GIG CYMRU NHS WALES
Iechyd Cyhoeddus Cymru
Public Health Wales

Committee Annual Report 2025/26

Introduction

Purpose of the Report

Public Health Wales has a range of Board Committees, which have key roles in the system of governance and assurance. The Board has five Board Committees established, whose purpose is to support the Board in the delivery of its role, the points below summarise the role of Committees:

- The organisation's activities are vast and complex: the Committees support the Board in covering the depth and breadth of the organisation's activities.
- Committees have a defined role which allows for a higher / deeper degree of scrutiny on behalf of the Board.
- Committees help ensure that the organisation operates effectively and meets its strategic objectives.
- Provides the Board with assurance that this is the case, obtaining assurance that systems and controls are working as they were designed to do.

During 2025/26 all five of the standing Board Committees were in operation, chaired by Non-Executive Directors. The Committees have key roles in relation to the system of governance and assurance, decision-making, scrutiny, development discussions, assessment of current risks, and performance monitoring.

The main purpose of this annual report is to summarise the work of the Committee during 2025/26, to assure the Board that the system of assurance is fit for purpose and operating effectively.

The report summarises the key areas of business activity undertaken by the Committee during 2025/26.

The Terms of Reference for each of the Committees are reviewed and approved by the Board on an annual basis.

The Terms of Reference are available here: https://phw.nhs.wales/about-us/publication-scheme/committee-and-sub-groups-terms-of-reference/

This year, the Committee Annual Report has been combined into a single report to summarise the work of the four standing Committees:

- Audit and Corporate Governance Committee
- Knowledge, Research and Information Committee
- People and Organisational Development Committee
- Quality, Safety and Improvement Committee

A summary of the Remuneration and Terms of Service Committee is provided as part of the Remuneration Report, within the Annual Report 2025/26.

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Committee Membership

Audit and Corporate Governance Committee

Membership and Attendance (1 April 2025 – 31 March 2026)

Committee	Chairperson	Committee Members	Executive Leads
Audit and Corporate Governance Committee	Nick Elliott, Non-Executive Director (Data and Digital) to 30 June 2025 and Kate Young, Non-Executive Director (Third Sector) from 1 July 2025	Huw David, Non-Executive Director (Local Government) From 1 June until 31 December 2025 Nick Elliott, Non-Executive Director (Data and Digital) from 1 July 2025 Tamsin Ramasut, Non-Executive Director, (Equality and Diversity) Until 30 June 2025	Angela Williams, Interim Executive Director Operations and Finance Paul Veysey, Board Secretary and Head of Board Business Unit

	May	June	Sept	December	March
Nick Elliott	✓ (Chair)	✓ (Chair)	✓	Apologies	✓
Kate Young	Not on Committee	Not on Committee	✓ (Chair)	✓ (Chair)	✓ (Chair)
Huw David	Not on Committee	✓	✓	Apologies	Not on Committee
Tamsin Ramasut	✓	Apologies	Not on Committee	✓ *	Not on Committee

- *Clare Jenkins, Vice Chair and Non Executive Director also attended the May, June and December Audit and Corporate governance Committee Meetings.*
- *The Chief Executive, Tracey Cooper, was also invited to attend every meeting and attends at least annually. The Chair of the Board, Pippa Britton has a standing invite to attend Committee meetings and attends at least annually.*
- *Other Directors and officers attended during the year to present reports which related to their areas of responsibility as required. Representatives from the Local Partnership Forum have a permanent invite to attend the Committee.*
- ** not on Committee, attended for Quorum*

Quality, Safety and Improvement Committee

Membership and Attendance (1 April 2025 – 31 March 2026)

Committee	Chairperson	Committee Members	Executive Leads
Quality, Safety and Improvement Committee	Clare Jenkins, Vice Chair of the Board, Non-Executive Director	Sian Griffiths, Non-Executive Director (Public Health) and Chair of the Knowledge, Research and Information Committee Nick Elliott, Non-Executive Director (Data and Digital) from 1 July 2025 Kate Young, Non-Executive Director (Third Sector) and Chair of the Audit and Corporate Governance Committee until 31 June 2025	Claire Birchall, Executive Director Nursing, Quality and Integrated Governance Meng Khaw, National Director Health Protection and Screening, Executive Medical Director

	June	August	September	November	February
Clare Jenkins	✓ (Chair)	✓ (Chair)	✓ (Chair)	✓ (Chair)	✓ (Chair)
Sian Griffiths	✓	Apologies	Apologies	✓	Apologies
Nick Elliott	Not on Committee	✓	✓	✓	✓
Kate Young	✓	Not on Committee	Not on Committee	Not on Committee	Not on Committee

- *The Chief Executive, Tracey Cooper, was also invited to attend every meeting and attends at least annually. The Chair of the Board, Pippa Britton has a standing invite to attend Committee meetings and attends at least annually.*
- *Other Directors and officers attended during the year to present reports which related to their areas of responsibility as required. Representatives from the Local Partnership Forum have a permanent invite to attend the Committee.*

People and Organisational Development Committee

Membership and Attendance (1 April 2025 – 31 March 2026)

