



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Audit and Corporate Governance Committee

Audit Tracker Summary December 2025

Audit Tracker – Summary of Report

Overall Position

Summary of the overall position of actions on the Tracker, including comparison with the last reported position and new actions added to the Tracker since the last meeting.

Summary of Review by Leadership Team

Summary of review by the LT, including the total number of actions past their deadline date, extensions issued.

In Depth

- Extensions Issued
- Actions not yet Due – At Risk
- Actions Previously Discussed at ACGC
- High Priority Actions

In depth sections to provide more detail on specific at risk / high priority actions.



GIG
CYMRU
NHS
WALES

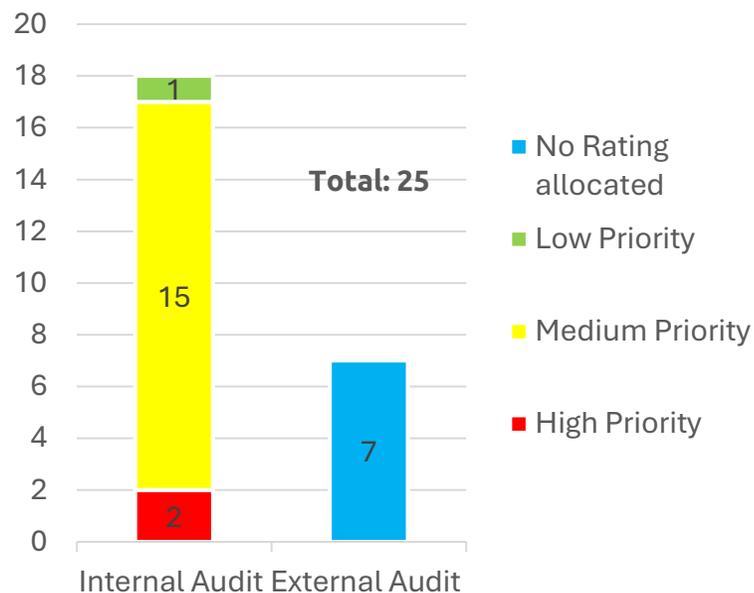
Iechyd Cyhoeddus
Cymru
Public Health
Wales

Overall Position: Picture Since September

Audit Tracker – Overall Position

Position Last Reported to ACGC:

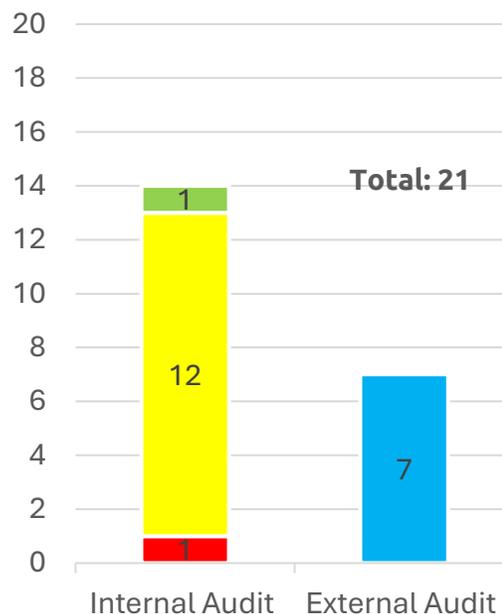
All Open Actions as of 1 October 2025:



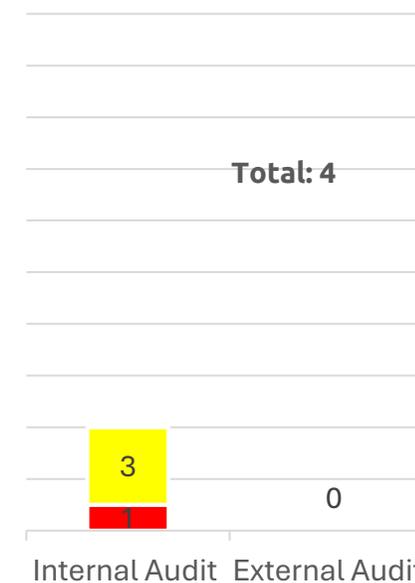
This includes 13 new Recommendations added to the register after 30 September 2025, see next slide for more information on these.

