

**Unconfirmed Minutes of the Public Health Wales  
Audit and Corporate Governance Public Session Committee Meeting  
14 January 2025 at 09:30, in 3.2 CQ2 and via Microsoft Teams**

**Part A**

<b>Present</b>		
Nick Elliott	(NE)	Non-Executive Director, Chair
Tamsin Ramasut	(TR)	Non-Executive Director
Clare Jenkins	(CJ)	Non-Executive Director and Vice Chair of the Board
<b>In Attendance:</b>		
Anne Beegan	(AB)	Audit Wales
Claire Birchall	(CB)	Executive Director of Nursing, Quality and Integrated Governance
Liz Blayney	(LB)	Deputy Board Secretary and Deputy Head of the Board Business Unit
Pippa Britton	(PB)	Chair of the Board
Andrea Calise	(AC)	Contract Manager, Audit and Assurance Services, NHS Wales Shared Services Partnership
Paul Dalton	(PD)	Head of Internal Audit, Audit and Assurance Services, NHS Wales Shared Services Partnership
Huw George	(HG)	Deputy Chief Executive and Director of Operations and Finance
Danielle Gething	(DG)	Head of Risk Management (For item 4.2)
Jonathan Jones	(JJ)	Lead Cyber Security Manager (For Item 5.4.)
Ian Kent	(IK)	Finance Manager
Alun Lloyd	(AL)	Independent Adviser
Jane Matthews	(JM)	Head of Financial Reporting and Control
Stuart Silcox	(SS)	Assistant Director of Integrated Governance
Paul Veysey	(PV)	Board Secretary and Head of the Board Business Unit
Angela Williams	(AW)	Deputy Director of Operations and Finance
Steve Wyndham	(SW)	Audit Wales
<b>Apologies</b>		
Tracey Cooper	(TC)	Chief Executive
Katrina Febry	(KF)	Audit Wales
The meeting commenced at 10:30		

<b>ACGC 1/2025.01.14</b>	<b>Welcome and Apologies for Absence</b>
<p>NE opened the meeting and welcomed all present, noting that the meeting was held electronically and in person at CQ2.</p> <p>NE welcomed PB to her first Audit and Corporate Governance Committee meeting, he also welcomed IK to his first Committee meeting, as he took over from JM who was attending her last Committee meeting.</p> <p>The apologies for absence received were noted.</p> <p>The Committee <b>noted</b> that the meeting was being recorded to support with accuracy of the minutes, and that the recording would be deleted once the minutes had been agreed at the next meeting in March 2025.</p>	
<b>ACGC 2/2025.01.14</b>	<b>Declarations of Interest</b>
<p>There were no declarations of interest in addition to those already declared on the Declarations of Interest Register.</p>	
<b>ACGC 3/2025.01.14</b>	<b>Internal, External and Clinical Audit</b>
<b>ACGC 3.1/2025.01.14</b>	<b>Internal Audit</b>
<p>The Committee <b>considered</b> the Internal Audit Progress Report.</p> <p><b>Internal Audit Progress Report</b></p> <p>PD advised the Committee that work had progressed well since the last meeting in September. He drew the Committee's attention to section 3.2, which referred to the new global internal audit standards applicable from April 2025 and a revised template being used for Internal Audits. This new reporting template had used to prepare some reports for this meeting which complied with these new standards. The other difference to draw to the Committee's attention was the way actions would be followed up, this was designed to deliver more scrutiny. However, this would not affect the current robust scrutiny already used within Public Health Wales.</p> <p>The Committee asked if impact would be highlighted in the new format reports, making this more visible to readers. PD advised this would be seen in the Management Response section of reports.</p> <p>The Committee <b>took assurance</b> from the Internal Audit Progress Report.</p> <p><b>Internal Audit Final Reports</b></p> <p><u>Research and Evaluation Strategy (Reasonable Assurance):</u></p> <p>The Committee <b>considered</b> the Research and Evaluation Strategy (Reasonable Assurance) Final Internal Audit Report.</p> <p>The Committee discussed the highlighted oversight to link to the Organisation's Strategy when commissioning or starting research and evaluation in this report and</p>	

suggested this had been a learning point for the Organisation more generally and the link was now consistently made at the start of any work.

