

**Confirmed Minutes of the Public Health Wales
Audit and Corporate Governance Public Session Committee Meeting Part B
23 March 2026 at 11:00, via Microsoft Teams**

Present		
Kate Young	(KY)	Chair, Non-Executive Director
Nick Elliott	(NE)	Non-Executive Director
Catherine Purcell	(CP)	Non-Executive Director
In Attendance:		
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)	Audit Manager, Audit and Assurance Services, NHS Wales Shared Services Partnership
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
Dafydd James	(DJ)	Head of Digital Experience and Services
Ian Kent	(IK)	Head of Financial Reporting and Control
Toby Laws	(TL)	Finance Graduate (Observing)
Martyn Lewis	(ML)	Auditor, Audit and Assurance Services, NHS Wales Shared Services Partnership
Gareth Lucey	(GL)	Audit Wales
Blake Rennie	(BR)	Audit Manager, Audit and Assurance Services, NHS Wales Shared Services Partnership
Neil Stoodley	(NS)	Interim Head of Finance
Martin Veale	(MV)	Independent Adviser
Paul Veysey	(PV)	Board Secretary and Head of the Board Business Unit
Angela Williams	(AW)	Interim Executive Director of Operations and Finance
Rhianon Windsor	(RW)	Deputy Director of People & OD, NHS Performance and Improvement
Apologies		
Iain Bell	(IB)	National Executive Director of Research, Data and Digital
Chris Clayton	(CC)	Managing Director, NHS Performance and Improvement
Bree Gatica-Wilcox	(BG-W)	Staffside Representative
Stuart Silcox	(SS)	Assistant Director of Integrated Governance
Steve Wyndham	(SW)	Audit Wales
The meeting commenced at 11:00		

ACGC 1/2026.03.23 Welcome and Apologies for Absence	
<p>KY opened the meeting and welcomed all present, noting that the meeting was held electronically.</p> <p>The apologies for absence received were noted.</p> <p>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 May 2026.</p>	
ACGC 2/2026.03.23	Declarations of Interest
<p>There were no declarations of interest in addition to those already declared on the Declarations of Interest Register.</p>	
ACGC 3/2026.03.23	NHS Wales Performance and Improvement
ACGC 3.1/2026.03.23	NHS Wales Performance and Improvement - Audit and Corporate Governance Committee Assurance Report
<p>The Committee considered 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, Contract and Procurement, Counter Fraud Compliance and Information Governance.</p> <p>In introducing the report, which covered the period 1 November 2025 to 31 January 2026, RW highlighted:</p> <ul style="list-style-type: none"> • The Internal Audit programme was complete and the outcomes of all 2025-26 audits would be reported in the final Quarterly Assurance Report to the Committee. • Two procurement breaches had been identified during the reporting period, as reflected in the Corporate Governance Report for November, which followed a slightly different reporting cycle and an investigation was underway. Collaborative support had been offered. • There were no reported incidents of counter fraud or issues with Information Governance compliance in the quarter. <p>The Committee thanked RW for the detailed report.</p> <p>The Committee discussed the level of detail provided in the report and queried whether the Committee should have sight of the Corporate Risk Register for assurance. PV explained that strategy and performance of NHS Wales P&I was managed by Welsh Government and that their Risk Registers had been seen previously by the Committee. There was also an Internal Audit programme to seek assurance on the approach to risk taken by them and that it had systems in place to ensure that the risks did not impact on the work of Public Health Wales.</p> <p>KY and PV proposed a session with new Committee members to provide an overview of the arrangements in place for assurance relating to hosted organisations and the role of the Committee.</p> <p>Action: PV</p>	

The Committee asked for assurance from NHS Wales P&I that the roles of Caldicott Guardian, Medical Director and Nurse Director were in place and noted in the next report.

Action: RW

The Committee:

- **Noted** the contents of this report and receive **assurance** that effective arrangements were in place for the period 1 November 2025 – 31 January 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&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&I audit plan for 2025/26 was reported separately.
- **Noted** that two internal audits were completed and one reported during the reporting period.
- **Noted** two audit breaches were being reported for the period.

Counter Fraud Compliance (Quarterly)

- **Noted** that there had been no Counter Fraud activity reported to the NHS Wales P&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.

