GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales

Name of Meeting
Audit and Corporate Governance Committee
Date of Meeting
16 December 2025
Agenda item:
3.1

NHS Wales Performance and Improvement - Audit and Corporate Governance Committee Assurance Report

For period 1 August 2025 – 31 October 2025

Report Sponsors:	Claire Green, National Director of Financial Planning & Delivery and Responsible Officer Iain Hardcastle, Interim National Director of Networks and Planning
Report Author:	Sophie Fuller, Assistant Director of Corporate Governance, NHS Wales Performance and Improvement
Approval/Scrutiny route:	Approval/scrutiny route for NHS Wales Performance and Improvement is via the Senior Leadership Team (SLT). Report presented for approval at the SLT Monthly Business Meeting on 13 November 2025.

Purpose

The purpose of this report is to provide an assurance report to the Audit and Corporate Governance Committee (ACGC), on the relevant governance compliance areas as outlined in the NHS Wales Performance and Improvement Assurance Schedule.

This report provides assurance on the following areas:

For the period 1 August 2025 – 31 October 2025:

- Risk management
- Audit activity
- Counter fraud compliance
- Information governance compliance

Recommendation:

NOTE	CONSIDER	RECOMMEND	ADOPT	ASSURANCE
☒	☐	☐	☐	☒

The Committee is asked to:

- **Note** the contents of this report and receive assurance that effective arrangements are in place for related processes.

For the period 1 August 2025 – 31 October 2025:

Risk Management (Quarterly)

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

Audit and Procurement Activity (Quarterly)

- **Note** that the NHS Wales Performance and Improvement audit plan for 2025/26 was reported separately.
- **Note** that two internal audits have been initiated and one completed during the reporting period.
- **Note** one audit breach is being reported for the period.

Counter Fraud Compliance (Quarterly)

- **Note** that there has been no Counter Fraud activity reported to the NHS Wales Performance and Improvement during the reporting period.

Information Governance Compliance (Quarterly)

- Take **assurance** that the NHS Wales Performance and Improvement has complied with Public Health Wales Information Governance Policy and processes.
- Take **assurance** that any non-compliance which represents a regulatory risk to Public Health Wales is being appropriately managed.

Link to Public Health Wales Strategic Plan

Public Health Wales is the Host Organisation for the NHS Wales Executive ('the Hosted Unit'). The *Hosting Agreement ('the Agreement') between Public Health Wales (PHW) NHS Trust and The Welsh Ministers* was approved by the PHW Board on 26th January 2023 and took effect from the launch of the NHS Wales Executive on 1st April 2023.

The Agreement remains extant and, to take account of variations to the Agreement, an Addendum was approved by the PHW Board on 28th March 2024.
Public Health Wales is not responsible or accountable for setting the direction for, or the work programme of, the Hosted Unit or for the delivery/quality or management of work undertaken by the Hosted Unit on behalf of Welsh Government.

Summary impact analysis	
Equality and Health Impact Assessment	A specific Equality and Health Impact Assessment (EHIA) is not required to support this report.
Risk and Assurance	This report provides assurance on the implementation of the relevant policy and

	procedures within the NHS Wales Executive, ensuring good governance is maintained.
Health and Social Care (Quality and Engagement) (Wales) Act	This paper supports the Quality themes.
Financial implications	There are no financial implications as a result of this report.
People implications	There are no people implications as a result of this report.

1. Purpose / situation

The purpose of this report is to provide an assurance report to the Audit and Corporate Governance Committee, on the relevant governance compliance areas as outlined in the NHS Wales Performance and Improvement Hosting Assurance Schedule.

This report covers the period 1 August 2025 – 31 October 2025 and provides assurance on the following areas:

For the period 1 August 2025 – 31 October 2025:
- **Risk management**
- **Audit and procurement activity**
- **Counter fraud compliance**
- **Information governance compliance**

The sections below provide a summary of the status for the areas listed above.

2. Risk Management

NHS Wales Performance and Improvement (NHSP&I) is required to report to the Committee for assurance on the risk management arrangements in place, in line with the NHSP&I Hosting Assurance Schedule.

Risk registers are maintained by each of the Directorates in NHS P&I and a corporate risk register is also maintained. The full suite of risk registers is routinely reported to the SLT Monthly Business Meeting on a quarterly basis, which is chaired by the Deputy Chief Executive, NHS Wales.

Within the corporate risk register, there remains one relevant risk to PHW as the host organisation:
There is a risk of weak internal control and a lack of coordinated business functions and support for the wider NHS Wales Performance and Improvement The cause will be a lack of common, clear and consistent governance processes, capacity and capability to support effective operational management and accountability. The impact will be inefficient and ineffective ways of working, governance failings and non-compliance with statutory and regulatory requirements impacting on PHW as the host body and WG as the sponsor.

This risk is being mitigated through:

A developing Corporate Governance Team

A business case has been submitted to Welsh Government outlining the required resources to support the developing governance systems and processes.

Live products to support effective governance and oversight

Existing
Central asset register, central agreements register, Integrated document management system for controlled documents, strategic assessments register, nominated persons register, Information Asset Owners and Administrators register, Declarations of interest register

New
Directorate business management hub, Corporate Request Log, gifts, hospitality, honoraria and sponsorship register, contract forward workplan

Live controlled documents to support effective governance and ways of working

Existing
Establishment Control Process, Crisis Management Business Continuity Plan, Enquiries, Concerns and Complaints Processes, Media Enquiries Process, Freedom of Information process.

