

 <p> <b>GIG</b>      CYMRU  <b>NHS</b>      WALES   </p> <p>     Iechyd Cyhoeddus      Cymru      Public Health      Wales   </p>	<p> <b>Name of Meeting</b>        Audit and Corporate Governance        Committee  <b>Date of Meeting</b>        8 May 2025  <b>Agenda item:</b>        3.2     </p>
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<h2 style="margin: 0;">Audit and Corporate Governance Committee</h2> <h3 style="margin: 0;">Assurance Report</h3> <h4 style="margin: 0;">NHS Wales Executive – For period 1 December 2024 to 31 March 2025</h4>	
<p><b>NHS Executive Director Leads:</b></p>	<p>Claire Green, National Director of Financial Planning &amp; Delivery and Responsible Officer        Iain Hardcastle, Interim National Director of Networks and Planning        Dr Meinir Jones, Interim National Clinical Director</p>
<p><b>Author:</b></p>	<p>Sophie Fuller, Assistant Director Corporate Governance and Business Support        Rosemary Fletcher, NHS Wales Executive</p>
<p><b>Approval/Scrutiny route:</b></p>	<p>Approval/scrutiny route for the NHS Wales Executive is via the Senior Leadership Team (SLT).</p>

<p><b>Purpose</b></p> <p>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 Executive Hosting Assurance Schedule.</p> <p>This report provides assurance on the following areas:</p> <p>For the period 1 December 2024 to 31 March 2025:</p> <ul style="list-style-type: none"> <li>- <b>Risk management</b></li> <li>- <b>Audit activity</b></li> <li>- <b>Counter fraud compliance</b></li> <li>- <b>Information governance compliance</b></li> </ul> <p>For the period 1 August 2024 to 31 March 2025</p> <ul style="list-style-type: none"> <li>- <b>Agreements Register</b></li> <li>- <b>Declarations of Interest Register</b></li> </ul>
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**Recommendation:**

APPROVE

CONSIDER

RECOMMEND

ADOPT

ASSURANCE

The Committee is asked to:

**Risk Management**

- **Take assurance** that there is an effective risk management process within the NHS Executive.
- **Take assurance** that any risk identified by the NHS Executive in this report is relevant to Public Health Wales and has been appropriately escalated.

**Audit Activity**

- **Note** that an audit plan for 2025/26 for the NHS Executive has been agreed with the NHS Wales Internal Audit Team.
- **Approve** the audit plan for 2025/26 for the NHS Executive as an annex to the PHW Internal Audit Plan for 2025/26.
- **Note** that no new audit activity has been initiated during the reporting period.

**Counter Fraud Compliance**

- **Note** that there has been no counter fraud activity reported to the NHS Executive during the reporting period.

**Information Governance Compliance**

- **Take assurance** that the NHS Executive 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.

**Agreements Register (bi-annual)**

- **Take assurance** that the NHS Executive holds a register of joint working agreements, and which will be maintained, in line with the Joint Working Framework requirements.

**Declarations of Interest Register (bi-annual)**

- **Take assurance** that the NHS Executive maintains a register of declarations of interests 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 26<sup>th</sup> January 2023 and took effect from the launch of the NHS Wales Executive on 1<sup>st</sup> April 2023. To take account of variations, an Addendum was approved by the PHW Board on 28<sup>th</sup> March 2024. A revised Agreement has been prepared, which is subject to approval.

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.

<b>Summary impact analysis</b>	
<b>Equality and Health Impact Assessment</b>	A specific Equality and Health Impact Assessment (EHIA) is not required to support this report.
<b>Risk and Assurance</b>	This report provides assurance on the implementation of the relevant policy and procedures within the NHS Wales Executive, ensuring good governance is maintained.
<b>Health and Social Care (Quality and Engagement) (Wales) Act</b>	This paper supports the Quality themes.
<b>Financial implications</b>	There are no financial implications as a result of this report.
<b>People implications</b>	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 Executive Hosting Assurance Schedule.

This report covers the period 1 December 2024 to 31 March 2025 and provides assurance on the following areas:

For the period 1 December 2024 to 31 March 2025:

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

For the period 1 August 2024 to 31 March 2025:

- **Agreements Register**
- **Declarations of Interest Register**

The sections below provide a summary of the status for the areas listed above.

## 2. Risk Management

The NHS Executive is required to report to the Committee for assurance on the risk management arrangements in place, in line with the NHS Wales Executive Hosting Assurance Schedule.

Risk registers are maintained by each of the Directorates in the NHS Wales Executive and a corporate risk register is also maintained. In accordance with the cycle of business, risk registers are reported to the SLT Business Meeting, chaired by the Deputy Chief Executive, NHS Wales. The corporate risk register is also reported to the Executive Directors' Team (EDT), Health Social Care and Early Years Group, Welsh Government, via joint EDT/SLT meetings, most recently in March 2025.