The Committee asked whether the assurance rating should have been substantial as the reasonable assessment given perhaps did not reflect the number of recommendations and their priorities. PD told the Committee it was an opinion decided following discussion within his team and the question had been noted.

The Committee took **assurance** from the Research and Evaluation Strategy (Reasonable Assurance) Final Internal Audit Report.

#### Health and Wellbeing Directorate – Financial Planning (Reasonable Assurance):

The Committee **considered** the Health and Wellbeing Directorate – Financial Planning (Reasonable Assurance) Final Internal Audit Report.

AC drew the Committee's attention to the high priority finding where one cost centre was being used to record activities and transactions for more than one project. Other findings included budgetary management training and the lack of awareness of guidance and procedure documents which were available.

The Committee asked if a procedure to record who had undertaken training and if this was a learning point for the Organisation more widely. PD informed the Committee that the new format reports would provide further clarity to the Committee on these issues. The Committee received assurance from PD that Actions were recorded in the Audit Action Tracker and an update was received by this Committee at each meeting, the Tracker included all actions and recorded their completion.

The Committee took **assurance** from the Health and Wellbeing Directorate – Financial Planning (Reasonable Assurance) Final Internal Audit Report.

#### Duty of Candour (Reasonable Assurance):

The Committee **considered** the Duty of Candour (Reasonable Assurance) Final Internal Audit Report.

AC noted that it was in the higher range of reasonable assurance and drew the Committee's attention to areas of training and guidance for staff.

The Committee felt the Audit Report, in looking at what was a new area for the Organisation, looked unduly harsh in the presentation of its findings. The Audit had only reviewed two cases which was felt too small a number to be representative for a detailed Audit. The Committee also heard some of the recommendations fell outside the control of the Organisation, these DATIX recommendations would be presented to the Once for Wales Team.

CB assured the Committee that where there was shared responsibility of the Duty of Candour, the Organisation would work closely with the partner organisations.

The Committee asked PD to review the assurance rating following discussions at the meeting. PD agreed to reconsider the rating of this Report towards the end of the year when other Health Boards had been audited for their Duty of Candour.

**Action: PD**

The Committee took **assurance** from the Duty of Candour (Reasonable Assurance) Final Internal Audit Report.

Records Management (Reasonable Assurance):

The Committee **considered** the Records Management (Reasonable Assurance) Final Internal Audit Report.

AC drew the Committee's attention to the one high priority finding in the Report. Management had identified resource after of March 2025 to deliver enhanced quality assurance and compliance to deliver additional benefits the programme had identified. At the time of the fieldwork, the Organisation had not agreed an approach to address the resource gap.

The Committee took **assurance** from the Records Management (Reasonable Assurance) Final Internal Audit Report.

Digital and Data Strategy (Reasonable Assurance):

The Committee **considered** the Digital and Data Strategy (Reasonable Assurance) Final Internal Audit Report.

AC informed the Committee that the auditors felt the strategy was ambitious, but progress was being made. The Trust appeared to be aware of the barriers to deliver digital change and actions and mitigations were in place to overcome them.

PD explained that this report was in the new template, and highlighted the Executive Summary which drew out the thematic nature of the actions agreed. In future themes across findings would identify trends to allow the analysis of information to improve data analytics in the longer term.

The longer narrative section which was seen in the old report template had been removed and replaced by a new section to summarise the findings and agreed actions under each of the objectives. The evidence and the benefits expected were included in the management action agreed section.

The Committee noted the action for a separate Digital and Data Strategy Risk Log, the Committee supported the use of one combined Risk Log which covered all areas of the Organisation.

