Audit and Risk Assurance Committee Minutes
04 March 2026
Llais Board Room, Cathays Park / Teams Meeting

Members

Karen Lewis	Chair of the Committee
Jack Evershed	Non-Executive member
Mair Gwynant	Non-Executive member
Jason Smith	Non-Executive member

Attendees

Paul Dalton	Head of Internal Audit
Peter Stephenson	Internal Audit
Helen Goddard	Audit Wales
Katie Holliday	Director of Finance
Alyson Thomas	Chief Executive
Mark Weston	Local Counter Fraud Manager (for item 4)
Karla Lee	Governance and Risk Manager (minute taker)
Keith Chung	Digital Infrastructure Manager (for item 10)
Joe Dall	Digital Advisor (for item 10)

Apologies

David Williams	Audit Wales
Richard Bevan	Corporate Director of Governance and Board Secretary
Ben Eaton	Strategic Director of Organisational Strategy and Engagement
Andrea Calise	Internal Audit Manager

1.0 Welcome and introductions, declarations of interest, apologies

1.1 The Chair opened the meeting and welcomed all members and attendees.

1.2 Apologies were noted, as above.

1.3 There were no additional declarations of interest received.

2.0 Minutes and actions and decisions of the last meeting

2.1 The committee reviewed the minutes of the previous meetings which were held on 10 December 2025.

2.2 Members noted they were very detailed and suggested to summarise them and include key points. The Chief Executive confirmed they would be reviewed and noted the importance of getting the balance right, to make sure the substance of the conversations were recorded, but to also ensure accountability and transparency of the proceedings.

2.3 It was agreed that the minutes would be a more summarised set of minutes and would be approved via email prior to being published.

A26-03-01 Minutes from 10 December 2025: Revisit and simplify minutes and send out via email for approval. **Action**: Karla Lee.

3.0 Action and decisions of the last meeting

3.1 The Chief Executive provided a brief update on the status of open actions and decisions recorded in the committee's action log.

3.2 The Chief Executive explained to members the importance of setting realistic and reasonable timelines in the first instance. Previously, dates that were identified were achievable, but since recent changes in senior staff and required cover arrangements, adjusted timelines had been identified in support of the executive team members picking up these areas in the interim.

Arrangements were in place to make sure that key priorities were still delivered.

3.3 A non-executive member highlighted the action to provide the detailed cyber health check report action log had not been completed. The Chief Executive confirmed that the log would be provided to the member, noting that a further conversation may be needed. She agreed to pick this up following the meeting and an update would be provided via email.

A26-03-02 Cyber health check update: Chief Executive to arrange to provide the cyber health check report action log to the member. **Action**: Chief Executive.

4.0 Local Counter Fraud update and annual report

4.1 Mark Weston, NHS Wales Shared Services provided an annual report, highlighting there was little to report in this financial year, and required contact had been minimal due to no reports or assistance being required.

4.2 There had been interactions with the Corporate Director of Governance and Board Secretary since he took over responsibility for the areas from the former Strategic Director of Operations and Corporate Services in October 2025. There were ongoing discussions to develop a plan for 2026/2027 to include further training for staff and Board, newsletters and regular engagement with the Executive Team.

4.3 It was highlighted that there's no individual fraud risk register for Llais at present but would discuss with the Corporate Director of Governance and Board Secretary on formalising one in the future, as required.

4.4 Members were reminded that, from an internal audit and internal control perspective, there was an understanding of oversight across NHS Wales Shared Services, as reflected in Internal Audit's annual work plan.

4.5 Members discussed a lack of routine internal audit reports relating to the services provided by NHS Shared Services, with concern raised about how fraud would be identified without visibility of such information.

4.6 Internal Audit confirmed that Llais would be informed of any significant findings arising from their work that relate to services covered by Llais' Service Level Agreement. It was further confirmed that regular ongoing meetings with NHS Wales Shared Services provided assurance and enabled discussions as required.

