

**Confirmed Minutes of the Public Health Wales  
Audit and Corporate Governance Public Session Committee Meeting  
16 December 2025 at 10:40, via Microsoft Teams**

<b>Present</b>		
Kate Young	(KY)	Chair, Non-Executive Director
Clare Jenkins	(CJ)	Non-Executive Director, Vice Chair of the Board and Chair of the Quality, Safety and Improvement Committee
Tamsin Ramasut	(TR)	Non-Executive Director and Chair of the People and Organisational Development Committee
<b>In Attendance:</b>		
Olubanke Ajayi	(OA)	Audit and Assurance Services, NHS Wales Shared Services Partnership (Observing)
Claire Birchall	(CB)	Executive Director of Nursing, Quality and Integrated Governance
Liz Blayney	(LB)	Deputy Board Secretary and Deputy Head of the Board Business Unit
Andrea Calise	(AC)	Audit Manager, Audit and Assurance Services, NHS Wales Shared Services Partnership
Paul Dalton	(PD)	Head of Internal Audit, Audit and Assurance Services, NHS Wales Shared Services Partnership
Katrina Feby	(KF)	Audit Wales
Sophie Fuller	(SF)	NHS Wales Performance and Improvement (For Part B)
Danielle Gething	(DG)	Head of Risk Management (For Item 8)
Ian Kent	(IK)	Head of Financial Reporting and Control
Stuart Silcox	(SS)	Assistant Director of Integrated Governance
Paul Veysey	(PV)	Board Secretary and Head of the Board Business Unit
Martin Vrale	(MV)	Independent Adviser
Angela Williams	(AW)	Interim Executive Director of Operations and Finance
Steve Wyndham	(SW)	Audit Wales
<b>Apologies</b>		
Pippa Britton	(PB)	Chair of the Board
Tracey Cooper	(TC)	Chief Executive
Huw David	(HD)	Non-Executive Director
Nick Elliott	(NE)	Non-Executive Director
Bree Gatica-Wilcox	(BG-W)	Staffside Representative
The meeting commenced at 10:40		

<b>Part B</b>	
<b>ACGC 1/2025.12.16</b>	<b>Welcome and Apologies for Absence</b>
<p>KY opened the meeting and welcomed all present, noting that the meeting was held electronically.</p> <p>The apologies for absence received were <b>noted</b>.</p> <p>The Committee <b>noted</b> that the meeting was being recorded to support with accuracy of the minutes, the recording would be deleted once the minutes had been agreed at the next meeting in March 2026.</p>	
<b>ACGC 2/2025.12.16</b>	<b>Declarations of Interest</b>
<p>There were no declarations of interest in addition to those already declared on the Declarations of Interest Register.</p>	
<b>ACGC 3/2025.12.16</b>	<b>NHS Wales Performance and Improvement</b>
<b>ACGC 3.1/2025.12.16</b>	<b>NHS Wales Performance and Improvement - Audit and Corporate Governance Committee Assurance Report</b>
<p>The Committee <b>considered</b> the NHS Wales Performance and Improvement's Quarterly Corporate Governance Assurance Report, which covered the following areas of compliance: Risk Management, Audit and Procurement, Counter Fraud Compliance and Information Governance.</p> <p>In introducing the report, which covered the period 1 August to 31 October 2025, SF noted the report sponsors were for the final time Claire Green and Iain Hardcastle. The new Managing Director, Chris Clayton, was appointed on 1 December 2025 and the responsibility for future Reporting would sit with him.</p> <p>The appointment of the new Managing Director had significantly reduced the Corporate Risk to both NHS Wales Performance and Improvement and to Public Health Wales. Capacity issues within the central team had slowed progress with crisis management, business continuity and the overall risk and assurance development programme. The work had continued, but at a slower pace to maintain momentum. SF summarised the work detailed in the Report:</p> <ul style="list-style-type: none"> <li>• The Internal Audit of Hosting Arrangements had been completed, three out of five areas had achieved substantial assurance. All the actions identified were known to senior staff and were being addressed.</li> <li>• Procurement breaches had reduced with improved staff engagement and proactive action. One breach was noted for the reporting period.</li> <li>• There were no elevated risks identified and no reported incidents of counter fraud or current issues with information governance compliance.</li> <li>• Counter fraud training was being rolled out to operational leadership and business leads groups and supported by finance colleagues. A SharePoint resource was under development to guide staff on counter fraud processes.</li> </ul> <p>The Committee thanked SF for the detailed report and asked for detail on the risk reported to Public Health Wales. SF explained that NHS Wales Performance and</p>	