New
Interim Reward and Recognition for Patient and Public Voice for those with lived experience, Risk Management Process, Mobile Phone Process.

Due to capacity constraints within the central team the implementation of the crisis management business continuity plan has been paused and will resume in Q4.

Risk and Assurance Development Programme

Work continues for the risk and assurance development programme. As part of the 2025-26 hosting fee review, funding for a Datix resource was agreed.

Deliverables	Due Date	Status
Move to Datix for Corporate and Directorate risks	August 2025	Completed September 2025.
Undertake controls and assurance mapping against strategic risks	September 2025	This work is delayed. Initial mapping is undertaken. Prioritisation of the gaps in controls and assurance is required and is planned for a December workshop
Strategic Risk Reporting	November 2025	This work has been delayed. The new strategic risk report has been proposed to SLT. The final report is dependent on the control and assurance gaps prioritisation.

Internal Audit on Risk Management Arrangements	November/ December 2025	Planned
Develop a Governance Assurance Framework	December 2025	The addition of the Managing Director role will impact the governance arrangements. The draft is complete and subject to approval of the new arrangements.
Strategic Risk Management Training	January 2026	Draft training developed. Under review.
Develop a strategic risk and assurance framework	March 2026	This work has been slightly delayed. A risk process supporting the PHW policy and procedure was approved at the September Monthly Business Meeting. The next step is to develop the strategic risk and assurance framework

3. Audit Activity

NHS Wales Performance and Improvement (NHSP&I) is required to report to the Committee for assurance on the Audit arrangements in place, in line with the NHS P&I Assurance Schedule.

The Internal Audit Plan 2025-26 was agreed by the Committee in May 2025 as an addendum to the PHW annual audit plan.

During the period one audit related to a review of hosting arrangements was undertaken.

Objectives of the area under review:

1. NHSP&I has established processes to meet its thematic responsibilities that are identified in the hosting agreement.
2. There is appropriate delegated ownership of the key thematic responsibilities of NHSP&I.
3. Where appropriate, monitoring and reporting arrangements have been established.
4. There are arrangements in place to periodically review the hosting agreement and a process for approval of any changes or updates.
5. NHSP&I has established governance arrangements to oversee compliance with the hosting agreement.

Out of the five areas, three received substantial assurance and two received reasonable. There were two medium priority management actions which were

agreed by NHS P&I Senior Leadership Team. These will be monitored via the Audit Recommendations Tracker.

A second audit was begun during the period related to financial management and financial governance. The outcome of which will be reported to the next Audit and Corporate Governance Committee.

One procurement breach is being reported to Committee in September, based on the reporting period 1 August to 31 October 2025. The parties involved have received a breach letter detailing the breach and requesting information on how the breach occurred, detail, system weaknesses, and any measures taken to ensure that this does not occur again. Learning and management actions will be monitored through the NHS Wales Performance and Improvement Senior Leadership Team.

4. Counter Fraud Compliance

In line with NHS Wales Performance and Improvement (NHSP&I) Hosting Assurance Schedule, NHSP&I is required to report to the Committee on a quarterly basis for assurances to any Counter Fraud Activity.

There has been no counter fraud activity reported to NHSP&I during the reporting period.

5. Information Governance compliance

The NHS Wales Performance and Improvement (NHSP&I) is required to report to the Committee for assurance on its compliance with the Public Health Wales Information Governance Policy, in line with NHSP&I Hosting Assurance Schedule.

For/during the reporting period:

- As confirmed in the previous report to ACGC, the roles of Deputy Caldicott Guardian and Deputy Senior Information Risk Officer (SIRO) within NHSP&I have been designated respectively to the Interim National Clinical Director and Deputy Director Data & Analytics. These colleagues have regular meetings with PHW to ensure consistency of approach and for any issues to be raised.
- NHSP&I has an Information Asset Register, in the format recommended by PHW, and this is available via Information Asset Register. Information Asset Owners will continue to review for accuracy and completeness via the central list owned by Corporate Governance.
- Staff are advised via induction that they are required to work within relevant PHW policies and signposted to the relevant SharePoint pages.
- Staff are required to complete and maintain statutory and mandatory training and, in respect of information governance, compliance as of 31 October 2025 was:

Competence Name	Assignment Count	Required	Achieved	Compliance %
NHS|CSTF|Information Governance (Wales) - 2 Years|	*470*	*470*	*428*	***91.06%***

6. Conclusion

The report provides assurance to the Committee that NHS Wales Performance and Improvement is meeting the requirements for each of the area reports or actions are in progress, where identified.

The Committee is asked to note that:

- The Internal Audit Plan for 2025/26 was agreed by PHW and NHS Wales Performance and Improvement has completed one audit and started another during the period.
- Significant work on the strategic risk profile, internal controls and assurance gap analysis has been undertaken
- One audit breach is being reported to ACGC in September, it has been formally reported to the relevant director and team for learningand any wider learning will be considered by the NHSP&I SLT.
- DATIX continues to be rolled out, the Directorate risk register are now uploaded, meaning hierarchy one and two will be on DATIX.

7. Recommendation

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