

**Unconfirmed Minutes of the Public Health Wales
Audit and Corporate Governance Public Session Committee Meeting
30 September 2025 at 10:32, via Microsoft Teams**

Present		
Kate Young	(NE)	Chair, Non-Executive Director
Nick Elliott	(NE)	Non-Executive Director
Huw David	(HD)	Non-Executive Director (Until 11:36)
In Attendance:		
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 (Until 12:20)
Katrina Febry	(KF)	Audit Wales
Sophie Fuller	(SF)	NHS Performance and Improvement (Part B)
Danielle Gething	(DG)	Head of Risk Management (For Item 9)
Ian Kent	(IK)	Acting Head of Financial Reporting and Control
Paul Veysey	(PV)	Board Secretary and Head of the Board Business Unit (From 12:15)
Angela Williams	(AW)	Interim Executive Director of Operations and Finance
Steve Wyndham	(SW)	Audit Wales
Apologies		
Pippa Britton	(PB)	Chair of the Board
Tracey Cooper	(TC)	Chief Executive
Stuart Silcox	(SS)	Assistant Director of Integrated Governance
The meeting commenced at 10:32		

Part B	
ACGC 1/2025.09.30	Welcome and Apologies for Absence
<p>KY opened the meeting and welcomed all present, noting that the meeting was held electronically.</p> <p>The apologies for absence received were noted.</p> <p>The Committee noted 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 December 2025.</p>	
ACGC 2/2025.09.30	Declarations of Interest
<p>In addition to the declarations of interest already declared on the Declarations of Interest Register MV advised the Committee he was a Board Member of Sport Wales until 30 September 2025.</p>	
ACGC 3/2025.09.30	NHS Performance and Improvement
ACGC 3.1/2025.09.30	NHS Wales Performance and Improvement - Audit and Corporate Governance Committee Assurance Report
<p>The Committee considered the NHS Performance and Improvement's Quarterly Governance Assurance Report, which covered the following areas of compliance:</p> <ul style="list-style-type: none"> • Development of the Risk and Assurance programme, significant activity was included in the paper. • The Internal Audit review on Institute of Clinical Science and Technology (ICST) expenditure which resolved a long-standing accrual issue. • There was no new audit activity in the period. • The Internal Audit arrangements were finalised for NHS Performance and Improvement. • Plans for dedicated counter fraud training within NHS Performance and Improvement were agreed which addressed previously identified gaps. • Satisfactory Information Governance compliance was recognised and ongoing promotion through staff induction and newsletters continued. • The establishment of a new SharePoint-based Agreements Register to streamline business agreements. • Annual review of Declarations of Interest had been completed and submitted with ongoing work to digitise the process. • There were no elevated areas of risk to report for Committee's attention. <p>The Committee asked about the NHS Performance and Improvement Risk and Assurance Development Plan. SF confirmed that formal action plans and timelines were in place for risk management improvements and offered to bring the Risk and Assurance Development Programme to the next committee meeting.</p> <p>Action: SF</p> <p>The Committee discussed:</p> <ul style="list-style-type: none"> • The rationale for not including and attaching the full Registers of Declarations of Interest, Gifts, Hospitality and Sponsorship to the report, to align with the 	

equivalent Reports received by the Committee from Public Health Wales. LB advised the Committee that the reporting requirements from the NHS Performance and Improvement unit had been discussed as part of the establishment of the reporting assurance mapping and schedule. The assurance was provided that the Registers were maintained to the required standard; however, it was not necessary for the Registers to be presented to the Committee. The role of the Committee was to take assurance that the Hosted Organisation maintained the Registers which could be scrutinised upon request.

- The submission of a Counter Fraud Assurance Paper for the Committee to receive assurance on counter fraud provision at NHS Performance and Improvement. SF informed the Committee that planning continued at NHS Performance and Improvement to embed Counter Fraud training and awareness and a Counter Fraud Report would be provided to the Committee.

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 has 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 has been initiated during the reporting period.
- **Noted** three audit breaches were reported for the period.
- **Noted** the closure statement for Institute of Clinical Science and Technology (ICST) outstanding invoice.