Improvement used the same DATIX system as Public Health Wales; outlining that the Unit maintained a Corporate Risk Register with Directorate-level Registers sitting underneath. She confirmed that work was going towards full alignment with Public Health Wales policy for all risks to be captured on DATIX for escalation and compound risk analysis. Risks were reviewed monthly at Joint Welsh Government meetings, with strategic reports planned bi-annually and with internal reviews quarterly.

The Committee noted that tables included references to delayed work and suggested future Reports should include revised dates to allow the Committee to understand the time delays which were reported. The Committee also asked that the wording in future Reports informed the Committee of all work completed in the reporting period and avoided ambiguous wording.

The Committee thanked SF for the update.

The Committee:

#### **Risk Management (Quarterly)**

- Took **assurance** that there was an effective risk management process within NHS Wales Performance and Improvement.
- Took **assurance** that any risk identified by NHS Wales Performance and Improvement in this report was relevant to Public Health Wales and had been appropriately escalated.

#### **Audit and Procurement Activity (Quarterly)**

- **Noted** that the NHS Wales Performance and Improvement audit plan for 2025/26 was reported separately.
- **Noted** that no new audit activity had been initiated during the reporting period.
- **Noted** one audit breach was reported for the period.

#### **Counter Fraud Compliance (Quarterly)**

- **Noted** that there had been no Counter Fraud activity reported to NHS Wales Performance and Improvement during the reporting period.

#### **Information Governance Compliance (Quarterly)**

- Took **assurance** that the NHS Wales Performance and Improvement had complied with Public Health Wales Information Governance Policy and processes.
- Took **assurance** that any non-compliance which represented a regulatory risk to Public Health Wales had been appropriately managed.

#### **ACGC 3.3/2025.12.16 | NHS Wales Performance and Improvement, Internal Audit**

The Committee **considered** the NHS Wales Performance and Improvement's Internal Audit Progress Report and the NHS Wales Performance and Improvement Hosting Agreement Final Internal Audit Report.

PD referred to the Internal Audit Progress Report and drew the Committee's attention to the Appendix and outlined the four reviews planned. The Risk Management Arrangements Review was in progress.



PD referred to the Hosting Agreement Final Internal Audit Progress Report. The Report focused on the hosting agreement responsibilities of NHS Wales Performance and Improvement and compliance with the requirements. Overall, the review provided reasonable assurance. In terms of strengths, the audit noted good progress in implementing systems, governance frameworks, and reporting arrangements, including regular performance management reporting and joint reviews with Welsh Government. Clear delegation of responsibilities was evident and all compliance statements had been signed. Two medium-priority recommendations were identified, with reasonable timelines agreed for implementing the actions.

The Committee expressed their appreciation to SF and her management team for the hard work at NHS Wales Performance and Improvement on their progress with the governance and assurance work in the previous 18 months which had resulted in this Report.

The Chair thanked PD.

The Committee **noted** the NHS Wales Performance and Improvement’s Internal Audit Progress Report.

**ACGC 4/2025.12.16** | **Closing Administration**

The Committee was asked to provide feedback on the meeting to LB.

**Date of next Committee meeting:** 22 March 2026

KY thanked everyone for their contributions and closed the Part B meeting.

