 Iechyd Cyhoeddus Cymru Public Health Wales	<b>Name of Meeting</b> Audit and Corporate Governance Committee <b>Date of Meeting</b> 23 March 2023 <b>Agenda item:</b> 7.3
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<b>Audit Recommendations Tracker</b>	
<b>Executive lead:</b>	Paul Veysey, Board Secretary and Head of Board Business Unit
<b>Author:</b>	Liz Blayney, Deputy Board Secretary and Deputy Head of Board Business Unit
<b>Approval/Scrutiny route:</b>	Leadership Team for approval and Audit and Corporate Governance Committee for assurance.

<b>Purpose</b>
<p>The Leadership Team (LT) considered the Audit Tracker at its meeting on 19 February 2026 to track progress against agreed management actions in response to the recommendations of Audit reviews received by the Organisation.</p> <p>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.</p> <p>This Report is presented to the Committee to take assurance on the management of Audit recommendations at Public Health Wales by the Leadership Team.</p> <p>Following submission to this Committee, the open actions and 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 4 June and 16 April and 16 June 2026 respectively.</p>



<b>Recommendation:</b>				
APPROVE	CONSIDER	RECOMMEND	NOTE	ASSURANCE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<p>The Committee is asked to:</p> <ul style="list-style-type: none"> <li>• Take <b>assurance</b> on the progress with the implementation of actions resulting from Internal and External Audit Reports within Public Health Wales.</li> <li>• <b>Note</b> 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 4 June and 16 April and 16 June 2026 respectively.</li> </ul>				

**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:

<b>Strategic Priority</b>	7 - Building and mobilising knowledge and skills to improve health and well-being across Wales
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**Summary impact analysis**

<b>Equality and Health Impact Assessment</b>	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.
<b>Risk and Assurance</b>	A number of individual audit reviews and actions are referenced in the Board Assurance Framework and Risk Registers.
<b>Health and Social Care Act (Wales)</b>	This report supports and/or takes into account the Quality Themes
<b>Financial implications</b>	The report has no direct financial implications, although individual updates may include details of impacts.



<b>People implications</b>	The report has no direct people implications, although individual updates may include details of impacts.
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## 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 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.

## Current Position

At the last meeting, the Audit and Corporate Governance Committee provided feedback on the format and content of the report. The Report has been revised and restructured to include the content requested at the meeting and in the feedback.

The key themes raised in comments are as follows:

- **Essential Tracker Content:** The report should include clear tables summarising the number and priority of open, new, and closed recommendations from Internal Audit, Audit Wales, and other sources, both at the last reporting date and currently.
- **Focus on Outstanding Actions:** The Committee should concentrate on recommendations that are overdue or at risk of missing their implementation deadline, with a breakdown by priority status to highlight those on track versus those at risk.
- **Limited Detail on Closures:** Duplicated information in the cover report around action closures, with sufficient assurance already been provided via a summary in an appendix was sufficient.
- **Clear rationale for Extensions:** Extensions to deadlines should be exceptional and any such cases should be highlighted with assurance around the robust discussion at Leadership Team on the rationale and the feasibility of the revised date.
- **Streamlined Reporting:** The report should avoid lengthy, unfocused sections and instead prioritise concise information about recommendations that are not being addressed in a timely manner.

The report has been reviewed and an updated reporting format developed.

### Revised Process - Actions not yet due – RAG Ratings

Following the feedback relating need to more clearly identify and draw out to the Committee the actions that are at risk, the update requested of the action owners has been updated to ask for to allow ACGC to focus their attention on those actions that are at risk of failure to complete on time.

For each Open Actions, Directorates were asked to provide a RAG rating on the likelihood that each action would be completed by the deadline date using the criteria in the table:

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
<b>Green</b>	On track to implement by the deadline date - no issues meeting the deadline identified.

This information has been included in the report, and an in focus section on those actions identified as red or amber.

## Revised Report

The revised Tracker Report now formally provides the Committee with the following information:

- **High level data:** Inclusion of more high level information on the status of the actions.
- **Action Status Overview:** The report provides a clear summary of open actions, including the total number at the previous submission and a breakdown by source and priority (Internal Audit, Audit Wales, and others).
- **New and Closed Recommendations:** It highlights the number of new recommendations added since the last meeting, as well as those that have been closed.
- **Extensions to Implementation Dates:** In focus section drawing out the actions that were overdue, and the discussion at LT. The report notes any extensions granted for recommendations, with an in focus section on these ensuring transparency regarding deadline changes.
- **Current Outstanding Actions:** A new focus on actions that are not yet due where the action has been identified as at risk of meeting the deadline, enabling focused oversight on more critical issues and drawing these to the attention of the Committee. All open actions are assigned a RAG status, as provided by Directorates, offering a visual indication of likelihood of completion within the agreed timeframe.



As a result of this feedback, the Tracker Report is now presented to the Committee in a thoroughly revised format

## 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 by LT
  - **In Focus:** Actions not yet due identified as at Risk.
  - **In Focus:** High Priority Actions Open
  - **In Focus:** Actions previously raised concerned at Committee.
- **Extract of the Audit Tracker List** – For full detail of the register including open actions and closed. (Appendix 2)

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.

<p>Hirdymor</p> 	<p>Long Term</p>	<p>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.</p>
<p>Atal</p> 	<p>Prevention</p>	<p>The action plans put in place to address the various audits recommendations strengthen the governance and provision of its services.</p>
<p>Integreiddio</p> 	<p>Integration</p>	<p>The action plans put in place to address the various audits recommendations strengthen the governance and provision of its services.</p>
<p>Cydweithio</p> 	<p>Collaboration</p>	<p>The management responses to audit reviews were developed in collaboration with staff across the organisations</p>
<p>Cynnwys</p> 	<p>Involvement</p>	<p>Responses have been provided by staff in the relevant areas across the organisation.</p>



### 3. Recommendation

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 4 June and 16 April and 16 June 2026 respectively.

# Summary