Unconfirmed Minutes of the Public Health Wales
Audit and Corporate Governance Public Session Committee Meeting Part B
(NHS Wales Performance and Improvement)
3 September 2026, 11:00 via Microsoft Teams

Present		
Clare Jenkins	(CJ)	Non-Executive Director and Vice Chair of the Board, Chair of the meeting
Nick Elliott	(NE)	Non-Executive Director, Digital and Data
Huw David	(HD)	Non-Executive Director, Local Government
In Attendance:		
Iain Bell	(IB)	National Executive Director of Research, Data and Digital
Liz Blayney	(LB)	Deputy Board Secretary and Deputy Head of the Board Business Unit
Leanne Clarke	(LC)	NHS Wales Financial Management Graduate (Observing)
Paul Dalton	(PD)	Head of Internal Audit, Audit and Assurance Services, NHS Wales Shared Services Partnership
Katrina Febry	(KF)	Audit Wales
Sophie Fuller	(SF)	NHS Wales Performance and Improvement (for item 3.1)
Ian Kent	(IK)	Head of Financial Reporting and Control
Alexander Rees	(AR)	Board Support Officer
Stuart Silcox	(SS)	Assistant Director of Integrated Governance
Neil Stoodley	(NS)	Interim Head of Finance
Martin Veale	(MV)	Independent Adviser
Apologies		
Kate Young	(KY)	Chair, Non-Executive Director, Third Sector
Catherine Purcell	(CP)	Non-Executive Director, University
Pippa Britton	(PB)	Chair of the Board
Chris Clayton	(CC)	NHS Wales Performance and Improvement, Managing Director
Tracey Cooper	(TC)	Chief Executive
Claire Birchall	(CB)	Executive Director of Nursing, Quality and Integrated Governance
Bree Gatica-Wilcox	(BG-W)	Staffside Representative
Paul Veysey	(PV)	Board Secretary and Head of the Board Business Unit
The Meeting opened at 11:00		

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ACGC 1/2026.09.03	Welcome and Apologies for Absence

CJ opened the meeting and welcomed all present, noting that the meeting was held electronically.

The apologies for absence received were **noted**.

The Committee **noted** that the meeting was being recorded to support the accuracy of the minutes, the recording would be deleted once the minutes had been agreed at the next meeting in December 2026.

ACGC 2/2026.09.03	Declarations of Interest

There were no declarations of interest in addition to those already declared on the Declarations of Interest Register.

ACGC 3/2026.09.03	NHS Wales Performance and Improvement (NHS Wales P and I)
ACGC 3.1/2026.09.03	NHS Wales Performance and Improvement - Quarterly Corporate Governance Assurance Report

SF presented the NHS Wales Performance and Improvement's (NHS Wales P&I) Quarterly Corporate Governance Assurance Report, which covered the following areas of compliance: Risk Management, Audit and Procurement, Counter Fraud Compliance and Information Governance. The report covered the period 1 April 2026 to 31 July 2026.

SF highlighted:

- There remained one risk relevant to Public Health Wales, however introduced measures had made significant progress to address it, and the risk was approaching an acceptable level. The measures included the introduction of a new incident review and learning process to strengthen learning from incidents and ensure actions were implemented.
- Delivery of some actions within the Internal Audit Plan had been impacted by organisational changes and evolving governance arrangements. This had resulted in delays to the Professional Accountability Framework, and crisis management and business continuity arrangements. SF advised that training sessions had been scheduled for September, and it was anticipated that the remaining actions would be progressed accordingly.
- The one reported procurement breach related to a contract that exceeded its financial limits. The matter had been fully investigated, and a revised onboarding process had been implemented to prevent recurrence.
- No counter fraud activity had been reported during the period and statutory and mandatory training compliance remained above the national target.

The Committee thanked SF for the report.

The Committee:

- Welcomed the continued improvement in the report, and sought assurance

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that the Committee would receive confirmation of the learning and actions implemented in response to the procurement breach. SF confirmed that this would be shared outside the meeting.