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<b>Part A</b>	
<b>ACGC 5/2025.12.16</b>	<b>Welcome, Introductions and Apologies for Absence</b>
The apologies for absence received were noted.	
<b>ACGC 6/2025.12.16</b>	<b>Declarations of Interest</b>
There were no declarations of interest in addition to those already declared on the Declarations of Interest Register.	
<b>ACGC 7/2025.12.16</b>	<b>Internal, External and Clinical Audit</b>
<b>ACGC 7.1/2025.12.16</b>	<b>Internal Audit</b>
<b>ACGC 7.1.1/2025.12.16</b>	<b>Internal Audit Progress Report</b>
<p>The Committee <b>considered</b> the Internal Audit Progress Report.</p> <p>PD provided an update on the Internal Audit progress report referring members to Table 2 in the report which showed progress against the current year's programme of work, and confirmed that overall progress was good and several reviews were already completed. In noting an additional report on the agenda which related to the Corporate Risk Register Effectiveness Review, this was shown as Draft in the table but it had since been finalised. PD expressed his satisfaction with the pace of progress.</p> <p>The Committee asked if the programme timetable showed that several reviews had been delayed, resulting in a greater number of reports being presented to the March Committee than anticipated. PD confirmed that some reports had been delayed due to resourcing on both sides, operational events and timings. Overall he confirmed programme delivery was on track for inclusion in the Annual Report and he was content with progress made against the plan.</p> <p>The Committee asked if the reports scheduled for the March meeting could be circulated to the Committee when the reports were received instead of receiving them with the bundle when the meeting was published in March.</p> <p>The Committee <b>noted</b> the Internal Audit Progress report.</p>	
<b>ACGC 7.1.2/2025.12.16</b>	<b>Final Internal Audit Reports</b>
<p>The Committee <b>considered</b> three Final Internal Audit Reports:</p> <p><u>Workforce - Mental Health Support Final Internal Audit (Reasonable Assurance):</u></p> <p>The Committee <b>considered</b> the Workforce - Mental Health Support (Reasonable Assurance) Final Internal Audit Report. AC noted it contained three medium priority actions:</p> <ul style="list-style-type: none"> <li>Managing Attendance-at-work training provided by the People and Organisational Development team was not currently mandatory, sample testing showed some line managers had not completed or were unaware of the training. An All-Wales e-learning module was expected by July 2026, after which compliance would be monitored through ESR.</li> </ul>	



- The Return-to-Work Process highlighted instances where absences were not recorded promptly on ESR and where there was missing or incomplete documentation such as return-to-work forms or medical records. The issues would be addressed through additional training and awareness raising by the People and Organisational Development team.
- The final action concerned Sickness Document Storage, whilst a central repository existed it was determined that not all directorates have adopted its use. The People and Organisational Development team have committed to work with all the affected teams to ensure compliance by January 2026.

The Committee discussed known issues when using ESR and suggested the concerns should be raised with the working group with responsibility for delivering the replacement system.

The Committee **noted** the report and took **assurance** from the Workforce - Mental Health Support Final (Reasonable Assurance) Final Internal Audit Report.

#### Corporate Risk Register Effectiveness (Reasonable Assurance):

The Committee **considered** the Corporate Risk Register Effectiveness (Reasonable Assurance) Final Internal Audit Report. AC noted it contained two medium priority recommendations:

- The definitions of risk appetite levels were considered vague which created potential for inconsistent interpretation. Management accepted the finding and agreed to strengthen definitions during the next scheduled review in July 2026.
- Compliance rates for Risk Management Training were found to be low. The Trust required all staff to complete Level 1 risk management training, which sets a higher standard than many organisations and management agreed to improve compliance by March 2026, with a target percentage to be confirmed.

The Committee **noted** the report and took **assurance** from the Corporate Risk Register Effectiveness (Reasonable Assurance) Final Internal Audit Report.

#### NHS Wales Performance and Improvement Hosting Arrangements (Substantial Assurance):

The Committee **considered** the NHS Wales Performance and Improvement Hosting Arrangements (Substantial Assurance) Final Internal Audit Report. PD noted the Report did not contain any recommendations.