Committee	Chairperson	Committee Members	Executive Lead
People and Organisational Development Committee	Kate Young, Non-Executive Director (Third Sector) to 30 June 2025 And Tamsin Ramasut, Non-Executive Director, (Equality and Diversity) from 1 July 2025.	Tamsin Ramasut, Non-Executive Director, (Equality and Diversity) Kate Young, Non-Executive Director (Third Sector) Huw David, Non-Executive Director (Local Government) from 1 July 2025, to 31 Dec 2025) Clare Jenkins, Non Executive Director and Vice Chair of the Board	Neil Lewis, Director of People and Organisational Development

	April	July	Sept	Oct	January
Kate Young	✓ (Chair)	✓ (Chair)	✓	Apologies	✓
Tamsin Ramasut	✓	✓	✓ (Chair)	✓ (Chair)	✓ (Chair)
Huw David	Not on Committee	Apologies	✓	✓	Not on Committee
Clare Jenkins	Apologies	✓	Apologies	✓	✓

- *The Chief Executive, Tracey Cooper, was also invited to attend every meeting and attends at least annually. The Chair of the Board, Pippa Britton has a standing invite to attend Committee meetings and attends at least annually.*
- *Other Directors and officers attended during the year to present reports which related to their areas of responsibility as required. Representatives from the Local Partnership Forum have a permanent invite to attend the Committee.*

Knowledge, Research and Information Committee

Membership and Attendance (1 April 2025 – 31 March 2026)

Committee	Chairperson	Committee Members	Executive Lead
Knowledge, Research and Information Committee	Sian Griffiths, Non-Executive Director (Public Health)	Nick Elliott, Non-Executive Director (Data and Digital) to 30 June 2025 Clare Jenkins, Non-Executive Director and Vice Chair of the Board from 1 July 2025 Tamsin Ramasut, Non-Executive Director, (Equality and Diversity) from 1 July 2025 Catherine Purcell, Non-Executive Director (University) from 9 December 2025	Iain Bell, National Director Public Health Data and Knowledge

	June*	September	December	March
Sian Griffiths	✓ (Chair)	✓ (Chair)	✓ (Chair)	✓ (Chair)
Tamsin Ramasut	Not on Committee	✓	✓	✓
Catherine Purcell	Not on Committee	Not on Committee	Apologies	✓
Clare Jenkins	Not on Committee	Apologies	✓	✓
Nick Elliot	Apologies	Not on Committee	Not on Committee	Not on Committee

- *For June meeting, Huw David Attended for quoracy.*
- *The Chief Executive, Tracey Cooper, was also invited to attend every meeting and attends at least annually. The Chair of the Board, Pippa Britton has a standing invite to attend Committee meetings and attends at least annually.*
- *Other Directors and officers attended during the year to present reports which related to their areas of responsibility as required. Representatives from the Local Partnership Forum have a permanent invite to attend the Committee.*

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Committee Governance

Committee Governance Arrangements

Reporting to Board

The Committees reported to the Board through a composite Chair's Report, providing an overview of items considered by the Committee and highlighting any cross-committee issues/themes or items needing to be brought to the attention of the Board.

The Composite Chair's Report is provided to the Board at the next Board meeting following the Committee meeting. This is a written update that is published with the agenda for the Board meeting.

Where the timescales do not allow for a written update to Board (i.e where the Committee meeting is within a week of the Board), a verbal update is provided by the Chair to the Board, and a formal written update is provided to the Board meeting following.

Draft minutes are circulated to the Committee for comment following the meeting, following which the unconfirmed minutes are published on the website.

Reporting outside of Committee / Chairs Action

There is a process in place to approve reports out of Committee meeting where required; this is consistent with the Chair's Action process in place for Board.

There have not been any reports which have been considered out of Committee this year.

Workplans

The Committee Work Plans ensure that the Committees discharge their responsibilities in a planned manner.

It assists with agenda planning and is updated during the year to ensure that the Committee considers any additional items which may arise during the year.

Each of the Committees has had a work plan in place this year, and reported to Board in May 2026 for assurance.

The 2026/27 Work Plans are being finalised and will be submitted to Board in May 2026. This year, the workplans include an assurance map and reference to the cross Committee working arrangements.

Action Log

In order to monitor progress and any necessary follow up actions, the Committee has an Action Log which captures all agreed actions and tracks their implementation. This provides an essential element of assurance to the Committee and from the Committee to the Board.

Committee Governance Arrangements

Cross Committee Working

The Committees have continued to work closely together this year, and have been developing and strengthening the approach.

During 2025/26, the Committee Chairs have continued with the agreed approach to Cross Committee working, to manage referrals and items for which there is crossover with other Committees, this has then been developed and mapped against the work plans.

This year, any referrals between Committees have been managed via co-ordination through the Board Business Unit. There have been referrals this year between the Committees, which have been managed between the Committees. The Cross Committee Chairs group have reviewed the approach in 2025/26 and continue to consider improvements / developments in the approach for 2026/27.

The following cross over areas have been identified and managed this year:

Current Cross Cutting Issues - Summary		
Current Cross Cutting Issues	**Primary Committee**	**Secondary Committee/s**
Information Governance	ACGC	KRIC
Internal and External Audit	ACGC	All
Risk	ACGC	All
Workforce	PODC	All
Data and Digital	KRIC	QSIC , ACGC
Service Delivery	QSIC	KRIC, PODC
Equality:		
1. Our Workforce, Board and Committees	PODC	QSIC, KRIC
2. Listening to and Understanding our People	PODC	QSIC, KRIC
3. Fair Pay	PODC	QSIC, KRIC
4. Culture and Leadership	PODC	QSIC, KRIC
5. Data and Systems	KRIC	QSIC, PODC
6. Access to Services and our Environment	QSIC	KRIC, PODC

Committee Effectiveness

During the year the Committee has continued to review and revise its ways of working to optimise the need for a robust governance approach and balance the need reduce pressure on staff during this time.

