Communication & Engagement

Internal Audit Report

2026/27

Public Health Wales NHS Trust

Reasonable Assurance

Contents

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Fieldwork	June – July 2026
Executive Sign Off	August 2026
Audit Committee	September 2026
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Executive Summary

Purpose

The review will assess whether governance structures, policies, operational processes, and compliance mechanisms are suitably designed and operating effectively to support high quality, consistent, and legally compliant communication activity.

Overview

We have concluded reasonable assurance on this area. The significant matters requiring management attention are:

- Governance arrangements could not be fully evidenced, with no formal Board approval of the Communications Strategy
- Communications policies and procedures are disparately held across multiple locations, with no overarching communications framework to provide a guidance on a consistent approach.
- Quality assurance controls are in place however, inconsistent application, fragmented approval requirements and incomplete retention of approval and review evidence limit assurance that communications outputs are subject to consistent and effective quality assurance processes.
- Whilst appropriate accessibility policies, standards and guidance are in place, limited evidence of systematic accessibility testing, monitoring and compliance reporting reduces assurance that WCAG requirements are being consistently met.
- Policies and guidance support compliance with equality, accessibility and inclusive communication requirements, but insufficient assurance, testing, alternative-format and reporting arrangements mean full compliance cannot be demonstrated.
- While communications reports contain comprehensive performance metrics, the absence of documented data validation, reconciliation and quality assurance processes limits assurance over the accuracy and completeness of reported information.

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

Scope & Assurance Summary

Objectives The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.		Related Findings	Assurance
1	To review whether the Trust has developed, approved, and implemented an appropriate communications strategy; clarity of roles and reporting lines including oversight by relevant committees.	1	**Reasonable**
2	To evaluate the completeness, accessibility and alignment of the Trust's relevant communications policies and procedures with statutory and organisational requirements, including Welsh Language Standards, NHS Wales Branding, accessibility regulations and the Equality Act 2010.	2	**Reasonable**
3	To assess the processes for planning, producing, approving and quality assuring communication outputs produced by the Communications Division across internal and external channels and the quality assurance processes applied by the division over communications created by other directorates.	3	**Reasonable**
4	To assess adherence to required standards, including Welsh Language, accessibility, equality and NHS branding requirements.	4, 5	**Reasonable**
5	To review the recording, escalation and learning processes for communication-related risks, compliments and complaints, including the use of Datix.		**Substantial**

6	To evaluate the use of KPIs, dashboards and reporting mechanisms used to monitor the effectiveness of communication activity and provide assurance to management and committees.	6	**Reasonable**

Management Actions

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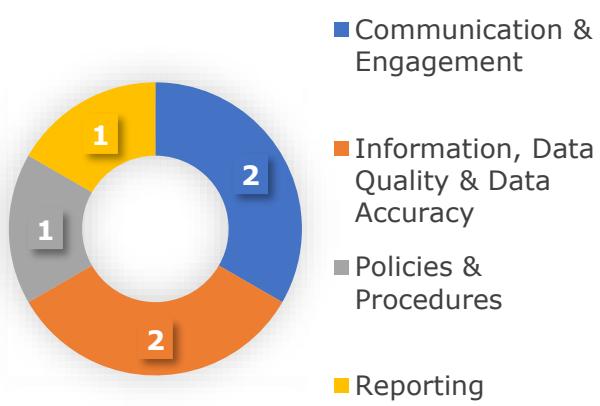
High Priority

6
Medium Priority

Themes



Risk Types

Public Perception & Reputational Risk

Quality or Safety Issues

Findings & Agreed Action Plan

Objective 1: To review whether the Trust has developed, approved, and implemented an appropriate communications strategy; clarity of roles and reporting lines including oversight by relevant committees.	**Reasonable**

The strategic communications plan 2022–2025 aligns with the Trust's long-term strategy and Integrated Medium-Term Plan (IMTP) priorities, supporting key organisational objectives. It sets out clear strategic objectives, delivery actions and milestones, supported by measurable outcomes. While development of the plan involved executive directors and senior leaders, there was no evidence to substantiate that the plan had been formally approved. However, the replacement document, the draft corporate communications strategy 2026-2035 (the 'strategy'), represents a more mature and comprehensive framework. The new strategy document also aligns to the Trust's long-term strategy, IMTP and regulatory expectations, using a communications framework activity directly to organisational priorities. In comparison to the strategic communications plan, governance arrangements have been strengthened in the 2026 version through increased Board engagement, improved senior leadership oversight, and formal review cycles which will include, once approved, a twice-yearly review process. The strategy also includes a well-developed performance framework with defined KPIs, regular monitoring arrangements, and evaluation requirements.