Position Reported to ACGC in Dec (as of 21 Nov):

Overall Open actions as of 21 November:



Actions Closed this period:

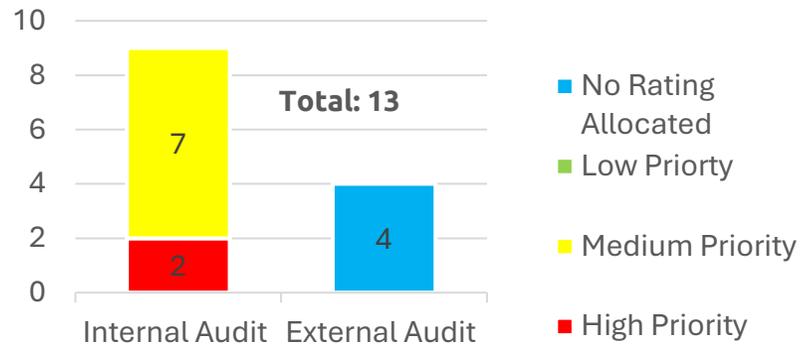


Audit Tracker – Overall Position

New Internal and External Audit Reports – Added to the Tracker

Following the last Committee meeting, 13 New Recommendations were added to the Tracker:

(Broken down by Priority rating of the action)



External Audit

Improving Quality Governance

Management Actions: 4

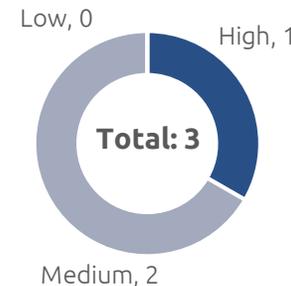
(Assurance ranking not included on External Audit Reports)

Internal Audit

Non-Core Funding: Health Improvement



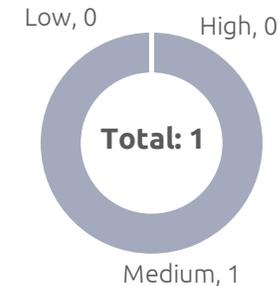
Management Actions:



Policies and Procedures Management



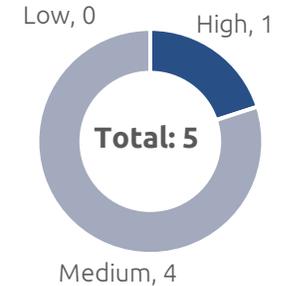
Management Actions:



Speaking Up Safely



Management Actions:





GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Summary of Leadership Team Review November 2025