Counter Fraud Compliance (Quarterly)

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

Information Governance Compliance (Quarterly)

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

NHS Wales Performance and Improvement Agreements Register (Bi Annual)

- took **assurance** that there was now a live central agreements register which would be maintained, in line with the Joint Working Framework requirements.

Declarations of Interest (Bi Annual)

- took **assurance** that NHS Wales Performance and Improvement maintained a

<p>register of Declarations of Interests of relevant senior roles in accordance with the Public Health Standards of Behaviour Policy.</p>	
ACGC 3.3/2025.09.30	NHS Wales Performance and Improvement, Internal Audit
<p>The Committee considered the NHS Performance and Improvement’s Internal Audit Progress Report.</p> <p>PD informed the Committee that four pieces of work were scheduled for this year; one had been completed, with management actions currently being finalised. The remainder of the work was on track and in line with the agreed plan.</p> <p>The report was provided for information and there were no issues or concerns raised.</p> <p>The Committee noted the NHS Performance and Improvement’s Internal Audit Progress Report.</p>	
ACGC 4/2025.09.30	Closing Administration
<p>The Committee was asked to provide feedback on the meeting to LB.</p> <p>Date of next Committee meeting: 16 December 2025</p> <p>KY thanked everyone for their contributions and closed the Part B meeting.</p>	

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Part A	
ACGC 5/2025.09.30	Welcome, Introductions and Apologies for Absence
The apologies for absence received were noted.	
ACGC 6/2025.09.30	Declarations of Interest
In addition to the declarations of interest already declared on the Declarations of Interest Register MV advised the Committee he was a Board Member of Sport Wales until 30 September 2025.	
ACGC 7/2025.09.30	Internal, External and Clinical Audit
ACGC 7.1/2025.09.30	Internal Audit
<p>The Committee considered the Internal Audit Progress Report.</p> <p>PD provided an update on the Internal Audit progress report, he highlighted the three reports presented at the meeting. The Reports on Workforce Mental Health Support and Financial Management have been postponed to facilitate more thorough fieldwork and data collection.</p> <p>The Committee noted the Internal Audit Progress report.</p> <p>The Committee considered three Final Internal Audit Reports:</p> <p><u>Non-Core Funding (Reasonable Assurance):</u> The Committee considered the Non-Core Funding (Reasonable Assurance) Final Internal Audit Report. AC noted it contained one high priority and two medium priority actions. The high-priority finding concerned non-core grants which did not reflect inflation and pay awards. The recommendation to work with Welsh Government to review allocations.</p> <p>The Committee discussed the alignment of target implementation dates with the associated risk level of audit recommendations and whether the high-priority actions should be completed within a specific timescale. AC acknowledged that when writing the Reports Internal Audit did not follow pre-defined rules to determine implementation dates, they worked with management leads to agree a realistic and feasible target implementation date. LB noted work ongoing to enhance the internal process to provide a more robust review and oversight, particularly where there were more than one Executive Lead and further triangulation of the feasibility of timescales would be beneficial.</p> <p>The Committee raised concerns about questions the Organisation were asking when setting the brief for Internal Audit work, and how it was ensured that the questions added value.</p> <p>The Committee discussed how the Audit Briefs were developed and set and how this could be taken on board when the draft plan was developed and in year as the Audit briefs were agreed, to ensure the questions asked added value and made the best use of time and resources.</p> <p>Action: PD and PV</p>	

The Committee **noted** the report and took **assurance** from the Non-Core Funding (Reasonable Assurance) Final Internal Audit Report.

Policies, Procedures Management (Substantial Assurance):

The Committee **considered** the Policies Procedures Management (Substantial Assurance) Final Internal Audit Report. AC noted it contained one medium priority action. The medium-priority recommendation related to the administration of overdue policies.

The Committee discussed the challenges to ensure timely policy reviews and the process for monitoring overdue policies which would be reported later in the Agenda. LB explained the process for updating policies and procedures and advised that expired policies and procedures remained in place until a replacement was approved. The Board Business Unit provided Directorates regular communications on policies coming out of date within the next 6 months, and supported with developing realistic timescales however competing priorities and the complexity of some of the reviews impacted on the timescales.

