executive or Chairs of other relevant Committee, of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

- 12.6 The Director of Corporate Governance/Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committees 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.
- 12.7 The CTMUHB ARAC will undertake an annual assessment of effectiveness, with reference to this assurance framework. The self-assessment will inform continuous improvement of the arrangements and will be included in the Committee's annual report to the CTMUHB Board

### 13 Applicability of Standing Orders to Committee Business

- 13.1 The requirements for the conduct of business as set out in the CTMUHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:
- Quorum

### 14 Chairs Action on Urgent Matters

- 14.1 There may, occasionally, be circumstances where decisions which would have been made by the Sub Committee need to be taken between scheduled meetings. In these circumstances, the Sub Committee Chair, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Sub Committee, after first consulting with one other Independent Member and at least two other members of the Sub Committee. The Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.
- 14.2 Chair's urgent action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision.

### 15 In Committee (Private Meeting)

- 15.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

### 16 Review

- 16.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

## Appendix 1 – Hosted Audit and Risk Assurance Committee

### 1 Purpose

- 1.1 As per the approved Assurance Map of the Joint Commissioning Committee (JCC), issues relating to the functions of the JCC delegated from the seven LHBs will be fed into a separate Hosted Bodies Audit Risk Assurance Committee, operating within its own work cycle as required. The assurance for this will be to the seven LHBs.
- 1.2 Additionally, the Hosted Bodies Audit Risk Assurance Committee will also consider issues relating to the National Imaging Academy Wales (NIAW).
- 1.3 The assurance for the governance and issues relating to the hosting of the JCC and NIAW will be to the Cwm Taf Morgannwg Board.

### 2 Reporting Requirements in relation to Hosted Organisations

- 2.1 CTMUHB will convene an ARAC at a frequency determined by the CTMUHB Board, but not less than four times a year, to consider matters relating to the organisations hosted by CTMUHB.
- 2.2 The following provides an outline of the requirements (not exhaustive) to satisfy the CTMUHB Board in relation to seeking assurance on the governance arrangements in hosted bodies. This list can be reviewed at any time, as determined by the CTMUHB's ARAC.
  - Internal and External Audit Plans (It is for CTMUHB ARAC to ensure there is an audit plan in place, but not to determine what is agreed to be within the plan, this is for the host body to agree with Joint Committee Members or SRO. This does not preclude any audit areas that CTMUHB may wish to instruct Internal Audit to review in relation to gaining assurance from hosted body activities in regarding the hosting relationship).
  - Internal and External Audit Reports with completed management action plans
  - Progress reports against audit recommendations (Audit Tracker) NB - to be highlighted to Joint Committee and/or Lead Sponsor if progress is deemed unsatisfactory
  - Assurance Framework Report and Risk Register
  - Compliance and activity governed by CTMUHB Standards of Behaviour Policy (i.e. Declarations of Interest, Gifts & Hospitality)
  - Single Tender Actions



- Breach or waivers to Standing Orders and/or Standing Financial Instructions
- 2.3 Other routine information will be monitored by the Joint Commissioning Committee/SRO Performance meetings and where necessary, may be appropriate/necessary to report to and be scrutinised by any relevant CTMUHB Committee.
- 2.4 Taking advice from CTMUHB's Director of Corporate Governance, hosted bodies will also be expected to report on novel or contentious issues relating to any activity governed by CTMUHB Policy.

### 3 Membership and Attendance

- 3.1 The Membership of the Hosted Bodies ARAC and support offered to the members will be in line with the details outlined in paragraphs 4.1 to 4.4 inclusive in the main ARAC Terms of Reference.
- 3.2 The Director of Finance and Committee Secretary for the Joint Commissioning Committee will normally attend the Hosted Bodies meetings of the Hosted Bodies Audit, Risk & Assurance Committee. The Chief Commissioner shall be invited to attend at least annually to discuss the process for assurance that supports the Annual Governance Statement and at the meeting to discuss the Accounts in particular in respect of their role as an Accountable Officer for the purposes of regularity and propriety. Additionally a nominated Lay Member of the JCC will also attend the Hosted Bodies ARAC.
- 3.3 The National Imaging Academy Director will normally attend the Hosted Bodies meetings of the ARAC on at least a six monthly basis.
- 3.4 The CTMUHB Executive Director of Finance and Head of Corporate Finance will also attend the Hosted Bodies meetings of the ARAC, as will the Director of Corporate Governance/Board Secretary.

### 4 Other Meeting Arrangements

- 4.1 Meeting arrangements including secretariat support and quoracy for the Hosted Bodies ARAC will mirror those set out in the terms of reference of the main CTMUHB ARAC.