Name of Meeting
Board
Date of Meeting
24 September2026
Agenda item:
4.4

Composite Committee Report for Board			
Reporting Committee	**Chair**	**Lead Executive Director**	**Meeting Date**
Audit and Corporate Governance Committee	Kate Young (meeting chaired by Clare Jenkins)	Zoe Pietrzak, Executive Director of Strategy, Finance and Performance Paul Veysey, Board Secretary and Head of the Board Business Unit	3 September 2026
Quality, Safety and Improvement Committee	Clare Jenkins	Claire Birchall, Executive Director Nursing, Quality and Integrated Governance Meng Khaw, National Director Health Protection and Screening, Executive Medical Director	10 September 2026
Knowledge, Research and Information Committee	Catherine Purcell	Iain Bell, Executive Director of Research, Data and Digital	15 September 2026*

** A verbal update will be provided at the meeting and a written report provided at the next Board Meeting on 26 November 2026.*

Hyperlinks to the agenda and papers for these meetings are included on the dates above.

The People and Organisational Development Committee did not meet in this period.

Executive Summary

This report covers the period since the Board last met on 30 July 2026. A detailed summary of the matters considered at the Committee meetings are contained in Section 1.

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 other Committees. This has been included at Section 2.

Section 1: Matters considered by the Board Committees:

Summary of key matters considered by the Committee and any related decisions made:
Audit and Corporate Governance Committee (3 September 2026)
The Committee (Part A): • **Noted** the Internal Audit Progress report. • **Considered** two Final Internal Audit Reports for Communications and Engagement, and Business Continuity Planning. • **Noted** the Audit Wales Update. • **Noted** the Digital Transformation Review. • **Considered** the amendments to the Audit Tracker as approved by Leadership Team on 20 August and took **assurance** that Audit recommendation actions were being managed effectively. • **Considered** the Information Governance Performance Reports for Q4 and Q1 • 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 the 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. • **Considered** the proposed revisions to Standing Orders, Standing Financial Instructions and Reservations and Delegations of Powers and **recommended** the proposed changes to the Board for adoption. • Took **assurance** on the management of Corporate Risks within the Organisation. • **Noted** the progress updates in respect of the Risk Management Maturity Plan, and took **assurance** that the plan was on track to be delivered within the IMTP timeframes and aligned with Nursing, Quality and Integrated Governance Directorate (NQIG) work plans. • **Considered** and **noted** the full Strategic Risk Register for information. • **Considered** and **noted** the Committee Work Plan. The Committee (Part B): • **Noted** the NHS Performance and Improvement Audit and Corporate Governance Quarterly Assurance Report. • **Noted** the NHS Performance and Improvement's Internal Audit Progress Report.
Quality, Safety and Improvement Committee (10 September 2026)
The Committee: • Considered the Quality Governance Performance Report and:

  - **noted** the performance standards being achieved and areas for improvement, and the management of risk.
  - Took **assurance** that appropriate governance was in place to ensure safe, timely, effective, equitable, efficient and person-centred services.
- Took **assurance** that system leadership of the National Safeguarding Service was working across the Organisation as detailed in this report Annual Report.
- Considered a Population Health Deep Dive and:
  - Took **assurance** that the 2025 commitment to review and improve major health improvement programmes had translated into material programme and system change,
  - **Noted** the emerging contribution-based approach to demonstrating impact and value,
  - **Endorsed** the proposed rolling, proportionate review programme and next priorities,
  - **Agreed** to have a further report on Tackling Diabetes Together learning.
- Took **assurance** from the review of the 2025/26 staff flu vaccination campaign and the **proposed** delivery plan for the 2026/27 campaign.
- Took **assurance** on the winter/seasonal planning activities.
- Considered an in-depth session on Strategic Risk 3, which focused on the routine update on the risk and a detailed review of the controls, mitigating actions and assurance arrangements relating to the screening services element of the risk.
- Took **assurance** that Strategic Risk 3 was being managed appropriately and effectively.
- Took **assurance** that the Corporate Risk Register was being appropriately scrutinised.
- **Noted** the two Internal Audit reports and associated Tracker showing actions relevant to the Committee's remit.
- **Noted** the Committee Workplan and the highlighted changes.