Roles and responsibilities are generally well defined and understood across the communications division. Our review of organisational structures and job descriptions for communications roles confirmed clear reporting lines and alignment with organisational values.

The Trust has developed and implemented an appropriate communications strategy that is aligned to organisational objectives and supported by established governance arrangements. The emerging 2026 strategy addresses several areas for improvement that had been identified within the previous plan, particularly relating to governance oversight, performance management and accountability.

	Key Findings	**Risk & Impact**	**Management Action**
1	The original strategic communications plan was not formally approved, and the new strategy document is in draft.	Weak governance oversight is the failure of a board of directors or executive leadership to establish, implement, and monitor robust internal controls.	**Agreed Action:** Obtain appropriate approval of the updated communication strategy.
			Expected Evidence of Implementation: Board minutes confirming approval.
		Medium Priority	**Officer:** Head of Communications **Target Implementation Date:** April 2027
	Theme: Communication & Engagement	Control Design	

Objective 2: To evaluate the completeness, accessibility and alignment of the Trust's relevant communications policies and procedures with statutory and organisational requirements, including Welsh Language Standards, NHS Wales Branding, accessibility regulations and the Equality Act 2010.	**Reasonable**

The communications and engagement division (the 'division') has established a range of policies, Standard Operating Procedures (SOP) and guidance documents covering communications activity, including campaigns and marketing, report publication, intranet content management and corporate branding. Our review identified examples where Welsh language, accessibility and branding requirements have been incorporated, particularly within the Trust's brand guidelines and campaigns and marketing SOP, which reference bilingual communications and Web Content Accessibility Guidelines (WCAG) requirements.

However, we found that communications governance documentation is not comprehensive or consistently structured. There is no overarching communications policy framework consolidating requirements across internal, external, digital and media communications. Instead, guidance is maintained through individual procedure documents that are dispersed across multiple locations. Although a communications portal has been established to provide a central repository, the migration and consolidation of documentation remains incomplete, limiting accessibility and increasing the risk that staff may not consistently reference current guidance.

We also identified inconsistencies in the extent to which statutory and organisational requirements are embedded within communications procedures. While Welsh language standards were generally well recognised, there was limited evidence of compliance monitoring. Accessibility requirements were referenced in only a small number of documents, and documented assurance processes to confirm compliance with accessibility regulations were not evident.

Key Findings		Risk & Impact	Management Action
2	There is no framework in place for the management of procedural documentation relating to communications. Such a document would set out the principles, standards and governance arrangements. As a result, communication requirements relating to internal, external, digital and media communications are not consolidated within a centrally governed structure, and documentation is dispersed across multiple team locations and SharePoint folders.	Incomplete suite of communications policies/procedures, and that policies are not aligned with statutory requirements (e.g. Equality Act 2010)	**Agreed Action:** Management will develop and implement a document management framework that consolidates communication requirements, key procedures and standards, and establish a formal review schedule to ensure all communications SOPs and guidance documents are periodically reviewed, updated and approved. **Expected Evidence of Implementation:** A document management framework that consolidates communication requirements, key procedures and standards is available and that all principles, standards and governance arrangements are held in a central location.
		Medium Priority	**Officer:** Deputy Head of Communications **Target Implementation Date:** January 2027
	Theme: Policies & Procedures	Control Design	

Objective 3: To assess the processes for planning, producing, approving and quality assuring communication outputs produced by the Communications Division across internal and external channels and the quality assurance processes applied by the division over communications created by other directorates.	**Reasonable**

The division has a structured procedure to support the planning and delivery of communications activity. Planning arrangements are aligned with organisational priorities through the IMTP, the new communications strategy and divisional milestone planning processes. Communications activities are documented, assigned to responsible officers and monitored through milestone trackers, performance reporting and senior leadership team oversight. A communications milestone planner records key activities, ownership, target dates and progress, while a forward look/editorial planning process provides visibility and coordination of planned communications across the Trust. Communications outputs are included within this forward planning process before progressing, helping to ensure alignment with organisational priorities and reduce duplication.

Our review identified evidence of formal planning and quality assurance processes for communications campaigns and projects that demonstrated the use of documented communications plans, stakeholder engagement arrangements, key messaging, approval requirements and evaluation methodologies. Supporting procedures, templates and guidance are in place to assist staff in producing communications across multiple channels.

