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# Audit and Corporate Governance Committee

## Audit Tracker Summary May 2026

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# Audit Tracker – Summary of Report

## Overall Position

*Summary of the overall position of actions on the Tracker, including comparison with the last reported position and new actions added to the Tracker since the last meeting.*

## Summary of Review by Leadership Team

*Summary of review by the LT, including the total number of actions past their deadline date, extensions issued.*

## In Depth

- Extensions Issued
- Actions not yet Due – Identified At Risk

*In depth sections to provide more detail on specific at risk / high priority actions.*



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# Overall Position: Picture Since March

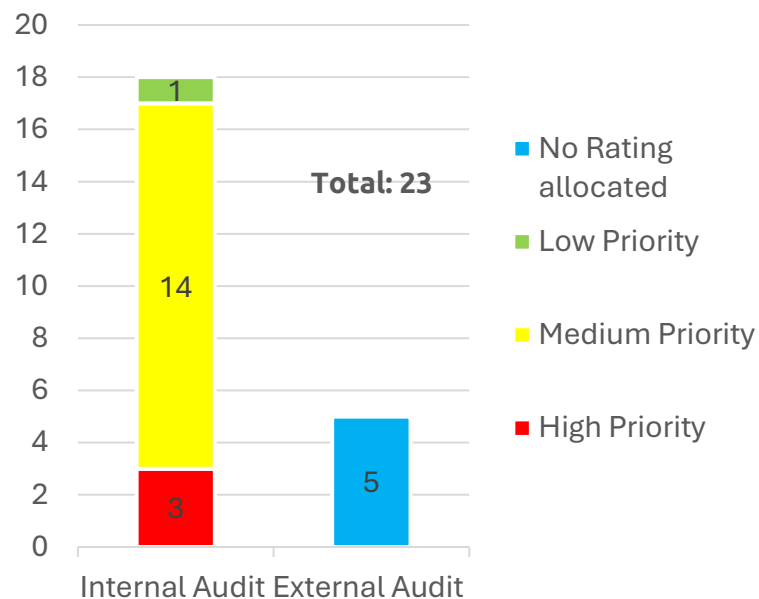
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# Audit Tracker – Overall Position

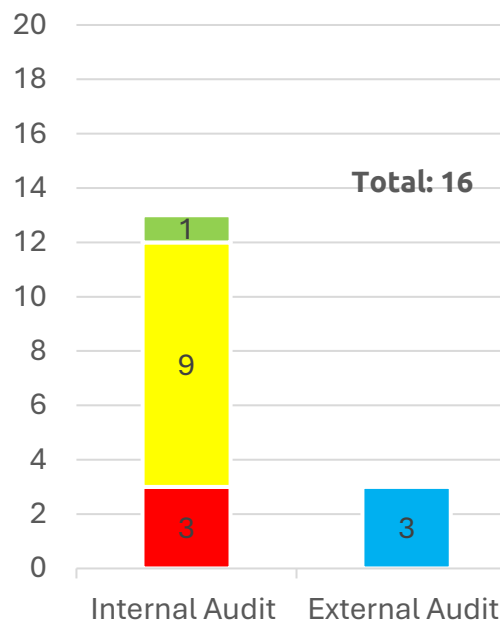
Position Last Reported to ACGC:

All Open Actions as of 23 March 2026:

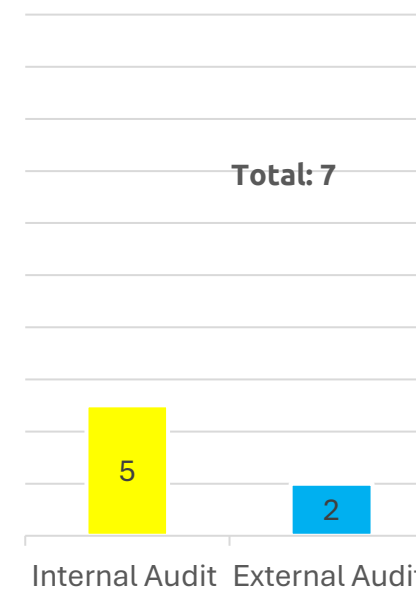


Position Reported to ACGC in May 2026  
(as of 24 April):

Overall Open actions  
as of 24 April:



Actions Closed this period:

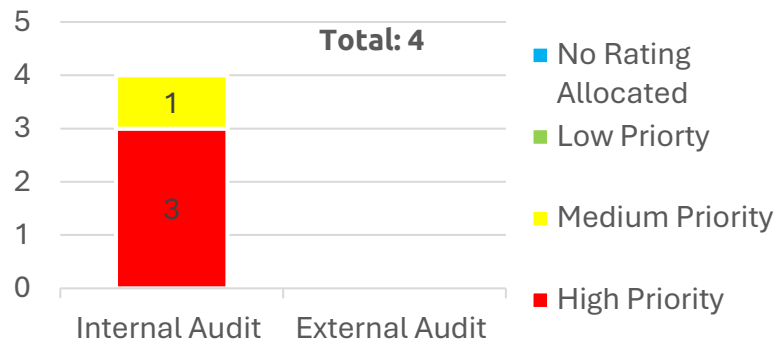


# Audit Tracker – Overall Position

## New Internal and External Audit Reports – Added to the Tracker

Following the last Committee meeting, 4 New Recommendations were added to the Tracker:

*(Broken down by Priority rating of the action)*



### External Audit

No Reports

*(Assurance ranking not included on External Audit Reports)*

Management Actions: 0

### Internal Audit

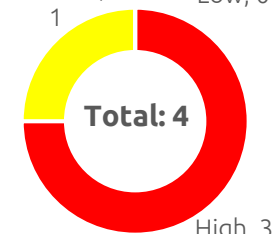
#### Digital Audit Logging



Management Actions:

Medium, 1

Low, 0



#### Financial Management



Management Actions:

Total: 0



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# Summary of Leadership Team Review

## April 2026

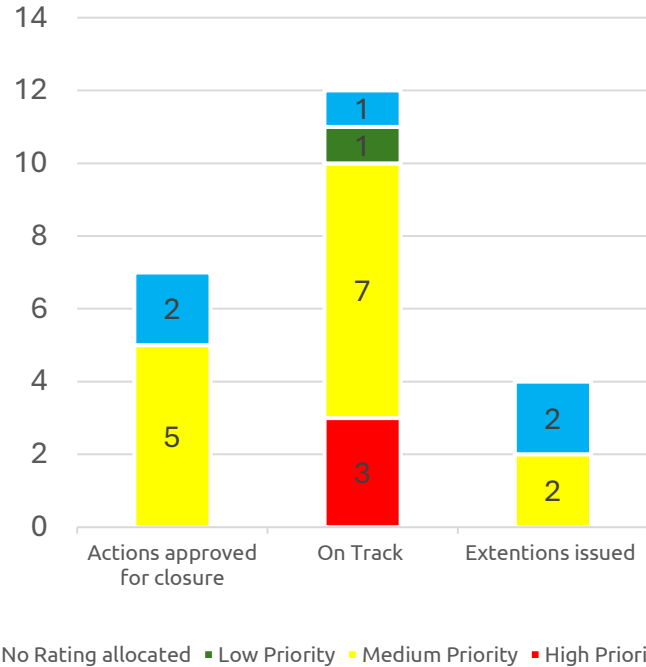
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# Audit Tracker – Review by Leadership Team

- ❖ The Leadership Team considered updates at its meeting on 23 April 2026.
- ❖ This is the summary of the requests approved at the meeting:

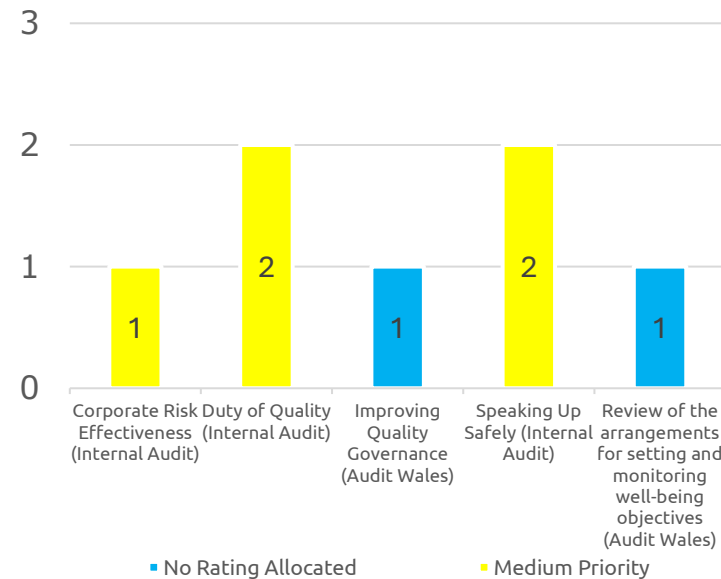
## Overall Position of Actions

*(Broken down by Priority rating of the action)*



## Breakdown of Closures

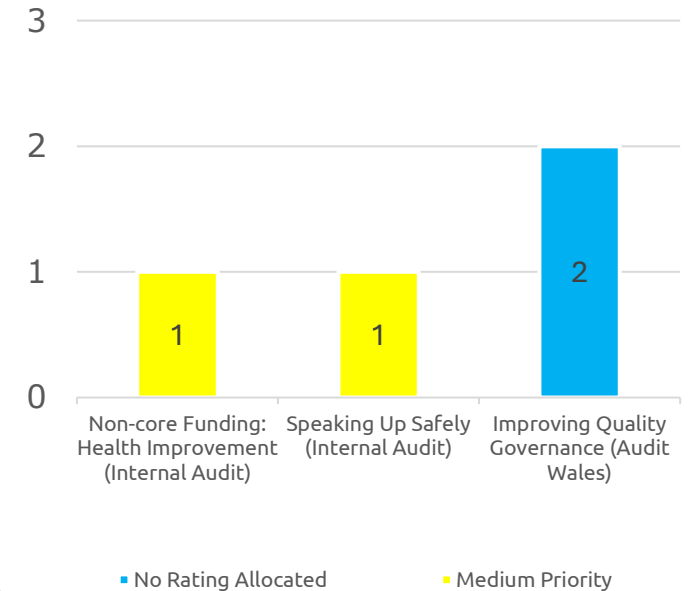
*(Broken down by Priority rating of the action)*



## Breakdown of Extensions Issued

*(Broken down by Priority rating of the action)*

*Further detail on these actions are provided from slide 10 -14.*





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# In Depth: Extensions Issued

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# Audit Tracker – Summary of Extension Issued (1 of 4)

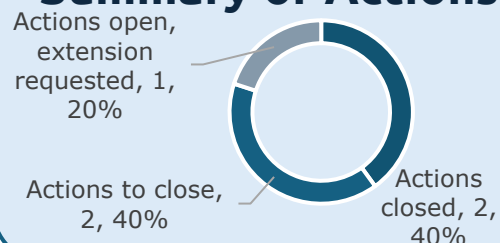
## Report: Speaking up Safely

### Summary of Report:

Internal Audit

5 Actions raised,  
1 High, 4 Medium  
Priority

### Summary of Actions:



### Action History:



**Report Issued**  
August 2025



**Original Date**  
31 March 2026



**Previous extensions**  
None



**Extension requested**  
30 Sept 26

### Management Action:

666

The Trust should consider implementing a proportionate model for local SUS champions, tailored to the size, structure, and operational needs of each directorate. We will consider appropriate individuals who could support staff to speak up, such as staff side representatives, People and OD colleagues, Staff Diversity Network Chairs, and directorate representation. Champions should receive appropriate training and be supported by a network or oversight mechanism to ensure consistency and effectiveness.

**Medium** RAG rating: **Red**

### Current Position:

This work remains ongoing. Following initial scoping discussions, a detailed proposal for the SUS Champions programme is now being developed. The organisation is currently being engaged to co design the proposed approach, including the scope, purpose and delivery model of the programme. A paper setting out the proposed direction will be presented to the Leadership Team meeting on 23 April for discussion.

Subject to Leadership Team feedback, further structured engagement will take place with Trade Unions / Local Partnership Forum, Staff Networks, Business and Planning Leads, and the Business Executive Team (BET) to ensure appropriate consultation, alignment and organisational buy in.

An extension to 30 September is requested to enable full implementation of the agreed approach. This will allow sufficient time to complete wider consultation and engagement, develop supporting resources (including training materials and role descriptions), and determine the appropriate scale and structure of the SUS Champions network, should this option be approved. The extension is therefore necessary to ensure that the approach is fully informed, appropriately resourced and implemented in a sustainable and effective manner.

### Discussion and Decision by Leadership Team:

At its meeting on 23 April, Leadership Team discussed the proposed approach to Speaking Up Safely (SUS) Champions and broadly welcomed the intent to strengthen local visibility and staff confidence in speaking up. Discussion focused on several key concerns, including the need for clear role definition to avoid duplication with existing roles (particularly the SUS Board Level Champion, managers and HR), ensuring appropriate independence and consistency across the organisation, and the capacity and skills required for Champions to operate effectively alongside substantive roles. Members also highlighted the importance of clear escalation routes, governance oversight and reporting arrangements, robust training and support, and clarity on how the impact and effectiveness of Champions would be measured. Leadership Team emphasised that any model should be proportionate, sustainable, and aligned with existing accountability and assurance frameworks.

Leadership Team agreed to the request to extend to 30 September 2026 to undertake a more detailed assessment of the proposal including liaising with existing champion networks (Wellbeing, Culture) to establish overlaps and the totality of what we offer currently. They discussed the 30 September was to determine if an appropriate model could be agreed.



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# Audit Tracker – Summary of Extension Issued (2 of 4)

## Report: Non-core Funding: Health Improvement

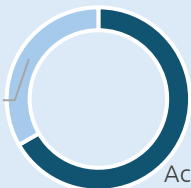
### Summary of Report:

Internal Audit

3 Actions raised,  
1 High, 2 Medium  
Priority

### Summary of Actions:

Actions open,  
extension  
requested, 1,  
33%



Actions  
closed, 2,  
67%

### Action History:



**Report  
Issued**  
Sept 25



**Original  
Date**  
1 April 26



**Previous  
extensions**  
None



**Extension  
requested**  
30 June 26

### Management Action:

660

Work will be undertaken to review existing processes and identify opportunities in the short and medium term to streamline the grants administration process, building on the existing improvements. Engagement with Directors of Public Health has commenced and a proposal for consideration will be developed. Upon agreement of the proposal, a plan will be developed, and improvements will aim to be implemented by 01 April 2026 ready for the 2026/27 grants cycle where appropriate.  
Priority rating: **Medium** RAG: **RED**

### Current Position:

April 2026 Update:

Options and report are not finalised. Delayed due to capacity and competing priorities. Extent to what can be changed also impacted by election and discussions with WG. Looking to implement internal changes to further improve current administration process during first half of 2026/27. Extension to 30 June 2026 requested.  
RAG is RED.

### Discussion and Decision by Leadership Team:

Leadership Team discussed the audit action relating to grants administration and supported the request for an extension. It was noted that grants administration is an area of ongoing improvement rather than a one-off deliverable, with work continuing to streamline processes, improve efficiency and strengthen controls. The discussion recognised the volume and complexity of grant activity, the largely manual nature of current arrangements, and the need to embed improvements sustainably over time. It was also acknowledged that some aspects of the process are influenced by external requirements, which limits the pace of change. The extension was therefore considered a proportionate and pragmatic approach to support continued improvement rather than signalling a lack of progress.

Leadership Team agreed to the request to extend to 30 June 2026.

# Audit Tracker – Summary of Extension Issued (3 of 4)

## Report: Improving Quality Governance

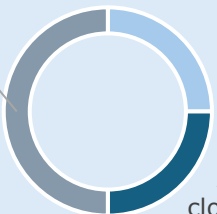
### Summary of Report:

External Audit

4 Actions raised  
(no rating allocated)

### Summary of Actions:

Extension requested, 2, 50%



Actions open, on track, 1, 25%

Action to close, 1, 25%

### Action History:



**Report Issued**  
Aug 25



**Original Date**  
31 Jan 26



**Previous extensions –**  
One to 31 Mar 2026



**Extension requested**  
31 July 26

### Management Action:

669 Review the PHW Policy for Policies, Procedures and other written control documents to ensure the requirement for policy owners to routinely audit / test compliance and awareness for all Policies. Amend the Policy approval cover sheet to include more explicit requirement to test awareness as part of the implementation plan.  
RAG rating: **Red**

### Current Position:

The Policy has been reviewed and updated, the finalisation of this has been put on hold pending recruitment to appoint a Policy lead within the Board Business Unit to take this work forward as additional resources are required to fulfil this effectively. Further changes to the process may be implemented following feedback from the organisation and work ongoing relating to decision making may also have an impact on this policy. As such we have put this work on hold until the post holder is in place and the Decision making work has concluded to avoid duplication.

Request extension to 31 July 2026.

RAG Rating is Red.

### Discussion and Decision by Leadership Team:

Leadership Team discussed the audit action relating to the policy framework and supported the request for an extension. It was noted that while specific amendments have been identified, a wider and more substantive review of the overarching policy arrangements is underway, and progress has been dependent on capacity within the Board Business Unit. The discussion highlighted the importance of avoiding piecemeal changes ahead of a more comprehensive update and of aligning linked actions that are dependent on the revised policy being finalised. The extension was therefore considered appropriate to ensure the policy is strengthened coherently and implemented consistently, rather than progressed prematurely.

Leadership Team agreed to the request to extend the deadline to 31 July 2026.