Action: SF

- Noted that all reforecast dates shown in the report had passed, and sought clarification on whether any actions remained at risk of further delay. SF confirmed that the actions had now been delivered, and advised that one action related to professional leadership arrangements remained outstanding. This action had been reforecast to the end of October due to ongoing clinical leadership discussions.
- Suggested that future reports included a summary extract from the relevant risk register to provide greater visibility of risk scores, ownership, action plans, and progress.
- Suggested that proactive Counter Fraud activity should be reflected within future reports. SF agreed and advised that counter fraud awareness activity would be included in future reporting.
- Noted that the final recommendation referred to non-compliance without clearly identifying the issue being referenced. SF acknowledged this and agreed to amend the wording.
- Noted that the Committee had previously agreed that an update from the Counter Fraud Team would be presented to provide assurance that appropriate activity had been undertaken and that no matters of concern had arisen. SF agreed to raise the matter with the Counter Fraud Team.
  Action: SF

The Committee:
Noted the contents of the report and took assurance that effective arrangements were in place for related processes for the period 1 April 2026 – 31 July 2026:

Risk Management (Quarterly)

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

Audit Activity (Quarterly)

- Took **assurance** that Audit activity within the NHS Wales Performance and
- Improvement was being appropriately managed through the Annual Plan of Audit Activity.
- **Noted** that 1 Audit had been completed in the period, with details included in the report to the Committee, along with the management responses.
- **Noted** that 1 Audit was currently being planned during this period.
- **Noted** that there was 1 breach being reported for this period.
- Took **assurance** that the management responses for the procurement Audit had been reported to Welsh Government for accountability, and that the NHS Wales Performance and Improvement was appropriately acting upon the matters raised in the Audit through the implementation of the management response.

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Counter Fraud Compliance (Quarterly)

- **Noted** that there had been no reported Counter Fraud activity within NHS Wales Performance and Improvement.

Information Governance compliance (Quarterly)

- Took **assurance** that the NHS Wales Performance and Improvement had complied with Public Health Wales Information Governance Policy and processes.
- Took **assurance** that the non-compliance had been reviewed and discussed with the Public Health Wales Information Governance lead and appropriate action taken.

ACGC 3.2/2026.09.03	**NHS Wales Performance and Improvement, Internal Audit**

PD introduced the NHS Performance and Improvement's Internal Audit Progress Report, which outlined progress against the Internal Audit Plan.

PD drew the Committee's attention to Appendix A of the report and advised that progress was being made against the programme; one review was being finalised and had been given a reasonable assurance opinion and planning had commenced on the second internal audit review scheduled for the year.

The Committee **noted** the Progress report.

ACGC 4/2026.09.03	**Closing Administration**

The Committee was asked to provide feedback on the meeting to LB.

Date of next Committee meeting:

8 December 2026

CJ thanked everyone for their contributions and closed the Part B meeting.

The Meeting closed at 11:13

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Draft Minutes of the Public Health Wales
Audit and Corporate Governance Public Session Committee Meeting Part A
03 September 2026, via Microsoft Teams

Present		
Clare Jenkins	(CJ)	Non-Executive Director and Vice Chair of the Board, Chair of the meeting
Nick Elliott	(NE)	Non-Executive Director, Digital and Data
Huw David	(HD)	Non-Executive Director, Local Government
In Attendance:		
Iain Bell	(IB)	National Executive Director of Research, Data and Digital
Liz Blayney	(LB)	Deputy Board Secretary and Deputy Head of the Board Business Unit
Leanne Clarke	(LC)	NHS Wales Financial Management Graduate
Nathan Couch	(NC)	Audit Wales
Paul Dalton	(PD)	Head of Internal Audit, Audit and Assurance Services, NHS Wales Shared Services Partnership
Katrina Febry	(KF)	Audit Wales
Danielle Gething	(DG)	Head of Risk Management (for item 10.1 and 10.2)
Dafydd James	(DJ)	Head of Digital Experience and Services
Ian Kent	(IK)	Head of Financial Reporting and Control
Zoe Pietrzak	(ZP)	Executive Director of Strategy, Finance and Performance
Alexander Rees	(AR)	Board Support Officer
Stuart Silcox	(SS)	Assistant Director of Integrated Governance
Neil Stoodley	(NS)	Interim Head of Finance
Martin Veale	(MV)	Independent Adviser
Apologies		
Kate Young	(KY)	Chair, Non-Executive Director, Third Sector
Catherine Purcell	(CP)	Non-Executive Director, University
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Chris Clayton	(CC)	NHS Wales Performance and Improvement, Managing Director
Tracey Cooper	(TC)	Chief Executive
Claire Birchall	(CB)	Executive Director of Nursing, Quality and Integrated Governance
Bree Gatica-Wilcox	(BG-W)	Staffside Representative
Paul Veysey	(PV)	Board Secretary and Head of the Board Business Unit
The Meeting opened at 11:50		

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ACGC 5/2026.09.03	Welcome, Introductions and Apologies for Absence
The apologies for absence received were noted.	