The Committee **noted** the report and took **assurance** from the Policies Procedures Management (Substantial Assurance) Final Internal Audit Report.

Speaking Up Safely (Reasonable Assurance):

The Committee **considered** the Speaking Up Safely (Reasonable Assurance) Final Internal Audit Report. AC noted it contained one high priority and four medium priority actions. The high-priority recommendation was to improve the recording and monitoring of investigation timescales.

The Committee **noted** the report and took **assurance** from the Speaking Up Safely (Reasonable Assurance) Final Internal Audit Report.

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

Break

ACGC 7.2/2025.09.30 External Audit

SW and KF presented the Audit Wales Update Report which provided an update on the progress of the External Audit work:

SW advised a planning meeting for the 2025/26 Audit of Accounts was scheduled for December. The Audit deadline remained the end of June 2026, consistent with the previous year due primarily to the wider NHS timelines. A new Auditor General would be in post in July 2026.

The Committee asked whether consideration could be given by Audit Wales to bring forward the Audit of Accounts deadline to better align with the Finance Divisions planning and approach taken in previous years. SW noted this ask, and that the timescales would be discussed with AW and IK at the December planning meeting.

KF updated the Committee on the Performance Audit work which included outstanding work from previous years:

- The Digital Transformation Review was in progress,
- The Quality Governance Review was complete, and
- The Structured Assessment and Screening Services follow-up were underway.

The Committee **noted** the Audit Wales Update.

Public Health Wales Improving Governance Report

The Committee **considered** the Public Health Wales Improving Governance Report and the management responses.

KF presented the Improving Quality Governance Review, which assessed progress on recommendations from the 2022 Quality Governance Review and the Organisation's arrangements for the new Duties of Candour and Quality and highlighted:

- 19 out of 23 of the previous recommendations had been implemented and closed.
- Four were superseded and replaced by two new recommendations: one to better assess staff awareness and compliance with policies, and the other to be more explicit in reporting actions taken in response to service user feedback.
- The Organisation had made substantive progress in preparing for and embedding arrangements for the new Duties of Quality and Candour.

The Committee welcomed the report, noting it reflected areas which had already been prioritised and the recommendations would help formalise learning and experience frameworks.

The Committee **noted** the Public Health Wales Improving Governance Report and management responses.

KY thanked SW and KF for the Audit Wales Update and the Improving Quality Governance Review report presented.

ACGC 7.3/2025.09.30 | Audit Recommendations Tracker

The Committee considered the Audit Recommendations Tracker and report and noted that actions which related to business sensitive information had been considered in the earlier Private Meeting of the Committee.

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

LT met on 18 September and closed the 20 actions listed in table 1 and issued 10 extensions to the actions listed in table 2. These included the actions which were scrutinised at the Private session.

LB also noted the Audit Tracker Report had grown in complexity as it had been developed, including the addition of information at the request of the Committee, over the last few years. She advised that following feedback from Committee prior to the meeting, it was suggested that the Committee would benefit from a more high level summary of the information to be able to draw out the key data and highlights at a glance. This report would be reviewed and a revised report presented in future updates.

The Committee discussed the content of the report, and suggested the information provided in future reports should focus on at risk actions, those passed the deadline and those at risk of meeting the target deadlines/extension requests. A table or summary would make it easy to identify the most critical overdue actions to draw attention to significant risks.

Action: LB

In presenting the report, LB highlighted three actions to draw the Committee's attention to where extensions had been issued:

Duty of Quality (Action 652)

This action related to the need to review the Quality Oversight Group's Terms of Reference. CB provided the Committee with the detailed context for the extension, explaining the need for a more thorough review of the Quality Oversight role and purpose which was taking place that would impact on the Group's Terms of Reference. The timescales had been amended to align with that review's completion.

Workforce Planning (Action 559)

The Workforce Planning action relating to the development of a workforce toolkit had multiple extensions, resulting from delays related to technology and digital elements in particular the Digital, Data and Design Authority process. It was noted that the People and Organisational Development Committee had received regular updates on Workforce Planning, including a Deep Dive, and the majority of the recommendations had been addressed and implemented.