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# Audit Tracker – Summary of Extension Issued (4 of 4)

## Report: Improving Quality Governance

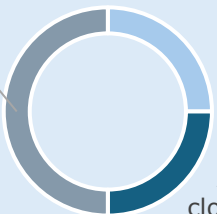
### Summary of Report:

External Audit

4 Actions raised  
(no rating allocated)

### Summary of Actions:

Extension requested, 2, 50%



Actions open, on track, 1, 25%

Action to close, 1, 25%

### Action History:



**Report Issued**  
Aug 25



**Original Date**  
30 April 26



**Previous extensions –**  
None



**Extension requested**  
30 Jun 26

### Management Action:

670 Developing a schedule for auditing each Quality Governance Policy, and results to be included in the Audit Section of the quarterly Quality Governance report to QSIC. Summarise any audit activity relating to Quality Governance Policies in the end of year report Q4 report or the Annual Reports for each area.  
RAG rating: **Red**

### Current Position:

Work ongoing to determine and highlight relevant quality governance policies. BBU updating overarching policy on Policies, Procedures and Other Written Control Documents which needs to include an explicit requirement for policy owners to routinely audit / test compliance and awareness. The current deadline for this action will unlikely be met, and so an extension of 30 June 2026 was requested.  
RAG Rating is Red.

### Discussion and Decision by Leadership Team:

Leadership Team endorsed an extension of the audit action from 30 April 2026 to 30 June 2026. While specific amendments have been identified, a wider review of the overarching policy framework is underway and has been constrained by Board Business Unit capacity. The extension avoids piecemeal changes and allows dependent actions to align once the revised policy is finalised, supporting a single, coherent strengthening and consistent implementation.



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# In Depth: Actions Not Yet Due Identified as at Risk

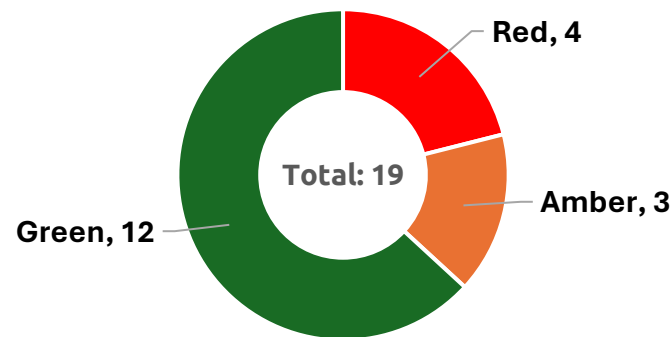


# Actions Not Yet Due – RAG Ratings

For the Actions that were within date (not yet due for completion), Directorates were asked to provide a RAG rating on the likelihood that this action will be completed by the target date.

<b>Red</b>	Target Deadline will not be achieved, and an extension to the deadline is required.
<b>Amber</b>	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.

Overall RAG Rating for the 19 Actions not yet due:



## Red Actions (At Risk):

### Report: Speaking Up Safely

Action **666**: Relating to implementing a proportionate model for local SUS champions, tailored to the size, structure, and operational needs of each directorate.

### Report: Non Core Health Funding

Action **660** relating review existing processes and identify opportunities in the short and medium term to streamline the grants administration process.

### Report: Improving Quality Governance

Actions **669** and **670** relating a Trust wide approach to testing awareness and compliance with governance policies. Details are shown in the Extensions Section slide.

## Amber Actions:

*further information on this is contained on the next three slides)*

### Report: Duty of Candor

Actions **626** The Trust will develop an internal procedure for the management of joint DoC incidents with an internal escalation procedure.

### Report: Health Protection and Screening Services Performance Metrics

Actions **649** The Directorate should consider the impact of reporting time lag.

### Report: Workforce Mental Health Support

Actions **673** MAAW) Policy for individuals with line management responsibilities

# Actions Not Yet Due – Amber (At Risk) Ratings

## Report: Duty of Candour

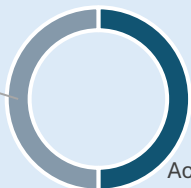
### Summary of Report:

External Audit

3 Medium and 1  
Low Priority  
Actions identified

### Summary of Actions:

Actions  
open, 2,  
50%



Actions  
closed, 2,  
50%

### Action History:



**Report  
Issued**  
Jan 25



**Original  
Date**  
31 Mar 25



**Previous  
extensions**  
31 July 25  
30 Sept 25



**Current  
date:** 30  
Jun 26

### Management Action:

626

The Trust will develop an internal procedure for the management of joint DoC incidents with an internal escalation procedure. PHW will work with the Welsh Risk Pool Duty of Candour Network to request a joint process for investigation and support its development.  
RAG rating: **Amber**