Within the corporate risk register, the most relevant risk for PHW as host organisation is:

Risk	Mitigating Action
<p><i>'If there is a lack of common, clear and consistent governance processes, capacity and capability in the NHS Executive to support effective operational management and accountability then there will be weak internal control resulting in governance failings and non-compliance with statutory and regulatory requirements impacting on PHW as the host body and WG as the sponsor'.</i></p>	<ul style="list-style-type: none"> <li>• Appointment of a new, permanent post of Assistant Director of Corporate Governance and Business Support, who took up post in January 2025</li> <li>• Temporary extension of senior corporate management support.</li> <li>• The governance and accountability framework is in place, which takes account of the NHS Executive's hybrid governance model</li> <li>• New Operational Delivery Group for responsible staff aligned to the hosting agreement schedules</li> <li>• New Business Leads Group representing at a directorate level to enhance governance and compliance arrangements.</li> <li>• Design of the central support team with phase 1 in place from April 2025.</li> <li>• Risk and Assurance development programme of work for 2025-26 to enhance the Governance Assurance Framework</li> <li>• Implementation of Datix for risk management within the NHS Executive with support from PHW. Directorate risk registers and the corporate risk register will be managed via Datix with effect from April 2025.</li> </ul>

## 3. Audit Activity

The NHS Executive is required to report to the Committee for assurance on the Audit arrangements in place, in line with the NHS Executive Assurance Schedule.

The NHS Wales Executive will engage fully in all audit work where required to do so and as outlined in audit plans determined by NHS or Welsh Government Internal

Audit or at the explicit involvement of the Auditor General. Audit plans for the NHS Wales Executive will be set out in an annex to the PHW annual audit plan. During the reporting period, an audit plan for 2025/26 has been drafted with the NHS Wales Internal Audit Team and accompanies this report for approval by the Committee (Appendix A).

It is noted that a separate report on procurement activity is prepared for Committee by the Shared Services Partnership Team. It is proposed that, for the 2025/26, the reporting periods are aligned. Pending this, the NHS Wales Executive can provide assurance to Committee that procurement breaches are reviewed and improvement actions identified.

No new audit activity was initiated during the reporting period.

#### **4. Counter Fraud Compliance**

In line with the NHS Executive Hosting Assurance Schedule, the NHS Wales Executive is required to report to the Committee on a quarterly basis for assurance on the NHS Wales Executive's response to any Counter Fraud Activity.

There has been no counter fraud activity reported to the NHS Wales Executive during the reporting period.

#### **5. Information Governance compliance**

The NHS Executive is required to report to the Committee for assurance on its compliance with the Public Health Wales Information Governance Policy, in line with the NHS Executive Hosting Assurance Schedule.

The Deputy Caldicott Guardian and Deputy Senior Information Risk Officer (SIRO) continue to meet regularly with PHW to ensure consistency of approach and for any issues to be raised. These meetings specifically cover FOI compliance, data breaches, process blockages and escalation.

The PHW Data Protection Officer continues to support the NHS Executive, providing advice and guidance to Information Asset Owners (IAOs) and the SIRO for complex Information Governance requests and Data Protection Impact Assessments (DPIAs). The NHS Executive aligns with the PHW Information Asset Register and this is available via [Information Asset Register](#). Information Asset Owners will continue to review for accuracy and completeness.

A data breach was identified during the reporting period, and the NHS Executive worked with the PHW information governance team to ensure it was investigated and acted on appropriately'

The new procedures within PHW for information asset management and data protection impact assessments are acknowledged and additional training dates shared with the SLT for relevant NHS Executive staff to attend.

Staff are required to complete and maintain statutory and mandatory training and, in respect of information governance, compliance as of 4 March 2025 was:

Competence Name	Assignment Count	Required	Achieved	Compliance %
Information Governance (Wales) - 2 Years	477	477	416	87.21%

## 6. Agreements Register

In line with the NHS Executive Assurance Schedule, the NHS Executive is required to report to the Committee on a bi-annual basis for assurance that the NHS Executive maintains a register of joint working agreements in line with the Joint Working Framework.

An Agreements Register has been prepared and will be provided to the Board Secretary in support of this report.

## 7. Declarations of Interest

In line with the NHS Executive Assurance Schedule, the NHS Executive is required to report to the Committee on a bi-annual basis for assurance that the NHS Executive maintains a register of Declarations of Interest in line with the Standards of Behaviour Policy.

On an annual basis as a minimum, all staff are contacted and reminded that, as a hosted body, the NHS Wales Executive is required to comply with the Public Health Wales' policy on *Standards of Behaviour*. In March 2025, all staff received an email providing them with a link to the *Standards of Behaviour Policy* and an instruction that all staff were required to complete and return a declaration of interest form. The communication noted that new starters are required to complete the declaration within a month of taking up post and also reminded all staff that a declaration of gifts or hospitality form should be completed throughout the year, where required.

The Declarations of Interest Register for the NHS Wales Executive has been updated, and a copy (as of April 2025) will be provided to the Board Secretary in support of this report.

## 8. Conclusion

The report provides assurance to the Committee that the NHS Executive is meeting the requirements for each of the areas in scope of this report or actions are in progress, where identified.

## 9. Recommendation

The Audit and Corporate Governance Committee is asked to:

### **Risk Management**

- **Take assurance** that there is an effective risk management process within the NHS Executive.
- **Take assurance** that any risk identified by the NHS Executive in this report is relevant to Public Health Wales and has been appropriately escalated.

### **Audit Activity**

- **Note** that an audit plan for 2025/26 for the NHS Executive has been agreed with the NHS Wales Internal Audit Team.
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### **Counter Fraud Compliance**

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### **Information Governance Compliance**

- **Take assurance** that the NHS Executive has complied with Public Health Wales Information Governance Policy and processes.
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- **Take assurance** that the NHS Executive maintains a register of declarations of interests in accordance with the Public Health Standards of Behaviour Policy