	Name of Meeting
	Board
	Date of Meeting
	30 May 2024
	Agenda item:
	5.2

Composite Committee Report for Board			
Reporting Committee	**Chair**	**Lead Executive Director**	**Date of meeting**
Audit and Corporate Governance Committee	Nick Elliott	Huw George, Deputy Chief Executive, Executive Director Operations and Finance Paul Veysey, Board Secretary and Head of Board Business Unit	19 March 2024 09 May 2024
People and Organisational Development Committee	Mohammed Mehmet	Neil Lewis, Director of People and Organisational Development	11 April 2024
Quality, Safety and Improvement Committee	Diane Crone	Claire Birchall, Interim Executive Director Quality, Nursing and Allied Health Professionals. Meng Khaw, National Director Health Protection and Screening, Executive Medical Director.	20 May 2024
Links to the agenda and papers for these meetings are included on the dates above.			

Executive Summary

This report covers the period since the last Board meeting on the 28 March 2024.

A detailed summary of the matters considered at each of the Committee meeting is contained in section 1 below.

Cross Committee Working
As part of the development of the Cross Committee working, this report has been updated to include a summary of any issues raised within the work of the Committee where there is an impact on the other Committees. This has been included at section 2.

Recommendations to Board
The Committees have all considered the following documents :
- Combined Committee Annual Report for 2023/24
- Committee Terms of Reference
- Committee Work Plans for 2023/24
- Outcome of the Committee Effectiveness Review.

The Committees recommended these documents to the Board for assurance / approval. These are on the Board open agenda on 30 May 2024 separately to this report.

* Note the Knowledge, Research and Information Committee have considered the documents above via email and have endorsed these for submission to the Board. This will be ratified at the meeting in June for completion.

Section 1: Summary of the Committee Meeting since last reported to Board on 28 March 2024

Summary of key matters considered by the Committee and any related decisions made:

Audit and Corporate Governance Committee (19 March 2024)

The Committee
- took **assurance** that Audit Recommendation actions were being managed effectively by the Leadership Team.
- **considered** and **noted** the Internal Audit Progress Report.
- **considered** and asked that the Internal Audit draft plan be reviewed to ensure clear scope and reflect the input of the Executive Team. PD agreed that details would be refined and included in the final Workplan and presented to the Committee in May.
- **discussed** the scope of the proposed Records Management Audit in 2024/25; noting that the audit proposed was of the project management system and the process to set up the new system and this would be delivered by the end of Quarter 3.
- **noted** the Internal Audit Workplan 2024/25 and the agreed action to review and resubmit for consideration at the Committee's next meeting.
- **considered** the following Final Internal Audits:
  - Welsh Risk Pool Internal Audit Report (Substantial Assurance).
  - Work Programmes Internal Audit (Reasonable Assurance).
- **considered** the Audit Wales Update and **noted** the Auditor General letter.
- **considered** the Losses and Special Payments Report covering the period 1 April 2023 to 29 February 2024. The report showed the figures were comparable to previous years.
- **considered** the Disposal of Out of Date COVID Testing Equipment Paper.
- took **assurance** that the write off of obsolete stock had been approved in accordance with the Financial Scheme of Delegation and noted that the Organisation was waiting for approval for the write off of the remaining monies from Welsh Government.
- **considered** the revised Procurement Report for 1 September 2023 to 31 December 2023. The report was initially received at the Committee Meeting in January 2023 when a number of concerns were highlighted. The Committee noted that these concerns had been resolved by the Procurement Team at Shared Services.
- **considered** the Cyber Security Assurance Report, the Cyber Security Assessment and the reported Findings (DHCW) and took **assurance** on the management of Cyber Security within the organisation.
- **considered** and took **assurance** from the Information Governance Performance Report, noting that the Records Management SharePoint Implementation Programme was on track against the implementation plan.
- took **assurance** on Public Health Wales' compliance with Corporate Governance in Central Governance Departments: Code of Practice 2017.
- Took **assurance** on the implementation of the Standards of Behaviour (Declarations of Interest) Policy.
- Took **assurance** on the management of the process ensuring the Organisation's compliance with Welsh Health Circulars.

- 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.
- took **assurance** on the preparation for finalising the Hosting arrangement for 2024/25 for the NHS Executive.