The Committee recognised the level of work undertaken within both Organisations to achieve this high level of assurance.

The Committee **noted** the report and took **assurance** from the NHS Wales Performance and Improvement Hosting Arrangements (Substantial Assurance) Final Internal Audit Report.

KY thanked PD and AC for the three final Internal Audit Reports presented.

<b>Break</b>	
<b>ACGC 7.2/2025.12.16</b>	<b>External Audit</b>
<p>SW and KF presented the Audit Wales Update Report.</p> <p>SW informed the Committee that preparatory planning meetings had planned preparation for the 2025/26 Financial Audit and plans were in place for sample testing to commence early in 2026.</p> <p>KF updated the Committee on the Performance Audit work. One outstanding item from the 2024/25 Audit Plan (Digital Transformation) would be submitted to the March Committee meeting. Two Reports remained from the 2025/26 work, the follow up the 2023 Screening Recovery Report would be presented to the March 2026 Committee meeting and the 2025 Structured Assessment would be presented at this meeting.</p> <p>The Committee was reminded of discussions concerning Screening with Non-Executive Directors which highlighted persistent challenges in meeting targets in some areas. The Committee emphasised the importance that Audit Wales' follow up to the Screening Recovery 2023 work was aligned with these concerns to reflect the issues which were raised at Board level. KF assured the Committee that Audit Wales would consider the concerns and would link in with Internal Audit colleagues who had also planned a Screening Review in 2026/27.</p> <p>The Committee asked if there would be an opportunity for Internal Audit to undertake an Audit of how Health Boards were managing their Commissioned Contracts with Public Health Wales. KF informed the Committee of work being undertaken across six Health Boards (excluding Powys Teaching Health Board) concerning the timeliness and equity of access to cancer diagnosis and treatments.</p> <p>The Committee <b>noted</b> the Audit Wales Update.</p> <p><u>Public Health Wales Structured Assessment Report</u></p> <p>The Committee <b>considered</b> the Public Health Wales Structured Assessment Report.</p> <p>The Committee commended a highly positive report which did not contain any recommendations.</p> <p>The Committee <b>noted</b> the Public Health Wales Structured Assessment Report.</p> <p>KY thanked SW and KF for the Audit Wales Update and the Structured Assessment Report presented.</p>	
<b>ACGC 7.3/2025.12.16</b>	<b>Audit Recommendations Tracker</b>
<p>The Committee considered the Audit Recommendations Tracker and report and noted there were no business sensitive information actions currently on the Tracker.</p> <p>LB provided the Committee with the current position of progress and implementation of management actions arising from Internal and External Audit recommendations. The Audit Tracker Register was reviewed on a quarterly basis by the Leadership Team (LT) who were responsible for closing actions, approving extensions and ensuring the</p>	

progress of implementation. The Tracker was submitted to this Committee quarterly for Assurance.

LB reminded the Committee of feedback received at the last meeting and explained that the new format had been developed following the Committee's suggestions. The Audit Tracker format development continued to evolve and LB invited feedback and suggestions for further development.

The cover report included the summary of changes made alongside reasons for the changes. An important development was the new requirement for leads to include a RAG rating for actions which were not completed. This was intended to indicate any likelihood to the Committee for potential problems, a suggestion made at the previous meeting. The RAG ratings had been included for all actions with those flagged at risk being highlighted to the Committee.

LB explained the new documentation format for this section which now comprised three items:

- The cover report provided an overview of the process, the context and clarity on the roles of different groups.
- The presentation summarised the high-level overview of the overall position and included the recent additions and the extensions granted by Leadership Team (LT). It also included sections on actions which although not yet due were considered at risk; high-priority actions which were still open; and any actions previously discussed by the Committee in previous meetings.
- An Appendix which listed full details of all open actions.

LB reiterated the full LT report was no longer included in this Committee's meeting papers as it was lengthy, but it was available on request if anyone wished to review it.

