

 <p> <b>GIG</b>        CYMRU  <b>NHS</b>        WALES     </p> <p>       Iechyd Cyhoeddus        Cymru        Public Health        Wales     </p>	<b>Name of Meeting</b> Audit and Corporate Governance Committee
	<b>Date of Meeting</b> 7 May 2026
	<b>Agenda item:</b> 3.1

## NHS Wales Performance and Improvement – Audit and Corporate Governance Committee Assurance Report

**For period 1 February 2026 – 31 March 2026**

<b>Report Sponsors:</b>	Chris Clayton, Managing Director, NHS Wales Performance and Improvement
<b>Report Author:</b>	Louise Cooke, Corporate Governance Manager Sophie Fuller, Assistant Director of Corporate Governance, NHS Wales Performance and Improvement
<b>Approval/Scrutiny route:</b>	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 22 April 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 February 2026 – 31 March 2026:**

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

### **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 February 2026 – 31 March 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 one internal audit was initiated in the reporting period.
- **Note** one audit breach is 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.

### **Link to Public Health Wales [Strategic Plan](#)**

Public Health Wales is the Host Organisation for NHS Wales Performance and Improvement (Previously 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.

The Agreement remains extant and, to take account of variations to the Agreement, an Addendum was approved by the PHW Board on 28<sup>th</sup> 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.

<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 Performance and Improvement, 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 Wales Performance and Improvement Hosting Assurance Schedule.

This report covers the period **1 February 2026 – 31 March 2026** and provides assurance on the following areas:

- **Risk Management (Quarterly)**
- **Audit Activity (Quarterly)**
- **Counter Fraud Compliance (Quarterly)**
- **Information Governance compliance (Quarterly)**

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, Intellectual property register, working abroad register.

#### **New**

There are no new products in this period.

#### **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, working abroad process, approval and signing process, procurement breach management process.

#### **New**

There are no new controlled documents in this period.

#### **Developing**

Policy compliance assessment process

There had been capacity constraints within the central team that has impacted the implementation of the crisis management business continuity plan. This was resumed in quarter 4 and the newly forming Senior Director Team design has been the final stage in the plan development. Testing is underway and is planned for completion in Q1.

#### **Risk and Assurance Development Programme**

The Corporate Governance Team continue to deliver the risk and assurance development programme as per previous reports, there are no areas of elevated concern to report.

### **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 one audit was initiated.

## Summary Table

All actions are complete or on track.

Audit Area	Findings	Agreed Actions
Hosting arrangements	Reasonable Assurance	<ul style="list-style-type: none"> <li>• Framework for Delivering Professional Accountability</li> <li>• Estates Strategy</li> <li>• Revised Staffing Structure</li> <li>• Organisational Development Programme</li> <li>• Revised Induction Procedures</li> <li>• Business Continuity Plan and Reporting to Trust Audit &amp; Corporate Governance Committee</li> <li>• Declarations of interest on meeting Agendas.</li> <li>• Action Logs</li> </ul>
Risk Management	Reasonable Assurance	<ul style="list-style-type: none"> <li>• Reporting of documented Action Plans for Strategic and Corporate Risks</li> <li>• Evidence of inclusion of action plans in Directorate Risk Registers</li> </ul>
Financial management arrangements	Substantial Assurance	No actions to progress
Procurement arrangements	Scope agreed, fieldwork commenced	TBC once complete

A copy of the Audit Tracker is included at Appendix 1.

One procurement breach is being reported to Committee based on the reporting period 1 February 2026 to 31 March 2026. The party 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. As an interim measure the Deputy Chief Medical Officer is undertaking the duties of the Deputy Caldicott Guardian. The substantive Medical Director has now been appointed and will take over the role as part of the induction process. 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 March 2026 was:

Competence Name	Assignment Count	Required	Achieved	Compliance %
Information Governance (Wales) - 2 Years	475	466	399	86.32%

In the previous reporting period NHS P&I undertook a review of the use of Excel for the capture, processing and storage of patient/public personal information. This has been shared with the Deputy Senior Information Risk Owner, there are no areas of elevated risk to report.

## 6. 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 one internal audit initiated during the reporting period.
- Work has continued on the risk and assurance development programme
- One audit breach is 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.

## 7. Recommendation

For the period 1 February 2026 – 31 March 2026:

### **Risk Management (Quarterly)**

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