Audit and Corporate Governance Committee (09 May 2024)

The Committee
- **considered** the Draft Annual Governance Statement, the Meeting Attendances Attachment for the Governance Statement and the Draft Remuneration Report 2023 – 2024 and **recommended** their submission to Board.
- **considered** the Draft Accounts and **noted** they were submitted to Audit Wales and Welsh Government on Friday 3 May 2024.
- took **assurance** that Audit Recommendation actions were being managed effectively by the Leadership Team.
- **considered** the Internal Audit Progress Report.
- **considered** the following Final Internal Audits:
  - Population Health Grants (substantial assurance).
  - Appraisal Process Public Health Consultants (reasonable assurance).
  - Committee Work Planning (substantial assurance).
- **noted** the Internal Audit Draft Annual Report and Opinion Report and **approved** the Internal Audit Workplan 2024/25.
- **noted** the Audit Wales Plan and the Audit Wales Update.
- took **assurance** from the Information Governance Performance Report and that the Records Management SharePoint Implementation Programme was on track with the implementation plan.
- **considered** the proposed revisions to Standing Orders and Reservations and Delegations of Powers and **recommended** the proposed changes to the Board for adoption.
- **considered** and **noted** the verbal update regarding the Board Assurance Framework.
- **Recommended** the proposed changes to the the Committee Terms of Reference and to Board for approval.
- **Considered** the Committee Effectiveness Survey and results and agreed to submit to Board for **assurance**.
- **considered** and **noted** the verbal update on the NHS Executive Service Provision Documents and Assurance Schedule.
- **noted** the full Strategic and Corporate Risk Registers.

People and Organisational Development Committee (11 April 2024)

The Committee:
- **ook assurance** from the information contained within the Performance Assurance Dashboards that has been refreshed with March 2024 data.
- **considered** the queries referred from Committee's in relation to Statutory and Mandatory training. The specific asks of this meeting were:

- o Whether Business Continuity Planning training should be mandated.
  - o Whether the Counter Fraud/Cyber Security module interval should be changed from bi-annual to annual.
  - o To give assurance on having a monitoring system for Health and Safety training for those with honorary contracts.
- **Considered** an update on My Contribution Compliance of the Health Protection and Screening Services directorate following on from the deep dive item undertaken at the February 2024 Committee meeting, this contained an extra month of data (February 2024) than previously presented. The Committee took **assurance** on the progress being made to improve My Contribution compliance within the Health Protection and Screening directorate.
- **Considered** an update on the progress of the Culture Action Plan as part of the action to deliver desired culture through a high-level action plan, associated with Strategic Risk 4. A dashboard was in development to demonstrate progress to future Committee meetings and to Board meetings; this dashboard was due for delivery by quarter 4 once priorities for measurement were decided. The Committee **took assurance** that a plan was in place to deliver on the Strategic Risk to deliver desired culture.
- took **assurance** on progress with requests made to the Board by the Staff Diversity Networks to date. It was noted that the Women's Network would attend the July Board.
- **received** the Local Partnership Forum Annual Report provided for assurance. This highlighted the breakdown of attendance at meetings, key topics discussed and the policies that had been endorsed.
- **Considered** an overview of the approach on the work done to synergise organisational, corporate and strategic risks, and to realise the benefits of the Risk Management Development plan.
- **considered** the Strategic Risks and took **assurance** on the management of Strategic and Corporate Risk within the remit of the Committee.
- **Considered** an overview of the standard quarterly report showing the current position of all policies within the remit of the Committee, which highlighted any that has passed their review date and what actions had been taken to review these. The Committee took **assurance** on the prioritisation and progress being made.
- **Considered** an overview of the Cost-of-Living report that was taken through the Executive Team.
- **Recommended** the proposed changes to the Terms of Reference to the Board for approval.
- **Considered** the Committee Effectiveness presentation, and recommended it to the Board for assurance

Quality, Safety and Improvement Committee (20 May 2024)

The Committee:
- Considered a revised performance report of the recovery of Screening Services, taking **assurance** on the continued recovery of Breast Test Wales (BTW) and recovery and transformation plans for Diabetic Eye Screening Wales (DESW). The Committee noted the intention that they would receive confirmation at the next

meeting that the Breast Screening Programme had recovered in line with projections.

- Took **assurance** on the implementation of the Clinical Governance Framework, and the progress of the Quality Oversight Group (QuOG)
- **Considered** the Quality Governance Performance Report, noting the performance standards being achieved and areas for improvement. The Committee went on to take **assurance** that appropriate governance was in place to ensure safe, timely, effective, equitable, efficient and person-centred services in the following areas:
  o Putting Things Right, including Claims Management
  o Safety Alerts and Notice Management
  o Quality and Clinical Audit
  o The work of the Safeguarding Group
  o The work of the Infection Prevention Control Group
- Considered the Annual Putting Things Right Report for 2023/24 and took **assurance** on the Organisation's effective management of Putting Things Right.
- Considered and took **assurance** on the management of Strategic and Corporate Risk within their remit of the Committee, noting the combined previous risks of Strategic Risk 5 and Strategic Risk 6 to a revised Strategic Risk 5, and the organisational future approach in relation to governance and sources of assurance of commissioned services.
- Took **assurance** on the prioritisation and progress being made to review policies, procedures and other written control documents within the remit of the Committee.
- Took **assurance** that appropriate measures were in place to monitor Health and Safety compliance within the Organisation and to address areas identified for improvement. The Committee went on to note the update on the Health and Safety Workplan for 2024-25.
- **Considered a** deep dive into the Health Protection and Screening Services Directorate.
- **Recommended** the proposed changes to the Terms of Reference to the Board for approval.