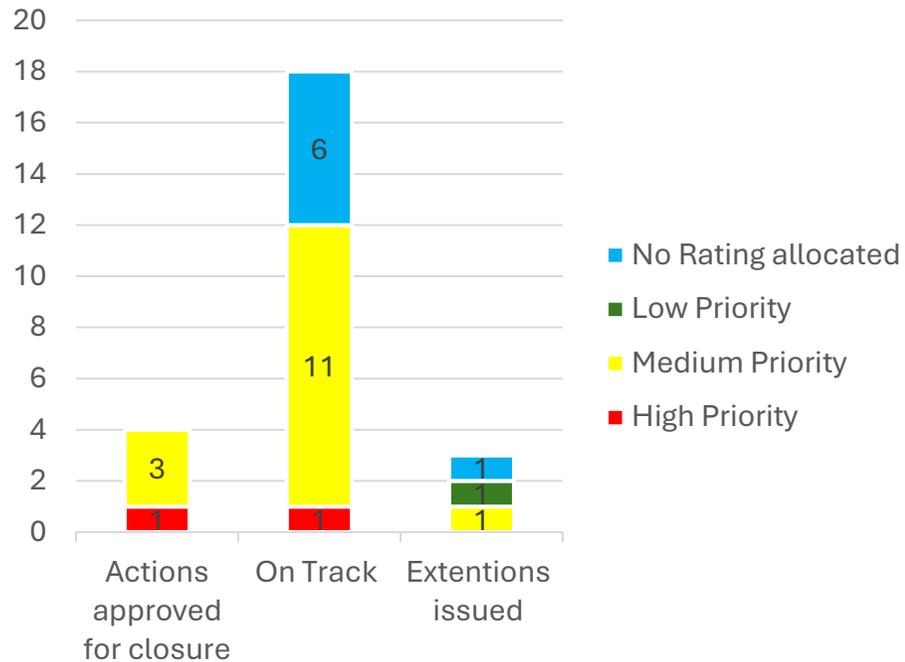


Audit Tracker – Review by Leadership Team

- ❖ The Leadership Team considered updates at its meeting on 20 November 2025.
- ❖ This is the summary of the requests approved at the meeting:

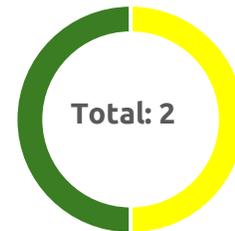
Overall Position of Actions

(Broken down by Priority rating of the action)



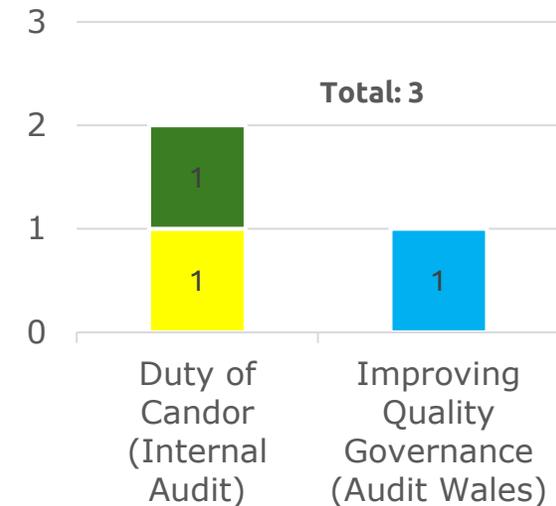
Total Number of actions passed their deadline date:

Duty of Candour



Breakdown of Extensions Issued

(Broken down by Priority rating of the action)



Further detail on these actions are provided on the next slides.



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

In Depth: Extensions Issued



Audit Tracker – Summary of Extension Issued (1 of 3)

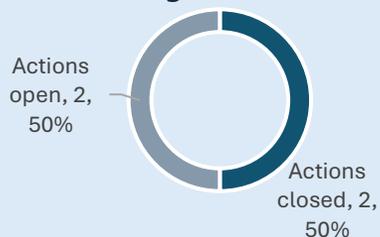
Report: Duty of Candour

Summary of Report:

External Audit

3 Medium and 1 Low Priority Actions identified

Summary of Actions:



Action History:



Report Issued
Jan 25



Original Date
31 Jan 25



Previous extensions
31 July 25
30 Sept 25



Extension requested
30 Jun 26

Management Action:

624

The Trust will develop a guide for incident managers to support them with the initial review and actual levels of harm for incidents recorded as moderate. The Trust will also formalise the procedure for the meeting between the service area and PTR team should a moderate incident be recorded.

Priority Rating: **Medium**

Current Position:

Following the publication of the Listening to People regulations in October 2025, all associated policies and procedures are currently being reviewed and updated to align with the new guidance. As part of this process, a formal in-person meeting will be scheduled. To ensure the guide and procedure fully reflect the updated regulations and allow sufficient time for the Public Health Wales consultation process, we are requesting an extension until 30 June 2026.