4.7 It was highlighted that the Service Level Agreement process was designed to provide appropriate oversight and this would be managed through service relationships and regular performance meetings with the Executive Team.

4.8 The possibility of introducing internal payroll checks was discussed. While mindful of not wanting to cause potential delays, it was agreed this could be explored further, applying a proportionate approach.

4.9 The Committee was informed that the Service Level Agreement covered the accounts payable process and that whilst the risk of fraudulent bank detail changes was an ongoing potential threat, Shared Services had strong controls in place and inherent risk was perceived as low.

4.10 Reference was made to last year's annual report, where Internal Audit provided substantial assurance for the accounts payable process. It was reiterated by Audit Wales, that Shared Services was established to manage high volume NHS transactions, offering greater resilience than smaller local teams.

4.11 The Chair concluded that further discussion could take place if required, but confirmed the committee was assured by the updates received.

A26-03-03 Counter Fraud: Mark Weston to contact the Corporate Director of Governance and Board Secretary to have further discussions. **Action**: Mark Weston.

A26-03-04 Service Level Agreement / invoice processing arrangements: Explore if payroll verification process required strengthening and provide further assurance on internal controls surrounding access to Llais' bank accounts to the Committee. **Action**: Chief Executive and Director of Finance.

5.0 Proposed revised Standing Financial Instructions

5.1 The Director of Finance presented the updated paper following the suggestions made in the December 2025 meeting and highlighted the procurement section where further points had been added and clarified.

5.2 Members were content to approve the paper, however, one non-executive member reserved judgement as the track changes within the document made it hard to read.

5.3 The Director of Finance confirmed that a clean copy would be circulated following the meeting for any further comments. It was confirmed the paper would be approved subject to any comments being made, and members were content to recommend to Board for approval in March 2026.

A26-03-05 Standing Financial Instructions: Send a clean copy of the document following the meeting to members for any further comments. **Action**: Director of Finance.

6.0 Finance update report for 2025-26 including draft budget proposals for 2026-2027

6.1 The Director of Finance provided the 2025/2026 financial position as at end of January 2026 and asked Committee to note:

- Due to capacity issues within the team, the budgets within Oracle had not been updated since December, however budgets and forecasts across cost centres had been managed and updated using spreadsheets.

- There was regular engagement with budget holders on budget monitoring and forecasting, resulting in increased ownership across budget holders leading to improvements in forecasting.

- A forecast annual underspend of £110,000 against total budget was being reported, which had predominantly arisen from vacancies due to the voluntary early release scheme, ongoing accommodation reviews and associated office moves and renegotiations of contracts. The Committee was asked to note that underspends identified earlier in the year, had been used to fund the laptop refresh programme.

- The Welsh Government had agreed to provide capital funding to fund the development of a new website and had recently agreed to fund the leasehold improvement works in the Neath Port Talbot and Swansea premises.

- Procurement delays during Quarter 2 resulted in delays of several elements of the Annual Plan that were dependent on external providers, and scheduled to commence in Quarter 3, being deferred to Quarter 4. These workstreams were being actively managed to mitigate further slippage and ensure delivery by 31 March 2026.

6.2 A non-executive member noted the reduction in contingency funds and welcomed the proactive work undertaken to utilise these resources. The Chief Executive confirmed that a priority list was being actively monitored to ensure effective and timely expenditure.

4.12 It was highlighted that Llais, as a small organisation operating within the NHS Shared Services finance system infrastructure, faced challenges associated with the efficiency and proportionality of operating within that system.

4.13 Consideration was required on how Llais could best utilise Shared Services going forward. The Chief Executive added that these matters had been incorporated into next year's annual plan. Further updates would be provided to the Committee as this work progressed.

4.14 The Director of Finance also provided an update on Llais' budget approval process for next year and informed the Committee that Welsh Government had confirmed Llais' budget allocation for 2026/2027 at £8.598 million, which represented an uplift of £303,000 compared to the final budget for 2025/2026. This uplift coupled with savings across the organisational structure, accommodation leases and various contracts meant that Llais was forecasting a surplus for future years.