The Committees continued to review its effectiveness thorough the year, to ensure effective use of time and ensure it fulfilled its role to provide assurance to the Board, this includes a formal Committee effectiveness review process which took place in February 2026.

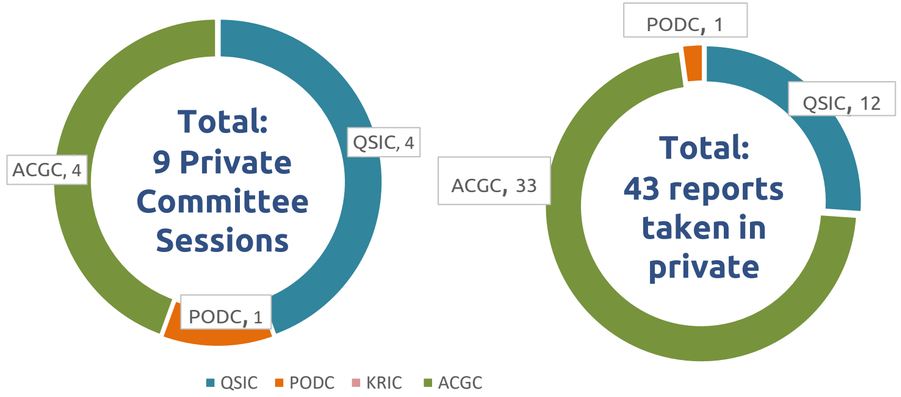
Key themes emerging from this are included in the Committee Effectivness section.

The outcome and recommendations following this review will be reported to each of the Committees, and the Board in Quarter 1 2026.

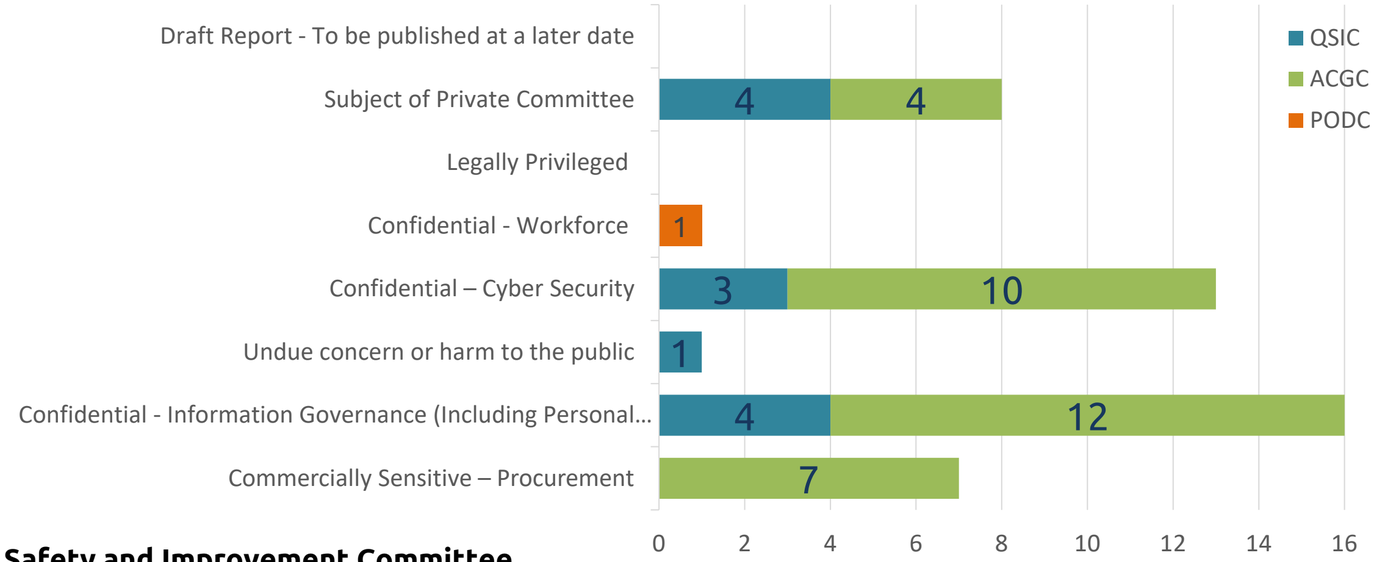
Committee Governance Arrangements

Matters in Private

The Committees held a Private Committee session where required in 2025/2026 to consider business of a confidential nature, considering aspects of significant issues.



Below is the summary of the number of items considered in private session, broken down by the categories listed in the Private Meeting Protocol:



Audit and Corporate Governance Committee

- Cyber Security, quarterly reports (4)
- Strategic Risk (Cyber Security) (4)
- Procurement including procurement reports (4) and debtors write off report (1), HPSS Procurement Plan (2)
- Finance, including quarterly losses and special payment (4)
- Quarterly update reports from Counter Fraud (4)
- Quarterly Integrated Governance reports, extracts showing data breaches from the public report (4)
- Minutes of Private Committee meetings (4)
- Audit Recommendations Tracker (2) for actions relating to Business Continuity and Cyber Security.