Discussion and Decision by Leadership Team:

LT discussed the request for an extension to the date for this action, noting previous changes. The Lead provided a detailed explanation of the work that has been undertaken to date to develop the process; a guide has been completed, and training was being delivered to service areas on incident harm grading for reviewing managers in line with the Duty of Candour levels. The incident investigation procedure was in the process of being reviewed and developed at the time of the last update, to reflect the required discussions between service area and the Concerns /PTR team surrounding the reporting of a Moderate or above procedure. LT noted previous updates provided had explained the reasons for previous extensions including seeking advice and input from Legal support.

In terms of the current position, LT were advised that since this extensive work had been undertaken, the new legislation has been approved which will change the current approach to Putting Things Right (PTR) and will have a significant impact on the guidance and process that had been developed. As such, in order to ensure that the full impact of this significant external change, the team are reviewing and updating the process, to ensure that the full extent of the changes are captured and implications fully understood. This will be a significant change.

Leadership Team agreed to the request to extend to 30 June 2026, noting the progress made, and the changes outside the control of PHW that would impact on the work required. Assurance on the reporting of Duty of Candour Incidents were reported through to BET and QSIC Committee on a quarterly basis.

Audit Tracker – Summary of Extension Issued (2 of 3)

Report: Duty of Candour

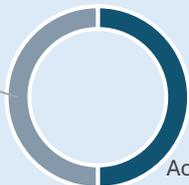
Summary of Report:

External Audit

3 Medium and 1
Low Priority
Actions identified

Summary of Actions:

Actions
open, 2,
50%



Actions
closed, 2,
50%

Action History:



**Report
Issued**
Jan 25



**Original
Date**
31 Mar 25



**Previous
extensions**
31 July 25
30 Sept 25



**Extension
requested**
30 Jun 26

Management Action:

626

The Trust will develop an internal procedure for the management of joint DoC incidents with an internal escalation procedure. PHW will work with the Welsh Risk Pool Duty of Candour Network to request a joint process for investigation and support its development.

Priority rating: **Low**

Current Position:

Following the publication of the Listening to People regulations in October 2025, much of the planned work has been delayed, to ensure sufficient time is given to embed and roll out the new regulations. As a result, this has been pushed back from the HOPE Network agenda, and will be looked at, at a later date. We are requesting an extension until 30th June 2026, to align to the above action.

Discussion and Decision by Leadership Team:

LT noted the discussion on the external changes for the previous action (624) which were also relevant for this action. The approach to this had been to develop this on a national basis, a joint investigation procedure had been drafted and had been in the final stages of approach by the HOPE Network at the time of the last extension to September.

In terms of the risk, this recommendation arose a single joint Duty of Candour, as such the numbers of cases were not significant for PHW. The action related only to one joint moderate harm DOC incident with another Health Board.

In terms of the current position, LT were advised that since this extensive work had been undertaken, there had been new legislation issued that would change the approach to Putting Things Right (PTR) and would have a significant impact on the guidance and process that had been developed. Although DOC guidance will not change the need to have an All Wales approach to managing joint investigations need s to be progressed through the HOPE network which has been focusing on the Listening to People consultation process causing a delay to this work.

Leadership Team agreed to the request to extend to 30 June 2026, noting the progress made, and the changes outside the control of PHW that would impact on the work required. Assurance that the reporting of Duty of Candour Incidents are reported through to BET and QSIC Committee on a quarterly basis and joint investigations are included in this.



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Audit Tracker – Summary of Extension Issued (3 of 3)

Report: Improving Quality Governance

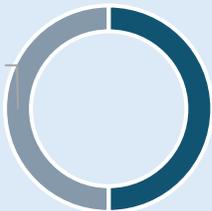
Summary of Report:

External Audit

2 Actions raised
(no rating allocated)

Summary of Actions:

Extension requested, 1, 50%



Actions open, on track, 1, 50%

Action History:



Report Issued
Aug 25



Original Date
31 Mar 26



Previous extensions –
None



Extension requested
30 Apr 26

Management Action:

671 The Implementation plan for the People’s Experience Framework is being discussed and developed on 1 October at the internal People Experience Group (Service user group). This plan includes the introduction of ‘You said we did’ display within PHW managed public facing sites with quarterly information displayed.

