GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales

Audit and Corporate Governance Committee

Audit Tracker Summary September 2026

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 under review

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

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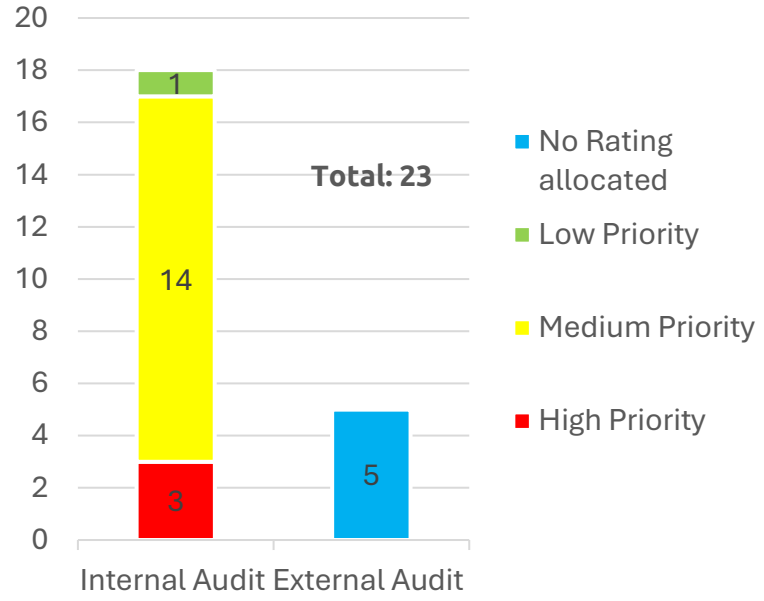
Overall Position:
Picture Since March

Audit Tracker – Overall Position

Position Last Reported to ACGC:

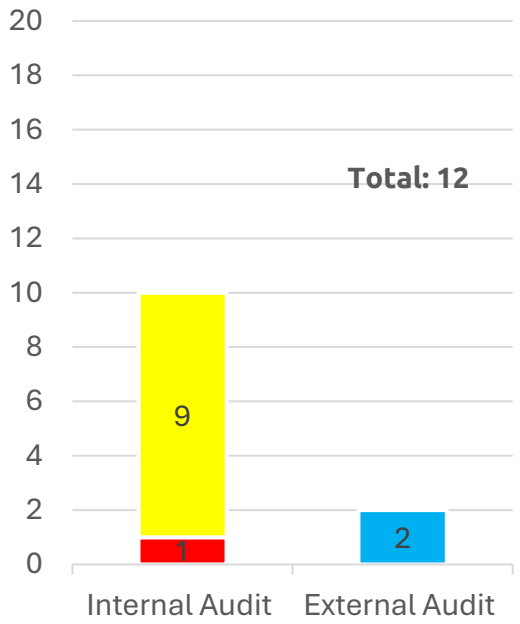
All Open Actions as of 7 May 2026:



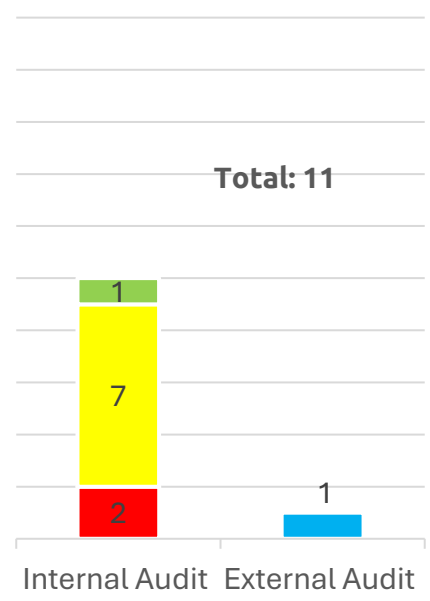
This includes 7 new Recommendations added to the register after 7 May 2026, see next slide for more information on these.