NHS Wales Joint Agreements Register (Bi Annual)

- Took **assurance** that there was a live central agreements register which was maintained, in line with the Joint Working Framework requirements.

Declarations of Interest (Bi Annual)

- Took **assurance** that NHS Wales P&I maintained a register of declarations of interests of relevant senior roles in accordance with the Public Health Standards of Behaviour Policy.

ACGC 3.2/2026.03.23 | NHS Wales Performance and Improvement, Internal Audit

The Committee **considered** the NHS Wales P&I Internal Audit Progress Report, the NHS Wales P&I Risk Management Final Internal Audit Report and the NHS Wales P&I Audit Work Plan 2026/27.

Internal Audit Progress Report

PD and AC updated the Committee that two reports were finalised this quarter:



- **Finance Management** (Substantial Assurance) with no findings raised. This had not been included in the papers in error and would be circulated to the Committee and included with the next meeting’s papers.
Action: AM
- **Risk Management** (Reasonable Assurance) with two medium priority findings relating to the documentation of action plans within the Corporate Risk Register and the ongoing population of risk information within the DATIX system. The audit found that risk management arrangements were well established and operating in line with the approved Risk Management Framework.

The Committee discussed the limited assurance elements findings of the Risk Management Report, noting that the Committee would see information on the progress and completion of the required actions as part of the routine reporting from the Organisation by the responsible officer identified within Objective 4 and noted the need for greater clarity to support assurance. KY acknowledged that NHS Wales P&I had experienced significant Organisational change over the previous 12–18 months and that arrangements had stabilised.

TC recognised that the management and leadership performance was a role for Welsh Government, and that suggested that reference to where Welsh Government had been cited on these issues be included in future reporting where appropriate.

Internal Audit Workplan 2026/27

PD introduced the 2026/27 Work Plan which was presented as an annex to the Public Health Wales Trust Plan. Four work areas were proposed in Section 2, reflecting governance discussions and expected changes. Additional reviews of risk management were planned, with arrangements remaining flexible to adapt to any changes in NHS Wales P&I’s risk profile during the year.

The Committee asked whether Welsh Government conducted Internal Audits covering its responsibilities for NHS Wales P&I. PV confirmed that Welsh Government undertook audits of its areas of responsibility and that NHS Wales P&I Internal Audits provided assurance to Public Health Wales regarding compliance with the Hosting Arrangements and Governance Framework.

The Chair thanked RW.

The Committee **noted** the NHS Wales P&I Internal Audit Progress Report, Risk Management Final Internal Audit Report and the Work Plan 2026/27.

ACGC 4/2026.03.23 Closing Administration

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

Date of next Committee meeting: 7 May 2026

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

The Meeting closed at 11:20

**Confirmed Minutes of the Public Health Wales
Audit and Corporate Governance Public Session Committee Meeting Part A
23 March 2026 at 11:20, via Microsoft Teams**

Present		
Kate Young	(KY)	Chair, Non-Executive Director
Nick Elliott	(NE)	Non-Executive Director
Catherine Purcell	(CP)	Non-Executive Director (Left at 12.59)
In Attendance:		
Henry Bales	(HB)	Counter Fraud Specialist (For item 9.4)
Claire Birchall	(CB)	Executive Director of Nursing, Quality and Integrated Governance (Left at 13:03)
Liz Blayney	(LB)	Deputy Board Secretary and Deputy Head of the Board Business Unit
Pippa Britton	(PB)	Chair of the Board (Left at 12:00)
Andrea Calise	(AC)	Audit Manager, Audit and Assurance Services, NHS Wales Shared Services Partnership (Left at 11:59)
Tracey Cooper	(TC)	Chief Executive (Left at 12:00)
Paul Dalton	(PD)	Head of External Audit, Audit and Assurance Services, NHS Wales Shared Services Partnership
Katrina Febry	(KF)	Auditor (Left at 12:59)
Danielle Gething	(DG)	Head of Risk Management For (Item 9.3)
Dafydd James	(DJ)	Head of Digital Experience and Services
Ian Kent	(IK)	Head of Financial Reporting and Control
Toby Laws	(TL)	Finance Graduate (Observing)
Martyn Lewis	(ML)	Auditor, Audit and Assurance Services, NHS Wales Shared Services Partnership (For Item 7.1)
Gareth Lucey	(GL)	Audit Wales (Left at 12:20)
Blake Rennie	(BR)	Audit Manager, Audit and Assurance Services, NHS Wales Shared Services Partnership (Left at 12:21)
Neil Stoddley	(NS)	Interim Head of Finance
Martin Veale	(MV)	Independent Adviser
Paul Weysey	(PV)	Board Secretary and Head of the Board Business Unit
Angela Williams	(AW)	Interim Executive Director of Operations and Finance
Apologies		
Iain Bell	(IB)	National Executive Director of Research, Data and Digital
Bree Gatica-Wilcox	(BG-W)	Staffside Representative
Stuart Silcox	(SS)	Assistant Director of Integrated Governance
Steve Wyndham	(SW)	Audit Wales
The meeting commenced at 11:20		