Current Position:

An action to develop an organisational 'You Said We Did' intranet page and poster template was agreed at the October 2025 People's Experience Learning Group (PELG). Work is underway to develop templates in readiness for discussion at the January PELG meeting for further considerations and adoption. The poster and intranet pages will be live by 31 March 2026. The above action has also been included within the draft Implementation plan for the People's Experience Framework. This plan is currently being developed with collaborative workshops planned for December 2025 and January 2026 to finalise this. The implementation plan will be published by 30th April 2026. Request an extension for this action to 30 April 2026 to enable broad engagement and agreement of the implementation plan.

Discussion and Decision by Leadership Team:

LT noted that this action was in date and note due until March 2026. The extension was well in advance of the deadline and was short to align to the approval of the overall framework. LT asked if the 1-month extension would be sufficient to allow for the approval of the plan and were assured that based on current planning and timescales it would be in place by the end of April. Leadership Team agreed to the request to extend the deadline by one month to 30 April 2026.



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

In Depth: Actions Not Yet Due Identified as at Risk

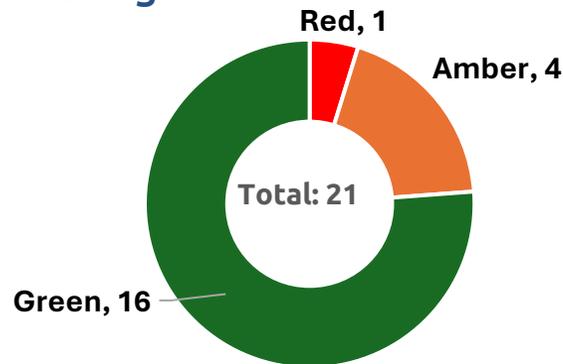


Actions Not Yet Due – RAG Ratings

For the Actions that were within date (not yet due for completion), Directorates were asked to provide a RAG rating on the likelihood that this action will be completed by the target date.

Red	Target Deadline will not be achieved, and an extension to the deadline is required.
Amber	Concerns about the implementation, potential delays are identified which could impact the achieving the deadline in the future. Explain the potential delay and how this is being mitigated. No change to extension requested at this stage
Green	On track to implement by the deadline date - no issues meeting the deadline identified.

Overall RAG Rating for the 21 Actions not yet due:



Red Action (At Risk):

Report: Improving of Quality Governance (2025)

Action **671** relating to the Implementation plan for the People's Experience Framework. An extension was issued for this action, refer slide 11 for more detail)

Amber Actions:

further information on these are contained on the next pages)

Report: HPSS Performance Metrics

One Amber action: **649** relating to the impact of reporting time lags being experienced with some of the metrics, to support comprehensive and timely scrutiny of the metrics data.

Report: Review of Quality Governance Arrangements (2023)

Action **477** relating to Using gathered intelligence to develop corporate resource to facilitate shared relationships with external stakeholders and to identify and fill gaps so that we reach all sectors of the Welsh population

Report: Duty of Quality

Actions **652** and **654** both assessed as Amber. These relate to actions to develop QuOG ToR and disseminate lessons learned across the Organisation

Actions Not Yet Due – Amber (At Risk) Ratings

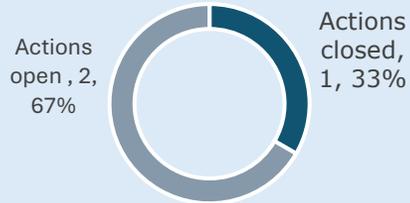
Report: Duty of Quality

Summary of Report:

Internal Audit

3 Medium Priority Actions raised identified

Summary of Actions:



Action History:



Report Issued
May 25



Original Date
30 Jun 25



Previous extensions
30 Apr 26



Current Date
30 Apr 26

Management Action:

652 The QuOG draft ToR will be reviewed and revised to include an agreed quoracy, and to define the responsibilities of core and member attendees as appropriate. We will then appropriately finalise the ToR. Priority: **Medium**

Current Position:

ToR is currently under review by the Quality Oversight Group having been shared and responses collated and presented at Quality Oversight Group meeting on 21st Oct 2025. Further work is required and suggested changes along with further proposals will need to be presented to BET for authorisation.

