Unconfirmed Minutes of the Public Health Wales
Audit and Corporate Governance Public Session Committee Meeting Part B
(NHS Wales Performance and Improvement)
7 May 2026, via Microsoft Teams

Present		
Kate Young	(KY)	Chair, Non-Executive Director, Third Sector
Nick Elliott	(NE)	Non-Executive Director, Digital and Data
Catherine Purcell	(CP)	Non-Executive Director, University
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
Pippa Britton	(PB)	Chair of the Board
Chris Clayton	(CC)	NHS Wales Performance and Improvement, Managing Director
Tracey Cooper	(TC)	Chief Executive (left at 12:30)
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
Ian Kent	(IK)	Head of Financial Reporting and Control
Blake Rennie	(BR)	Audit Manager, Audit and Assurance Services, NHS Wales Shared Services Partnership
Stuart Silcox	(SS)	Assistant Director of Integrated Governance
Neil Stoodley	(NS)	Interim Head of Finance
Martin Veale	(MV)	Independent Adviser
Paul Veysey	(PV)	Board Secretary and Head of the Board Business Unit
Steve Wyndham	(SW)	Audit Wales
Apologies		
Claire Birchall	(CB)	Executive Director of Nursing, Quality and Integrated Governance
Bree Gatica-Wilcox	(BG-W)	Staffside Representative
The Meeting opened at 11:17		

ACGC 1/2026.05.07	Welcome and Apologies for Absence

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

KY welcomed CC to his first Audit and Corporate Governance Committee meeting.

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 September 2026.

ACGC 2/2026.05.07	Declarations of Interest

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

ACGC 3/2026.05.07	NHS Wales Performance and Improvement (NHS Wales P and I
ACGC 3.1/2026.05.07	NHS Wales Performance and Improvement - Quarterly Corporate Governance Assurance Report

CC presented the NHS Wales P and I Quarterly Corporate Governance Assurance Report covering the period 1 February to 31 March 2026, which covered compliance areas of: Risk Management, Audit and Procurement, Counter Fraud Compliance and Information Governance.

CC highlighted:

- The risk management process continued to be refined, one existing governance-related risk remained under discussion with Public Health Wales colleagues, but progress was being made.
- Audit activity progressed well and remained on track.
- There was no ongoing counter fraud activity to report to the Committee.
- One procurement breach was noted.
- Information Governance training progressed well but remained an area of for continued improvement.
- Organisational capacity and capability continued to be developed.

CC noted there were no significant areas which required escalation to bring to the Committee's attention.

The Committee was reminded the Annual Assurance meeting for NHS Wales P and I with Public Health Wales had taken place two weeks previously, it confirmed that greater stability was now evident in NHS Wales P and I's assurance arrangements. The Committee recognised the progress made in integrating the pre-existing departments and organisations over the past two years and agreed that recent milestones showed the arrangements were working well.

The Committee noted the importance of understanding its role to both support and to challenge NHS Wales P and I. A meeting scheduled on 9 June with Non-Executive Directors, MV, PV and TC would clearly define the Committee's role to ensure governance arrangements were clear and effective.

Note: Following the Committee meeting, the 9 June date was changed to 19 June 2026.

The Committee:

- **Noted** the contents of this report and received **assurance** that effective arrangements were in place for the period 1 February – 31 March 2026:

Risk Management (Quarterly)

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

Audit and Procurement Activity (Quarterly)

- **Noted** that the NHS Wales P and I audit plan for 2025/26 was reported separately.
- **Noted** that one internal audit was initiated during the reporting period.
- **Noted** one audit breach was being reported for the period.

Counter Fraud Compliance (Quarterly)

- **Noted** that there had been no Counter Fraud activity reported to the NHS Wales P and I during the reporting period.

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** any non-compliance which represented a regulatory risk to Public Health Wales was being appropriately managed.

ACGC 3.2/2026.05.07	**Annual Assurance Statement**

The Committee **considered** the NHS Wales P and I Annual Assurance Statement.

PV explained that the Committee received an Annual Assurance Statement from NHS Wales P and I to ensure the hosting arrangements complied with the Terms of Reference.

The Hosting Agreement, approved by Board in March 2026, set out the Governance Framework and Schedule of Assurance, including the Annual Assurance Statement. Biannual meetings between Welsh Government, NHS Wales P and I and Public Health Wales were held on 26 September 2025 and 19 March 2026 to review governance arrangements, and PV confirmed he met SF fortnightly to manage the agreement and escalate any potential breaches.