Concerning the new Report format, NE asked members of the Committee to e-mail comments on the new format to LB who would compile and feed back to PD to enable further development of the template.

The Committee took **assurance** from the Digital and Data Strategy (Reasonable Assurance) Final Internal Audit Report.

NE thanked PD and AC for the Update and Final Audit Reports.

**ACGC 3.2/2025.01.14** | **External Audit**

The Committee **considered** the Audit Wales Plan.

SW updated the Committee on progress of the Financial Audit work. 2023/2024. Work had been completed and planning work had commenced for the 2024/2025 Audit with the Organisation. He informed the Committee the Audit deadline this year would be 30 June 2024 with a rolling plan to bring the deadline date back to the end of May as it had been before the Covid-19 pandemic.

The Committee sought assurance from HG that the forthcoming change of personnel in the Organisation would still deliver the financial audit work on time and to plan. HG confirmed the established plans would work with the new staff structure.

AB drew the Committee's attention to the current work plan:

- The Structured Assessment and Financial Efficiencies papers were on today's agenda.
- The Well Being Report would be brought to the March Committee meeting.
- Audit Wales would attend the All-Wales Directors of Digital Meeting to present the scope of the review planned.

The Committee **noted** the Audit Wales Update.

Review of Cost Improvement Arrangements:

The Committee **considered** the Review of Cost Improvement Arrangements.

AB informed the Committee this Report gave assurance to the Organisation that arrangements were in place within the Organisation. Audit Wales had not made any recommendations in this report and AB informed the Committee that subject to the finalisation of a report for another organisation, Audit Wales would issue a Press Statement setting out the position across Wales, it did not intend to publish an All-Wales report.

AB informed the Committee that Audit Wales were developing a checklist for Board Members to support them in their scrutiny of financial positioning.

The Committee discussed the Report and noted that the final approach differed from what had been previously discussed at Committee to produce a National-level paper with a discovery element which presented areas of improvement for the Organisation.

The Committee felt that a national report would have added more value to organisations.

AB informed the Committee the work undertaken was to view the NHS in a rounded position identifying the challenges NHS Wales faced.

The Committee **noted** the Review of Cost Improvement Arrangements.

#### Structured Assessment 2024:

The Committee **considered** the Structured Assessment 2024.

AB informed the Committee that Audit Wales had not made any new recommendations in this year's report. All recommendations included arose as a result of outstanding recommendations from last year's Structured Assessment.

The Committee discussed the Report and asked for clarity on requirements for the recommendation for the timely arrangement of meetings. AB explained the suggestion was to align Committee meetings to allow timely transition of papers between Committee and Board meetings to reduce the incidence of verbal updates received at Board meetings.

LB informed the Committee that the timing of the Structured Assessment last year came after the meeting dates for the year had been allocated, it was not possible to rearrange the meetings at that stage. The meeting schedule for this year was planned taking account of the suggestions made previously and was the best fit for Committee dates alignment with Board meetings it was possible to arrange.

The Committee asked Audit Wales about the wording used in paragraph 98 of the Report. The words statutory instruments did not fit the sense of the paragraph and should be replaced with standing financial instructions. AB explained that Audit Wales used the term to refer to the range of statutory documents including Standing Financial Instructions, Schemes of Delegation and Standing Orders.

PV thanked Audit Wales for the work in producing the Structured Assessment which again showed the high standards Public Health Wales had achieved. The areas of learning and the recommendations had been noted by the Organisation as areas for improvement this year.

The Committee **noted** the Structured Assessment 2024.

NE thanked AB for the Audit Wales Update.

#### **ACGC 3.3/2025.01.14 | Audit Recommendations Tracker**

The Committee **considered** the Audit recommendations tracker and report and noted that actions which related to business sensitive information had been considered in the Private Meeting of the Committee.