Discussion and Decision by Leadership Team:

At the previous meeting, LT approved an extension on this action to April 2026. The rationale for this extension was that since the recommendation was made, a larger piece of work was being undertaken broader than the original scope of the recommendation. This is to review the purpose of the QUOG in more detail, to consider what role it should be undertaking to provide greater assurance on Quality Governance and additionally what decision making would be required to fulfil this role. This is a complex review as it needs to consider the broader governance, delegated authority and decision-making arrangements, along with how the QuOG links in with BET and LT, and the appropriate group membership to fulfil this role.

In this update, the Directorate had indicated that there was a risk to this being completed by the revised deadline of April 2026, due to the complexity of the governance arrangements, and the approval route for any changes in delegations from the Executive Team would potentially require changes to the scheme of delegation at BET level. LT noted that this had been discussed at LT and LT were keen to understand the links and overlaps with LT's role as well.

LT noted the amber rating for this action, and the progress made with the review, asking for a further update in February on progress including how the review was progressing and likelihood of completion by the deadline.

Actions Not Yet Due – Amber (At Risk) Ratings

Report: Duty of Quality

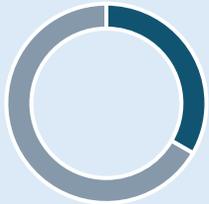
Summary of Report:

Internal Audit

3 Medium Priority Actions raised identified

Summary of Actions:

Actions open ,
2, 67%



Actions closed,
1, 33%

Action History:



Report Issued
May 2025



Original Date
30 Jun 2025



Previous extensions –
30 Apr 2026



Current Date
30 Apr 26

Management Action:

654 The QuOG will fulfil its remit to identify, monitor and share lessons learnt across the directorates, divisions and teams of the Trust as mandated within its terms of reference. Priority: **Medium**

Current Position:

Position remains the same as per the August 2025 update (repeated below):

As detailed in Action Ref. 652, this action is intrinsically linked with review of the Quality Oversight Group ToRs and potential subgroups. Discussions ongoing at QuOG to highlight key learning from Standards Self-Assessment undertaken by Directorates or Divisions, recorded within minutes. Quality Oversight Dashboard Standard added as a Standard Agenda item - presented at QuOG with key learning from themes and trends identified from incidents and complaints, recorded within minutes. For QuOG to fully deliver upon it's remit, agreement on delegated decision making needs to be agreed and then the ToR need to be amended following the recent review .

Discussion and Decision by Leadership Team:

At the previous meeting, LT approved an extension on this action to April 2026. The rationale for this extension was that since the recommendation was made, a larger piece of work was being undertaken broader than the original scope of the recommendation. This is to review the purpose of the QUOG in more detail, to consider what role it should be undertaking to provide greater assurance on Quality Governance and additionally what decision making would be required to fulfil this role. This is a complex review as it needs to consider the broader governance and decision making arrangements, how the QuOG links in with BET and LT, and the appropriate group membership to fulfil this role.

In this update, the Directorate had indicated that there was a risk to this being completed by the revised deadline of April 2026, due to the complexity of the governance arrangements, and the approval route for any changes in delegations from the Executive Team would potentially require changes to the scheme of delegation at BET level. LT noted that this had been discussed at LT and LT were keen to understand the links and overlaps with LT's role as well.

LT noted the amber rating for this action, and the progress made with the review, asking for a further update in February on progress including how the review was progressing and likelihood of completion by the deadline.

