GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** Audit and Corporate Governance Committee **Date of Meeting** 3 September 2023 **Agenda item:** 7.3

Audit Recommendations Tracker

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Approval/Scrutiny route:	Leadership Team for approval and Audit and Corporate Governance Committee for assurance.

Purpose

The Leadership Team (LT) considered the Audit Tracker at its meeting on 20 August 2026 to track progress against agreed management actions in response to the recommendations of Audit reviews received by the Organisation.

The purpose of this report is to provide an update and give assurance to the Audit and Corporate Governance Committee on the progress with the implementation of actions resulting from Audit activity (Internal and External) seeking approval from LT for any changes to the implementation dates and closure of completed actions.

This Report is presented to the Committee to take assurance on the management of Audit recommendations at Public Health Wales by the Leadership Team.

Following submission to this Committee, the open actions relevant to the Quality, Safety and Improvement Committee (QSIC), the People and Organisational Development Committee (PODC) and the Knowledge, Research and Improvement Committee will be extracted and submitted to the Committees when they next meet on 10 September and 15 October and 15 September 2026 respectively.

Recommendation:

APPROVE	CONSIDER	RECOMMEND	NOTE	ASSURANCE
☐	☐	☐	☒	☒

The Committee is asked to:

- Take **assurance** on the progress with the implementation of actions resulting from Internal and External Audit Reports within Public Health Wales.

- **Note** the actions relevant to the Quality, Safety and Improvement Committee (QSIC), the People and Organisational Development Committee (PODC) and the Knowledge, Research and Improvement Committee will be extracted and submitted to the Committees when they next meet on 10 September and 15 October and 15 September 2026 respectively.

Link to Public Health Wales [Strategic Plan] Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities. This report contributes to the following:	
Strategic Priority	7 - Building and mobilising knowledge and skills to improve health and well-being across Wales

Summary impact analysis	
Equality and Health Impact Assessment	An EHIA is not required for this report. It should be noted that many of the areas of work reported on are likely to have had EHIAs undertaken.
Risk and Assurance	A number of individual audit reviews and actions are referenced in the Board Assurance Framework and Risk Registers.
Health and Social Care Act (Wales)	This report supports and/or takes into account the Quality Themes
Financial implications	The report has no direct financial implications, although individual updates may include details of impacts.
People implications	The report has no direct people implications, although individual updates may include details of impacts.

1. Purpose / situation

The purpose of this report is to provide the Committee with a comprehensive update on the progress of implementing all actions arising from Internal Audit and Audit Wales reviews.

The Report provides the Committee with an overview of the role of the Leadership Team in managing and overseeing the implementation of Actions from Audit Activity.

The Committee is provided with a summary of the decisions taken by the Leadership Team (LT) regarding the closure of completed actions and the management of any actions passed their implementation date.

The Committee's role is an assurance role in overseeing and scrutinising the effective management and timely resolution of audit recommendations within the organisation.

2. Background

The Leadership Team (LT) holds responsibility for maintaining comprehensive oversight of all planned audit activities and their outcomes. As part of this remit, the LT regularly reviews the Audit Action Tracker ("the Tracker"), which monitors progress against agreed management actions arising from both internal and external audit reviews. This oversight encompasses a thorough examination of the adequacy of the updates provided on the progress with the implementation of issues identified through audit, inspection, and other assurance activities.

Accordingly, this report, and more detail provided in the attachments, is submitted to the Committee to provide assurance regarding the effective management of audit recommendations within Public Health Wales by the Leadership Team

The role of the Audit and Corporate Governance Committee is to seek assurance regarding the effective management of audit recommendations and timely implementation of Actions arising from Audit Activity within Public Health Wales.

Information Attached:

- **Cover Report** - to provide an overview of the process, context and clarity of the role of the Audit Committee.

- **ACGC Committee Summary Presentation** – Attachment drawing out the high level overview of ACGC (Appendix 1). This includes:
    - Overall Position
    - Summary of LT Review
    - Extensions granted and Actions closed by LT
    - **In Focus:** Actions not yet due, identified as at Amber RAG rating.

- **Extract of the Audit Tracker List** – For full detail of the register including open actions and closed. (Appendix 2)

3. Well-being of Future Generations (Wales) Act 2015

The full report presented to the Leadership Team has not been attached on the basis of the feedback at the last meeting but is available on request should the Committee wish to review.

The action plans put in place to address the various audits recommendations have long-term implications for the organisation, its governance and the provision of its services.

The action plans put in place to address the various audits recommendations strengthen the governance and provision of its services.

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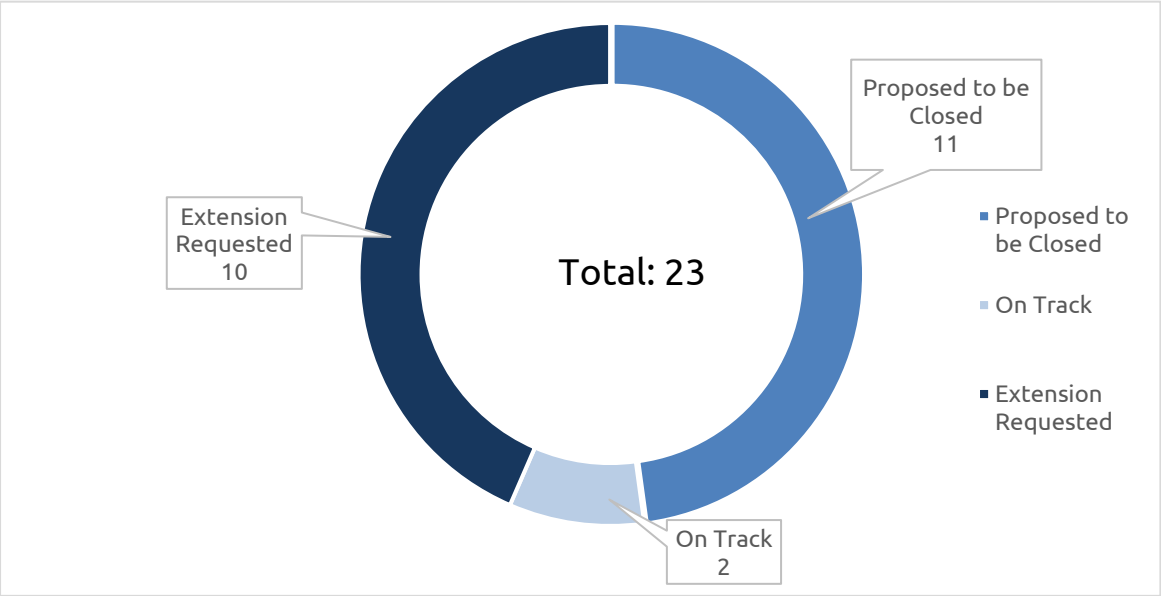
The management responses to audit reviews were developed in collaboration with staff across the organisations

Responses have been provided by staff in the relevant areas across the organisation.

4. Summary of Progress

Updates have been provided against each outstanding action on the tracker. In summary, below is the current position of open actions:



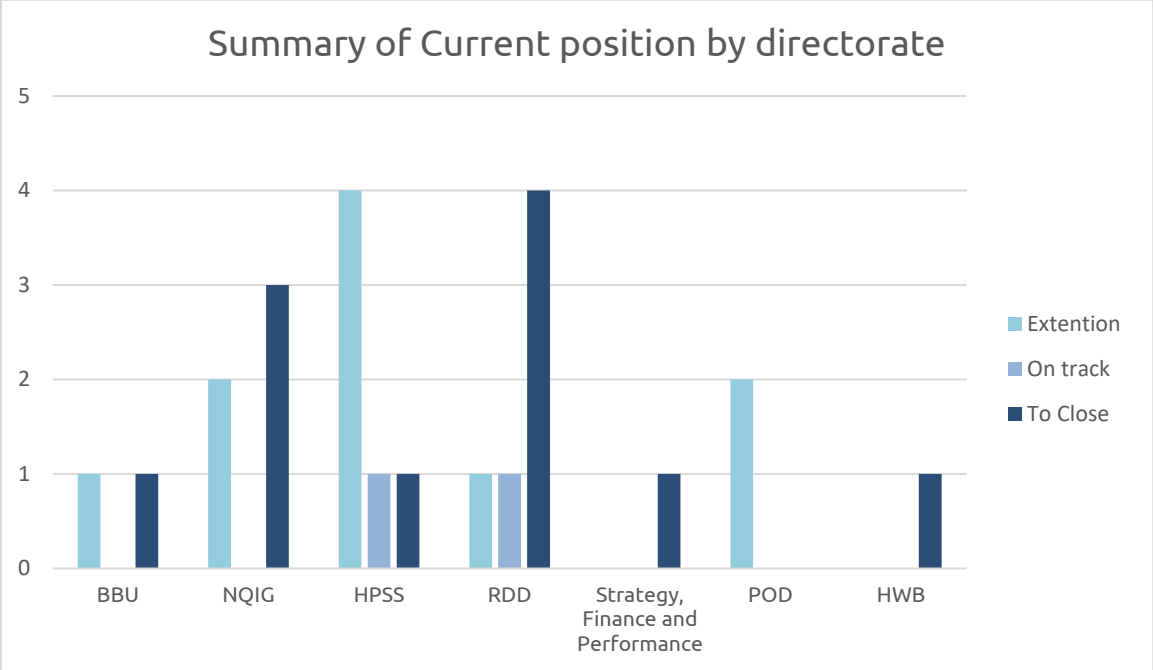


Table 1 – Summary of closure requests:

Request:	Action:	Summary *(further detail in attachment 1)*
NQIG	626	A request to develop a joint investigation process has been submitted; however, this has not been progressed by the Welsh Risk Pool Duty of Candour Network due to competing organisational priorities. The team will continue to engage with both the Welsh Risk Pool and the Duty of Candour Network to support future development in this area. As the remaining elements of this action are dependent on external stakeholders and are outside the team's direct control we request the Action is closed.
	670	Work ongoing with Business Team in NQIG. Met with BBU and Business Team in NQIG to determine next steps for organisational policy on Policy Management and if the section within that policy will provide clear guidance around expectations/ timelines re auditing. LB confirmed that the section would be updated, but specific direction will not be provided on when they expect teams to audit. Business Team NQIG currently developing a tool for use in the directorate to manage all policy/ procedure activity and an audit for scheduling of policies will be incorporated into this. The Policy / Procedure tool was launched on 22/07/2026, so this action is complete.
	676	Action was completed in June 2026.
RDD	649	The new reporting process outlined in the March update was implemented in June. This takes advantage of improvements in data availability and automation. Request Action is Closed.
	678	Logging procedure has been developed and in place, the procedure will form part of our Technical Design Authority ensuring that all new services and significant system developments will align to the procedure. Request Action is Closed.
	679	As Action 678, logging procedure includes minimum level of audit logging required for services. Request Action is Closed.
	680	Digital services have reviewed the tamper-resistant controls and can confirm separation of access between server administrators and system developers. PHW also operate centralised alerting for logs sources that have been altered/ deleted. Request Action is Closed.
HWB	660	Options for improving grants process including internal and external opportunities have been identified. Internal changes identified are subject to internal funding being identified as part of ongoing budget and planning discussions. Other improvements will require approval from Welsh Government. These will be picked up as part

		of ongoing work on the baseline review and budget discussions. Request Action is Closed.
HPSS	688	Action complete. Item re-added as standing agenda item to Programme Board meeting, risk register circulated to all members and discussions undertaken as part of the meeting. Request action is closed.
BBU	666	In response to the recommendation to establish Speaking Up Safely (SUS) Champions, the proposed approach has been reviewed through discussions with Leadership Team and key stakeholders. As a result, rather than implementing a standalone SUS Champion model, it has been agreed that PHW will take forward a network-based approach. The initial network will be developed through collaboration between Board Business Unit, and others and flexible to expand. This approach aligns with feedback received from Leadership Team and supports the wider objective of embedding a positive speaking up culture through existing trusted networks and organisational structures. Request action is closed.
SFP	516	Work has continued to bring these policies in to date. Further work is required and extension is requested for all nine policies/procedures as detailed:

Table 2 – Actions requesting date changes:

Change Date	Action:	Summary *(further detail in attachment 1)*
BBU	669	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.
NQIG	624	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.
	672	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.
POD	673	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. 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.
	674	More regular communications planned to managers to remind them of the importance of appropriate certification and timely recording of absences. 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.
RDD	681	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.
HPSS	684	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
	685	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 30 June 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.
	686	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.
	687	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 30th 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.

A link to the original internal and Audit Wales reports can be found on these SharePoint pages, Internal Audit and Audit Wales.

5. Recommendation

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- Take **assurance** on the progress with the implementation of actions resulting from Internal and External Audit Reports within Public Health Wales.
- **Note** the actions relevant to the Quality, Safety and Improvement Committee (QSIC), the People and Organisational Development Committee (PODC) and the Knowledge, Research and Improvement Committee will be extracted and submitted to the Committees when they next meet on 10 September and 15 October and 15 September 2026 respectively.