ACGC 5/2026.03.23	Welcome, Introductions and Apologies for Absence
The apologies for absence received were noted.	
ACGC 6/2026.03.23	Declarations of Interest
There were no declarations of interest in addition to those already declared on the Declarations of Interest Register.	
ACGC 7/2026.03.23	Internal, External and Clinical Audit
ACGC 7.1/2026.03.23	Internal Audit Progress Report, Internal Final Audit Reports and Internal Audit Work Plan 2026/27
<p>PD presented the report, highlighting the significant progress achieved against the Work Plan. PD noted delays to the screening review due to requirements of a larger volume of fieldwork than originally anticipated and he noted that progress on the health protection alerts review was delayed due to difficulties accessing necessary information. Similar issues occurred earlier in the year during the workforce review but were resolved. This was unusual, as the Internal Audit Charter requires access to information for audit work.</p> <p>PV told the Committee that he and the Internal Audit team regularly met with Executive colleagues to address data access issues. For the workforce audit, sensitive information about mental health, wellbeing, stress, and absence required redaction to maintain confidentiality while meeting audit needs.</p> <p>PV emphasised the importance of working collaboratively to ensure both appropriate sensitivity and compliance with audit requirements. He confirmed he continued to work with PD to resolve information access issues and to address any organisational barriers when they arose.</p> <p>The Committee noted the Internal Audit Progress report.</p> <p>Financial Management (Substantial Assurance) Internal Audit Report The Committee considered the Financial Management (Substantial Assurance) Internal Audit Report.</p> <p>In introducing the Report, AC informed the Committee there were no key findings or Management Action raised in this Report. The Committee thanked AW and the Financial Management Team for their diligent work.</p> <p>The Committee noted the Financial Management (Substantial Assurance) Internal Audit Report.</p> <p>Digital Audit Logging (Reasonable Assurance) Final Internal Audit Report The Committee considered the Digital Audit Logging (Reasonable Assurance) Final Internal Audit Report, which had 3 high priority actions.</p> <p>ML advised the Committee the audit focused on digital system login arrangements, which ensured that activity within digital systems was recorded and could be attributed to individual users, enabling investigation when issues arose and allowing alerts or</p>	



unusual activity to be flagged at an early stage. ML summarised the key findings and gaps around the management of security-related logs.

The Committee sought clarification that the scope of the review covered all logging arrangements. ML confirmed this and noted security-related logging was identified as distinct and was supported by a national product into which all security logs were fed, however arrangements for logging and monitoring user activity within applications were somewhat less well defined compared to security logging.

In response to an enquiry from the Committee, ML confirmed the report was not close to a Limited Assurance rating, as robust security logging addressed the highest risk area and lower risks were associated with application logging. The Committee noted that all actions were targeted for Quarter 1, and DJ confirmed the intent to implement the recommendations as soon as possible.

The Committee **noted** the Digital Audit Logging (Reasonable Assurance) Internal Audit Report.

The Committee **noted** the Actions from the from the two Internal Audit Reports would be added to the Audit Action Tracker and followed by the usual process.

Internal Work Plan Audit Plan 2026/27

PD introduced the Internal Work Plan Audit Plan for 2026/27 noting that the plan was intended to be flexible and should risks or priorities change during the year, the programme of work would be adjusted in consultation with the Committee..