Actions Not Yet Due – Amber (At Risk) Ratings

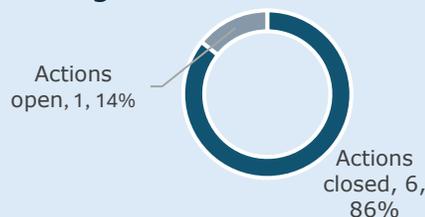
Report: Review of Quality Governance Arrangements

Summary of Report:

External Audit

7 Actions identified

Summary of Actions:



Action History:



Report Issued

Aug 25



Original Date

31 Mar 23



Previous extensions

31 Mar 24
31 Dec 24
31 Dec 25



Current Date

31 Dec 25

Management Action:

477

Collaboratively design and develop an organisational approach to capacity and capability building for skills in engagement and feedback analysis to inform planning and improvement

Current Position:

Previous updates had explained that the user research and engagement leads had restarted work around the DDDA submission (an update with suggested next steps). A follow-up was needed as the initial proposal was quite light and needed further development and more strategic steer from the engagement team perspective (dependency from the engagement team who are working now on the shape of PHW engagement strategy which may pave the way for the solution and the way for its adoption). And extension was issued until 31 Dec 2025 pending a meeting to be arranged to agree next steps and a way forward.

The current position on this action is that work is progressing and a more detailed submission is expected to be submitted to the next meeting of the DDDA.

RAG Rating: Amber has been identified as the timescales for delivery are tight and will be challenging to meet within the timelines.

Discussion and Decision by Leadership Team:

Leadership Team considered the response from the Directorate concerning the Amber rating of this on-track Action. The Lead explained that the piece of work was larger and more wide ranging than had been originally envisaged. LT were advised that a discussion had taken place at senior level in the Directorate to review the work and whether it could be achieved within the timescale. It was felt at this stage that there was a good likelihood of this deadline being met and that this piece of work could be achieved by the implementation date of 31 December 2025. As such, an extension was not being sought at this stage, and that work was continuing at pace to resolve by the end of Dec. A further update would be provided to the LT.



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Audit Tracker – Summary Amber On-Track Actions (4)

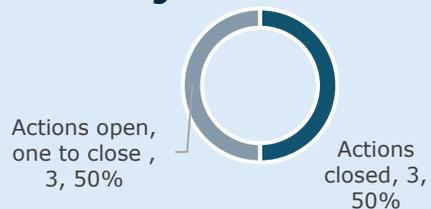
Report: Health Protection and Screening Services – Performance metrics

Summary of Report:

Internal Audit

5 Medium, 1 High Priority Actions identified

Summary of Actions:



Action History:



Report Issued
Feb 25



Original Date
30 Jun 25



Previous extensions
31 Dec 25



Current Date
31 Dec 25

Management Action:

649

The Directorate needs to consider the impact of reporting time lags being experienced with some of the metrics, more specifically within Screening. Amendments to the current process need to allow for comprehensive and timely scrutiny of the metrics data at divisional and directorate level prior to being reported to BET/Committees and Board.

Priority: **Medium**

Current Position:

Previous updates had explained that the options appraisal had been completed, with 1 viable option identified. The action had been transferred to the Research, Data and Digital Directorate to develop the proposal.

The current update provided to LT indicated that work was progressing within RDD to develop an approach in response to request.

RAG Rating: Amber has been identified due to capacity issues, the small data engineering resource has been reduced by leavers and absence and prioritisation of the remaining data engineering is on our major programmes.

Discussion and Decision by Leadership Team:

LT noted that previous updates indicated an options appraisal of feasible options had been scoped between Health Protection and Screening Services and Research, Data and Digital Directorates, with only one being a feasible option. This action had been transferred for completion from HPSS to RDD, as the completion of this including the timescales were within the control of RDD to take forward. An extension was issued at the last meeting from August 2025, to 31 December 2025, this was to allow for more detailed scoping of the solution.

LT considered the rating provided for the lead for this action at Amber, indicating there were some concerns relating to the confidence that the action would be completed before the current deadline for the end of December. The Lead explained that this concern arose from unexpected staffing and capacity issues within the team, and the potential complexity of the solution amongst competing priorities within RDD. They indicated that the matter had been escalated to Executive Level to make them aware of the potential concern around capacity, and work was progressing to meet the current deadline. As such, an extension was not being sought at this stage, and that work was continuing to resolve by the end of Dec. A further update would be provided to the LT.