Position Reported to ACGC in September 2026 (as of 20 August):

Overall Open actions as of 20 August 2026:



Actions Closed this period:

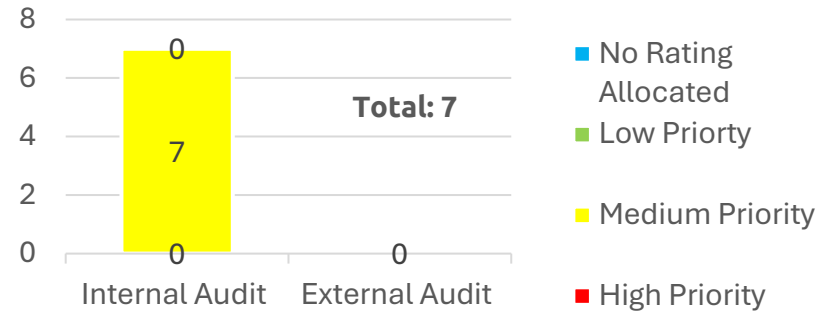


Audit Tracker – Overall Position

New Internal and External Audit Reports – Added to the Tracker

Following the last Committee meeting, 7 New Recommendations were added to the Tracker:

(Broken down by Priority rating of the action)



External Audit

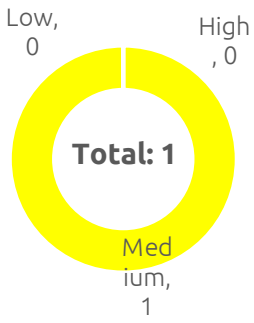
No Reports **Management Actions: 0**

(Assurance ranking not included on External Audit Reports)

Internal Audit

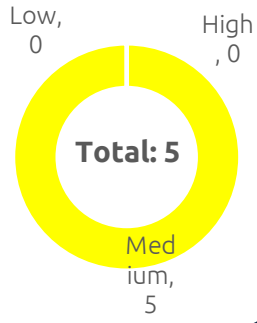
Cyber Security (Governance and Risk Management)

Management Actions:



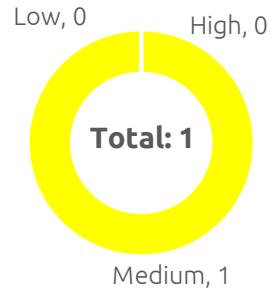
Patient Pathways (DESW & WAAASP)

Management Actions:



Health Protection – Alerting of Incidents and Outbreaks

Management Actions:



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Summary of Leadership Team

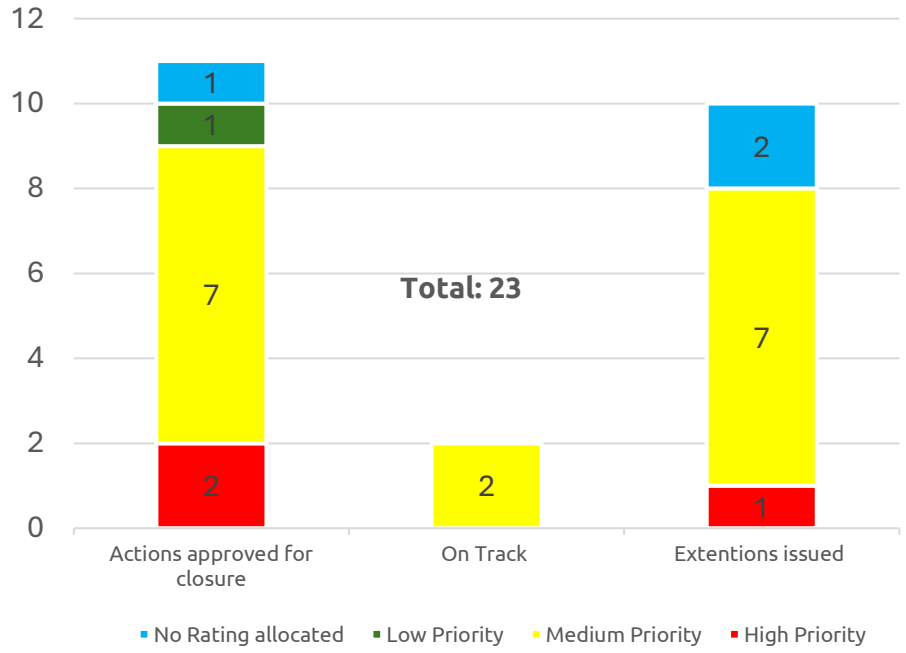
Review August 2026

Audit Tracker – Review by Leadership Team (1)

- The Leadership Team considered updates at its meeting on 20 August 2026.
- This is the summary of the requests approved at the meeting:

Overall Position of Actions

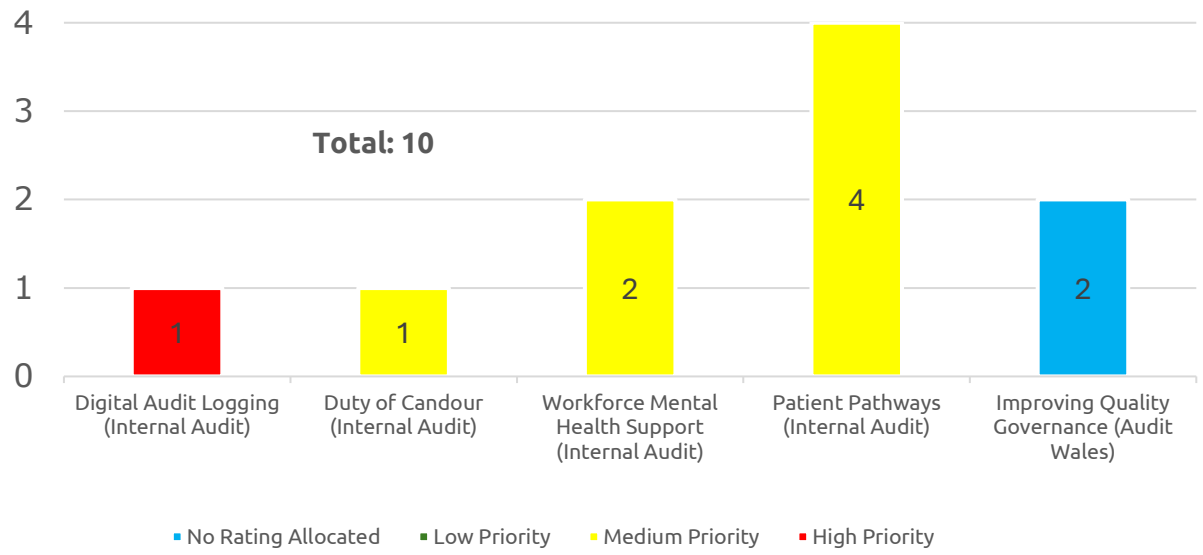
(Broken down by Priority rating of the action)



Breakdown of Extensions Issued

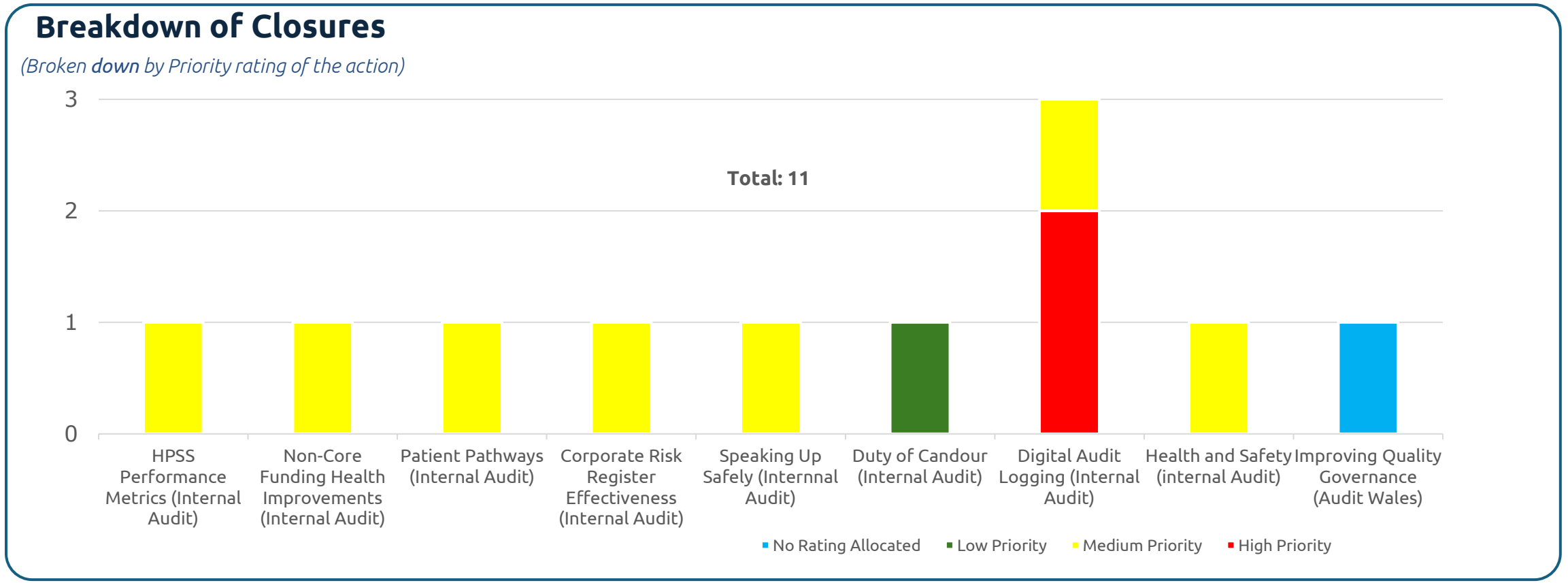
(Broken down by Priority rating of the action)

Further detail on these actions are provided from slide 10 -19.



Audit Tracker – Review by Leadership Team (2)

- The Leadership Team considered updates at its meeting on 20 August 2026.
- This is the summary of the requests approved at the meeting:



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In Depth: Extensions Issued

Audit Tracker – Summary of Extension Issued (1 of 10)

Report: Duty of Candour

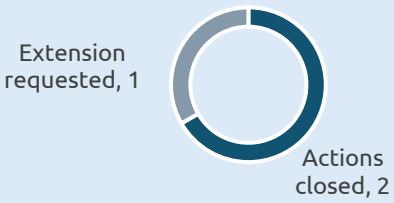
Summary of Report:

Internal Audit

Reasonable Assurance

2 Medium and 1 Low Priority Actions identified

Summary of Actions:



Action History:

Report Issued
Jan 2025

Original Date
31 Jan 25

Previous extensions
Mar 25, Jul 25, Sep 25 and Jun 26

Extension requested
30 Nov 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 RAG rating: Red

Current Position:

July Update 2027:

The first element of this action, relating to the development of the guidance document, has been completed.
The associated procedures are currently being developed and are scheduled for submission to QSIC for approval in November 2026. An extension to November 2026 is therefore requested to allow sufficient time for the procedures to complete the Public Health Wales consultation process and final approval of the procedures by QSIC.

Discussion and Decision by Leadership Team:

Leadership Team considered the extension request, noting that the guidance had been completed and the remaining procedures were in the final stages of review. The documents were expected to enter consultation that week and were included on the draft QSIC agenda for November 2026. Leadership Team was assured that the short extension was required only to complete consultation and approval, that the revised timescale was realistic and achievable, and that no further extension was anticipated.

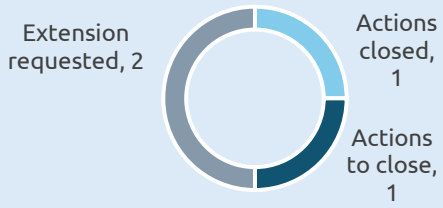
Audit Tracker – Summary of Extension Issued (2 of 10)

Report: Improving Quality Governance

Summary of Report:

External Audit	4 Actions raised (no rating allocated)

Summary of Actions:



Action History:

Report Issued
Aug 25

Original Date
31 Jan 26

Previous extensions –
Two, to Mar 26 and Jul 26

Extension requested
31 Jan 27

Management Action:	
669	**Review the PHW Policy for Policies, Procedures and other written control documents to ensure the requirement for policy owners to routinely audit / test compliance and awareness for all Policies. Amend the Policy approval cover sheet to include more explicit requirement to test awareness as part of the implementation plan.** **RAG rating: Red**

Current Position:

July 2026 Update:
While progress has been made in preparing for the review, a number of competing priorities have necessitated the re-phasing of this work. Recent investment in additional resource to support this function presents an opportunity to strengthen ownership and delivery of the review. Allowing additional time will enable new team members to become embedded within the service, contribute to the review process, and support broader stakeholder engagement activity. This will result in a more robust review, informed by wider consultation and practical experience of operating the current arrangements.
It is therefore requested that the target date for this recommendation be revised to January 2027 to allow sufficient time for a full review, stakeholder engagement, assessment of associated processes and supporting documentation, and implementation planning. This approach will help ensure the revised policy is sustainable, proportionate and aligned with the organisation's broader governance and cultural objectives.

Discussion and Decision by Leadership Team:

Leadership Team was assured that the policy review would strengthen implementation as well as approval, including clearer communication and awareness requirements, stronger challenge of policy owners and better use of organisational and BPL channels. On that basis, it was content with the proposed approach and timetable as a broader piece of work is underway than this specific recommendation.