The Committee sought clarity on the Committee’s role for the Work Plan, as the Terms of Reference indicated the Committee had an assurance rather than approval function. PV agreed to provide a resolution to the Committee.

Action: PV.

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

The Committee thanked AC for his work with the Committee and wished him well in his new role with in NHS Wales Shared Services Partnership.

ACGC 7.2/2026.03.23 External Audit

GL and KF presented the Audit Wales Update Report, informing the Committee that planning was on track to produce their statements for the 2025/26 Financial Statements.

KF advised that two audits from previous years remained outstanding. From the 2024 audit plan, the Review of Investment in Digital Systems was in draft and would be presented to the May Committee. The follow-up Review of Screening Services from the 2025 audit plan was scheduled for the September Committee. Progress on both audits had been slower than expected due to delays in agreeing the reviews with the Trust and capacity constraints at Audit Wales. The same auditor would lead both pieces of work, with the Digital Systems Deep Dive completed ahead of the Screening Services review.

The Committee **noted** the Audit Wales update and emphasised the importance of avoiding any further delay to outstanding reports from previous years.

Audit Wales Work Plan 2026/27

The Committee considered the Audit Wales 2026/27 Work Plan. Two performance audits were planned: the Structured Assessment and Management and Prevention of Diabetes, both expected before March 2027, with Audit Wales' focus for Public Health Wales on organisational leadership.

The Committee noted a 5.3% fee increase, highlighting that this was unfunded and would create cost pressures, and asked that audit work identify potential efficiencies. Concerns were raised about value for money, given unchanged service levels, delayed delivery of reports, and a lack of clarity on efficiency improvements arising from increased fees.

The Committee requested that Audit Wales scrutinise its fees and service delivery in line with the standards expected of audited bodies. Audit Wales acknowledged the challenge, outlined the drivers of fee increases, including backlog recovery and overhead costs, and noted that increases averaged approximately 3.5% over the past two years.

KY thanked GL and KF. The Committee **noted** the Audit Wales Work Plan 2026-27.

ACGC 7.3/2026.03.23 | Audit Recommendations Tracker

The Committee considered the Audit Recommendations Tracker and report and noted there were no business sensitive information actions currently on the Tracker.

LB informed the Committee:

- Of 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.
- Action 477: LT agreed to the closure of this action following the submission of further information, and on the basis that it had been deprioritised as the requirement had been superseded by an updated Integrated Medium Term Plan. The consequences of this were being investigated by the Engagement Team and any impact and next steps would be monitored by the Quality, Safety and Improvement Committee.

The Committee requested that the report columns be amended to ensure readability.
Action: AM

The Committee expressed concern that extensions had been granted repeatedly for some actions and asked why the initial deadlines had not been realistically set at the time the actions were first agreed.

AW provided an update on the review of policies outlined in action 516. She suggested meeting with LB to review the overall progress and would provide an update at the next meeting.

Action: LB/AW

The Committee:

- **Considered** the amendments to the Audit Tracker as approved by Leadership Team on 19 February 2026.
- Took **assurance** on the progress with the implementation of actions resulting from Internal and External Audits within Public Health Wales.
- **Noted** that the recommendations from the Internal Audit Reports received at this meeting would be added to the Tracker following the meeting.
- **Noted** there were currently no open Actions to report at the Private Session of this Committee.

Break

ACGC 8/2026.03.23

Risk

ACGC 8.1/2026.03.23

Risk Management Maturity Plan and Annual Review of Risk Framework

DG presented the Risk Management Maturity Plan and Annual Review of Risk Framework which was underpinned by a new Risk Management Strategy to be implemented in the new financial year. It set the vision, tone and scope for Risk Management across the Organisation. In the context of progressing to the next level of maturity, it was noted that the proposals had already been considered and supported by the Leadership Team.

The Committee thanked DG and her team for delivering the matured plan and embedding the approach across the Organisation.

The Committee **noted** the completed objectives, **acknowledged** the closure of the previous Risk Management Development Plan and **noted** the revised objectives described within the new Risk Management Maturity Plan.

ACGC 8.2/2026.03.23

Corporate Risk Register

DG introduced the Corporate Risk Register and noted that a new Corporate Risk relating to Sexual Health Services was under development and would be included in the next revision. The closure of Risk 1780 and revised scores for Risks 1678 and 1946 were noted.