LB provided the Committee with the current position of progress and implementation of management actions arising from Internal and External Audit recommendations. The Audit Tracker Register was reviewed on a quarterly basis by the Leadership Team (LT) who were responsible for closing actions, approving extensions and ensuring the progress of implementation. The Tracker was submitted to this Committee on a quarterly basis for Assurance. LT closed 19 actions and issued six extensions in total including those scrutinised in Private session.

LB drew the Committee's attention to four Action Points which LT had requested further information and clarity before agreeing to the requests or had discussed in greater detail.

- 586 (Health and Well Being) additional information was sought from the lead to understand the action being taken, LT were assured that the additional information provided gave grounds for the extension.
- 541 (Knowledge) an extension had been requested but LT felt the Action was closed. One element of the Action was not undertaken but LT felt this lay within the remit of another open Action. Action 541 was closed.
- 516 (Operations and Finance) An extension had been requested to allow the Policy to come to the Quality, Safety and Information Committee. The dates were plotted against the QSIC meeting calendar and an extension was granted to allow Policy delivery to a more realistic QSIC meeting.
- 447 (Board Business Unit) LT discussed the time this Action had been open. LT received assurance the work was part of the Governance Hub work and the extension granted aligned with the Hub work in its pilot stage.

The Committee asked about the length of time that Action 516 had been open and asked if the extension granted would allow for completion without a request for yet another extension. LB assured the Committee the work involved in this one Action covered a very large number of Policies, substantial progress had been made and this extension request was granted to allow the last policy in the group which currently under review, time to progress through the system to the approval stage.

The Committee asked how Organisational systems were put in place after recommendations were completed, specific mention was made to Consultant Job Plans. LB explained the roles of the Board Committees, this Committee oversaw the completion of the Actions and in this case the People and Organisation Development Committee (PODC) would monitor the impact the Actions had within the Organisation and the follow up would be transferred to the PODC work plan.

The Committee asked for this Action to be noted on the Cross Committee work plan.

**Action: LB**

CB informed the Committee the Organisation had successfully bid for an Audit Tracking Management System (AMaT - Audit Management and Tracking) which would be implemented across the Organisation.

SS assured the Committee, as Chair of LT, that the scrutiny given to the Audit Tracker was now firmer and more detailed than it had been in the past.

The Committee acknowledged the Tracker demonstrated good governance throughout the Organisation and **considered** the amendments to the Audit Tracker as approved by Leadership Team on 10 December 2024 and took **assurance** on the progress with the implementation of actions resulting from Audit within Public Health Wales.

**ACGC 4/2025.01.14** | **Risk**

**ACGC 4.1/2025.01.14** | **Strategic Risk Register**

The Committee **received** the Strategic Risk Register.

NE reminded the Committee this was the Strategic Risk Register presented to Board in November and had been scrutinised by the Board.

**ACGC 4.2/2025.01.14** | **Corporate Risk Register**

The Committee **received** the Corporate Risk Register.

SS explained this register contained the highest level of operational risk which were managed by respective Directorate Leadership Teams and the respective Executives. Leadership Team has the oversight and scrutiny of the Corporate Risk Register and provided assurance through the Business Executive Team to the Board and its Committees. He explained there were clearer links between Corporate Risks and their management and the impact they may have on the related Strategic Risks which were reported through the Strategic Risk Register.

DG summarised the current Corporate Risk Register noting that two new risks had been added to the Corporate Risk Register at the Leadership Team meeting in November 2024, which were summarised in the report.

The Committee asked if Risk 1531 was a Strategic Risk and asked DG to review the Risk.  
**Action: DG**

DG reminded the Committee a spidergraph was presented at the November Board meeting which allowed scrutiny of the risk profile in its entirety across the Organisation. This had identified elements of Strategic Risk 1 which required scrutiny. The scrutiny work had been completed and DG advised that a paper would be presented to the Business Executive Team which made recommendations for the Strategic Risk Register.