4.15 The Chief Executive reflected that the Executive Team had identified 5 additional roles that could be prioritised for recruitment, which related to sustained capacity challenges in advocacy in West Wales and other roles that related to gaps across the corporate services and national team infrastructure.

4.16 Business cases relating to these roles were being developed for the Executive Team's approval. It was noted that the Board would be asked, at the March 2026 meeting, to approve the forecast budgets for 2026/27 and beyond and to agree to increasing the organisation's fixed cost base, specifically in relation to staffing.

7.0 Internal Audit Services progress report and risk management

7.1 Head of Internal Audit provided a progress update and noted the current programme. The values and culture audit would be

provided for the June 2026 committee meeting alongside the Cyber Resilience Audit, yet to be concluded, which would complete the work in readiness for the Annual Report.

7.2 It was noted that the values and culture report would be a positive report and reasonable assurance was given overall with 2 key objectives. Llais management was shown in the report to be in a good place and the objectives coming out were what was expected to be seen at this stage of the organisation's development.

8.0 Audit Wales Update

8.1 Helen Goddard, Engagement Lead, Audit Wales noted that audit work for this year was underway. Whilst remaining as Engagement Lead, Helen would be supported by Gillian Gillet as Audit Manager and Anthony Ford as Audit Lead.

8.2 Key Audit Wales publications were highlighted and an overview of our planned outputs that may be of interest to members were noted.

8.3 The 2024-25 audit work took more resource to complete than budgeted and agreed with officers a revised fee of £37,290 compared to the planned fee of £30,510.

9.0 Proposed timeline and organisational arrangements to produce the Annual Report and Account 2025/2026

9.1 The Director of Finance highlighted the timeline for the Annual Report and Accounts 2025/2026 and asked Committee to note the earlier deadline for submission to Audit Wales of June 2026, which aligned with other Welsh Government Sponsored Bodies. The timeline for submission to Audit Wales was earlier than in previous years, which reflected the organisation's increasing maturity.

9.2 It was noted that an interim audit was taking place this month and the Corporate Director of Governance and Board Secretary was in the process of setting up working groups. Further updates would be provided to the committee and Board with the final Annual Report and Accounts anticipated to be submitted to Committee for

provisional approval in September 2026 and Board approval in October 2026.

9.3 The Audit Wales Engagement Lead was supportive of bringing the timeline forward, as it would be beneficial to both Llais and Audit Wales to complete most of the work prior to the summer break.

10. Assurance update and progress report on digital, cyber/ IT action plan

10.1 The Digital Advisor shared a presentation on cyber security and provided further detail on the following:

- IT Health check 95% complete
- Cyber essentials plus was achieved 27 January 2026
- Commissions CRM health check
- Cybersecurity training held in January 2026
- Improved phishing test results
- Internal Audit focused on cyber resilience through March 2026
- Progress on CymruSOC.

10.2 Assurance was provided that CymruSOC was good value and would be a good service to have set up for a small organisation such as Llais.

10.3 A non-executive member queried if this would replace the Centerprise service, and it was noted that some scope would be replaced and others would be replaced further down the line, as Centerprise was outsourcing, which could potentially slow down responsiveness.

10.4 Next steps were provided:

- Complete IT health check recommendations

- Ongoing liaison with Welsh Government Information Governance Officer
- Secure CymruSOC onboarding slot – if approved by the executive team
- Plan cyber incident support
- Cyber resilience internal audit
- Continue cyber awareness phishing campaign and monitor threats
- Laptop and network hardening as part of a refresh.

10.5 The Chair provided thanks to the Digital Advisor on the work that had been done.

10.6 A further spreadsheet with a list of actions with detailed information which included status, comments, timelines and what updates would be provided to the Committee was shared briefly. A non-executive member queried on having sight of the spreadsheet just to receive additional assurance on the work that had been done.

