

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

Present		
Nick Elliott	(NE)	Chair, Non-Executive Director
Tamsin Ramasut	(TR)	Non-Executive Director
Clare Jenkins	(CJ)	Non-Executive Director and Vice Chair of the Board
In Attendance:		
John Baker	(JB)	Finance Consultant (For Item 5.2)
Liz Blayney	(LB)	Deputy Board Secretary and Deputy Head of the Board Business Unit
Paul Dalton	(PD)	Head of Internal Audit, Audit and Assurance Services, NHS Wales Shared Services Partnership
Katie Donelan	(KD)	Head of Records Management (For Item 4)
Katherine Febry	(KF)	Audit Wales
Sophie Fuller	(SF)	NHS Executive (For Item 3)
Danielle Gething	(DG)	Head of Risk Management (For Item 7)
Claire Green	(CG)	NHS Executive (For Item 3)
Ian Kent	(IK)	Acting Head of Financial Reporting and Control
John Lawson	(JL)	Head of Information Governance (For Item 4)
Stuart Silcox	(SS)	Assistant Director of Integrated Governance
Neil Stoodley	(NS)	Interim Head of Finance
Paul Veysey	(PV)	Board Secretary and Head of the Board Business Unit
Angela Williams	(AW)	Interim Executive Director of Operations and Finance
Steve Wyndham	(SW)	Audit Wales
Apologies		
Iain Bell	(IB)	National Director for Public Health Knowledge and Research
Claire Birchall	(CB)	Executive Director of Nursing, Quality and Integrated Governance
Pippa Britton	(PB)	Non-Executive Director and Chair of the Board

Andrea Calise	(AC)	Audit Manager, Audit and Assurance Services, NHS Wales Shared Services Partnership
Tracey Cooper	(TC)	Chief Executive
Dafydd James	(DJ)	Head of Digital Experience and Services
The meeting commenced at 10:32		

ACGC 1/2025.05.08		Welcome and Apologies for Absence
<p>NE 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 September 2025.</p>		
ACGC 2/2025.05.08	Declarations of Interest	
<p>There were no declarations of interest in addition to those already declared on the Declarations of Interest Register.</p>		
Part B		
ACGC 3/2025.05.08	NHS Executive	
ACGC 3.1/2025.05.08	Annual Assurance Statement	
<p>The Committee considered the NHS Executive's Annual Assurance Statement.</p> <p>CG presented the report providing assurance for 2024/25 that the NHS Executive, as a Hosted Body of Public Health Wales, had fulfilled the requirements outlined within the hosting agreement</p> <p>She summarised the structural changes with the NHSE Executive this year; Four further Teams transitioned into the NHS Executive in the year 2024-25:</p> <ul style="list-style-type: none"> • Six Goals for Urgent and Emergency Care National Programme (April 2024). • Strategic Programme for Primary Care (April 2024). • DDTIV - Digital, Data, Technology, Innovation and Value (April 2024). • TEC - Technology Enabled Care (September 2024). <p>Improvement Cymru transitioned into the NHS Executive as of 1 April 2024, to form the Quality, Patient Safety and Improvement Directorate</p> <p>CG met quarterly with the Chief Executive and other Executive members within Public Health Wales and attended Audit and Corporate Governance, Quality, Safety and Improvement and People and Organisational Development Committee meetings as per the Assurance Schedule.</p> <p>Additionally, CG confirmed a full review of the NHS Executive's obligations with all statutory requirements had been undertaken and summarised within the report.</p>		

The 2025-26 plan explained how the NHS Executive would improve on the progress made in 2024-25 and continue to meet its obligations.

PV informed the Committee that the Hosting Arrangement was being finalised and was due to be presented to Board at the May meeting for approval.

The Committee **considered** and took **assurance** from the NHS Executive Annual Assurance statement for 2024/25.

ACGC 3.2/2025.05.08 | NHS Executive Quarterly Governance Report

The Committee **considered** the NHS Executive's Quarterly Governance Report, which covered the following areas of compliance:

- For the period 1 December 2024 to 31 March 2025:
 - Risk management
 - Audit activity
 - Counter fraud compliance
 - Information governance compliance
- For the period 1 August 2024 to 31 March 2025:
 - Agreements Register
 - Declarations of Interest Register

CG presented the report and introducing each section, highlighting key information outlined within the report.