The Committee **considered** and took **assurance** on the Corporate Risk Register.

**ACGC 4.2/2025.01.14** | **Risk Development Plan Update**

SS reminded the Committee this plan was first approved in 2022 which subsequently guided development work in the Organisation.

The papers for the Committee gave a RAG status for each of the objectives listed in the Risk Management Development Plan, it additionally described what success would look like, how it would be measured, the progress against each update, who was responsible and suggested deadlines for implementation. Some deadlines were in red and the Committee was asked to note the extension to the deadlines in the paper.



The Committee <b>noted</b> the updates associated with objectives of the Risk Management Development Plan and <b>noted</b> the revised deadline dates for action implementation.	
<b>ACGC 5/2025.01.14</b>	<b>Governance and Accountability</b>
<b>ACGC 5.11/2025.01.14</b>	<b>Minutes 10 September 2024 and Action Log</b>
<p>The Committee <b>considered</b> the Minutes and Action Log of the meetings held on 10 September 2024.</p> <p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>Approved</b> the 10 September 2024, as accurate records of the meetings.</li> <li>• <b>Approved</b> the closure of one completed action on the Part A Action Log and <b>noted</b> the update on item on the Part B Action Log.</li> </ul>	
<b>ACGC 5.2/2025.01.14</b>	<b>Integrated Governance Assurance Update</b>
<p>The Committee <b>considered</b> the Integrated Governance Assurance update.</p> <p>In relation to Freedom of Information requests (FOIs) there was a slight decrease in the average response times from 18 days from 19 days in the previous quarter. There were 12 responses which exceeded the 20 day deadline. The combination of more and more complex requests combined with delays in receiving information from the Directorates and Divisions was noted. In one or two cases this was due to single points of failure, staff absence.</p> <p>CB, SS and IB had discussed an escalation process to notify the respective Executives of any Freedom of Information requests which were approaching time limits. Currently this was being achieved through the Weekly Senior Responsible Officer meetings.</p> <p>The Committee asked if the Freedom of Information request Register was managed by an automated system or was it a manual system. CB explained a Tracker system was used but it was reliant upon manual input. She referred to the AMaT system which had been purchased and hoped this would assist with tracking requests.</p> <p>CB, SS and IB worked to formulate how to bring Organisation-wide Information Governance Groups forward in to prescribed groups to submit papers to the Business Executive Team.</p> <p>The Committee <b>considered</b> and took <b>assurance</b> from the Information Governance Performance Report and that the Records Management SharePoint Implementation Programme was on track with the implementation plan.</p>	
<b>ACGC 5.3/2025.01.14</b>	<b>Annual Accounts and Accountability Report Timetable 2024/25</b>
<p>The Committee <b>received</b> the Annual Accounts and Accountability Report Timetable 2024/25</p> <p>JM presented the paper which demonstrated to the Committee that a plan was in place to deliver the Annual Report and Accounts to plan. The Organisation has an appropriate plan in place for the production of the financial statements and Accountability report detailed Annex 1.</p>	

LB added that the Performance Report was produced by the Performance Team which would be endorsed by the Business Executive with final sign off from Tracey Cooper as the Accountable Officer.

The Committee received **assurance** that the Trust has an appropriate plan in place for the production of the Financial Statements and Accountability Report for 2024/25 in line with the statutory deadlines.

#### **ACGC 5.4/2025.01.14 | Policy for Approval**

The Committee **received**:

- The Procedure for management of Service Level Agreements and Grant Payments
- The All-Wales Recovery of Overpayments Policy
- The Information Security Policy

#### The Procedure for management of Service Level Agreements and Grant Payments

JM explained the background of the Procedure for management of Service Level Agreements and Grant Payments.

The Committee suggested the clarification of wording in the paragraphs 10 and 16 may need to distinguish between an Service Level Agreements (SLA) with an NHS organisation and one for a non-NHS Organisation in regard to dispute resolution. JM agreed to include an alternative paragraph to accommodate this difference.