Quality, Safety and Improvement Committee

- Quarterly Reports for assurance on the Organisation's effective management of Claims and Redress (4)
- Reviewed and recommended a revised emergency response plan to the Board for final approval. A redacted version of this plan was later published. (1)
- Extract of the Audit Recommendations Tracker for actions relating to Business Continuity (3)
- Minutes of Private Committee meetings (4)

Knowledge, Research and Information Committee

- No private sessions.

People and Organisational Development Committee

- Speaking Up Safely Annual Report (1)

NHS Performance and Improvement Unit – Part B

This year, the Committees have considered assurance reports from the NHS Performance and Improvement Unit (NHS P&I) relevant to their remits. The Assurance schedule mirrors the level of assurance reporting within Public Health Wales. The role of the Committees in reviewing assurance from the hosted organisation, is to provide assurance to the Board that the appropriate governance arrangements are in place within the NHS P&I to comply with the arrangements in place within Public Health Wales .

Annual Assurance Statement

The Annual Assurance statement for 2024/25 was considered by the ACGC in May 2025.

The Annual Assurance statement for 2025/26 is due to be presented ACGC in May respectively for this period. This covers:

Governance (to be reported to ACGC)

- Financial Governance
- Estates and Capital Governance
- Board, Corporate and Hosting Governance

Regular Assurance Reporting to Committees

Audit and Corporate Governance Committee

Quarterly Assurance report covering:

- Risk Management (Quarterly)
- Audit Activity (Quarterly)
- Counter Fraud Compliance (Quarterly)
- Information Governance compliance (Quarterly)
- NHS Performance and Improvement Agreements Register (Bi-Annual)
- Declarations / Registers (Bi-Annual)

Quality, Safety and Improvement Committee

Quarterly Assurance report covering:

- Health and Safety Compliance
- National Reportable Incident Reporting compliance
- Complaints (including PTR if applicable) compliance
- Claims reporting
- DATIX compliance
- Safeguarding compliance

People and Organisational Development Committee

Bi-Annual Assurance report covering:

- Equality, Diversity and Inclusion (Bi-Annually)
- Welsh Language (Bi-Annually)

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Committee Assurance Quality, Safety and Improvement Committee

People Governance

Quality, Safety and Improvement Committee

The Committee's role is to provide assurance to the Board that there are appropriate and effective systems in place for areas within its remit, including ensuring that there are appropriate development and quality improvements. The Committee's programme of work was designed to ensure that it was able to discharge fully the provisions of its Terms of Reference and areas of remit:

Quality and Improvement (Including Clinical Governance, Putting Things Right, Serious Incidents)

The Committee:

- Approved the **Duty of Quality Annual Report 2025** which celebrated the Organisation's achievements within healthcare standards and identified areas requiring further improvement.
- Took assurance via the **Duty of Candour Annual Report 2025** that Duty of Candour cases were being managed in accordance with regulatory guidance and the relevant policies and procedures, including organisational learning and the reasonable assurance received from the Internal Audit report.
- Took assurance via the **Putting Things Right Annual Report 2025** on the Organisations effective management of the Putting Things Right Regulations (2011).
- Considered a **Complaints and Incidents deep dive** and patient story which focused on service user engagement, and improvement work around processes, investigation and shared learning.
- Took assurance on the **NHS Performance and Improvement Unit Quarterly Governance Compliance** report, on areas including health and safety, safeguarding, reportable incidents, complaints and claims.
- Took assurance on the Organisation's effective management and learning from **Claims, Redress and Duty of Candour incidents and inquests** (taken in private session).

The Committee considered the **Quality Governance Performance Report** which continued to refine the approach to quality reporting, aligned to the Health & Care Quality Standards.

The Committee noted the performance standards being achieved and areas for improvement, and took assurance that appropriate governance was in place to ensure Safe, Timely, Effective, Efficient , Equitable and Person Centered services.

Quality, Safety and Improvement Committee

Safeguarding

The Committee:

- Took assurance on the arrangements in place for the Organisation to meet its Safeguarding responsibilities through the:
  - **NHS Safeguarding Network for Wales Annual Report** 2024-25
  - Quarterly Safeguarding updates via the Quality Governance Performance Reports.
  - The Safeguarding Group Terms of Reference

Infection Prevention and Control (IPC)

The Committee:

- Took assurance on the arrangements in place for the Organisation to meet its **Infection Prevention and Control** requirements through the:
  - **Staff Influenza Vaccination Campaign Annual Report** for 2024-25 and the programme for 2025-26.
  - Quarterly IPC updates via the Quality Governance Performance Reports.
  - The IPC Group Terms of Reference

Service User Experience (Engagement)

The Committee:

- Took assurance on the arrangements in place to monitor the voice of the **service user** as being central to improving the quality and effectiveness of services, functions and programmes.
- Considered a presentation on the activities being undertaken to support **engagement with the public**, in support of the long-term strategy.

Risk

The Committee:

- Took assurance on the management of both **strategic and corporate risks** within remit of the Committee.
- Noted the change from Strategic Risk 5 to Strategic Risk 3.

Clinical Audit

The Committee:

- Took assurance on the **Quality and Clinical Audit Annual Report** for 2024-25 and approved the plan for 2025-26.
- Took assurance against the plan via the quarterly updates in the Quality Governance Performance Reports.