In relation to approval and quality assurance arrangements, the division has established controls including defined campaign governance roles, stakeholder consultation requirements, subject matter expert review and specialist communications input. The campaigns and marketing SOP and pre-publication and communications planning checklist provide structured review processes, publication planning timelines and requirements for engagement with internal and external stakeholders prior to publication.

	Key Findings	Risk & Impact	Management Action
3	**Review Process** The division has embedded quality assurance controls within its communications processes through established governance, review arrangements and publication planning requirements. However, we saw instances where these controls were not applied consistently. Approval requirements appear to be fragmented across multiple documents, with no overarching approval framework defining responsibilities and escalation routes. In addition, evidence of approvals, compliance with publication timescales and documented quality assurance reviews were not always retained. As such, we were not always able to confirm that quality assurance processes had been applied consistently and effectively across all communications outputs.	Poor quality or inaccurate communications outputs	**Agreed Action:** Develop and implement a single communications approval and quality assurance framework that clearly defines approval authorities, escalation requirements, mandatory review activities, and documentation standards, supported by consistent retention of evidence to demonstrate compliance and auditability. **Expected Evidence of Implementation:** An approval and quality assurance framework that applies to all communications channels is available.
		Medium Priority	**Officer:** Senior Communications Manager - Digital **Target Implementation Date:** January 2027
	Theme: Communication & Engagement	Control Operation	

Objective 4: To assess adherence to required standards, including Welsh Language, accessibility, equality and NHS branding requirements.	**Reasonable**

Welsh language requirements are embedded throughout key communications documentation. The Trust's brand guidelines require externally facing materials to be produced bilingually and state that Welsh must not be treated less favourably than English. The strategy commits to providing equal opportunities for engagement regardless of language preference, while the campaigns and marketing SOP requires compliance with Welsh language standards as part of campaign delivery and evaluation processes. The corporate website also provides users with the option to access content in Welsh. However, despite these requirements, we saw limited evidence of formal compliance monitoring or reporting arrangements to demonstrate on going adherence to the Welsh language standards.

Accessibility and equality considerations are similarly embedded within communication's standards and guidance. The brand guidelines include requirements relating to accessible typography, colour contrast, alternative text for images, accessible table design and the use of Microsoft accessibility checker. The campaigns and marketing SOP references the Trust's content design standards and requires compliance with recognised accessibility standards. In addition, campaign guidance promotes diversity, inclusion and consideration of protected groups, supporting the Trust's obligations under the Equality Act 2010 and public sector equality duty.

We saw evidence that accessibility principles were considered within campaign materials. However, communications did not appear to be routinely monitored, independently tested, or formally validated against WCAG 2.1/2.2 Level AA requirements and the POUR principles (Perceivable, Operable, Understandable and Robust). Furthermore, we did not see documented processes for accessibility assurance, alternative-format provision, and compliance reporting were not evidenced.

	Key Findings	Risk & Impact	Management Action
4	**WCAG compliance** Appropriate policies, standards and guidance exist to support compliance with WCAG accessibility requirements, including several controls aligned to the POUR principles. However, evidence of systematic monitoring, testing and reporting of accessibility compliance was limited.	Failure to meet accessibility standards (e.g. Web Content Accessibility Guidance - WCAG)	**Agreed Action:** Management will strengthen accessibility governance by implementing a formal process to monitor, test and report compliance with WCAG 2.1/2.2 accessibility requirements across all public-facing communications, publications and campaign materials. This process should include: • Defined accessibility standards and minimum compliance expectations (e.g. WCAG AA). • Mandatory use of accessibility testing and validation prior to publication, including accessibility checker tools and, where appropriate, testing with assistive technologies. • Documented evidence of compliance reviews and approvals. • Periodic monitoring and reporting of accessibility compliance to provide management assurance. and • Staff guidance and training to ensure consistent application of accessibility requirements, including the POUR principles and WCAG standards.