For NHS Wales Performance and Improvement during quarter 1, 2026-27:

- **Noted** there were no reportable incidents to report.
- **Noted** there were no complaints to report.
- **Noted** one Claim received during this period and took **assurance** that Claims within the NHS Wales Performance and Improvement were being appropriately managed.
- **Noted** five incidents reported on Datix for this period and took **assurance** that the appropriate process had been followed within NHS Wales Performance and Improvement to manage these incidents.
- **Noted** there were no safeguarding issues to report.
- Took **assurance** that NHS Wales Performance and Improvement had appropriate measures in place to monitor compliance and to address areas identified for improvement.

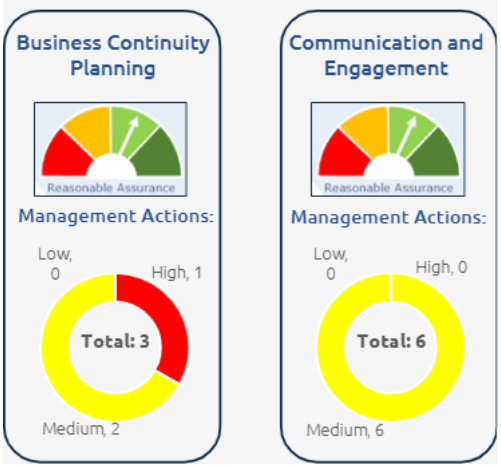
Delegated action taken by Committees:
Audit and Corporate Governance Committee (3 September 2026)
None

Quality, Safety and Improvement Committee (10 September 2026)
The Committee: • **Commented** on and **approved** the draft Annual Quality Report 2025-2026 (for publication in line with the requirements of the Duty of Quality). • **Approved** the Prevent Policy.

Key risks and issues/matters of concern of which the Board needs to be made aware:
Audit and Corporate Governance Committee (3 September 2026)
None.
Quality, Safety and Improvement Committee (10 September 2026)
The Committee expressed concern regarding the continued challenges associated with the Occupational Health delivery model for staff flu vaccination, noting that similar issues had been raised in previous years. Committee members questioned whether sufficient improvement had been achieved and highlighted concerns regarding provider capacity, accessibility of vaccination clinics, data quality and service delivery arrangements. The Committee noted that, while actions had been implemented to strengthen delivery for the forthcoming campaign, including the continuation of the voucher scheme and revised clinic arrangements, concerns remained regarding the provider's ability to consistently deliver the required level of service. The Committee emphasised the importance of monitoring the effectiveness of the revised arrangements during the 2026/27 campaign and supported consideration of alternative delivery models for future years.

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	None.
Internal and External Audit	The following Internal Audits were considered at Audit and Corporate Governance Committee meeting in September:  Business Continuity Planning (Reasonable Assurance) Communication and Engagement (Reasonable Assurance) These audit reports will also be submitted to the December Quality, Safety and Improvement Committee meeting. Digital Transformation — Management Actions: 10 *(Assurance ranking not included on External Audit Reports)* This audit report will also be submitted at the December Knowledge, Research and Information Committee meeting.

Workforce	Following discussion at the July People and Organisational Development Committee, work is underway in relation to equalities, with consideration being given to how this can be progressed on a cross-committee basis.
Risk	In-depth sessions on strategic risk are planned across each of the upcoming Committees. The Quality, Safety and Improvement Committee considered an in-focus session on strategic risk 3 which covered detailed review of the controls, mitigating actions and assurance arrangements relating to the screening services element of the risk.
Data and Digital	The Quality, Safety and Improvement Committee recommended that the Knowledge, Research and Information Committee consider digital opportunities in Screening Services. This was scheduled for the 15 September meeting.
Service Delivery	During a recent Board Development Session, a discussion was held regarding the mapping of Screening assurance across the Board and its Committees. This exercise has now been completed, with Screening assurance mapped across the Board, QSIC and KRIC to clarify reporting routes, responsibilities and assurance requirements. As a result, a number of amendments have been made to the reporting schedule to reduce duplication, strengthen alignment with committee remits and ensure proportionate oversight of screening-related matters.
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):	
People and Organisational Development Committee	15 October 2026
Quality, Safety and Improvement Committee	24 November 2026
Audit and Corporate Governance Committee	8 December 2026
Knowledge, Research and Information Committee	15 December 2026