CC introduced the Annual Assurance Statement and said NHS Wales P&I was in a reasonable position, reflecting its stage of development and the commitment of its staff. He noted further work would strengthen systems and processes. He distinguished the Organisation's corporate risks from the wider risks of influencing improvement across NHS Wales, emphasising that its direct responsibility was to operate effectively and be well governed, while broader objectives sat within its influence rather than

control. Internal Audit reports gave reasonable assurance on risk and financial management, with no significant findings. CC also noted that zero-based budgeting, introduced by Welsh Government in Quarters 2 and 3 alongside a recruitment vacancy freeze, contributed to a higher than planned underspend. He gave assurance that organisational redesign would support effective budget management in the coming year.

The Committee noted that whilst statutory training compliance levels were satisfactory, the appraisal position was unsatisfactory and a key area of concern. CC confirmed a reset of the annual appraisal process was underway, alongside a wider piece of work on staff survey outcomes and culture.

CC confirmed changes to business continuity, particularly around capacity were underway to strengthen the work of the Organisation. He confirmed continued work in relation to Welsh language compliance and included continued engagement with external bodies.

In conclusion, CC assured the Committee the overall position with NHS Wales P and I remained one of reasonable assurance with clear areas of strength demonstrated alongside areas requiring further development and attention.

The Committee noted the financial restrictions placed on the whole of NHS Wales at present and reminded CC that support was available from colleagues at Public Health Wales.

The Committee **noted** the Annual Assurance Statement.

KY thanked PV for the introduction which provided greater clarity for the Committee taking assurance surrounding the Hosting Agreement and thanked CC for the updates.

ACGC 3.3/2026.05.07	**NHS Wales Performance and Improvement, Internal Audit**

The Committee **considered** the NHS Wales P and I Internal Audit Progress Report and the NHS Wales P and I Risk Management Final Internal Audit Report.

Internal Audit Progress Report:
PD informed the Committee that report detailed the Audit work completed in the year, the Procurement Internal Audit Report would be finalised in the next week and the Work Plan for 2026/27 had been agreed.

Financial Management (Substantial Assurance) Final Internal Audit Report:
In introducing the Report, PD advised had substantial assurance and there were no findings to report to the Committee.

The Committee **noted** the NHS Wales P and I Internal Audit Progress Report and the Financial Management Final Internal Audit Report.

ACGC 3.4/2026.05.07	**For Information**

The Committee **noted** the NHS Wales P and I Agreements Register, March 2026.

ACGC 4/2026.05.07	Closing Administration

The Chair thanked CC and SF.

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

Date of next Committee meeting:

3 September 2026

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

The Meeting closed at 11:40

Unconfirmed Minutes of the Public Health Wales
Audit and Corporate Governance Public Session Committee Meeting Part A
23 March 2026, via Microsoft Teams

Present		
Kate Young	(KY)	Chair, Non-Executive Director, Third Sector
Nick Elliott	(NE)	Non-Executive Director, Digital and Data
Catherine Purcell	(CP)	Non-Executive Director, University
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
Pippa Britton	(PB)	Chair of the Board
Tracey Cooper	(TC)	Chief Executive
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 9)
Ian Kent	(IK)	Head of Financial Reporting and Control
Blake Rennie	(BR)	Audit Manager, Audit and Assurance Services, NHS Wales Shared Services Partnership
Stuart Silcox	(SS)	Assistant Director of Integrated Governance
Neil Stoodley	(NS)	Interim Head of Finance
Martin Veale	(MV)	Independent Adviser
Paul Veysey	(PV)	Board Secretary and Head of the Board Business Unit
Steve Wyndham	(SW)	Audit Wales
Apologies		
Claire Birchall	(CB)	Executive Director of Nursing, Quality and Integrated Governance
Bree Gatica-Wilcox	(BG-W)	Staffside Representative
The Meeting opened at 11:50		

ACGC 5/2026.05.07	Welcome, Introductions and Apologies for Absence
The apologies for absence received were noted.	

ACGC 6/2026.05.07	Declarations of Interest
The Committee noted that all Executive Directors and Non-Executive Directors were mentioned in the Remuneration Report (Item 7.2).	

ACGC 7/2026.05.07	Annual Report
ACGC 7.1/2026.05.07	Accountability Report

The Committee **considered** the Accountability Report.

