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 <p>Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p>Name of Meeting Board</p> <p>Date of Meeting 29 May 2025</p> <p>Agenda item: 4.5</p>
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Composite Committee Report for Board			
Reporting Committee	Chair	Lead Executive Director	Date of meeting
Knowledge, Research and Information Committee	Siân Griffiths	Iain Bell, National Director Public Health Data and Knowledge	28 March 2025
People and Organisational Development Committee	Kate Young	Neil Lewis, Director of People and Organisational Development	29 April 2025
Audit and Corporate Governance Committee	Nick Elliott	Angela Williams, Executive Director Operations and Finance Paul Veysey, Board Secretary and Head of Board Business Unit	08 May 2025
Quality, Safety and Improvement Committee	Clare Jenkins	Claire Birchall, Executive Director Quality and Nursing and Integrated Governance Meng Khaw, National Director Health Protection and Screening, Executive Medical Director.	No meetings held since last Board meeting
<i>Links to the agenda and papers for these meetings are included on the dates above.</i>			



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Executive Summary

This report covers the period since the Board last met on 26 March 2025.

A detailed summary of the matters considered at each of the Committee meeting is contained in Section 1 below.

Cross Committee Working

As part of the development of the Cross Committee working, this report has been updated to include a summary of any issues raised within the work of the Committee where there is an impact on the other Committees. This has been included at section 2.



Summary of key matters considered by the Committee and any related decisions made:

Knowledge, Research and Information Committee (28 March 2025)

The Committee:

- Took **assurance** of the sample tracking process in place within the Pathogen Genomics unit.
- Took **assurance** on the progress of the cross-organisational group on health inequalities.
- Took **assurance** of the information provided on the work undertaken by the Environmental Health Protection team on Strategic Priority 5 (Protecting Public from infection and environmental threats to health).
- **Noted** the development of the Behavioural Science Unit since the Deep Dive in December 2022, and took **assurance** that these developments were supporting efforts to deliver the Public Health Wales Long Term Strategy.
- Took **assurance** on the actions taken in response to the Monitoring Impact Survey user feedback and to improve the impact of knowledge products.
- Took **assurance** that Public Health Wales is delivering its Digital and Data Routemap and has robust governance in place for managing digital and data work.
- **Considered** Strategic Risk 1 and 2 and **took assurance** on the management of risks within the remit of the Committee.
- Took **assurance** that the review of CSIMS will be completed following the current testing and implementation of the new demographic interface.
- **Considered** the draft Knowledge, Research and Information Committee Annual Report 2024/25 which summarised the key areas of business activity undertaken by the Committee, and **Recommended** the report (subject to the amendments agreed with the Chair) to the Board to provide assurance that the Knowledge, Research and Information Committee is fit for purpose and operating effectively in fulfilling its terms of reference.

People and Organisational Development Committee (29 April 2025)

The Committee:

- Took **assurance** on the planning for the implementation of the key People and OD deliverables within the IMTP for 2025/26.
- Took **assurance** on the information provided in the Organisational Change Management update.
- **Considered** Strategic Risk 4 and took **assurance** on the management of risks within the remit of the Committee.
- Took **assurance** on the management of Corporate Risk within the organisation.
- Took **assurance** on the prioritisation and progress being made to review policies, procedures and other written control documents within the remit of the Committee.
- Considered the Committee Effectiveness Review Summary and **recommended** it to the Board for assurance that the Committees have an effective system of review and continuous improvements in place.
- **Approved** the Committee Workplan for 2025/26 and **recommended** the plan to the Board for assurance that the Committee has 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 Committees Terms of Reference to the Board for approval.
- **Noted** that there are no proposed changes to the Standard Committee Terms of Reference and operating procedures.
- Took **assurance** on progress with requests made to the Board by the Staff Diversity Networks to date.
- Took **assurance** on the Local Partnership Forum Annual Report.
- **Noted** the contents of the NHS Executive Business Bi-Annual Assurance Report and receive assurance that effective arrangements are in place for related processes:
 - that there are effective arrangements in place to ensure compliance with Equality, Diversity and Inclusion requirements.
 - that there are effective arrangements in place to ensure compliance with Welsh Language requirements.
 - that any areas of non-compliance are being appropriately managed.
 - that there have been no concerns reported to the NHS Executive during the reporting period.
 - that there have been four Grievances reported to the NHS Executive during the reporting period, and that these have been appropriately managed in line with PHW processes.
 - that the NHS Executive has an appropriate process in place to undertake workforce planning.