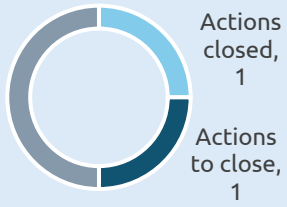
Audit Tracker – Summary of Extension Issued (3 of 10)

Report: Improving Quality Governance

Summary of Report:

External Audit	4 Actions raised (no rating allocated)

Summary of Actions:



Action History:

Report Issued
Aug 25

Original Date
31 May 26

Previous extensions –
None

Extension requested
30 Sep 26

Management Action:	
672	As part of the 'Always on' Reporting working group a public facing website is being developed to include a 'you said we did' section which will detail changes made as a result of service user feedback. RAG rating: Red

Current Position:

July 2026 Update:

The content of the pages was developed before the deadline of this action, but there is limited capacity for the Communications team to support with the development of the web pages due to the move across to the new web platform. As such, we cannot give an accurate timescale for when the webpage will be developed and published. Suggest that this action is transferred to Strategy, Performance and Finance Directorate, so they can provide an update on timescales.

Suggest extension of to 30 September 2026.

Discussion and Decision by Leadership Team:

Leadership Team noted that progress had been affected by capacity constraints outside the control of the responsible team. It agreed the interim extension and the proposed transfer of the action to Communications. A further update is to be obtained from Communications ahead of the next Leadership Team review of the action tracker, setting out a realistic delivery timescale.

Audit Tracker – Summary of Extension Issued (4 of 10)

Report: Workforce Mental Health Support

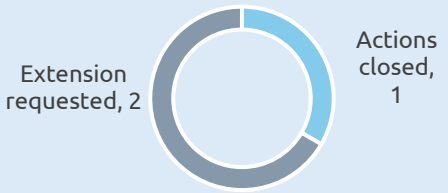
Summary of Report:

Internal Audit

Reasonable Assurance

3 Medium Priority Actions Raised

Summary of Actions:



Action History:

Report Issued
Dec 25

Original Date
30 Apr 26

Previous extensions –
None

Extension requested
31 Oct 26

Management Action:	
673	**Management will ensure the delivery of learning and development on the Managing Attendance at Work (MAAW) Policy for individuals with line management responsibilities. Once the e-learning is available, the MAAW course will be incorporated into the organisation's induction guidance, as well as updated within relevant policies and procedures (noted that the Policy and e-learning are both developed and agreed at an All-Wales level).** **RAG rating: Red**

Current Position:

July 2026 Update: The MAAW e-learning module will be assigned to the ESR training competency profile of all People Managers in Public Health Wales, and this exercise is due to be completed by 30 September 2026.
Reference to the e-learning module will then be incorporated into induction guidance and added to other relevant information pages for staff and managers. Request extension to 31 October 2026.

There will be a three year renewal period on the training, i.e. training will need to be repeated every 3 years.
The People and OD team will also continue to deliver one session a month online for those managers who wish to engage in the learning in a different way.

Discussion and Decision by Leadership Team:

Leadership Team was content that the e-learning module would be assigned to all People Managers, embedded in induction guidance and supported by monthly sessions.

Audit Tracker – Summary of Extension Issued (5 of 10)

Report: Workforce Mental Health Support

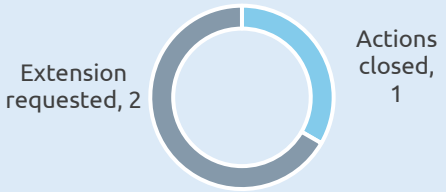
Summary of Report:

Internal Audit

Reasonable Assurance

3 Medium Priority Actions Raised

Summary of Actions:



Action History:

Report Issued
Dec 25

Original Date
30 Apr 26

Previous extensions –
None

Extension requested
31 Oct 26

Management Action:	
674	Management will ensure line managers undertake the MAAW training and strengthen compliance with the application of the MAAW policy by ensuring: • Communication to managers on the importance of appropriate certification for sickness absences. • Timely recording of sickness absence episodes on ESR. • RTW interviews conducted promptly. • Adequate completion and storage of related documentation. • Provision of regular training and refresher sessions for line managers. RAG rating: Red

Current Position:

July 2026 Update:
More regular communications planned to managers to remind them of the importance of appropriate certification and timely recording of absences.
Review of rolling 12 months absence on ESR shows 55.68% of sickness absence was added to ESR within 7 days of absence being reported.
60.56% of closed sickness absences have recorded a return to work date. Health Roster is used to record sickness instead of ESR for the areas where rostering is rolled out so there would be a delay with this information being added to ESR for those areas. Data to be reviewed again in October to identify if there has been any further improvement.
Sickness documentation is now stored in staff files on SharePoint. Training is provided monthly online and will shortly be available on ESR. Request extension to 31 October 2026.