The Committee raised concerns about the number and length of the extensions for this action and sought further assurance on the impact of this delay on the organisation's workforce planning work. The Committee agreed to remit the review of this action to the People and Organisational Development Committee, to explore the impact that this delay has had on our ability to progress the workforce planning work, and the level of confidence that this would be completed by the new deadline.

Action: IB / LB

KF reminded the Committee of work by Audit Wales in Screening Services which was currently under review which would touch on the workforce planning and capacity elements within Screening Services.

Stakeholder Engagement (Action 477)

This action related to the development of a Central Database for Stakeholders to facilitate shared relationships with external stakeholders and to identify and fill gaps to ensure that all sectors of the Welsh population were reached. An extension had been issued due to 31 December 2025.

KY thanked all for the updates relating to these actions.

Noting the theme around data and digital elements of the recommendations that had been delayed, IB had indicated that he would review all outstanding actions with digital dependencies and report back at the next meeting.

Action: IB

The Committee **considered** the amendments to the Audit Tracker as approved by Leadership Team on 18 September 2025 and took **assurance** on the progress with the implementation of actions resulting from Internal and External Audits within Public Health Wales.

ACGC 8/2025.09.30	Governance and Accountability
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ACGC 8.1/2025.09.30	Minutes Parts A and B 8 May and 24 June 2025 and Action Log
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The Committee **considered** the Minutes Parts A and B of the meeting held on 8 May 2025 and the Minutes of Part A 23 June.

The Committee:

- **Approved** the Parts A and B minutes of 8 May 2025, as accurate records of the meeting subject to the correction of the name Katrina Febry.
- **Approved** the Parts A minutes of 23 June 2025, as an accurate record of the meeting subject to the correction of the name Katrina Febry.
- **Approved** the closure of one completed action on the Part A Action Log.
- **Approved** the closure of one completed action on the Part B Action Log.

ACGC 8.2/2025.09.30	Information Governance Quarterly Report
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The Committee **considered** the Information Governance Quarterly Report for Quarter 1. CB presented the Report, which consolidated updates on Information Governance, Quality Governance and Records Management and noted this was likely the last report to highlight the SharePoint programme, as it has transitioned to business as usual.

CB highlighted a number of key points:

- Weekly meetings between the Nursing, Quality and Integrated Governance and Research, Data and Digital Directorate teams had improved oversight of Freedom of Information Data Breaches, and Subject Access Requests. Freedom of Information requests were becoming more complex, often involving multiple partners and legal advice which took longer to resolve.
- NHS Performance and Improvement now join the weekly briefings to address previous delays.
- A table detailed the Subject Access Requests completed in time and out of time alongside the reason for delay. It also showed Requests which had received no further response when challenged.
- Statutory and mandatory training compliance figures remained higher than the expected Welsh Government percentages and ongoing work with information asset owners was strengthening Data Protection Impact Assessment processes and ownership.



- The Records Management project had been completed and was now running as business as usual, with ongoing support and lessons learned being captured. The Committee were advised that processes were in place to meet Information Governance requirements and that the Records Management programme was embedded.

The Committee asked that future Quarterly Reports included metrics which demonstrated the continued benefits from the Records Management Project implementation. CB agreed to include these in future reports.

Action: CB

The Committee suggested that the FoI disclosure log on the website was out of date and required updating. CB agreed to review this with the team.

Action: CB

The Committee **considered** the Information Governance Quarterly Report and **took assurance** that the Records Management SharePoint Implementation Programme was complete.

ACGC 8.3/2025.09.30	Bi-Annual Governance Updates
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The Committee **considered** the Bi-Annual Governance Updates Report.

LB presented the Bi-Annual Governance Report which included updates on Declarations of Interest, the Staff Register was covered in the Private Session, Welsh Health Circulars, Corporate Policies and the Joint Working Framework.

The Joint Working Framework Register had undergone a full review and was reported to the Committee for assurance.

The Committee commended the clarity and format of the Joint Working Framework section.

In relation to the Gifts and Hospitality Register, the Committee noted that the register indicated the value over and suggested that declaring individual gift values would be more transparent. LB agreed to investigate this.