The Committee raised concerns that some target risk scores were ambitious, with significant gaps between current and target positions not fully reflected in the proposed actions and requested clearer presentation using a one-risk-per-page format. Errors and outdated information were also identified.

CB acknowledged the issues and undertook to review the Register, strengthen processes, and provide clearer assurance through more detailed action reviews.

Action: CB

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

ACGC 9/2026.03.23 | Governance and Accountability

ACGC 9.1/2026.03.23 | Minutes Parts A and B 16 December 2025 and Action Log

The Committee **considered** the Minutes Parts A and B of the meeting held on 16 December 2025 and the Part A and Part B Action Logs.

The Committee:

- **Approved** the minutes of 16 December 2025 Open Parts A and B
- **Approved** the extension to one Action on the Part A Action Log
- **Noted** there are no open actions on the Part B Action Log

ACGC 9.2/2026.03.23 | Performance Management Framework

AW introduced the Performance management report, noting it was the Committee's first review and provided assurance on the Organisation's self-assessment against the NHS Performance Framework across five elements: ministerial priorities; the planning framework; the health and social care framework; the oversight and escalation framework; and the performance framework.

The report also set out the context for the Organisation's position against each theme. AW highlighted ongoing work and advised an updated NHS Framework was expected in April 2026. The report provided a retrospective review against the 2025–26 NHS Performance Framework and would be refreshed for 2026–27. NS advised that performance reporting had improved through dashboards and the Integrated Performance Report, with further improvements under review for the next report.

The Committee asked about Joint Executive Team meetings moving from private to public, including whether any had been held under the new broadcast arrangements. Members noted this could change the dynamic of discussion and performance management and reflect past sensitivities in Minister/Health Board engagement. AW said three Board members attended the first accountability meeting on 26 February and NE provided his reflection on the meeting. AW confirmed that meetings would continue based on escalation level, with an expectation of at least two per year; a draft schedule suggested October, though earlier meetings may occur.

KY thanked AW and NS for the Report, a strong first iteration, which she was confident would be matured, reviewed and improved as new processes became embedded. She said the report was clear and provided the intended **assurance** to the Committee on the existing arrangements in line with the current NHS Wales Performance Framework.

ACGC 9.3/2026.03.23 | Information Governance Quarterly Report

CB presented the Report, which combined updates on Information Governance and Quality Governance and highlighted a number of key points:

- Continued good progress had been made with Freedom of Information (FoI) requests and Subject Access Requests (SARs).

- Emerging trends within the SAR process, particularly around individual preparation for disciplinary and grievance matters and the use of artificial intelligence (AI) which resulted in complex requests.
- Information Governance Training compliance remained above 90%.
- Records Management (RM) focused on the retention and destruction programme and reported work with the Project Management Office continued to confirm how benefits realisation from the project would be tracked and reported to the Committee.

The Committee reflected on the incidence of AI in SAR and FoI requests.

The Committee **noted** the discussion on personal data breaches was taken in private session and **considered** and took **assurance** from the Information Governance Performance Report.

ACGC 9.4/2026.03.23 | Policy for Approval – Counter Fraud

HB introduced the Counter Fraud, Bribery and Corruption Policy and Response Plan, noting that it had been updated to reflect new legislation, internal team changes and to ensure the document remained current and comprehensive. The Committee was informed that the policy had completed internal consultation.

It was noted that, apart from the introduction of a new counter fraud offence which had been discussed in private session, there were no substantive changes to the policy.

The Committee asked whether the document was a standard All Wales policy. HB advised that whilst there was no single All Wales policy, the policy tabled today broadly consistent with those used by other NHS Wales bodies.

The Committee **considered** the information contained within the Policy and Equalities Impact Assessment (Appendix 1), **noted** that the Leadership Team had endorsed the policy and **approved** the Counter Fraud Bribery and Corruption Policy and Response Plan.

ACGC 9.5/2026.03.23 | Bi Annual Governance Update

LB introduced the Bi-annual Governance Update which provided assurance on Declarations of Interest, Welsh Health Circulars, the Joint Working Framework and Policies under the remit of this Committee and confirmed that the reports contents had received Leadership Team or Business Executive Team sign-off.