Discussion and Decision by Leadership Team:

Leadership Team noted the compliance data, planned manager communications, central document storage and ongoing training. It requested clearer wording on how these measures would address the audit findings. They queried whether the action being taken would address the original recommendation sufficiently and it was agreed that this would be followed up with the leads for review before the next review by LT.

Audit Tracker – Summary of Extension Issued (6 of 10)

Report: Digital Audit Logging

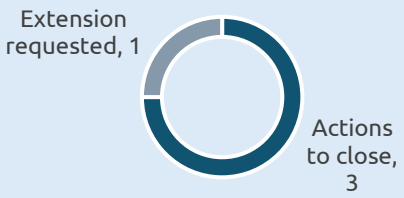
Summary of Report:

Internal Audit

Reasonable Assurance

4 Actions Raised, 3 High and 1 Medium Priority

Summary of Actions:



Action History:

Report Issued
Mar 26

Original Date
30 Jun 26

Previous extensions –
None

Extension requested
31 Jan 27

Management Action:	
681	A review of existing log data captured across digital systems will be undertaken to determine opportunities to enhance monitoring, alerting, and review of critical or privileged activities. Priority: High. RAG rating: Red

Current Position:

July 2026 Update:
Digital has completed an initial review of audit logging across several key services and found that, overall, there is a strong level of audit logging and activity recording in place. However, additional time is required to complete a full assessment of the legacy systems and identify further improvements for monitoring, alerting, and the review of critical and privileged activities.
Particular focus will be given to legacy services that do not currently utilise the NHS Wales central identity service, as these may present additional challenges and opportunities for enhancement. Where improvements to audit logging would require significant development effort or system redesign, a risk-based approach will be applied to determine the appropriateness and prioritisation of any further work on our systems development routemap.
Request 6 month extension due to data and development teams capacity.

Discussion and Decision by Leadership Team:

Leadership Team noted that progress had been affected by capacity constraints . And that work had taken place to progress the action.

Audit Tracker – Summary of Extension Issued (7 of 10)

Report: Patient Pathways (DESW & WAAASP)

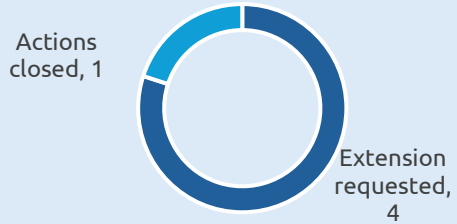
Summary of Report:

Internal Audit

Reasonable Assurance

5 Medium Priority Actions Raised

Summary of Actions:



Action History:

Report Issued
May 26

Original Date
30 June 26

Previous extensions –
None

Extension requested
31 Dec 26

Management Action:	
684	**Both programmes will review their programme Terms of Reference. This review will include a side-by-side comparison of both programme ToRs with a view to identifying best practice inclusions. The review will include (but will not be limited to):** • **Programme member roles and responsibilities** • **Meeting documentation and expected outputs** • **Programme Board escalation routes** • **Programme risk, change and decision escalation criteria and process** • **Programme Board reporting lines** • **Documentation, definition and illustration of Programme Board sub-groups/committees** • **High level programme governance illustrating fit with wider Trust governance groups and processes** **RAG rating: Red**

Current Position:

July 2026 Update:
A review of the WAAASP Programme Board Terms of Reference (ToR) has commenced, with input sought from Programme Board members. Progress has been impacted by competing clinical commitments, and the review remains ongoing. Following completion of the initial revision, a short-term working group comprising representatives from WAAASP and DESW will be established to align Programme Board Terms of Reference and ensure the recommendations are fully addressed.
An extension to 31 December 2026 is requested to enable completion of this work. The revised Terms of Reference will need to reflect reporting and accountability arrangements above Programme Board level. As organisational changes are planned from 1st October 2026 and the future governance architecture is yet to be finalised, the updated structure will need to be incorporated before the Terms of Reference can be presented for approval through the relevant Programme Boards, which meet on a bi-monthly basis.
RAG Rating: RED