### Current Position:

April 2026 update:

A PHW procedure for the management of joint DoC incidents with an internal escalation process has been developed, so this part of the action is complete. With regards to the second part of the action, PHW have been working with Welsh Risk Pool and the Once for Wales Datix Team to progress joint investigation national procedures at a national level. However, this work has temporarily paused at a National Level due to the priority work for the revised regulations. RAG rating is amber as although the plan is to aim for the 30th June 2026 deadline, as this part of the action is dependent on Welsh Risk Pool and the Once for Wales Datix Team and whether the national work can be restarted in time.

### Discussion and Decision by Leadership Team:

Leadership Team noted the work underway and the progress so far, and the dependencies on external sources.

# Actions Not Yet Due – Amber (At Risk) Ratings

## Report: Health Protection and Screening Services – Performance metrics

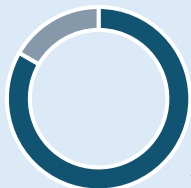
### Summary of Report:

Internal Audit

5 Medium and 1 High Priority Actions identified

### Summary of Actions:

Actions open, 1, 17%



Actions closed, 5, 83%

### Action History:



**Report Issued**  
March 25



**Original Date**  
30 June 25



**Previous extensions**  
31 Dec 25 and 31 May 26



**Current date:**  
31 May 26

### Management Action:

649 The Directorate needs to consider the impact of reporting time lags being experienced with some of the metrics, more specifically within Screening. Amendments to the current process need to allow for comprehensive and timely scrutiny of the metrics data at divisional and directorate level prior to being reported to BET/Committees and Board.  
RAG rating: **Amber**

### Current Position:

#### March 2026 Update:

The proposal to shift the reporting timelines around was rejected. The team have reviewed the requirements and proposed an automated way of disseminating the Screening data to the Performance Team (who integrate it into the wider BET dashboard). The intention is to give Screening Leads access to the metrics at the same time so they can scrutinise and investigate under performance. Data availability varies by screening programme, based on the clinical system functionality. Where only have weekend data refreshes are available, we have spoken to system developers to see if additional, first of the month extracts can be scheduled. We will look to pilot the process with the April data release and then full production in May.

RAG Rating - Amber given the previous delay which has pushed this back to implementation date of 31 May 2026.

### Discussion and Decision by Leadership Team:

Leadership Team discussed the audit action relating to HPSS and the timeliness of screening performance data, which was rated amber and approaching its deadline. Concern was raised about whether the action was realistically deliverable within existing timescales, given the longstanding and complex nature of data flow and reporting dependencies. Assurance was provided that the issue is under active management within HPSS, with engagement underway to resolve sensitivities around reporting timelines, and that progress is being made. On this basis, Leadership Team were content that the action remains achievable within the current deadline and did not require an extension at this stage.

# Actions Not Yet Due – Amber (At Risk) Ratings

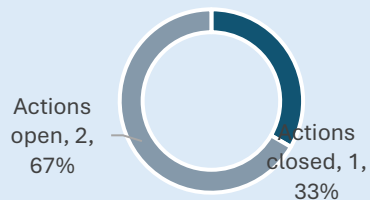
## Report: Workforce - Mental Health Support

### Summary of Report:

Internal Audit

3 Medium  
Priority Actions  
identified

### Summary of Actions:



### Action History:



**Report Issued**  
November 25



**Original Date**  
30 June 26



**Previous extensions**  
None



**Current date:** 30 Jun 26

### Management Action:

673 Management will ensure the delivery of learning and development on the Managing Attendance at Work (MAAW) Policy for individuals with line management responsibilities. Once the e-learning is available, the MAAW course will be incorporated into the organisation's induction guidance, as well as updated within relevant policies and procedures (noted that the Policy and e-learning are both developed and agreed at an All-Wales level).  
RAG rating: **Amber**

### Current Position:

March 2026 Update:

The e-learning module that was shared with PHW was for quality assurance checking. This has now been done and was returned to NWSSP in February. We are currently awaiting confirmation of a go-live date. POD continue to deliver the MAAW training internally. RAG = Amber (potential delays due to release of the module not yet confirmed. POD will continue to deliver until e-learning module is available).

### Discussion and Decision by Leadership Team:

Leadership Team noted the update and the risks to implementation due to external dependencies.