The Committee noted the work undertaken and queried the applicability of certain Welsh Health Circulars (WHCs), citing an example relating to Artificial Intelligence and Ambient Technologies. PV explained the process for reviewing WHCs and agreed to reassess the relevant circular and update the list if required.

Action: PV

The Committee also sought clarification on the Gifts, Hospitality and Sponsorship Register, noting that all recorded items had been accepted; it was confirmed that while the policy expects such items to be declined, Executive Directors may approve

acceptance where appropriate.

The Committee

- took **assurance** on the implementation of the Standards of Behaviour Policy and **noted** the updated Declarations of Interest Register which will be published on the website following this 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 9.6/2026.03.23 | Ratification of Chair's Action

LB introduced the report, noting that Chair's Action was taken following a discussion at the previous meeting on the Digital Supply Management Policy. LB confirmed that the Committee's feedback had been incorporated into the final version that was approved via chair's action.

The Committee **noted** the occasion where a Chair's Action was taken for the Approval of the Digital Supplier Management Policy, took **assurance** that the action was taken in accordance with Section 8 of the Standing Order and **ratified** the Chairs action.

ACGC 9.7/2026.03.23 | Compliance with Code of Governance Self Assessment

The Committee **considered** the Compliance with Code of Governance Self Assessment. LB presented the annual self assessment review to the Committee and highlighted the main change since last year's assessment was adding the strengthening to the arrangements for NHS Wales P&I reporting.

The Committee took **assurance** on Public Health Wales' compliance with Corporate Governance in Central Governance Departments: Code of Practice 2017

ACGC 10/2026.03.23 | For Recommendation to Board

ACGC 10.1/2026.03.23 | Committee Annual Report 2025/26, Review of Terms of Reference and Review of Committee Effectiveness

The Committee **considered** the Committee Annual Report 2025/26, the Review of Terms of Reference and the Review of Committee Effectiveness.

LB explained:

- The documents were compiled for submission to the Board in May and provided assurance to the Board that the Committee was fulfilling its Terms of Reference.
- The Committee Annual Report would be amended following this meeting to include areas where assurance had been obtained and where queries had been raised.
- A Committee effectiveness workshop had taken place and discussion on the use of deep dives had ensued. The Work Plan was intended to be dynamic and would be updated in response to key risks and any required amendments.



The Committee also noted the Terms of Reference review; no changes were proposed at this stage, subject to any final amendments arising from the Standing Orders when issued by Welsh Government and any minor points of clarification.

The Committee:

- Committee Effectiveness
 - **Considered** the summary of the review of Committee effectiveness.
 - **Noted** that the Cross Committee Chairs Group would review progress with the implementation of the actions and next steps during 2026/27.
 - **Recommended** the Committee Effectiveness Review Summary to the Board for assurance that this Committees had an effective system of review and continuous improvements in place.
- Committee Workplan for 2026/27
 - **Approved** the Committee Workplan for 2026/27 and **recommended** the plan to the Board in May for **assurance** that the Committee had the appropriate plan in place for 2026/27 to fulfil its terms of reference.
- Committee Terms of Reference Review
 - **Noted** that there were no proposed changes to the Audit and Corporate Governance Committee Terms of Reference (Current version available on the website)
 - **Note** that there were no proposed changes to the Standard Committee Terms of Reference and operating procedures (Current version available on the website).

ACGC 11/2026.03.23	For Information
ACGC 11.1/2026.03.23	Finance, Procurement and Counter Fraud
None.	
ACGC 11.2/2026.03.23	Internal, External and Clinical Audit
None.	
ACGC 11.3/2026.03.23	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 11.4/2026.03.23	Governance and Accountability
None.	
ACGC 11.5/2026.03.23	Committee Work Plan
The Committee considered and noted the Committee Work Plan.	



ACGC 12/2026.03.23 | Closing Administration

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

Date of next Committee meeting: 7 May 2026.

Any Other Business:

The Committee noted this was AW's last Committee meeting and KY thanked AW for her hard work and advice to this Committee.

KY thanked everyone for their contributions and closed the meeting.

The Meeting closed at 13:10

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