In relation to data breaches, one data breach was reported within the NHS Executive; support to manage this had been provided by the Public Health Wales' Information Governance Team. CB confirmed that reporting to the Information Commissioner was not required, and the appropriate learning from the breach had been reviewed.

SS informed the Committee that the Deputy Senior Information Risk Officer and Deputy Caldicott Guardian from NHS Executive attended weekly meetings with the Public Health Wales Senior Information Risk Officer and a robust process was in place to deal with incidents that arose.

The Committee thanked CB for the update.

The Committee:

Risk Management

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

Audit Activity

(Note this was discussed in item 3.3)

Counter Fraud Compliance

- **Noted** that there had been no counter fraud activity reported to the NHS

Executive during the reporting period.

Information Governance Compliance

- **Take assurance** that the NHS Executive has 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 is being appropriately managed.

Agreements Register (bi-annual)

- **Took assurance** that the NHS Executive holds a register of joint working agreements, and which would be maintained, in line with the Joint Working Framework requirements.

Declarations of Interest Register (bi-annual)

- **Took assurance** that the NHS Executive maintained a register of declarations of interests in accordance with the Public Health Standards of Behaviour Policy.

ACGC 3.3/2025.05.08 | NHS Executive Internal Audit Workplan

The Committee **considered** the Draft NHS Executive's Internal Audit Workplan for 2025/26.

CG informed the Committee the NHS Executive's Internal Audit Plan 2025/26 had been agreed internally and with Internal Audit.

CB noted the intention for the NHS Executive to be included where appropriate within the Public Health Wales Internal Audit plan.

PV suggested that it would not be appropriate to include NHS Executive within the Internal Audit planned for Public Health Wales, as the scope and assurance on processes would be different. Further Internal Audits for NHS Executive around procurement and finance would be recommended to provide a complete assurance picture for the NHS Executive.

The Committee asked the NHS Executive to consider additional Internal Audits in the areas of Procurement and in Financial Management, the Financial Management Audit would be undertaken jointly with Public Health Wales.

Action: CG/PD

The Committee **noted** that an audit plan for 2025/26 for the NHS Executive had been agreed with the NHS Wales Internal Audit Team and **approved** the audit plan in principle for 2025/26 for the NHS Executive as an annex to the PHW Internal Audit Plan for 2025/26, pending further Audits to be added to the plan.

Part A

ACGC 4/2025.05.08 | Records Management Deep Dive

SS introduced the Records Management Deep Dive to the Committee, and noted that the Committee had been regularly updated on this project as part of the Quarterly Information Governance reports.

KD provided the Committee with the following:

- A summary of the background to the project which including the need to be compliant with the relevant legislation for an Electronic Document and Records Management System (EDRMS).
- An overview of progress, noting all directorates had developed SharePoint sites with different structures based on their individual need.
- Case studies of the use of SharePoint and where it had been used for collaborative working, it was open and had clear version control.
- Benefits were identified and further improvements planned which included improved security, a reduction in Data Breaches with Incident Management opportunities and it was cloud based and accessible from any computer.
- A productivity and performance review had highlighted the benefits realisation of SharePoint which the Committee asked to be quantified by the Value and Performance Team to demonstrate how the Organisation had benefited from the Programme.
- An overview of support provided by the records management team including:
 - Embed the use of SharePoint as the standard for Records Management and encourage SharePoint use with trusted partners.
 - Keep an Exceptions Register and provide a Retention and Destruction Schedule.
 - Suggest improvements and develop an audit process to ensure full adoption of the SharePoint and future proof the system.
 - Continue to work across the Organisation to ensure the EDRMS would remain fit for purpose to meet changing needs.

The Committee discussed potential system improvements as part of the roll out of SharePoint. AW explained there were real benefits relating to timesaving, security, reduced carbon footprint and cost saving.

The Committee queried how the Organisation would ensure old systems were not used, and whether any audits of this were planned. KD informed the Committee access to the shared drives would remain open whilst the transition was completed, noting there were some instances where SharePoint could not be used to store certain documents securely at present. She added that an audit of compliance was planned once the transition was complete.

The Committee thanked SS, JL, KD and the team for the support they had provided to embed the system, noting the positive feedback from users on the support provided.

The Committee **considered** and **noted** the Records Management Deep Dive presentation noting the success and learning from this important project.

The Committee asked for further updates on progress at the appropriate time.

Break

ACGC 5/2025.05.08	Annual Report
ACGC 5.1/2025.05.08	Accountability Report
<p>The Committee considered the Draft Annual Governance Statement and the Remuneration Report for review prior to submission to Audit Wales and Welsh Government on 9 May 2025</p> <p>PV explained the structure of the Annual Report and the approval process for each element The Committee commented that the report was comprehensible and easy to understand.</p> <p>The Committee considered the Draft Accountability Report presented for comment prior to submission to Audit Wales and took assurance that the Annual Statements 2024/25 had been drafted in line with the relevant requirements as set out by the Welsh Government and the UK Treasury.</p>	
ACGC 5.2/2025.05.08	Annual Financial Statements
<p>The Committee considered the Draft Accounts 2024/25.</p> <p>AW provided the Committee with a presentation summarising the draft accounts position that had been submitted for Audit on 2 May. Following review by Audit Wales and Welsh Government, the final accounts would be presented to the Committee for a recommendation to the Board for approval on 25 June 2025.</p> <p>AW, supported by JB and IK provided a detailed presentation to the Committee.</p> <p>The presentation provided the Committee with an overview of:</p> <ul style="list-style-type: none"> • the process and status of the Audit; • Performance of key targets including the compliance with financial duties; • Key items of note for the revenue, including an increase in total income by £28.811million which was an increase of 12%. • Key areas to note in terms of the operating expenditure including an overall increase year on year by £28.618 million, and the underlying reasons for this increase. • Summary of how the four matters which arose on last year's audit had been addressed and an overview of the corrective action taken in the 2024/25 accounts process. • Next steps and confirmation of the timescales for the Audit work and subsequent Committee and Board endorsement and approval. <p>The Committee considered the Draft Accounts 2024/25, noting that these had been submitted to Audit Wales and Welsh Government on 2 May 2025 and took assurance that the Annual Statements 2024/25 had been drafted in line with the relevant requirements as set out by the Welsh Government and the UK Treasury.</p>	
ACGC 6/2025.05.08	Internal, External and Clinical Audit
ACGC 6.1/2025.05.08	Internal Audit
Draft Head of Audit Opinion and Annual Report	

PD presented the draft Head of Internal Audit Opinion to the Committee. The draft opinion was of overall reasonable assurance, and demonstrated that arrangements to secure governance, risk management and internal control for the areas reviewed were suitably designed and applied effectively across the Organisation.

PD confirmed the adherence of his team to the Public Sector Internal Audit Standards and in section 4.2, he confirmed the key performance indicators showed their reports were completed in the required time frame.

The Committee asked PD for an update on his commitment to review his opinion of the Duty of Candour Internal Audit Report presented to the Committee in January 2025. He confirmed that he would raise his opinion to substantial assurance, the change would be shown in the Final version of the Head of Internal Audit Opinion.

The Committee **noted** and took assurance from the Draft Annual Report and Opinion Report.

Internal Audit Progress Report

The Committee **considered** the Internal Audit Progress Report.

PD advised the Committee that following the March meeting of this Committee he had mapped planned Internal Audits across the Board Committees in the 2025/26 workplan. He noted the low response rate to return the feedback questionnaires from those leading the Audits within Public Health Wales.

The Committee **noted** and took assurance from the Internal Audit Progress Report.

Internal Audit Final Report

Duty of Quality (Substantial Assurance):

The Committee **considered** the Duty of Quality (Substantial Assurance) Final Internal Audit Report. PD noted it contained three medium priority actions for the Quality and Oversight Group.

The Committee **noted** the report and took **assurance** from the Duty of Quality (Substantial Assurance) Final Internal Audit Report.

ACGC 6.2/2025.05.08	External Audit
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SW and KF presented the report providing an update on the progress of the External Audit work:

- Audit Wales commenced the Audit of Accounts for 2024/25 was on track.
- Structured Assessment and Deep Dive Digital Transformation; work was planned to commence soon.
- Quality Governance Review work had started.
- Work to follow up Screening Services recommendations (2023) would start following completion and publication of the Structured Assessment.

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

Review of the Arrangements for Setting and Monitoring Well-Being Objectives

The Committee **considered** the Review of the Arrangements for Setting and Monitoring Well-Being Objectives Audit Wales report and management responses from Welsh Government.

KF updated the Committee on the main findings of the Report:

- There were robust arrangements in place to set and review the well-being objectives which complied with the Act and Statutory Guidance.
- Development of well-being objectives was underpinned by substantial engagement and intelligence.
- Route maps had been developed to form stepped and practical delivery.
- At the time of reporting further work was identified to provided links from the resource allocations at delivery.
- Good monitoring and reporting arrangements were in place.

The Committee asked that the Organisation ensured that engagement with partners remained ongoing and ensure all resources and priorities aligned.

The Committee **noted** the Review of the Arrangements for Setting and Monitoring Well-Being Objectives and management responses.

Cancer Services in Wales - A review of the strategic approach to improving the timeliness of diagnosis and treatment and the Management Response Form

The Committee considered the Cancer Services in Wales - A review of the strategic approach to improving the timeliness of diagnosis and treatment and the Management Response Form.

KF updated the Committee on the main findings of the Report:

- Current performance against the waiting time target to start treatment.
- An identification for the need of stronger and clearer national leadership and,
- The need to move to an improvement in population health which would reduce the pressures on NHS resources.

Ten recommendations were identified, Welsh Government had provided a management response and two evidence sessions at the Public Accounts and at the Public Administration Committees had taken place.

The Committee **noted** Cancer Services in Wales - A review of the strategic approach to improving the timeliness of diagnosis and treatment and Management Response Form.

NE thanked SW and KF for the Audit Wales Update and reports presented.

ACGC 6.3/2025.05.08 | 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 30 April and closed the actions listed in table 1 and issued extensions to the actions listed in table 2. These included the actions which were scrutinised at the Private session.

LB also drew the Committee's attention action 631 relating to Qlikview training uptake within Health and Wellbeing Directorate. LT had asked for details to be provided on the number of those within Health and Wellbeing who had received the training recommended in the audit report. This had not been provided with the update, as such LT had agreed to extent whilst these figures were collated.

The Committee sought clarification on the work being undertaken around impact assessments used by the Organisation; LB explained that there was work ongoing to develop a central repository for all impact assessment, but further work was required to embed the completion of impact assessment into the approval process. She noted the work of the Governance Hub that would impact on this and agreed to discuss with TR outside of the meeting.

The Committee thanked everyone responsible for the consistent work to update the Audit Tracker, noting that the Tracker demonstrated good governance throughout the Organisation.

The Committee **considered** the amendments to the Audit Tracker as approved by Leadership Team on 30 April 2025 and took **assurance** on the progress with the implementation of actions resulting from Internal and External Audits within Public Health Wales.

ACGC 6.4/2025.05.08	Audit Protocol
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The Committee considered the revised draft of the Audit Protocol.

LB explained the Audit Protocol outlined how Audits were managed within the Organisation and set out the roles and responsibilities at Board / Committee level.

The Protocol was reviewed by the Cross Committee Chairs Group and that minor changes were proposed for clarity in some areas.

The Committee **approved** the revised Audit Protocol.

ACGC 7/2025.05.08	Risk
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ACGC 7.1/2025.05.08	Corporate Risk Register
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The Committee **considered** the Corporate Risk Register.

In introducing the item, DG explained Leadership Team had delegated responsibility from the Business Executive Team of oversight of the Corporate Risk Register. She confirmed that the Business Executive team were cited on the changes and summarised the key highlights and changes this month.

The Committee discussed the links with risk 1593 and the Internal Audit report on the Duty of Quality, presented to the Committee at the last meeting. They queried whether the assurance from the report impacted the risk score. DG agreed to review this.

Similarly, the risk relating the NHS Executive reporting, and CRR 1614, PV confirmed that this would be reviewed and the risk score amended once the Hosting Agreement was formally approved.

The updated Corporate Risk Register would be submitted to the Board Meeting on 29 May 2025 with the updated position.

The Committee took **assurance** of the management of the Corporate Risk Register within the organisation.

ACGC 8/2025.05.08	Governance and Accountability
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ACGC 8.1/2025.05.08	Minutes Parts A and B 10 March 2025 and Action Log
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The Committee **considered** the Minutes Parts A and B and Action Log of the meeting held on 10 March 2025.

The Committee:

- **Approved** the Parts A and B minutes of 10 March 2025, as accurate records of the meeting.
- **Approved** the closure of two completed actions on the Part A Action Log.

ACGC 8.2/2025.05.08	Information Governance Quarterly Report
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The Committee **considered** the Information Governance Quarterly Report for Quarter 4.

SS presented the report and provided the following overview:

- Freedom of Information requests (FOIs); In total 54 were received, two were delayed but were subsequently closed, four were dealt with outside the statutory limit caused by delays. Weekly FOI request reviews at Senior Information Risk Officer (SIRO) meetings had had positive impact in improving turn around time for responding to FOIs in Quarter 4.
- Subject access requests; four were received in the in the quarter and all were closed within the 30 day time frame.
- Mandatory Information Governance training remained above the 85% target set by Welsh Government.
- Update on review of the Information Governance Group including a review of the terms of reference. Noted that the detail on data breaches had been discussed in the private session of the Committee.

The Committee noted the information provided by SS that the decision taken to ensure the Digital, Data and Design Authority would consider and approve Information Governance matters for the Organisation. It was anticipated that planning would be completed by the end of Quarter 1 and SS would bring an update to the Committee at its next meeting as part of this report.

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

ACGC 9/2025.05.08	For Recommendation to Board
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ACGC 9.1/2025.05.08	Standing Orders and Scheme of Delegation
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The Committee **considered** the Standing Orders and Scheme of Delegation.

PV presented the report noting that the report presenting proposed revisions to Standing Orders (SOs), and seeking the Committee's recommendation to the Board for final approval of the proposed change at May Board. He confirmed that Public Health Wales was required to review the SOs annually; the Welsh Government had not yet issued revised Model SOs for 2025. As such an interim review had taken place and minor changes proposed to update the document. He noted that a further review would be required once the model standing orders were issued.

PV explained that there was also a requirement to review the Standing Financial Instructions (SFIs), in particular updates would be required to reflect the Procurement Act 2023. This would be addressed on an all-Wales basis, aligned to the national model instructions currently being amended by the Welsh Government.

The Committee **considered** the proposed revisions to Standing Orders and Reservations and Delegations of Powers and **recommended** the proposed changes to the Board for adoption subject to any revised model Standing Orders being received from Welsh Government.

ACGC 9.2/2025.05.08	Committee Review 2024/25 and Forward Plan 2025/26 and Committee Terms of Reference
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The Committee **considered** the Committee Workplan 2025/26, the Committee Terms of Reference Review and the Committee Effectiveness Survey 2024/25.

LB presented the report providing an overview of the work undertaken to review the Committee effectiveness during 2024/25, and how this had fed into work planning sessions to develop the work plan for 2025/26.

In relation to the Terms of Reference, two changes were proposed for this Committee; addition of an annual review of the Performance System in place, and reference to the NHS Executive assurance reporting.

The Committee thanked LB for facilitating the Cross Committee work which ensured overlap was avoided and good governance was assured across all Board Committees.

The Committee:

- **Approved** the Committee Workplan for 2025/26 and **recommended** it to Board in May for **assurance** that the Committee had the appropriate plan in place for 2025/26 to fulfil its terms of reference.
- **Considered** the proposed changes and **recommended** the proposed revised version of the Committee’s Terms of Reference to Board for approval in May 2025.
- **Noted** that there were no proposed changes to the Standard Committee Terms of Reference and operating procedures.
- **Considered** the summary of the review of Committee Effectiveness.
- **Noted** that the Cross Committee Chairs Group would review progress with the implementation of the actions and next steps during 2025/26.
- **Recommended** the Committee Effectiveness Review Summary to the Board for **assurance** that the Committees had an effective system of review and continuous improvements in place.

ACGC 10/2025.05.08	For Information
ACGC 10.1/2025.05.08	Finance, Procurement and Counter Fraud
None.	
ACGC 10.2/2025.05.08	Internal, External and Clinical Audit
None.	
ACGC 10.3/2025.05.08	Managing Risk
The Committee received 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.	
ACGC 10.4/2025.05.08	Governance and Accountability
None.	
ACGC 11/2025.05.08	Closing Administration
The Committee was asked to provide feedback on the meeting to LB.	
Date of next Committee meeting: 23 June 2025	
Any Other Business:	
NE thanked everyone for their contributions and closed the meeting.	
The Meeting closed at 12:59	