ACGC 6/2026.09.03	Declarations of Interest
The Committee noted that NE had declared a potential conflict of interest in regard to their work with the Welsh Government Digital team.	

ACGC 7/2026.09.03	Internal, External and Clinical Audit
ACGC 7.1/2026.09.03	External Audit

KF and NC presented the Audit Wales Update Report which provided an update on the progress of the External Audit Work and Digital Transformation Review.

External Audit Work

KF presented the External Audit Update and highlighted key points from the report:

- One review from the 2025 Audit Plan remained outstanding which related to the implementation of recommendations arising from the 2023 and 2025 screening audits. The review had been drafted and was undergoing internal clearance before being shared with Public Health Wales for factual accuracy checks. It was anticipated that the final report would be presented to the next Committee meeting.
- Work had commenced on the 2026 Structured Assessment. Members were informed that the scope of the Assessment had changed significantly, and would focus on assessing the effectiveness and impact of organisational arrangements for planning, delivery and oversight, with particular emphasis on the 2025-2028 Integrated Medium Term Plan.
- The remaining audit work scheduled within the 2026 Audit Plan would focus on diabetes services, and that scoping of the review was underway.

The Committee thanked KF for the update and noted the recently published fee consultation exercise.

Digital Transformation Review

NC presented the Audit Wales Digital Transformation Review, and outlined that the review had examined how Public Health Wales's approach to digital transformation supported service improvement. NC confirmed that Public Health Wales had reviewed the report and agreed on the findings.

NC highlighted key findings from the report:

- Public Health Wales had established clear strategic direction, leadership and governance for digital transformation, but that reporting arrangements did not yet enable progress to be clearly tracked.
- Cyber security remained a significant risk, with further assurance required on the impacts and benefits of artificial intelligence (AI).

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- Continued challenges in areas such as workforce digital skills, capacity, and funding.
- Overall, NC concluded that strong foundations were in place, but further work was needed to demonstrate delivery, measure benefits, develop workforce capability and evidence outcomes from digital investment.
- Seven recommendations had been made and accepted by management.

The Committee sought assurance regarding how Public Health Wales compared with other organisations within NHS Wales and whether the pace of digital transformation should be a cause for concern. NC advised that the themes identified were consistent with those emerging across NHS Wales organisations, and reflected the wider challenges associated with delivering digital transformation. IB advised that comparisons with England were difficult following the dissolution of Public Health England, but that Public Health Wales appeared broadly comparable with equivalent organisations in health protection and screening. Within Wales, IB noted that Public Health Wales had shown greater maturity than many NHS organisations in user-centred design and adoption of the Welsh Digital Service Standard.

IB also noted that actions in this area had progressed, which included revised reporting arrangements and a planned Board development session on artificial intelligence that would support Board-level oversight.

The Committee highlighted a risk in regard to the increasing accessibility of AI, and noted a need for broader workforce development and awareness activity in relation to AI risks and safe usage. IB agreed and acknowledged the importance of awareness arrangements alongside technological change.

The Committee:

- **Noted** the Audit Wales Update and the PHW Digital Transformation Review
- **Noted** that the recommendations would be added to the Audit Action Tracker.

ACGC 7.2/2026.09.03	**Internal Audit**

PD introduced the Internal Audit Progress Report, which included the current position against the 2026/27 Internal Audit Plan.

PD reported that Internal Audit had undertaken work to develop a review of the Grip and Control Self-Assessment process as requested by Welsh Government, and that this review would replace the capital review originally included within the Audit Plan. The capital review would be deferred to the 2027/28 Audit Plan. A review relating to Climate Change and Decarbonisation was in draft.

PD also advised that initial discussions had taken place regarding the planned Workforce Capacity and Capability review. Whilst no decisions had yet been taken, PD noted that there was potential for the scope of the review to change and agreed to update the Committee once further clarity was available.

The Committee **noted** the Internal Audit Progress report.