Key risks and issues/matters of concern of which the Board needs to be made aware:
Audit and Corporate Governance Committee (19 March 2024 and 09 May 2024)
None
People and Organisational Development Committee (11 April 2024)
None
Quality, Safety and Improvement Committee (20 May 2024)
None.

Delegated action taken by committees:
Audit and Corporate Governance Committee (19 March 2024)
None
Audit and Corporate Governance Committee (09 May 2024)
The Committee the following: • **approved** the E-mail Acceptable use policy • **approved** the Internet Acceptable use policy • **approved** the Records Management policy • **approved** the withdrawal of the out of date All-Wales e-mail use policy • **approved** the withdrawal of the out of date All-Wales Internet Acceptable use policy. • **approved** the Committee Work Plan for 2024/25 and agreed to submit to the Board for assurance. • **approved** the Committee Annual Report and recommended it to the Board for assurance.
People and Organisational Development Committee (11 April 2024   )
The Committee: • **approved** the Committee Work Plan for 2024/25 and agreed to submit to the Board for assurance. • **approved** the Committee Annual Report and recommended it to the Board for assurance.
Quality, Safety and Improvement Committee (20 May 2024)
The Committee: • **approved** the All Wales Aseptic Non-Touch (ANNT) Policy. • **approved** the Annual Duty of Quality Annual Report for 2023/24. • **approved** the Committee Work Plan for 2024/25 and agreed to submit to the Board for assurance. • **approved** the Committee Annual Report and recommended it to the Board for assurance.

Section 2: Cross Committee Working Summary

Summarise any considerations by Committees relating the identified cross cutting areas, such as dealing with those remitted items between committee, any escalation of the cross Committee working criteria.

Cross Committee Issues	
Information Governance	ACGC considered the Information Governance Quarterly report at their March and May meetings; there were no issues to raise with the other Committees.
Internal and External Audit	The following Internal Audits were presented: • Appraisal Process – Public Health Consultants • Committee Work Planning The Committee also considered the quarterly update to the Audit Recommendations Tracker and appendix which showed open actions which were not yet due.
Risk	**Safeguarding Risk (1541)** At the PODC on 11 April, the Committee considered the significance of the Corporate risk relating to Safeguarding, in the context of the Staff DBS check process requiring further exploration. There is a significant cross over with QSIC as the impact of this risk is a safeguarding concern. The PODC agreed to review the workforce elements at their next meeting, to consider the mechanisms in place for DBS checks and how this was being managed. The outcome of this would be communicated with QSIC and depending on the outcome of the discussion, referral made to QSIC.
Workforce	**Statutory and Mandatory Training** In April, PODC considered the following referrals in relation to the Statutory and Mandatory training.
	ACGC: • Consider whether Counter Fraud Training should be mandated. • Whether given the significant risk poses to the organisation in relation to cyber attacks, whether the interval for the Statutory and Mandatory Training should be increased to annually.

	At its meeting on 11 April, the Committee the considered these proposals in the context of the overall approach to Statutory and Mandatory Training. There was discussion around the balance of not increasing the demand on staff to complete the breadth of training requirements
	QSIC: - Sought assurance that there was a system in place to monitor statutory and mandatory compliance for those with Honourary contracts. At its meeting on 11 April, the Committee considered this referral and it was confirmed that there is a system in place to monitor this and PODC were satisfied that this was sufficient.
Data and Digital	None
Service Delivery	None
Clinical audit	An update on the Quality and Clinical Audit plan was presented to QSIC as part of the Quality Governance Assurance Report. No issues raised to bring to the attention of ACGC.

Section 3: Date of next meetings

Date of next Committee meetings	
The next scheduled Committee meetings are as follows: (please note these are subject to change):	
Knowledge, Research and Information Committee	06 June 2024
People and Organisational Development Committee	09 July 2024
Audit and Corporate Governance Committee	11 July 2024
Quality, Safety and Improvement Committee	24 July 2024