Policies

The Committee:

- Considered bi-annual reports on the **status of policies**, procedures and other written control documents within its remit, and took assurance on the management of the review of Policies within its remit.
- Approved 6 policies within its remit during 2025-26.

Quality, Safety and Improvement Committee

High Quality and Safe Public Health Services and Functions

The Committee:

- Took assurance that there was a focus on delivering quality **screening programmes** in support of excellent public health services for the population of Wales.
- Considered the challenges and mitigating actions within **Bowel Screening Wales**, with a focus on colonoscopy waiting times, including escalation and joint meetings with Health Board Chief Executives.
- Considered a **deep dive** into **screening services**, which included in-depth assurance and improvement reports on Breast, Bowel and Diabetic screening services, alongside a focus on performance and key improvements.
- Considered an update on the **Breast Test Wales** Healthcare Inspectorate Wales re-inspection and Breast Test Wales Review.
- Took assurance on the progress of actions to strengthen governance around **Medicines Management** within the organisation.
- Took assurance on the 2025-26 **winter/seasonal planning** approach and implementation for Health Protection and Infection Services, via planning, implementation and post implementation update reports.
- Took assurance in relation to the organisation's compliance with the requirements of the Civil Contingencies Act [2004] and the NHS Wales Emergency Planning Core Guidance [2015]. It also took assurance on the review of the **Emergency Response Plan and Business Continuity Strategy.** The Committee approved the **Health Emergency Planning Annual Report.**
- Considered a **deep dive** into the **Infection Division,** which provided an overview of the service and scope across Wales, and the impact of improvement works on patient care, service efficiency and alignment with quality principles.

Health and Safety

The Committee:

- Considered quarterly **Health and Safety** progress reports, taking assurance that measures were in place to monitor compliance with Health and Safety requirements using audits, Datix, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) reporting and supported by appropriate policies and procedures, and that areas identified for improvement were addressed.
- Considered a **deep dive** into the organisation's Health and Safety management and delivery arrangements, noting the work to ensure safe environments.
- Took assurance on the **Health and Safety Annual Report** for 2024-25, the workplan for 2025-26, and the Health and Safety Groups Terms of Reference.

Health Improvement and Population Health

The Committee:

- Considered a high-level overview of the **Population Health Programmes** delivered by the Health and Wellbeing Directorate and their associated governance arrangements and system-wide improvement aims.
- Considered an update on the **Oral Health** programme and took assurance that the dental public health team was working effectively to deliver its national strategic leadership role for population oral health improvement, oral health intelligence and other dental public health functions.

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Committee Assurance

Audit and Corporate Governance Committee

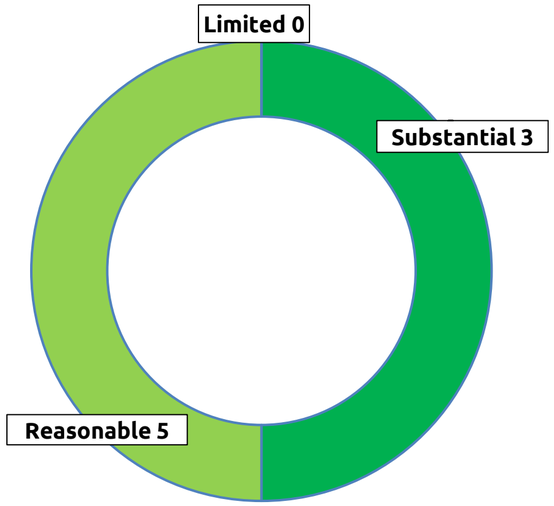
Audit and Corporate Governance Committee

The Committee's role is to provide assurance to the Board that there are appropriate and effective systems in place for areas within its remit, the Committee will seek assurance that the functions within its remit meet the standards set for the NHS in Wales and provide comment on the reliability and integrity of these functions. The Committee's programme of work was designed to ensure that it was able to discharge fully the provisions of its Terms of Reference and areas of remit:

Internal Audit Function

The Committee:

- Took assurance from the Head of Internal Audit Opinion for 2025/26 and Annual Report for 2025/26, noting the Organisation had received an overall reasonable assurance.
- Considered regular **Internal Audit Progress Reports**
- Considered the Final Internal Audit workplan for 2025/26 and subsequently a draft for approval for the 2026/27 work plan.
- Considered **10 completed Internal Audit Reports**.
- The Committee noted that **no** Reports had been received with Limited Assurance this year.



Summary of Audits 2025/26

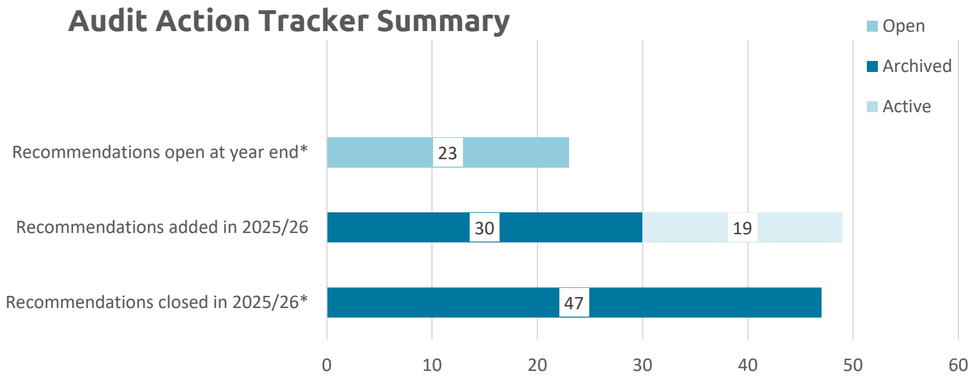
Substantial Assurance	• Policies and procedures management • NHS Performance & Improvement – Hosting Arrangements • Financial Management • Cyber Security • Welsh Risk Pool
Reasonable Assurance	• Non-core funding – Health Improvement • Speaking up Safely (SUS) • Workforce – Mental health support • Corporate risk register effectiveness • Digital Audit Logging
Limited Assurance	None
Unsatisfactory	None
Advisory/Non-Opinion	None