Discussion and Decision by Leadership Team:

Leadership Team considered whether the proposed Screening extensions were realistic and supported by sufficient assurance. It required the updates to clearly set out the reasons for extension in language suitable for public reporting, the specific barriers to delivery, why revised dates were achievable, and the controls intended to prevent further extension. Given the leadership changes and transition arrangements, the timescales and rationale were reviewed with the Executive Lead before progressing. The Action 684 update was revised and circulated to Leadership Team. Noting that the Terms of Reference review had commenced and would align both programmes with the future governance structure, Leadership Team supported the revised date, subject to continued transitional oversight and robust challenge of delivery confidence.

Audit Tracker – Summary of Extension Issued (8 of 10)

Report: Patient Pathways (DESW & WAAASP)

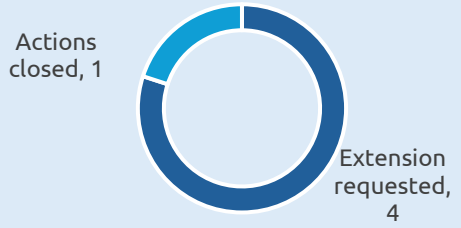
Summary of Report:

Internal Audit

Reasonable Assurance

5 Medium Priority Actions Raised

Summary of Actions:



Action History:

Report Issued
May 26

Original Date
31 July 26

Previous extensions –
None

Extension requested
31 Jul 27

Management Action:	
685	**A review will be undertaken across the role database maintained by the DESW programme to ensure that:** • **All roles associated with the programme are approved and that approval is documented** • **All roles associated with the programme are reviewed at required review points and that these reviews are documented** **RAG rating: Red**

Current Position:

July 2026 Update:
A task and finish group comprising senior DESW managers has been established to oversee the review, updating and approval of programme job descriptions. The group meets weekly to monitor progress, coordinate activity and maintain oversight through a shared action tracker and structured project management approach. Job descriptions will only be deemed complete once they have been evaluated and assigned a CAJE reference number through the organisational job matching process coordinated by People and Organisational Development (POD).
Delivery of this action is being balanced alongside the programme's wider priorities, including implementation of the DESW Improvement Plan and the In-Service Evaluation, both of which are focused on addressing demand and capacity challenges and improving coverage performance.
An extension to 31 July 2027 is requested to allow sufficient time for the review, revision and job matching of the significant number of roles within the programme. The proposed timescale reflects the capacity required within DESW to complete this work whilst maintaining delivery of improvement priorities and recognises dependencies on the availability of organisational job matching resources. A prioritisation process has been established to ensure that key roles are progressed first.
RAG Rating: RED

Discussion and Decision by Leadership Team:

Leadership Team noted the weekly oversight and action tracker but challenged whether the date was realistic. Leadership Team considered whether the proposed Screening extensions were realistic and supported by sufficient assurance. It required the updates to clearly set out the reasons for extension in language suitable for public reporting, the specific barriers to delivery, why revised dates were achievable, and the controls intended to prevent further extension. Given the leadership changes and transition arrangements, the timescales and rationale were reviewed with the Executive Lead before progressing. The Action 685 update was revised and circulated to Leadership Team

It supported the extension subject to transitional oversight, a DESW report-back and pre-meeting briefing. These updates were included in the ACGC version, which was circulated to Leadership Team out of meeting.

Audit Tracker – Summary of Extension Issued (9 of 10)

Report: Patient Pathways (DESW & WAAASP)

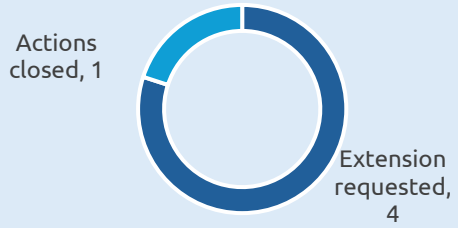
Summary of Report:

Internal Audit

Reasonable Assurance

5 Medium Priority Actions Raised

Summary of Actions:



Action History:

Report Issued
May 26

Original Date
30 June 26

Previous extensions –
None

Extension requested
31 Oct 26

Management Action:	
686	WAAASP will create a risk assessment database ensuring that: • All venue risk assessments are recorded • The date of risk assessment completion is recorded • All venues have been risk assessed • Date of risk assessment review is recorded DESW will review the risk assessment database including: Comparison against the master venue database to ensure that all venues have been risk assessed • Any risk assessment recorded for either an unrecorded venue • or a venue no longer in use is removed. • Implement a risk assessment review schedule RAG rating: Red

Current Position:

July 2026 Update:
The Screening Division is implementing iPassport as the Divisional system for managing and governing risk assessments, including venue assessments. This provides a standardised approach for recording risk assessments, completion dates, review dates and ownership, creating a single auditable repository across services.
DESW and WAAASP have reviewed venue risk assessment records against the master venue database and are undertaking local work to address identified gaps, ensure all active venues have an up-to-date assessment, and remove records relating to venues no longer in use.
A formal review schedule is being established through iPassport, enabling ongoing monitoring and timely reassessment of venues, with progress overseen locally until full compliance is achieved. Extension requested to 31 October 2026 to enable completion of this work.
RAG Rating: RED

Discussion and Decision by Leadership Team:

Leadership Team was assured that iPassport would provide a single auditable repository, supported by reconciliation against the master venue database and a formal review schedule.
Leadership Team considered whether the proposed Screening extensions were realistic and supported by sufficient assurance. It required the updates to clearly set out the reasons for extension in language suitable for public reporting, the specific barriers to delivery, why revised dates were achievable, and the controls intended to prevent further extension. Given the leadership changes and transition arrangements, the timescales and rationale were reviewed with the Executive Lead before progressing. The Action 686 update was revised and circulated to Leadership Team. It was content to support the revised date, subject to continued scrutiny of delivery confidence and progress through the transition.

Audit Tracker – Summary of Extension Issued (10 of 10)

Report: Patient Pathways (DESW & WAAASP)

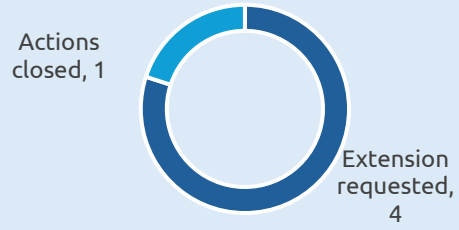
Summary of Report:

Internal Audit

Reasonable Assurance

5 Medium Priority Actions Raised

Summary of Actions:



Action History:

Report Issued
May 26

Original Date
30 June 26

Previous extensions –
None

Extension requested
30 Sep 26

Management Action:	
687	**WAAASP will locate the Business Impact Assessment document and add this to the Business Continuity Plan.** **The BCP will be approved and the date of approval will be added to the BCP document.** **RAG rating: Red**

Current Position:

July 2026 Update:

The BIA for WAAASP has been completed, representing a significant milestone in the business continuity planning process. Development of the associated BCP is underway and is expected to conclude by 30 September 2026, subject to completion of the required review and approval processes.
An extension to 30 September 2026 is therefore requested to enable full completion and approval of the BCP.

RAG Rating: RED

Discussion and Decision by Leadership Team:

Leadership Team was assured that the Business Impact Assessment was complete and the Business Continuity Plan was progressing through review and approval. It was content to support the revised date, subject to the update being reviewed and updated with more detail. This was updated in the version presented to ACGC, and the revised copy was circulated to Leadership Team out of meeting.

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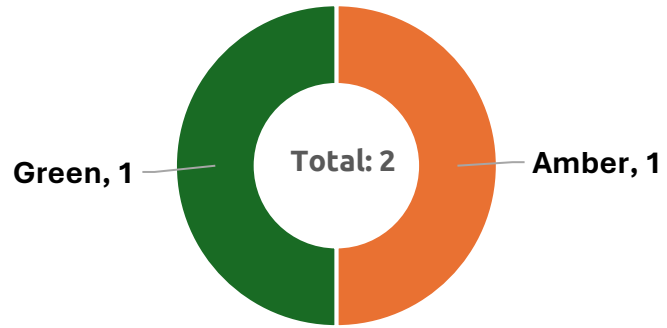
In Depth: Actions Not Yet Due
Identified as at Risk

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 2 Actions not yet due:



Red Actions (At Risk):

There are currently no Red rated actions in this section.

Amber Action:

further information on this action (Action 682) is available in the Private Session of the Committee as it relates to Cyber Security.