Audit and Corporate Governance Committee (08 May 2025)

The Committee:

- **Considered and noted** the Annual Compliance Statement from the NHS Executive
- Took **assurance** on Risk Management that there was an effective risk management process within the NHS Executive.
- Took **assurance** in the NHS Executive that any risk identified by the NHS Executive in this report is relevant to Public Health Wales and has been appropriately escalated.
- **Noted** that an audit plan for 2025/26 for the NHS Executive has been agreed with the NHS Wales Internal Audit Team.
- **Noted** that no new audit activity has been initiated in the NHS Executive during the reporting period.
 - **Noted** that there has been no counter fraud activity reported to the NHS Executive during the reporting period.
 - Took **assurance** that the NHS Executive 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.
 - Took **assurance** that the NHS Executive held a register of joint working agreements, and which will be maintained, in line with the Joint Working Framework requirements.
 - Took **assurance** that the NHS Executive maintained a register of declarations of interests in accordance with the Public Health Standards of Behaviour Policy
 - **Noted and approved** the Internal Audit plan for 2025/26 for the NHS Executive as an annex to the PHW Internal Audit Plan for 2025/26.
 - **Considered and noted** the Records Management Deep Dive.
 - **Considered** the Draft Accountability Report presented for comment prior to submission to Audit Wales.

- **Considered** the Draft Accounts 2024/25, noting they were submitted to Audit Wales on 2 May 2025.
- Took **assurance** that the annual statements 2024/25 have been drafted in line with the relevant requirements as set out by the Welsh Government and the UK Treasury.
- **Noted** the Draft Head of Internal Audit Opinion and Annual Report
- **Noted** the Internal Audit Progress report
- **Noted** the Duty of Quality Internal Audit Report
- **Noted** the Audit Wales Update report
- **Noted** the External Audit Reports for monitoring Well-Being and Cancer Services in Wales the associated response forms.
- Took **assurance** that Audit recommendations actions were being managed effectively by the Leadership Team.
- **Approved** the revised Audit Protocol.
- Took **assurance** on the management of Corporate risks within the Organisation.
- **Approved** the minutes of the meeting of 10 March 2025
- **Approved** the closure of two actions on the Part A Action Log.
- **Received** and **Considered** the Information Governance Performance Report, including the personal data breaches discussed in the Private Session.
- **Received assurance** that the Records Management SharePoint Implementation Programme was on track with the plan.
- **Considered** the proposed revisions to Standing Orders and Reservations and Delegations of Powers
- **Recommend** the proposed changes to Standing Orders and Reservations and Delegations of Powers to the Board for adoption.
- **Approved** the Committee Workplan for 2025/26, and **recommend** the plan to the Board in May for assurance that the Committee has the appropriate plan in place for 2025/26 to fulfil its terms of reference.
- **Considered** the summary of the review of Committee effectiveness.
- **Noted** that the Cross Committee Chairs Group will review progress with the implementation of the actions and next steps during 2025/26.
- **Recommend** the Committee Effectiveness Review Summary to the Board for assurance that the Committees have an effective system of review and continuous improvements in place.
- **Noted** the Strategic Risk Register



Delegated action taken by committees:
Knowledge, Research and Information Committee (28 March 2025)
None
People and Organisational Development Committee (29 April 2025)
None
Audit and Corporate Governance Committee (08 May 2025)
None

Key risks and issues/matters of concern of which the Board needs to be made aware:
Knowledge, Research and Information Committee (28 March 2025)
None
People and Organisational Development Committee (29 April 2025)
None
Audit and Corporate Governance Committee (08 May 2025)
None



Section 2: Cross Committee Working Summary

Summarise any considerations by Committees relating the identified cross cutting areas, such as dealing with those remitted items between committee, any escalation of the cross Committee working criteria.

Cross Committee Issues	
Information Governance	
Internal and External Audit	<p>At ACGC in May, the Committee received a number of Internal Audit final reports where findings were relevant to the work of the other Committees.</p> <p>The following reports will be circulated to relevant Committees for reference:</p> <ul style="list-style-type: none">• Internal Audit - Duty of Quality (Substantial assurance)
Workforce	
Risk	<p>There is a risk on the Corporate Risk Register (safeguarding risk 1654) regarding DBS checks for Staff. This is being overseen by the People and OD Committee, however QSIC has considered an update on progress to address the risk as part of the Quality Governance Performance Report at each of its meetings.</p>
Data and Digital	None.
Service Delivery	None.
Clinical audit	None.



Section 3: Dates of next Committee Meetings

Date of next Committee meetings	
The next scheduled Committee meetings are as follows: (please note these are subject to change):	
Quality, Safety and Improvement Committee	02 June 2025
Knowledge, Research and Information Committee	17 June 2025
People and Organisational Development Committee	16 July 2025
Audit and Corporate Governance Committee	30 September 2025