**Action: JM**

The Committee

- **Considered** the new procedure,
- **Noted** that Leadership Team had endorsed the policy for approval by the Audit and Corporate Governance Committee.
- **Approved** the revised Policy

#### The All-Wales Recovery of Overpayments Policy

JM explained the background of the All Wales Recovery of Overpayments Policy.

This was developed as an All-Wales Policy to ensure a consistent approach across Wales. The Organisation had its own similar process, the new process included minor changes to the Policy which had been in use.

The Committee asked how compliance was achieved with Payroll as they were an external organisation, PV explained Payroll was hosted by the NHS Wales Shared Services Partnership and their compliance with the Policy and their guidance with the payroll rules was reported through to the Shared Services Committee Partnership Committee, which oversaw the governance of that shared body. PV attends that

Committee on behalf of TC and any assurances or issues are sent through that Committee into the Business Executive Team.

The Committee asked whether the recuperation of the overpayment considered equalities and health situations. JM confirmed the process did include a discretionary approach to be used.

The Committee

- **Considered** the new procedure, and the Equalities Impact Assessment
- **Noted** that Leadership Team had endorsed the procedure for approval by this Committee.
- **Approved** the Procedure.

#### Information Security Policy

JJ explained the background of the Information Security Policy, it comprised a set of controls, guidelines and expectations for the protection of confidentiality, integrity and availability of the information assets owned and managed by Public Health Wales. The policy would complement the All Wales information Security policy which was being reviewed.

The Committee

- **considered** the information contained within the Policy and Equalities Impact Assessment (Appendix 1a)
- **noted** that the Leadership Team had endorsed the Policy to the Committee.
- **Approved** the Information Security Policy.

<b>ACGC 6/2025.01.14</b>	<b>For Information</b>
<b>ACGC 6.1/2025.01.14</b>	<b>Finance, Procurement and Counter Fraud</b>
None.	
<b>ACGC 6.2/2025.01.14</b>	<b>Internal, External and Clinical Audit</b>
None.	
<b>ACGC 6.3/2025.01.14</b>	<b>Managing Risk</b>
The Committee <b>received</b> and <b>noted</b> the Strategic Risk Register.	
<b>ACGC 6.4/2025.01.14</b>	<b>Governance and Accountability</b>
None.	
<b>ACGC 6.5/2025.01.14</b>	<b>Committee Work Plan</b>
The Committee <b>received</b> and <b>noted</b> the Work Plan.	
<p>The Committee had asked about the various meetings outlined within the Committees Terms of Reference which between Committee Members and Audit Wales, Internal Auditors and Counter Fraud. LB advised that this would be reviewed and referenced within next year's work plan for clarity.</p>	

<b>ACGC 7/2025.01.14</b>	<b>Closing Administration</b>
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NE thanked JM for her diligent work at Public Health Wales and wished her well in her new role at the NHS Executive.

The Committee was asked to use the link in the chat to submit a response form or to e-mail feedback on the meeting to LB.

**Date of next Committee meeting:** 14 March 2025

**Any Other Business:** None.

NE thanked everyone for their contributions and closed the meeting.

The Meeting closed at 12:45

UNCONFIRMED

**Unconfirmed Minutes of the Public Health Wales  
Audit and Corporate Governance Public Session Committee Meeting  
14 January 2025 at 12:45, in 3.2 CQ2 and via Microsoft Teams**