PV outlined the annual reporting process, noting that the Annual Report comprises the Performance Report, Accountability Report and Financial Statements. He confirmed the Performance Report was approved by the Executive Team on 6 May and would form the public-facing Annual Report for the Annual General Meeting in July. The Committee considered the Accountability Report, including the Corporate Governance Report, the Remuneration and Staff Report, and the Welsh Parliament Accountability and Audit Report. The Committee also noted that the draft accounts were submitted to Audit Wales on 1 May, and that the Accountability Report and supporting documents would be submitted to Audit Wales and Welsh Government on 8 May ahead of final submission. The final reports would return to the Committee in June before recommendation to Board on 25 July 2026.

The Committee welcomed the inclusion of the Organisation's Disability Confident Leader status and noted that 34% of staff were now members of Staff Networks, which reflected the progress in culture, identity and inclusion.

The Committee expressed concern that the Organisation's reported total emissions had increased by 18% year on year. IB explained the reporting methodology required by Welsh Government had changed and the apparent increase seen was not a direct year on year comparison with the previous year. It was suggested a more consistent internal baseline would be needed to track progress alongside future reporting methodology changes.

The Committee **endorsed** the Draft Annual Governance Statement and the Remuneration Report for submission to Audit Wales and Welsh Government.

KY thanked everyone responsible for coordinating the Reports

ACGC 7.2/2026.05.07	Annual Financial Statements

The Committee **considered** the Annual Financial Statements.

NS introduced the Annual Financial Statements noting that were submitted and the Audit of the Accounts was currently being audited.

IK gave a detailed presentation to the Committee with an overview of:

- the process and status of the Audit.
- Performance of key targets including the compliance with financial duties.

- Financial duty to break even over the previous three years had been met.
- Key areas to note in terms of the operating expenditure including an overall increase year on year by £12.98 million (4.91%).
- Summary of how the two matters which arose on last year's audit had been addressed and an overview of the corrective action taken in the 2024/25 accounts process.
- Next steps and confirmation of the timescales for the Audit work and subsequent Committee and Board endorsement and approval.

TC, KY and the Committee thanked NS and IK for their hard work and the clear format of the presentation.

The Committee **considered** the Draft Accounts 2025/26, noting that they had been submitted to Audit Wales and Welsh Government on 1 May 2026 and took **assurance** that the Annual Statements 2025/26 had been drafted in line with the relevant requirements as set out by the Welsh Government and the HM Treasury.

ACGC 8/2026.05.07	**Internal, External and Clinical Audit**
ACGC 8.1/2026.05.07	**Internal Audit Progress Report, Internal Final Audit Reports and Draft Head of Internal Audit Opinion and Annual Report 2025/26**

The Committee **considered** Progress Report, the Welsh Risk Pool Final Internal; Audit (Substantial Assurance) and the Draft Head of Internal Audit Opinion and Annual Report 2026/27.

Internal Audit Progress Report
PD informed the Committee the final two Internal Audit Reports for 2025/26, Review of patient pathways and Alerting of health protection of incidents and outbreaks, had been published in Draft. All field work for 2025/26 had been completed and fieldwork for 2026/27 had been planned.

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

Welsh Risk Pool (Substantial Assurance) Internal Audit Report
In introducing the Report, BR informed the Committee three claims had been investigated, there were no key findings or Management Actions raised in the Report.

The Committee **noted** the Welsh Risk Pool (Substantial Assurance) Internal Audit Report.

Draft Head of Internal Audit Opinion and Annual Report 2025/26
PD presented the Draft Head of Internal Audit Opinion and Annual Report 2025/26 to the Committee. The draft opinion was of overall reasonable assurance, and demonstrated that arrangements to secure governance, risk management and internal control for the areas reviewed were suitably designed and applied effectively across the Organisation.

In confirming his team's adherence to the Global Internal Audit Standards, PD advised five Substantial Assurance Reports and seven Reasonable Assurance Reports had been

issued. There were no Limited Assurance or Unsatisfactory Reports issued in the year. Follow up work was always undertaken in the final quarter of the year and would be published in the final version of the Report.

The Committee thanked PD.

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

ACGC 8.2/2026.05.07	**External Audit**

SW presented the Audit Wales update, and informed the Committee the accounts and all supporting documents had been received on time and that their quality was satisfactory, he advised the Committee that audit work had progressed well, the early engagement with the Finance Team at Public Health Wales had enabled testing to commence early and it was anticipated that the Audit would be completed on time to report to the Committee in June.