10.7 It was confirmed that the spreadsheet could be provided to members once it was simplified and unnecessary columns were removed to provide further assurance.

10.8 Back-up procedures were also confirmed and agreed to be provided to the next meeting.

A26-03-06 IT Action Log: Simplify document and remove columns that are unnecessary and share with the Committee to provide further assurance. **Action**: Digital Advisor.

A26-03-07 IT back up procedures: Provide back-up procedures to the next Committee meeting. **Action**: Digital Advisor.

11.0 Audit recommendations tracker update

11.1 Due to the unexpected absence of the Corporate Director of Governance and Board Secretary, it was confirmed that updates would be provided via email later.

A26-03-08 Audit recommendations tracker: Update tracker and provide an update. **Action**: Corporate Director of Governance and Board Secretary.

12.0 Risk update report and risk management workshop reflection

12.1 The Governance and Risk Manager provided a brief update and highlighted the newly designed report which provided a breakdown of activity and information about the network of risk registers.

12.2 Members confirmed this report was what they were seeking. There was a query on West Wales having a number of changes compared to the other regions. The Governance and Risk Manager noted that people were still progressing on reporting. The Chief Executive added that there were staffing challenges in West Wales region, which had impacted on their register.

12.3 Members agreed that the detailed information on the corporate risk register was greatly appreciated, but detail on the regional information would not be required in future. It was agreed that major changes and high level information only would be required.

12.4 It was suggested to add dates to further actions required and the person responsible and to include in the narrative on the long-standing risks or anything that would need to be monitored.

12.5 It was queried why the IT risk had not been reduced following the work that had been done which was provided in the update on the IT section, earlier on the agenda. The Governance and Risk Manager confirmed that this risk would reduce in the next reporting period, but on this update, there was a lag on reporting.

12.6 A non-executive member suggested to bring a deep dive into or 2 risks in each meeting to allow scrutiny and risk discussion. The Chair and members agreed to this and suggested to decide what

risks would be discussed in an agenda setting meeting where the risk owner would be invited to the meeting.

12.7 Members also reflected on the risk discussion that took place in the morning on 04 March 2026, and all agreed it was well received and useful to attendees.

A26-03-09 Risk Deep Dive: Add a risk item deep dive to the agenda for every meeting. Discuss in agenda setting what risks to discuss and invite the risk owner to each meeting. **Action**: Corporate Director of Governance and Board Secretary, and Governance and Risk Manager.

13.0 Routine reports

13.1 The following reports were submitted to the Committee for the period from April 2025 to November 2025:

- Information requests
- Gifts, rewards and hospitality
- Declarations of interest

13.2 The Chief Executive raised a particular freedom of information request and highlighted that it had taken a lot of time which had breached the timeline. The request could have been refused due to the nature of it, but it was noted Llais wanted to be transparent and open, therefore, the team was providing the requester with the information on a longer timescale.

14.0 Proposed committee effectiveness review process and timeline

14.1 The Governance and Risk Manager highlighted the questions within the survey and asked members if they were content with these being issued.

14.2 A non-executive member asked if they could also be sent to the previous Independent Member and the Chair agreed.

14.3 Members were content with the questions, therefore, the Governance and Risk Manager confirmed she would liaise with the Corporate Director of Governance and Board Secretary to produce the survey via Microsoft Forms and send out to members with a deadline for a response.

15.0 Committee forward work plan

15.1 The Governance and Risk Manager confirmed that this was for noting and advised any items from today would be added to reflect the discussions.

16.0 Any other urgent business

16.1 There was no other business to discuss.

16.2 It was confirmed that Israa Mohammed, Welsh Government Aspiring Board Member would attend the next meeting as part of her development.

A26-03-10 June 2026 meeting invite: Extend the calendar meeting invite to Israa Mohammed, Welsh Government Aspiring Board Member. **Action**: Governance and Risk Manager.

17.0 To confirm the date of the next meeting

17.1 The next meeting would take place on 09 June 2026 at 13:00.

15.1 The meeting concluded at 15:38.