			A formal assurance framework will provide evidence that communications and digital content consistently meet accessibility requirements, reducing the risk of non-compliance and improving access to information for all users, including those who rely on assistive technologies. **Expected Evidence of Implementation:** An approval and quality assurance framework that applies to all communications channels is available.
		Medium Priority	**Officer: Senior Communications Manager - Digital** **Target Implementation Date: January 2027**
	Theme: Information, Data Quality & Data Accuracy	Control Operation	

	Key Findings	Risk & Impact	Management Action
5	**Compliance with the Equality Act 2010** Policies and guidance are in place to support compliance with the Equality Act 2010. However, the absence of documented assurance mechanisms, accessibility testing requirements, alternative-format processes and compliance reporting means that we were unable to evidence full compliance with the Act.	Breach of Equality Act 2010 requirements	**Agreed Action:** Management will incorporate a quality checklist that covers key Equality Act 2010 objectives that show evidence of review and sign off before releasing communications. **Expected Evidence of Implementation:** An approval and quality assurance framework that applies to all communications channels is available.
		Medium Priority	**Officer:** Senior Communications Manager – Digital **Target Implementation Date:** January 2027
	Theme: Information, Data Quality & Data Accuracy	Control Operation	

Objective 5: To review the recording, escalation and learning processes for communication-related risks, compliments and complaints, including the use of Datix.	**Substantial**

Compliments and complaints are managed through the Putting Things Right (PTR) Team, who are responsible for registering all complaints on Datix. The PTR team then notifies the head of communications, who will coordinate the response in line with the Trust's timescales for handling and responding to complaints. In addition, the PTR team reports compliments and complaints to the executive team as part of its governance and oversight responsibilities.

Separately, the campaigns SOP identifies complaints data as a source of audience insight and campaign evaluation however, this procedure does not provide guidance on standardised data recording as compliments or complaints received relating to a campaign are processed in the same way as all other compliments and complaints.

In contrast, the communications team own the process for campaign debriefing including compilation of lessons learnt. This includes documented post-campaign performance reviews which provide the opportunity to reflect on campaign outcomes, document and disseminate learnings and drive improvement for subsequent campaigns.

The communications team are also responsible for the recording and management of risk associated with communications activity. This is administered through Datix which, management have confirmed is reviewed on a quarterly basis and reported on at senior management meetings.

Objective 6: To evaluate the use of KPIs, dashboards and reporting mechanisms used to monitor the effectiveness of communication activity and provide assurance to management and committees.	**Reasonable**

Overview / Summary of Observations

There are established performance reporting mechanisms which provide management with regular information on communications activity and outcomes. A monthly communications impact report is produced and reviewed through the Monthly Communications Managers (MCM) meeting before being shared more widely across the Trust. Reports contain a range of performance measures, including media requests, media mentions, social media activity, audience reach, campaign outputs and achievements, supported by narrative commentary, trend analysis, campaign evaluations, lessons learned and future priorities.

Communications objectives are aligned to the IMTP and progress is monitored through milestone planners, corporate dashboards and RAG-rated reporting arrangements. Performance information is reported through a monthly reporting cycle of established governance structures. A UK Government Communications Service (GCS) planning framework (OASIS) is used to provide a structure for the design, execution and the measurement of campaign effectiveness.

However, while reporting arrangements are well established with defined KPIs, we saw little evidence of data validation checks applied to source data to provide assurance over KPI accuracy.

	Key Findings	Risk & Impact	Management Action
6	**Data validation** MCM reports contain detailed metrics sourced from operational systems and channels. However, we did not see evidence of data validation procedures, reconciliations, quality assurance reviews, or documented checks over the accuracy and completeness of reported data.	Inaccurate, incomplete or unverified communications performance data may result in management making decisions based on unreliable information, while the absence of formal escalation and corrective action processes may lead to underperformance not being identified, addressed or monitored effectively.	**Agreed Action:** Management will introduce a simple checking process for the data used in MCM reports. This will set out where each figure comes from, who is responsible for checking it, and what checks need to be completed before the report is shared. This will help show that the information reported is accurate, complete and reliable.
			Expected Evidence of Implementation: - A completed data checking checklist for each MCM report, showing the source of the data, the checks completed, any issues identified. - Inclusion of source data in monthly SLT meetings, eg. attach Datix report to evidence Risk discussion.
		Medium Priority	**Officer**: Senior Communications Manager – Planning, Insight and Reporting
	Theme: Reporting	Control Operation	**Target Implementation Date:** January 2027

Appendix A

Assurance Opinion

	**Substantial**	Few matters require attention and are compliance or advisory in nature. **Low impact** on residual risk exposure.
	**Reasonable**	Some matters require management attention in control design or compliance. **Low to moderate impact** on residual risk exposure until resolved.
	**Limited**	More significant matters require management attention. **Moderate impact** on residual risk exposure until resolved.
	**Unsatisfactory**	Action is required to address the whole control framework in this area. **High impact** on residual risk exposure until resolved.
	**Advisory**	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

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Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of Public Health Wales NHS Trust. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership]