GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** Audit and Corporate Governance Committee **Date of Meeting** 3 September 2026 **Agenda item:** 3.1

NHS Wales Performance and Improvement – Audit and Corporate Governance Committee Quarterly Assurance Report

For period 01 April 2026 – 31 July 2026

NHS Wales Performance and Improvement Director Lead :	Chris Clayton, Managing Director
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Approval/Scrutiny route:	Approval/scrutiny route for NHS Wales Performance and Improvement is via the Senior Director Team (SDT) in the Senior Leadership Team (SLT) meeting. Report presented for approval at the SLT monthly meeting on 5 August 2026. Presented to BET 19 August 2026.

Purpose

The purpose of this report is to provide a quarterly assurance report to the Audit and Corporate Governance Committee, 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 01 April 2026 – 31 July 2026

- **Risk Management (Quarterly)**
- **Audit Activity (Quarterly)**
- **Counter Fraud Compliance (Quarterly)**
- **Information Governance compliance (Quarterly)**

Recommendation:

APPROVE	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 April 2026 – 31 July 2026

Risk Management (Quarterly)

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

Audit Activity (Quarterly)

- Take **assurance** that Audit activity within the NHS Wales Performance and Improvement is being appropriate managed through the Annual Plan of Audit Activity.
- **Note** that 1 Audit has been completed in the period, with details included in the report to the Committee, along with the management responses.
- **Note** that 1 Audit is currently being planned during this period.
- **Note** that there is 1 breach being reported for this period.
- Take **assurance** that the management responses for the procurement Audit have been reported to Welsh Government for accountability and that the NHS Wales Performance and Improvement is appropriately acting upon to the matters raised in the Audit through the implementation of the management response.

Counter Fraud Compliance (Quarterly)

- **Note** that there has been no reported Counter Fraud activity within NHS Wales Performance and Improvement.

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 the non-compliance has been reviewed and discussed with the Public Health Wales Information Governance lead and appropriate action taken.

Link to Public Health Wales Strategic Plan

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to the following:

Strategic Priority/Well-being Objective	All Strategic Priorities/Well-being Objectives

Summary impact analysis	
Equality and Health Impact Assessment	A specific Equality and Health

	Impact Assessment (EHIA) is not required to support of this report.
Risk and Assurance	This report provides assurance on the implementation of the relevant policy and Procedures within the NHS Performance and Improvement, 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 a quarterly assurance report to the Audit and Corporate Governance Committee, on the relevant governance compliance areas as outlined in the NHS Wales Performance and Improvement Assurance Map.

This report covers the period 1 April 2026 to 31 July 20216 and provides assurance on the following areas.

For the period 1 April 2026 to 31 July 2026
- **Risk Management (Quarterly)**
- **Crisis Management and Business Continuity (Quarterly)**
- **Audit Activity (Quarterly)**
- **Counter Fraud Compliance (Quarterly)**
- **Information Governance compliance (Quarterly)**

In accordance with the NHS Wales Performance and Improvement Assurance map, an update on the Agreements Register and Declarations of Interests Register is not required this quarter and will be provided in the next report on 08 December 2026.

The sections below provide a summary of the current 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.

The Corporate risk register and Directorate risk registers are maintained on a regular basis as outlined in the NHSW P&I Risk Management Process which aligns to the PHW Risk Management Policy. The full suite of risk registers is now routinely reported to the wider Senior Leadership Team Meeting on a monthly basis chaired by the Managing Director (Responsible Officer.

Within the corporate risk register, there remains one relevant risk to PHW as the host organisation with a current score of 9:

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

Over the last two reporting cycles there has been positive improvement in the governance and business team with the appointment of the new Corporate Business Manager and the recruitment for the Head of Corporate Business underway.

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, Directorate business management hub, Corporate Request Log, gifts, hospitality, honoraria and sponsorship register, contract forward workplan, Intellectual property register, working abroad register.