**Part B**

<b>Present</b>		
Nick Elliott	(NE)	Non-Executive Director, Chair
Tamsin Ramasut	(TR)	Non-Executive Director
<b>In Attendance:</b>		
Anne Beegan	(AB)	Audit Wales
Claire Birchall	(CB)	Executive Director of Quality, Nursing and Integrated Governance
Liz Blayney	(LB)	Deputy Board Secretary and Board Governance Manager
Pippa Britton	(PB)	Non-Executive Director and Chair of the Board
Andrea Calise	(AC)	Contract Manager, Audit and Assurance Services, NHS Wales Shared Services Partnership
Paul Dalton	(PD)	Head of Internal Audit, Audit and Assurance Services, NHS Wales Shared Services Partnership
Huw George	(HG)	Deputy Chief Executive and Director of Operations and Finance
Danielle Gething	(DG)	Head of Risk Management (For item 4.2)
Claire Green	(CG)	NHS Executive
Clare Jenkins	(CJ)	Non-Executive Director and Vice Chair of the Board
Jonathan Jones	(JJ)	Lead Cyber Security Manager (For Item 5.4.)
Ian Kent	(IK)	Finance Manager
Alun Lloyd	(AL)	Independent Adviser
Jane Matthews	(JM)	Head of Financial Reporting and Control
Stuart Silcox	(SS)	Assistant Director of Integrated Governance
Paul Veysey	(PV)	Board Secretary and Head of the Board Business Unit
Angela Williams	(AW)	Deputy Director of Operations and Finance
Steve Wyndham	(SW)	Audit Wales
Add NHSE people		
<b>Apologies</b>		
Tracey Cooper	(TC)	Chief Executive
Katrina Febry	(KF)	Audit Wales
The meeting commenced at 12:45		
<b>ACGC 8/2025.01.14 Welcome and Apologies for Absence</b>		
NE opened the meeting and welcomed all present, noting that the meeting was held electronically and in person at CQ2.		

The Committee **noted** that the meeting was being recorded to support with accuracy of the minutes, and that the recording would be deleted once the minutes had been agreed at the next meeting in March 2025.

The apologies for absence received were noted.

**ACGC 9/2025.01.14** | **Declarations of Interest**

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

**ACGC 10/2025.01.14** | **NHS Executive Business**

The Committee **considered** the NHS Executive Audit and Corporate Governance Committee (ACGC) Quarterly Assurance Report.

CG advised the Committee that discussions had progressed with Internal Audit which had recognised two areas for Internal Audit:

- The Executive would be included in any areas which linked in with Public Health Wales Internal Audit Reports.
- The NHS Executive Governance Arrangements.

PD informed the Committee that in addition to the two areas noted by CG, there was capacity for his team to complete further reviews specific to areas identified by the NHS Executive.

The Committee discussed the management of Freedom of Information requests (FOIs), CG noted the number of Fols had increased when the NHS Executive had formed, a process was established and had successfully managed the transition of FOIs from Public health Wales to the NHS Executive.

Risk Management (Quarterly)

The NHS Executive met with Danielle Gething and Bethan Osbourne on 10 January and agreed to transition all risk reporting on to DATIX from April 2025. This would ensure consistency with Public Health Wales Risk Reporting.

CB informed the Committee of an increased risk to Public Health Wales supporting colleagues at the NHS Executive in their use of DATIX. She asked that the Committee noted a request to address this service provision in the year ahead. PV assured the Committee that the Organisation would address these issues as it prepared the new version of the Hosting Agreement.

The Committee:

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

Audit Activity (Quarterly)

The Committee:



- **Noted** that the approach for audit for 2024/25 for the NHS Executive was being reported separately.
- **Noted** that no new audit activity had been initiated during the reporting period.

Counter Fraud Compliance (Quarterly)

The Committee:

- **Noted** that there had been no Counter Fraud activity reported to the NHS Executive during the reporting period.

Information Governance Compliance (Quarterly)

- Took **assurance** that the NHS Executive 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 7/2025.01.14**

**Closing Administration**

**Date of next Committee meeting:** 10 March 2025

The Committee was asked to e-mail feedback on the meeting to LB.

NE thanked everyone for their contributions and closed the meeting.

The Meeting closed at 12:55

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