Action: LB

The Committee:

- Took **assurance** on the implementation of the Standards of Behaviour Policy and note the updated **Declarations of Interest Register** which would be published on the website following this meeting.
- Took **assurance** on management of the process for ensuring the Organisation's compliance with **Welsh Health Circulars**.
- Took **assurance** on management of the process for ensuring the Organisation's compliance with the **Joint Working Framework**.
- Took **assurance** on the prioritisation and progress being made to review

Corporate policies , procedures and other written control documents within the remit of the Committee.	
ACGC 8.4/2025.09.30	Policies for Approval
ACGC 8.4.1/2025.09.30	Accounts Receivable Financial Control Procedure
<p>The Committee considered the Accounts Receivable Financial Control Procedure.</p> <p>IK introduced the updated Accounts Receivable Financial Control Procedure and summarised the key changes from the old procedure:</p> <ul style="list-style-type: none"> • New section on unidentified and applied cash. • Guidance on the Irish withholding tax. • Fraud/bribery/corruption, and • VAT treatment on income. <p>A staff consultation and an equality impact assessment had been undertaken as detailed in the Cover Report.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • Considered the information contained within the Procedure and Equalities Impact Assessment (Appendix 1a) • Noted that the Leadership Team endorsed the Procedure at its meeting on 18 September 2025 • Approved the Accounts Receivable Financial Control Procedure 	
ACGC 8.4.2/2025.09.30	Risk Management Procedure
<p>The Committee considered the Risk Management Procedure.</p> <p>CB presented the updated Risk Management Procedure and highlighted the alignment with the revised risk appetite framework. There were clearer escalation/de-escalation processes and new infographics were included to aid understanding. The procedure reflected recent maturity in Risk Management and may be revised further when a new electronic risk system was implemented</p> <p>The Policy had been approved by the Board on 25 September, and DG confirmed minor amendments from Board feedback would be incorporated into the final version of the Policy.</p> <p>The Committee stressed the importance of communicating the procedure widely and DG outlined ongoing engagement and plans for further outreach and culture change.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • Considered the information contained within the Risk Management Procedure and Equalities Impact Assessment (Appendix 1a) • Noted that the Leadership Team endorsed the Policy Procedure at its meeting on 18 September 2025 	

<ul style="list-style-type: none"> • Noted that the Policy was approved at the Board meeting on 25 September 2025 • Approved the procedure as amended (Appendix1). 	
ACGC 9/2025.09.30	Risk
ACGC 9.1/2025.09.30	Corporate Risk Register
<p>The Committee considered the Corporate Risk Register. DG presented the Corporate Risk Register update and emphasised its role in providing assurance on the synergy and escalations between Corporate and Strategic Risk Registers. The report detailed current escalations, movements and ongoing updates.</p> <p>The Committee took assurance of the management of the Corporate Risk Register within the organisation.</p>	
ACGC 10/2025.09.30	For Information
ACGC 10.1/2025.09.30	Finance, Procurement and Counter Fraud
None.	
ACGC 10.2/2025.09.30	Internal, External and Clinical Audit
<p>The Committee considered and noted the Quality and Clinical Audit Plan 2025/26 and end of year report 2024/25.</p>	
ACGC 10.3/2025.09.30	Managing Risk
<p>The Committee considered and noted the full Strategic Risk Register for information and noted the strategic risk within the remit of this Committee (SRR6) was taken in the private session.</p>	
ACGC 10.4/2025.09.30	Governance and Accountability
ACGC 10.4.1/2025.09.30	NHS Wales Performance and Improvement Hosting Agreement
<p>The Committee considered and noted the links to the NHS Wales Performance and Improvement Hosting Agreement which had been approved by the Board on 25 September 2025.</p>	
ACGC 10.4.2/2025.09.30	Risk Management Policy
<p>The Committee considered and noted the Risk Management Policy which had been approved by the Board on 25 September 2025.</p>	
ACGC 10.5/2025.09.30	Committee Work Plan
<p>The Committee considered and noted the Committee Work Plan.</p>	
ACGC 11/2025.09.30	Closing Administration
<p>The Committee was asked to provide feedback on the meeting to LB.</p>	



Date of next Committee meeting: 16 December 2025

Any Other Business:

KY thanked everyone for their contributions and closed the meeting.

The Meeting closed at 12:59

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