New
Declarations of Interest Register for the external and contractor workforce. Additionally, work has focused on embedding the products to date.

Live controlled documents to support effective governance and ways of working

Existing
Joint working process, Establishment Control Process, Crisis Management Business Continuity Plan, Enquiries, Concerns and Complaints Processes, Media Enquiries Process, Freedom of Information process, Interim Reward and Recognition for Patient and Public Voice for those with lived experience, Risk Management Process, Mobile Phone Process, working abroad process, approval and signing process, procurement breach management process.

New
The incident review and learning process is in engagement with staff with the aim to make it live by September 2026. The interim Purchasing Card (credit card) process was refreshed and made final in July 2026.

Developing
Policy compliance assessment process

There had been capacity constraints within the central team that has impacted the implementation of the crisis management business continuity plan. This was resumed in quarter 4 and the newly forming Senior Director Team design has been the final stage in the plan development. Testing of the plan and actions cards has been undertaken however the publication and training associated with the plan will be concluded in September 2026, later than expected.

Risk and Assurance Development Programme

The Corporate Governance Team continue to deliver the risk and assurance development programme as per previous reports, there are no areas of elevated concern to report.

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 2026-27 was agreed by the Committee in May 2026 as an addendum to the PHW annual audit plan.

During the period one audit was initiated related to planning and organisational performance.

During the period the last audit of the 2025-26 schedule was concluded. There were three actions all of which have been completed.

Summary Table 2025-26

There are four delayed actions overall with workplans in place to recover the position.

Audit Area	Findings	Agreed Actions
Hosting arrangements	Reasonable Assurance	• Framework for Delivering Professional Accountability • Estates Strategy • Revised Staffing Structure • Organisational Development Programme • Revised Induction Procedures • Business Continuity Plan and Reporting to Trust Audit & Corporate Governance Committee • Declarations of interest on meeting Agendas. • Action Logs
Risk Management	Reasonable Assurance	• Reporting of documented Action Plans for Strategic and Corporate Risks • Evidence of inclusion of action plans in Directorate Risk Registers
Financial management arrangements	Substantial Assurance	No actions to progress
Procurement arrangements	Scope agreed, fieldwork commenced	• Record of procurement training delivered • Record of Declared Interest meeting outcomes • Updated Contract Forward Look Workplan

A copy of the Audit Tracker is included at Appendix 1.

There is one procurement breach being reported to Committee based on the reporting period 1 April 2026 to 31 July 2026 related to an Single Tender Action. The party 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 Director Team.

4. Counter Fraud Compliance

In line with the NHS Wales Performance and Improvement Assurance Map, NHS Wales Performance and Improvement is required to report to the Committee on a quarterly basis for assurance on the NHS Wales Performance and Improvement response to any Counter Fraud Activity.

There has been no counter fraud activity reported to NHS Wales Performance and Improvement during the reporting period.

5. Information Governance compliance

In line with the NHS Wales Performance and Improvement Assurance Schedule, the NHS Wales Performance and Improvement is required to report to the Committee on a quarterly basis for assurance on the NHS Wales Performance and Improvement compliance with the Public Health Wales Information Governance Policy.

For/during the reporting period:

- The role of Deputy Caldicott Guardian and Deputy Senior Information Risk Officer (SIRO) within NHS Wales Performance and Improvement have been designated respectively to the NHSW P&I Medical Director and Deputy Director Data & Analytics. These colleagues have regular meetings with PHW to ensure to ensure consistency of approach and for any issues to be raised.
- NHS Wales Performance and Improvement 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 the Corporate Support and Business Development Directorate.
- 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 July 2026 was as below, this is an improvement on the last report:

Competence Name	Assignment Count	Required	Achieved	Compliance %
NHS|CSTF|Information Governance (Wales) - 2 Years|	462	462	400	86.58%

6. Conclusion

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

There are no concerns to bring to the attention of the Committee in any of the areas listed.

7. Recommendation

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