Following the discussions at the Committee's last meeting concerning Action 559 - Development of a comprehensive picture of current Workforce Capacity, the Committee's concerns were taken to the People and Organisational Development Committee meeting on October 14. Iain Bell provided an update on progress and provided the People and Organisational Development Committee with reassurance that the work would be completed within the current deadline to request closure of the Action.

The Committee expressed their thanks for the new Report format which drew the salient points to the Committee's attention.

The Committee:

- **Considered** the amendments to the Audit Tracker as approved by Leadership Team on 20 November 2025.
- Took **assurance** on the progress with the implementation of actions resulting from Internal and External Audits within Public Health Wales.
- **Noted** that the recommendations from the Internal Audit Reports received at this meeting would be added to the Tracker following the meeting.
- **Noted** there were currently no open Actions to report at the Private Session of this Committee.



<b>ACGC 8/2025.12.16</b>	<b>Risk</b>
<b>ACGC 8.1/2025.12.16</b>	<b>Corporate Risk Register</b>
<p>The Committee <b>considered</b> the Corporate Risk Register.</p> <p>DG gave a verbal update to the Corporate Risk Register to the Committee explaining the timings of this meeting and the forthcoming Leadership Team (LT) meeting prevented the submission of a formal report to the meeting.</p> <p>She explained that following the approval of the September Corporate Risk Register, LT had accepted further escalations and an additional LT meeting was scheduled on 18 December to address Risks which had had only limited updates since September. The updated version of the Corporate Risk Register would be presented to Board on 29 January 2026.</p> <p>DG highlighted two Risks:</p> <ul style="list-style-type: none"> <li>• 2003 - Achieving Net Zero Target by 2030 and Carbon Negative by 2035. LT discussions in November 2025 had developed an action plan for 2026-28. The plan had been robustly challenged and LT members asked their Directorates to consider changes to reduce carbon emissions and integrate the considerations into future projects and the Organisation’s Integrated Medium Term Plan.</li> <li>• 2076 - Equality Act Compliance. This Risk concerns the Organisation’s failure to meet legal duties under the Equality Act, specifically non-compliance with accessible information standards. This was added to the Corporate Risk Register in November 2025. LT agreed a recommendation would be developed for further consideration. The Risk wording had been finalised and was added to DATIX and the recommendation would include broader impact assessment work and a review of the EQIA process.</li> </ul> <p>The Committee asked for a modification of the wording used in future Reports which would clarify the impact of the changes in some of the wording in the current update.</p> <p>The Committee took <b>assurance</b> of the management of the Corporate Risk Register within the organisation.</p>	
<b>ACGC 9/2025.12.16</b>	<b>Governance and Accountability</b>
<b>ACGC 9.1/2025.12.16</b>	<b>Minutes Parts A and B 8 May and 24 June 2025 and Action Log</b>
<p>The Committee <b>considered</b> the Minutes Parts A and B of the meeting held on 30 September 2025 and the Part A and Part B Action Logs.</p> <p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>Approved</b> the Parts A and B minutes of 30 September 2025, as accurate records of the meeting subject to the addition of Martin Veale to the list of attendees.</li> <li>• <b>Approved</b> the closure of six completed actions on the Part A Action Log.</li> <li>• <b>Approved</b> the extension of one action on the Part A Action Log.</li> <li>• <b>Approved</b> the closure of one completed action on the Part B Action Log.</li> </ul>	