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Communications and Engagement Final Internal Audit Report

PD presented the Final Internal Audit Report on Communications and Engagement, which had received an overall Reasonable Assurance opinion. No high-priority findings were identified.

Six medium-priority recommendations had been agreed with management, with implementation plans in place. Areas for further development included formal approval of the Communications Strategy, strengthening the Communications Framework, and enhancing accessibility and Equality Act compliance arrangements. PD concluded that effective arrangements were largely in place and that the review provided a positive level of assurance.

The Committee expressed concern that communications processes required strengthening and sought assurance that adequate controls were in place to prevent unauthorised or inappropriate communications being issued through organisational channels. PD acknowledged the challenges associated with social media and digital communications and emphasised the importance of robust governance and control arrangements. CJ noted that consideration would be given to where assurance on this matter should most appropriately sit within the organisational governance framework.

Business Continuity Planning Final Internal Audit Report

PD presented the Final Internal Audit Report on Business Continuity Planning, which had received an overall Reasonable Assurance opinion.

The review identified a generally positive position, with one high-priority and two medium-priority findings. The high-priority finding related to the oversight and maintenance of local Business Continuity Plans (BCPs) and Business Impact Assessments (BIAs), while the medium-priority findings related to policy arrangements and ongoing training requirements.

The Committee noted the continuing need for robust non-digital business continuity arrangements to ensure critical services could continue during periods of disruption.
In relation to the key finding, HW advised that a review had identified discrepancies between centrally held documentation and versions provided during the audit. HW reported that 17 of the organisation's 19 BIAs were up to date and completed using the correct templates, with reasons identified for the remaining exceptions. It was noted that some documents reviewed by Internal Audit had not reflected the most current versions held by services. Revised processes had therefore been implemented to ensure accurate and up-to-date documentation would be maintained and shared in future.

The Committee **noted:**

- the Business Continuity Planning Final Internal Audit Report and the Communications and Engagement Final Internal Audit Report.
- that the actions from the two Internal Audit Reports would be added to the Audit Action Tracker.
- the reports would also be sent to other committees for information as appropriate.

Break	

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ACGC 7.3/2026.09.03	Audit Recommendations Tracker

LB presented the Audit Recommendations Tracker and highlighted recommendations discussed at Leadership Team (LT) at the 20 August meeting, including extension requests relating to screening audit recommendations. Following Leadership Team review, further assurance had been sought regarding the achievability of revised completion dates, and the updated report reflected the additional detail approved by the Group.

LB also reflected on a long-standing external audit recommendation on policy governance. While the original action could have been addressed through a minor amendment, it had been incorporated into a wider review of policy development and governance to strengthen consistency, oversight and assurance, which had led to the extension requests. However, a workshop with Business Planning Leads and Leadership Team members was scheduled for November 2026, with approval of the revised policy anticipated in January 2027.

The Committee welcomed the revised reporting format, noting that it provided greater clarity and assurance, and sought clarification on any associated administrative burden. LB advised that the additional detail reflected changes to presentation rather than process, and that recommendation tracking would be transitioned to the Audit Management and Tracking system (AMAT) to automate elements of reporting and reduce manual administration.

The Committee acknowledged the significant improvements made to policy management in the past and supported the continued review and improvement of policy management. The Committee questioned whether recommendations subject to repeated extensions should be formally reviewed to determine whether they remained relevant and necessary. LB agreed to reflect this feedback in future discussions with Leadership Team regarding recommendation management and extension requests.

The Committee took **assurance** that Audit recommendation actions were being managed effectively by the Leadership Team.

ACGC 8/2026.09.03	Governance and Accountability
ACGC 8.1/2026.09.03	Minutes Parts A and B 7 May and 23 June 2026 and Action Log Parts A and B

The Committee considered the Minutes Parts A and B of the meeting held on 7 May 2026 and 23 June 2026 and the Part A and Part B Action Logs.

LB noted that the draft minutes had been reviewed by the Committee Chair (KY) and proposed that, in KY's absence, they be approved subject to KY's final endorsement. The Committee agreed to approve the minutes on that basis.

LB advised that there was one outstanding action within Part A of the Action Log relating to the publication of Freedom of Information (FOI) data on the Public Health Wales website. LB reported that an extension to the completion date had been requested to 31 December 2026.