Audit and Corporate Governance Committee

Recommendations from External and Internal Audits – Year End Position

Considered a quarterly report on the **Audit Recommendations Tracker** and the report from the Leadership Team, taking assurance on its effective management.

This report highlighted the current position and progress made to implement the management actions arising from internal and external audit recommendations.



Audit and Corporate Governance Committee

Financial and Accounting Arrangements (including procurement)

The Committee:

Accounts

- Considered a presentation on the **draft 2024/25 accounts** which outlined key performance targets, statutory and administrative duties and went on to recommend the financial accounts, **Audit Wales Annual Opinion (ISA 260)** and **Accountability Report** to the Board for approval.
- Took assurance that the Trust had an **appropriate plan** in place for the production of the Financial Statements and Accountability Report for 2024/25 in line with the statutory deadlines.

Procurement

- Took assurance that **procurement activity, losses and special payments**, the writing-off **of bad debts and claims abandoned** had been made in accordance with the requirements of the Standing Financial Instructions.
- Took assurance that the **write off of obsolete stock** had been approved in accordance with the Financial Scheme of Delegation.

Systems of Risk and Internal Control

The Committee:

- Reviewed the system of risk and internal control in place within Public Health Wales, including that there is an effective system in place for review of the Risks by the relevant Committees.
- Considered the **Strategic Risk Register** and **Corporate Risk Register**.
- Took assurance on the development of the **Risk Management Maturity Plan.**

Information Governance and Data Breaches

The Committee:

- Took regular assurance on the **Quarterly Integrated Governance Performance Report** which outlined key information related to Information Governance performance such as **Freedom of Information requests, Subject Access requests, staff training, records management updates and data breaches**.

External Audit Function (Audit Wales)

The Committee:

- Considered the Audit Wales Audit of Accounts report for 2024/25 and financial statements, noting the unqualified audit opinion.
- Considered the Draft External Audit Work Plan for 2026/27 which outlined areas of audit investigation and considered regular progress reports during the year.
- Considered 2 external audit reports:
  - Annual Audit Report for 2024-2025
  - Structured Assessment report for 2025.

Audit and Corporate Governance Committee

Corporate Governance and Assurance Arrangements

The Committee:

- Recommended the adoption of the latest model of **Standing Financial Instructions** to the Board.
- Took assurance on Public Health Wales' **compliance with Corporate Governance** in Central Governance Departments: Code of Practice 2017.
- Approved **2** policies within its remit during 2024-25
- Considered bi-annual **Governance updates**, taking assurance on:
  - The implementation of **Standards of Behaviour; Policy** (Board and Staff Declarations of Interests and Gifts and Hospitality);
  - The management of the process for ensuring the Organisation's compliance with **Welsh Health Circulars;**
  - The management of the **Joint Working Framework;**
  - Prioritisation and progress being made to review corporate **Policies and Procedures** within the remit of the Committee.

Approved **3** policies

Hosting Body Arrangements

The Committee:

- Took assurance that **NHS Wales Performance and Improvement** had complied with standing orders and financial instructions, policies and procedures during 2024/25.
- Took assurance on the Hosting arrangement for 2024/25.

Cyber Security Arrangements

The Committee:

- Regularly took assurance on the management of the **Cyber Security** related Strategic Risk within the Organisation, considering these updates at each Private meeting.
- Considered the Cyber Security Assurance report, Cyber Security Assessment and reported findings from Digital Health Care Wales in the Private meeting.

Counter Fraud Arrangements

The Committee:

- Regularly took assurance on the management of the **Counter Fraud** arrangements within the Organisation, considering these updates at each Private meeting.

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Committee Assurance

People and Organisational Development Committee

People and Organisational Development Committee

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Workforce Matters

The Committee:

- Considered the progress with the implementation of action 599, resulting from the Audit Wales report into the Review of Workforce Planning Arrangements within Public Health Wales
- Took assurance on the work into **Organisational Change Management**, which focused on the support provided to facilitate effective Organisational Change within the Organisation. This aimed to realise the goal of the People and Organisational Development Directorate to develop a flexible, sustainable and thriving workforce with the capacity to deliver the proposed Long-Term Strategy.
- Took assurance on the **Annual Registration Audit 2024-25**, which provided assurance that all registrants across Public Health Wales were appropriately registered with the relevant body.
- Took assurance on **sickness absence** and management of sickness absence updates following the deep dive.
- Considered an update on the refreshed **People Strategy**
- Took assurance on the **NHS Performance and Improvement Report**, which detailed report which covered the work towards addressing Equality, Diversity and Inclusion and Welsh language reported concerns and grievances, and plans around workforce planning.
- Approved the revised **Disclosure and Barring Service (DBS) Policy**, emphasising its role as a significant mitigator of Corporate Risk 1541.
- Noted the approved **Nursing and Midwifery Objectives** for 2025-26

Organisational Development

The Committee:

- Took assurance on the progress to realise the vision within the People Strategy
- Took assurance that the implementation of the **Job Family Approach** was progressing in line with the People Strategy implementation plan and associated IMTP commitment.
- Took assurance on the work towards the **IMTP commitment** to create and exceptional employee experience, including the development of an Employee Experience Roadmap.

