

 <p> GIG CYMRU NHS WALES </p> <p> Iechyd Cyhoeddus Cymru Public Health Wales </p>	<p align="right"> Name of Meeting Audit and Corporate Governance Committee Date of Meeting 23 March 2026 Agenda item: 3.1 </p>
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NHS Wales Performance and Improvement - Audit and Corporate Governance Committee Assurance Report

For period 1 November 2025 – 31 January 2026

Report Sponsors:	Chris Clayton, Managing Director, NHS Wales Performance and Improvement
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 Weekly SLT on 18 January 2026.

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 November 2025 – 31 January 2026:

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

For the period 1 November 2025 – 31 January 2026:

- **NHS Wales Performance and Improvement Agreements Register (Bi Annual)**
- **Declarations of Interest Register (Bi Annual)**

Recommendation:

APPROVE <input type="checkbox"/>	CONSIDER <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
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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 November 2025 – 31 January 2026:

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 were completed and one reported during the reporting period.
- **Note** two audit breaches are 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.

NHS Wales Performance and Improvement Agreements Register (Bi Annual)

- **Take assurance** that there is now a live central agreements register which will be maintained, in line with the Joint Working Framework requirements.

Declarations of Interest (Bi Annual)

- **Take assurance** that NHS Wales Performance and Improvement maintains a register of declarations of interests of relevant senior roles in accordance with the Public Health Standards of Behaviour Policy.

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 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 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 November 2025 – 31 January 2026 and provides assurance on the following areas:

- **Risk management**
- **Audit and procurement activity**
- **Counter fraud compliance**
- **Information governance compliance**
- **NHS Wales Performance and Improvement Agreements Register (Bi Annual)**
- **Declarations of Interest Register (Bi Annual)**

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 now routinely reported to the Weekly SLT Meeting on a monthly basis chaired by the new Managing Director.

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

Since the appointment of the Managing Director, the further development of the corporate governance team has been identified as a priority in Phase 1 of the organisational redesign.

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.

New

Intellectual property register, working abroad register.

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.

New

Working abroad process, approval and signing process, procurement breach management process.

Developing

Policy compliance assessment process

Due to capacity constraints within the central team the implementation of the crisis management business continuity plan has been delayed due to being paused for a short time. The work has resumed and the draft corporate plan is now complete with local plans almost ready for testing.

Risk and Assurance Development Programme

Work continues for the risk and assurance development programme the summary plan is included at appendix 1 which now includes the outcome of the recent risk management audit.

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 two audits were undertaken with the risk management audit finding reasonable assurance and the financial management audits findings to be shared by the end of February.

Summary Table

All actions are complete or on track.

Audit Area	Findings	Agreed Actions
Hosting arrangements	Reasonable Assurance	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Reporting of documented Action Plans for Strategic and Corporate Risks • Evidence of inclusion of action plans in Directorate Risk Registers
Financial management arrangements	Completed, awaiting report	TBC
Procurement arrangements	Scope agreed	TBC

Two procurement breaches are being reported to Committee based on the reporting period 1 November 2025 to 31 January 2026. 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 role of the Deputy Senior Information Risk Officer (SIRO) is held by the Deputy Director Data & Analytics. The secondment of the Interim National Clinical Director came to and end on 31 December 2025. As an interim measure the Deputy Chief Medical Officer is performance the duties of the Deputy Caldicott Guardian. 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 January 2026 was:

Competence Name	Assignment Count	Required	Achieved	Compliance %
Information Governance (Wales) - 2 Years	466	466	399	85.62%

In the reporting period NHS P&I have undertaken a review of the use of Excel for the capture, processing and storage or patient/public personal information. There are two directorates remaining to provide the information, this will then inform a discussion with the Senior Information Risk Owner in Public Health Wales.

6. NHS Wales Performance and Improvement Agreements Register

In line with the NHS Wales Performance and Improvement (NHSP&I) Assurance Schedule, NHSP&I is required to report to the Committee on a Bi-Annual basis for assurance that a register of working agreements is maintained in line with the Joint Working Framework and other controlled documents.

There is now a central Agreements Register in place for NHSP&I with access for each national director and local business lead to ensure accuracy.

There is a joint working process to support the practical application of the PHW joint working framework.

7. Declarations of Interest

In line with the NHS Wales Performance and Improvement (NHSP&I) Assurance Schedule, NHSP&I is required to report to the Committee on a Bi-Annual basis for assurance that a register of Declarations of Interest is maintained in line with the Standards of Behaviour Policy.

In accordance with the Hosting Agreement and PHW's policy, on an annual basis as a minimum, staff are contacted with an explanation of the requirements for Declarations of Interest and a request to complete the standard Declaration of Interest form, where applicable. The annual review was completed in March 2025, due to team capacity the further review planned for October 2025, however a reminder was included in the staff newsletter, and the team continue to receive declarations throughout the year. New staff are made aware of the policy through induction.

A copy of the Declarations of Interest Register for NHSP&I as at 31 January 2026 will be provided to the Board Secretary in support of this report.

8. 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 with two internal audits completed and one reported during the reporting period.
- Work has continued on the risk and assurance development programme including review of the organisational risk appetite for P&I
- Two audit breaches are being reported to ACGC for the period, it has been formally reported to the relevant director and team for learning and any wider learning will be considered by the NHSP&I SLT. Supported by the introduction of a new procurement breach process.

9. Recommendation

The Committee is asked to note the contents of this report and receive **assurance** that effective arrangements are in place for related processes:

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