<b>ACGC 9.2/2025.12.16</b>	<b>Information Governance Quarterly Report</b>
<p>The Committee <b>considered</b> the Information Governance Quarterly Report for Quarter 2. SS presented the Report, which combined updates on Information Governance, Quality Governance and Records Management.</p> <p>SS highlighted a number of key points:</p> <ul style="list-style-type: none"> <li>• Freedom of Information (Fol) requests. In Quarter two, 50 requests were received, four were closed. Of the 46 remaining, four were over the 20-day limit and thus non-compliant. They were managed with proactive communications with the requester. The table showed the delays were due to complexity, large volumes of information and taking legal advice on exemption status.</li> <li>• At the January 2026 Leadership Forum meeting SS would engage with the Organisation’s leadership to remind them of the rules and the regulations concerning information governance and how times must be strictly adhered to.</li> <li>• Subject Access Requests. There were four requests, all completed within the 30-day timeframe.</li> <li>• Data breaches were covered in the private session.</li> <li>• Information Governance Training compliance remained above 90%.</li> <li>• Weekly Senior Information Risk Officer meetings had been effective in improving performance, recent meetings had reviewed and identified improvements for the next two quarters.</li> <li>• An Information Governance and Cybersecurity Programme Board would be established to better connect Cybersecurity with Information Governance. Additionally, the new Board would also serve as the forum to formally approve information governance decision making an area which could be strengthened. It would report to the Digital and Data Design Authority.</li> <li>• The Information Governance Forum would be strengthened, making attendance mandatory for Information Asset Owners who were the key people responsible for Information Governance within their Directorates.</li> </ul> <p>The Committee observed Fol requests listed on the website had not been updated for a considerable period. SS explained the web team had requested the Information Governance team to discontinue publishing Fol updates until the new website was fully operational and he informed the Committee that the Head of Information Governance was in discussion with the Programme Board responsible to ensure an update to the current Fol Request listing could be made as soon as possible.</p> <p>The Committee considered and took assurance from the Information Governance Performance Report and took assurance that the Records Management SharePoint Implementation Programme was complete, along with the planned approach to benefits realisation.</p>	
<b>ACGC 9.3/2025.12.16</b>	<b>Annual Accounts and Accountability Report Timetable 2025/26</b>
<p>The Committee <b>considered</b> the Annual Accounts and Accountability Report Timetable 2025/26.</p> <p>AW and IK presented the Annual Accounts and Accountability Report Timetable 2025/26. AW explained the draft timetable presented to the Committee for information</p>	

was dependant on the guidance and timetable imminently expected from Welsh Government.

A preparatory planning meeting had taken place with Audit Wales colleagues and she believed the timetable set out in Annex One allowed timely preparation and submission of the Annual Accounts. It aligned with dates in 2024/25 and she and IK would keep the timetable updated and the Committee informed of any changes.

IK confirmed the Draft Manual for Accounts was expected before the end of the year and would confirm the submission dates, he had no concerns regarding meeting the deadlines as the dates aligned with dates in previous years.

The Committee asked if the submission date of 8 May and the Committee meeting being held on 7 May allowed sufficient time should issues or concerns arise in the meeting. IK and LB confirmed the timing was always tight and similar timings happened in May 2025. The Committee were assured an early draft would be circulated to the Committee to allow as much time as possible for scrutiny.

The Committee took **assurance** that the Trust had an appropriate plan in place for the production of the Financial Statements and Accountability Report for 2025/26 in line with the statutory deadlines.

<b>ACGC 10/2025.12.16</b>	<b>For Information</b>
<b>ACGC 10.1/2025.12.16</b>	<b>Finance, Procurement and Counter Fraud</b>
None.	
<b>ACGC 10.2/2025.12.16</b>	<b>Internal, External and Clinical Audit</b>
None.	
<b>ACGC 10.3/2025.12.16</b>	<b>Managing Risk</b>
The Committee <b>considered</b> and <b>noted</b> the full Strategic Risk Register for information and <b>noted</b> the strategic risk within the remit of this Committee (SRR6) was taken in the private session.	
<b>ACGC 10.4/2025.12.16</b>	<b>Governance and Accountability</b>
None.	
<b>ACGC 10.5/2025.12.16</b>	<b>Committee Work Plan</b>
The Committee <b>considered</b> and <b>noted</b> the Committee Work Plan.	
<b>ACGC 11/2025.12.16</b>	<b>Closing Administration</b>
The Committee was asked to provide feedback on the meeting to LB.	
<b>Date of next Committee meeting:</b> 23 March 2026.	



**Any Other Business:**

KY thanked everyone for their contributions and closed the meeting.

The Meeting closed at 12:25

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