People and Organisational Development Committee

Staff Engagement and Partnership Working with Trade Unions

The Committee:

- Took assurance on the progress of the **Culture Action Plan** as part of the action associated with Strategic Risk 4 to deliver desired culture through a high-level action plan.
- Considered regular updates from the **Local Partnership Forum** and took assurance on the annual report, which had focused on strategic issues, and had been crucial in driving the Organisation's work into culture and employee value proposition.
- Took assurance on the progress made with **Trade Union partnership** working arrangements.
- Considered an update on the **Staff Networks** and took assurance on the progress with actions and requests made to the Board by the Staff Diversity Networks to date.
- Considered an overview of the results of the 2024 **staff survey.**

Workforce Equality, Diversity and Human Rights

The Committee:

- Took assurance on progress made towards the organisation's **Strategic Equality Plan** 2024-2028 objectives.
- Considered the findings and approved the **Annual Equalities Report 2024-25**.
- Considered the findings and approved the **Gender Pay Gap** Annual Report 2024-25.

Risk

The Committee:

- Regularly considered and took assurance on the management of both **strategic and corporate risks** within remit of the Committee.

Policies

The Committee:

- Considered bi-annual reports on the status of policies, procedures and other written control documents within its remit, and took assurance on the management of the review of Policies within its remit.
- Approved 6 **policies and procedures** within its remit during 2025-26.

Approved 5 policies

People and Organisational Development Committee

Welsh Language Provision

The Committee:

- Took assurance on the Organisation's efforts to embed the requirement for the provision of **Welsh Language** in its work throughout the Organisation via regular Welsh Language compliance updates. These included a focus on areas of progress such as the work underway improve the Welsh translation system, the work to embed a **bilingual culture** within the Organisation, and the identification and plan to address areas of weakness.
- Took assurance on the **Welsh Language Annual Report 2024-25, More than Words Annual Report** and the introduction of the Welsh Translation Portal.

Deep-Dives

- People and OD IMTP commitments for 2025-26
- Culture and Engagement (Including the 2024 Staff Survey Results)
- People Strategy
- Sickness Absence (including data quality improvements)
- Sickness Absence

Speaking Up Safely and Raising Concerns

The Committee:

- Considered the **Speaking Up Safely Annual Report** (previously Raising Concerns Annual Report) and took **assurance** on the management of speaking up safely within the organisation.

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Committee Assurance

Knowledge, Research and Information Committee

Knowledge, Research and Information Committee

The Committee's role is to provide assurance to the Board that there are appropriate and effective systems in place for areas within its remit, including ensuring that there are appropriate development and quality improvements. The Committee's programme of work was designed to ensure that it was able to discharge fully the provisions of its Terms of Reference and areas of remit:

Research and Evaluation

The Committee:

- Considered regular updates on the implementation of the **Research and Evaluation Strategy**, which aimed to make measurable improvements to the health of the population in Wales by leading and supporting population-level health research and evaluation. It also highlighted areas of research which would be crucial to the Organisations role to deliver on its Long-Term Strategy. The updates included the following areas:
  - **Academic Public Health research: the vision and subsequent identification of relevant strategic partners.**
  - **Academic Institutions: including efforts to develop strong strategic partnerships including Cardiff and Bangor Universities, as well as other Universities.**
- Regularly considered and took assurance on the development of an **Outcomes Framework** to measure the impact of Public Health Wales's work.

Digital

The Committee:

- Considered updates on the implementation of the **Digital and Data Strategy**, noting the progress of delivering the Strategy through the agreed Routemap and has robust governance in place for managing digital and data work, including through linked programmes.
- Considered the development on the use of **artificial intelligence (AI)** within the organisation.

Analysis and Data Science

The Committee:

- Considered and took assurance on the implementation of the findings of the annual **Monitoring Impact Report**, noting the areas identified for improvement and the plans to formulate detailed actions plans to take forward the findings.

Knowledge, Research and Information Committee

Knowledge and Impact

The Committee:

- Considered and supported the work undertaken to deliver and improve Public Health Wales screening programmes as part of **Strategic Priority 5**.
- Considered and took assurance the progress to date against **Strategic Priority 1** (Influencing the Wider Determinants of Health) and the planned next steps.
- Considered and took assurance on the progress to date of the **International Health Strategy**, which included Public Health Wales becoming a WHO Collaborating Centre in Digital Health Equity.
- Took assurance that research, data, evidence and evaluation activity is progressing to support **Strategic Priority 2** (Promoting Mental and Social Wellbeing).
- Took assurance on the **Pathogen Genomics Delivery Plan** for 2026-2029.
- Took assurance on progress to date and plans for future of the Our Approach to **Health Inequalities** programme.
- Took assurance that research, data, evidence and evaluation activity is continuing to support **Strategic Priority 3**: Promoting Healthy Behaviours.