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Previous Discussion at ACGC

Audit Tracker – Update for Action 559

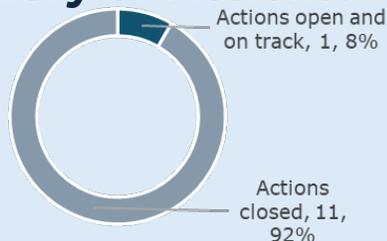
Report: Workforce Planning

Summary of Report:

External Audit

12 Actions Identified

Summary of Actions:



Action History:



Report Issued

Aug 23



Original Date

30 Jun 24



Previous extensions

31 Mar 25
31 Oct 25
31 Dec 25



Current Date

31 Dec 25

Management Action:

559

The Trust is developing a comprehensive picture of current workforce capacity via its workforce toolkit but must ensure its workforce information is correct. In particular, the Trust needs accurate figures on its current establishment and vacancies. It also needs to understand future service demand and model the impact on future workforce requirements. The Trust should: 2.1. Develop an approach to ensure the accuracy of data in the workforce toolkit and other internal workforce datasets by the end of Quarter 1 2024-25. In particular, the Trust must have an accurate picture of its current establishment and vacancy levels.

Current Position:

Significant progress has been made in gathering workforce data/identifying future needs as part of the refresh of the People Strategy. Further work is required to develop our capacity estimations with a focus on skills gaps, and this will be programmed into the People Strategy Implementation Plan which is an IMTP commitment due by 31 Dec 2026. Work by HEIW to establish vacancies within the ESR system and future workforce solution will also contribute to the action plan. Investment in a standalone system won't be pursued due to cost and digital portfolio constraints and the implementation timeline of the future workforce solutions.

Previous Committee consideration

This recommendation was discussed at ACGC (30 Sept), where there were concerns raised with the length of time and number of extensions that had been issued. It was further considered by the PODC on 14 Oct. Iain Bell (IB) and Neil Lewis (NL) provided and update on the progress, and noted the recommendation called for a joint approach to clarify future workforce demands using data, and that there was a disconnect between the update and action requirement. IB highlighted that PHW had a good level of workforce data but that gaps in information were present and noted significant progress towards gathering workforce details and identifying future needs. NL noted that work in this space would aim to be completed by the agreed deadlines.

Discussion and Decision by Leadership Team:

LT noted the updates provided, and the additional review by the PODC. The Lead indicated that this had been reviewed by the Executive Director and on review a lot of the work had been implemented, with a high level of confidence it would be completed within the timescales.



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

High Priority Actions



Audit Tracker – High Priority Action 662

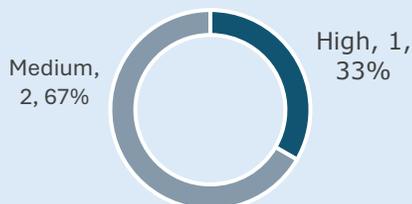
Report: Non-core Funding: Health Improvement

Summary of Report:

Internal Audit

3 Actions Identified

Summary of Actions:



Action History:



Report Issued
30 Sep 25



Original Date
31 Dec 25



Previous extensions
None



Current Date
31 Dec 25

Management Action:

662 Work with Welsh Government to establish a formal mechanism for reviewing and adjusting non-core grant allocations in line with NHS pay awards and inflation. This should include clear guidance on how top-up funding is calculated, routed, and communicated to delivery partners to ensure equitable and sustainable programme delivery.

Current Position:

On track. Specific meeting with Welsh Government and Director of Finance and National Director of Health and Wellbeing to be arranged following discussion at Health and Wellbeing 6 month finance review. Paper to outline current risks in relation to non-core funding in draft and will be finalised in November.

Discussion and Decision by Leadership Team:

LT noted the Action was on track and that a meeting was planned with Welsh Government and anticipated to be closed within the specified timeframe.