The Committee questioned why the action remained outstanding. SS advised that delays had resulted from outstanding training and system access requirements within the

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Information Governance Team, together with resourcing pressures in the Communications Team. SS assured the Committee that the action would be completed before the next meeting.

The Committee emphasised that this was a statutory requirement and that any barriers to implementation should be escalated and resolved to ensure compliance with legal obligations.

The Committee:

- **Approved** the minutes of 7 May 2026 Open Parts A and B subject to final approval by the Committee Chair.
- **Approved** the minutes of 23 June 2026 Open Parts A and B subject to final approval by the Committee Chair.
- **Approved** the extension to one Action on the Part A Action Log
- **Noted** there were no open actions on the Part B Action Log

ACGC 8.2/2026.09.03	Integrated Governance Assurance Update Q4 and Q1

The Committee considered the Information Governance Quarterly Report for Quarter 4 and Quarter 1.

SS presented the reports, and highlighted key points from the report:

- FOI requests and Subject Access Requests (SARs) continued to increase in both volume and complexity. SS noted that the growing use of artificial intelligence tools was contributing to increasingly complex requests and advised that demand would continue to be monitored.
- Future reports would include additional contextual information and performance data for SARs, mirroring the approach taken for FOI reporting.
- A small number of requests exceeded statutory deadlines due to delays in receiving information. SS advised that more complex requests, particularly those involving third parties, often required additional handling, but were supported through proactive engagement with requestors. Performance continued to be monitored through Directorate Management Teams, Leadership Team, Board and Executive oversight arrangements.
- The Information Governance Service, together with other governance functions, would shortly transfer to the Board Business Unit.

The Committee noted the increasing challenge posed by AI-generated information requests but emphasised that statutory response requirements remained unchanged. The Committee requested the inclusion of consistent SAR performance information in future reports, and SS confirmed that future reporting would include SAR performance data and supporting analysis to provide a more comprehensive overview.

The Committee:

- **Considered** the Information Governance Performance Reports
- **Noted** that the discussion on Personal Data breaches which formed part of the report had been taken in private session.

ACGC 8.3/2026.09.03	Governance Bi-Annual Updates

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LB presented the Bi-Annual Governance Update Report, which brought together updates on declarations of interest, Welsh Health Circulars (WHCs), the Joint Working Framework and policy governance.

LB reported that three hospitality declarations had been recorded during the reporting period. While reporting levels remained low, further work would be undertaken to raise awareness of declaration requirements and mitigate the risk of potential under-reporting.

Since preparation of the report, all Welsh Health Circulars issued during 2026 had been completed and closed. Three older circulars remained open, relating to significant ongoing work programmes, with progress updates provided.

LB advised that recent discussions on the Joint Working Framework at Leadership Team had focused on strengthening strategic oversight of partnership agreements, with further work underway to enhance governance arrangements.

Two policies within the Committee's remit remained overdue for review: the All Wales Assurance and Indemnity Risk Management for Losses and Special Payments Policy and the Reporting Damage and Losses to Personal Property Policy. Both had been assessed as low risk, were under review, and were expected to be completed by December 2026.

The Committee welcomed the breadth and clarity of the report and the additional assurance information provided on staff declarations of interest, which had been considered in the private session.

The Committee:

- Took **assurance** on the implementation of the Standards of Behaviour Policy
- **Noted** the updated Declarations of Interest Register which was due to be published on the website following this meeting
- **Noted** that Appendix 2 was considered at the Private session of 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.

ACGC 9/2026.09.03	**For Recommendation to Board**
ACGC 9.1/2026.09.03	**Standing Orders and Scheme of Delegation**

LB presented the annual review of the Standing Orders and Scheme of Delegation and advised that the documents were required to be reviewed and approved annually.

LB explained that the review had been delayed pending the anticipated publication of model Standing Orders by Welsh Government; however, no updated model documents had been issued for either the Standing Orders or the Standing Financial Instructions.

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Consequently, an internal review had been undertaken to ensure that the documents remained fit for purpose.

LB reported that only minor amendments were proposed, which included updating titles and references, and updating links.

LB also advised that a review of the Remuneration Committee's delegated authorities had been undertaken to ensure they remained aligned with current governance requirements. The Committee were asked to recommend the reports for submission to Board at the September meeting.

ZP confirmed that a similar review had been completed for the Standing Financial Instructions, and that the proposed amendments were limited to minor updates. No substantive amendments had been identified or proposed.