Risk

The Committee:

- Regularly considered and took assurance on the management of both **strategic and corporate risks** within remit of the Committee.
- Considered **Strategic Risks 1, 4 and 5** under the remit of the Committee.

Policies

The Committee:

- Considered bi-annual reports on the status of **policies, procedures** and other written control documents, and took assurance on the management of the review of Policies within its remit.

Knowledge, Research and Information Committee

Deep Dives

The Committee undertook the following cross cutting deep dives based on the Organisation's strategic priorities:

- Priority 4 (Supporting the development of a sustainable health and care system focused on prevention and early intervention)
- Primary Care
- Innovation within Infection Services

Updates

The Committee considered the following updates to deep dive items from previous meetings:

- Inequalities – Inclusion
- Priority 5 (Protecting Public from infection and environmental threats to health) - National Population Screening Programmes
- Priority 1 (Influencing the wider determinants of health)

Committee Effectiveness Review 2025/26

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Committee Effectiveness Review 2025/26 – Summary of Approach

- We issued one combined survey for all Committees to avoid multiple asks for those who sat on more than one Committee.
- The survey contained a specific questionnaire for each Committee, and some questions that focused on the overall breadth of the Committees.
- Participants were encouraged to leave some general comments relevant to specific Committees, and the Committees as a whole.
- The questions were based primarily on the Audit Committee handbook (2012) suggested self-assessment questions
- Online questionnaire was circulated in January 2026 to Committee Members, Execs and regular attendees
- 5 responses were received to the survey.
- Results were incorporated into Committee Work planning and Effectiveness Workshop discussions held with each Committee in February 2026.

Discussion Points from the Survey Results

PODC Specific:

- Effectiveness of scrutiny and Challenge
- Hearing from service users/staff
- Member training on specific plans (EDI, Workforce, Welsh Language)
- Members want more comprehensive workforce and people-related data to improve decision-making and scrutiny.

General:

- A recurring issue is the simultaneous onboarding of several new NEDs, which led to:
  - Loss of continuity
  - Reduced long-term committee knowledge
  - A sense of temporary disruption

QSIC Specific:

- Broadly positive in all areas
- Appetite for improvement in enhancing scrutiny and service user engagement

ACGC Specific:

- Hearing from service users/staff
- Performance Management Process

KRIC Specific

- No issues raised, broadly positive in all areas

Summary of Discussions at Workshop

Key Themes discussed Across all Committees:

- **Cross-Committee Coordination:** Addressing siloed working, strengthening alignment between committees (notably QSIC and KRIC), and improving agenda planning and chair-level engagement.
- **Strategic Alignment & Intelligence Sharing:** Aligning Committee agendas, coordinating deep dives, and sharing intelligence to maximise assurance and prevent duplication.
- **Staff Voice & Evidence-Based Reporting:** Emphasising informed employee and service user input, reviewing how staff voices are heard (direct vs indirect), and seeking clearer evidence in committee reports (case studies, impact stories, examples of failure).
- **Risk Management & Assurance:** Enhancing risk visibility in Committee, linking directorate risks to corporate risks, and considering whether strategic risks should be reviewed across multiple committees with different lenses.
- **Committee Work Plan & Deep Dive Approach:** Balancing systematic planning with agile, responsive deep dives; developing mechanisms to trigger deep dives based on emerging risks; ensuring meaningful assurance and avoiding unnecessary reporting.
- **Scrutiny & Assurance Mechanisms**: Consider how informal Committee sessions and one-to-one meetings between executives and non-executives to supplement formal reporting, or whether an in private concerns and risk item would help draw out the Execs areas of concerns systematically.
- **Quality Management Tools:** Considering adopting quality management systems for focused, routine assurance and informed deep dive selection.

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Themes and Improvement Identified

The following actions aim to strengthen Committee processes, clarify responsibilities, and support ongoing development and assurance:

- Adopt a more agile approach to Deep Dives, ensuring responsiveness to Executive concerns.
- Consider the use of Executive Summaries for items suitable for a lighter touch, to streamline meeting processes while maintaining oversight.
- Consider how informal Committee sessions and one-to-one meetings between executives and non-executives to supplement formal reporting
- Develop an induction pack for all Committees, including information on skill set requirements and training.
- Improve risk mapping across Committees to enhance understanding and oversight.

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Assurance to Board

Assurance to the Board

2025/26

The Committees wish to assure the Board that on the basis of the work completed by the Committee during 2025/26:

- That the Committees are fit for purpose, operating effectively and fulfilling their terms of reference;
- That effective measures and processes were place to oversee and coordinate Committee activity;
- That there no outstanding issues that the Committees wishes to bring to the attention of the Board over and above the risks and issues already raised in the Committee Chairs composite report or that are already visible in the Strategic Risk Register and corporate risk register.

Planned Activity

2025/26

- The Work plans for each of the Committees will be presented to the Board for assurance in May 2026; these contain a summary of how the Committees intends to fulfil their Terms of Reference next year.
- The Committee terms of reference are being reviewed following the discussion as part of the effectiveness review. There have been no major changes identified concerning remit or scope. Any minor changes will be recommended to the Board for approval at its meeting in May 2026.
- A summary of the Committee effectiveness themes and considerations for this year has been provided as part of this report and identifies the key improvements this year.

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