KF provided the Committee with an update on the performance audit programme, including outstanding work from previous years' Audit plans. The review of Investment in Digital Systems from the 2024 audit plan had been planned to present to this Committee meeting but was not available in time and she informed the Committee the report was nearing completion and would be submitted to the Trust for in the next two to three weeks. She confirmed that another outstanding Report from the 2025 Audit plan, the Review of Screening Services, remained on track. It was expected to be presented to the September Committee meeting.

KF provided an update to the Committee on work in the 2026 Audit Plan, she confirmed that scoping work had commenced on the Diabetes Review, with activity which focused on the Trust's leadership role in diabetes prevention and management. She further noted that related work involving Health Boards was also being scoped. The second item within the 2026 Audit Plan, Structured Assessment, would be revised for the year. It was agreed that the Trust and the Audit and Corporate Governance Committee would be kept informed as plans were developed further.

The Committee noted that the Digital Systems Audit had been completed, acknowledged the delay in publication of the Report and welcomed a further update at the next Committee meeting.

The Committee **noted** the Audit Wales update and thanked SW and KF.

ACGC 8.3/2026.05.07	**Audit Recommendations Tracker**

LB presented the Audit Recommendations Tracker Report and highlighted:

- The current position of progress and implementation of management actions arising from Internal and External Audit recommendations.
- The cover report contained the summary of changes made alongside reasons for the changes and RAG ratings for uncompleted actions which indicated the likelihood for potential problems.

- Seven actions were closed, four new actions were added to the Tracker and four actions were issued with extensions following discussions at Leadership Team, these were detailed in the presentation.

The Committee:

- Took **assurance** on the progress with the implementation of actions resulting from Internal and External Audit Reports within Public Health Wales.
- **Noted** the actions relevant to the Quality, Safety and Improvement Committee (QSIC), the People and Organisational Development Committee (PODC) and the Knowledge, Research and Improvement Committee (KRIC) will be extracted and submitted to the Committees when they next meet on 4 June and 16 July and 16 June 2026 respectively.
- **Noted** there were currently no open Actions to report at the Private Session of this Committee.

ACGC 9/2026.05.07	**Risk**
ACGC 9.1/2026.05.07	**Corporate Risk Register**

SS introduced the item, noting the discussion during the previous meeting which highlighted the need to strengthen the Corporate Risk Register review and scrutiny process undertaken by the Leadership Team (LT). Greater assurance was needed to ensure risk owners and handlers were effectively managing their mitigating actions and that these were accurately reflected in risk scores and that LT was employing appropriate scrutiny.

He said these observations had been noted and a programme of deep dives into Corporate Risks had begun. This included improving use of the Datix risk reporting system, keeping it up to date, and strengthening escalation and de-escalation processes. The resulting improvements would be reported to the Committee in September.

DG introduced the Corporate Risk Register and noted changes to the risk scores for corporate risk 1758, relating to potential service disruption within the Breast Test Wales programme and risk 2003, relating to the Organisation not meeting its net zero target by 2030, both risk scores had reduced during the last reporting period.

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

KY thanked SS and DG.

ACGC 10/2026.05.07	**Governance and Accountability**
ACGC 10.1/2026.05.07	**Minutes Parts A and B 26 March 2026 and Action Log**

The Committee **considered** the Minutes Parts A and B of the meeting held on 23 March 2026 and the Part A and Part B Action Logs.

The Committee:

- **Approved** the minutes of 23 March 2026 Open Parts A and B
- **Approved** the closure of seven Actions on the Part A Action Log
- **Approved** the closure of one Actions on the Part B Action Log

ACGC 11/2026.05.07	**For Information**
ACGC 11.1/2026.05.07	**Finance, Procurement and Counter Fraud**
None.	
ACGC 11.2/2026.05.07	**Internal, External and Clinical Audit**
None.	
ACGC 11.3/2026.05.07	**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) was taken in the private session.	
ACGC 11.4/2026.05.07	**Governance and Accountability**
None.	
ACGC 11.5/2026.05.07	**Committee Work Plan**
The Committee **considered** and **noted** the Committee Work Plan.	
ACGC 12/2026.05.07	**Closing Administration**
The Committee was asked to provide feedback on the meeting to LB. **Date of next Committee meetings:** Approval of Accounts and recommendation to Board: 23 June 2026 Full Committee Meeting: 3 September 2026. **Any Other Business:** KY thanked everyone for their contributions and closed the meeting.	
The Meeting closed at 12:47	