The Committee:

- **Considered** the proposed revisions to Standing Orders, Standing Financial Instructions and Reservations and Delegations of Powers.
- **Recommended** the proposed changes to the Board for adoption.

ACGC 10/2026.09.03	**Risk**
ACGC 10.1/2026.09.03	**Corporate Risk Register**

The Committee considered the Corporate Risk Register. DG presented the Corporate Risk Register and highlighted the key changes since the previous reporting period:

DG highlighted the following changes to the Corporate Risk Register:

- **Risk 1678:** Following a Leadership Team deep dive and consideration of recent assurance, the residual risk score had reduced from 15 to 9.
- **Risk 1946:** The residual risk score had increased from 12 to 16 due to ongoing uncertainty regarding the development and implementation of the proposed Once for Wales risk management solution.
- **Risk 2143:** The residual risk score had reduced from 12 to 8 following submission of an SBAR and successful engagement with the UK Health Security Agency regarding out-of-hours support arrangements.

DG advised that all remaining Corporate Risks had been reviewed by Leadership Team and that a programme of deep dives had been established to consider each risk over the next twelve months.

The Committee questioned whether some target risk scores remained realistic given the current residual risk position and noted the need to consider their alignment with the Board's agreed risk appetite. DG confirmed that Leadership Team deep dives now included a review of target scores and that this work aligned with implementation of the organisational Risk Appetite Framework.

The Committee noted that for Risk 1946 (DATIX Web decommission), the residual score exceeded the inherent score. DG explained that this reflected changing assumptions

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and deteriorating circumstances associated with the national risk management system replacement programme. The Committee discussed the importance of ensuring that risk reporting remained focused on assurance, progress and mitigation rather than excessive operational detail. DG acknowledged this and advised that work was underway to strengthen organisational understanding of assurance, including a programme of presentations to Board Committees on assurance frameworks and effective oversight. The Committee took **assurance** on the management of Corporate risks within the Organisation.	
ACGC 10.2/2026.09.03	**Risk Management Maturity Plan**
DG presented the Risk Management Maturity Plan which had replaced the previous Risk Management Development Plan. DG advised that the plan was intended to support the organisation's continued progression towards a more mature and embedded approach to risk management. It set out a series of objectives, supported by success measures, delivery milestones and RAG ratings. DG reported that all objectives, with the exception of one, were rated Amber, indicating that work was underway and progressing as planned. No objectives had exceeded their agreed timescales, although the completion date for Objective 2 had been revised due to uncertainty regarding the future Electronic Risk Management System. DG highlighted Objective 5, relating to performance metrics and Key Risk Indicators. Initial discussions had taken place with Performance Management colleagues and work had commenced to identify appropriate measures. Progress remained dependent on wider developments, including decisions on the future risk management system, the Scheme of Delegation programme and organisational quality metrics. DG advised that the Red rating reflected these dependencies rather than a lack of progress, and that the objective remained on track for delivery within the wider programme to 2028. The Committee: • **Noted** the progress updates in respect of the Risk Management Maturity Plan. • 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.	
ACGC 11/2026.09.03	**For Information**
ACGC 11.1/2026.09.03	**Finance, Procurement and Counter Fraud**
None.	
ACGC 11.2/2026.09.03	**Internal, External and Clinical Audit**
None.	

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ACGC 11.3/2026.09.03	**Managing Risk**
The Committee **considered** and **noted** the full Strategic Risk Register for information and **noted** the strategic risk within the remit of this Committee (SRR 6) had been considered in the private session.	
ACGC 11.4/2026.09.03	**Governance and Accountability**
None.	
ACGC 11.5/2026.09.03	**Committee Work Plan**
The Committee **considered** and **noted** the Committee Work Plan.	
ACGC 12/2026.09.03	**Closing Administration**

The Committee was asked to provide feedback on the meeting to LB.

Any Other Business:

LB provided an update on two finance policies in the final stages of the approval process. As both had narrowly missed inclusion on the current agenda, discussions would be held with policy leads to determine the urgency of approval and whether consideration could be deferred to the next Committee meeting. Should earlier approval be required, the policies may be progressed through Chair's Action.

CJ thanked everyone for their contributions and closed the meeting.

Date of next Committee meeting:

8 December 2026.

The Meeting closed at 12:39