

Audit Committee Log 2025-26

Meeting Date	Type of Meeting	Minute Ref	Agenda Item (Number & Title)	Narrative	Type of Action	Action Taken	Assigned to (individual)	Supporting (additional staff members)	Due by	Update	Status
16.09.25	Public Committee	102/25	Internal Audit Progress	NZ requested that the process for the audit tracker, specifically regarding quality and timeliness of management responses, be clearly documented. This process should be highlighted to the Committee to ensure clarity on next steps and improvements.	Action	Logged Action	Director of Corporate Governance (HL)	Head of Compliance (LC)	Jan-26	LC 08/10 - I will produce a process note for the January meeting of the Committee.	Underway (with update)
16.09.25	Public Committee	102/25	Internal Audit Progress: Patient Experience	HL agreed to review the current timeline for Service Group-level actions, considering the recent AGM and the launch of the organisational strategy, to determine if the deadline can be brought forward. NZ also asked that an action be implemented to address and escalate the ongoing issue of Service Groups not providing information to auditors in a timely manner.	Action	Logged Action	Director of Corporate Governance (HL)	FQ	Jan-26	The Head of Compliance has met with the Patient Feedback Manager regarding this issue. The production and dissemination of guidance to Service Groups is dependent on finalising the revision of the Patient Experience Plan (formerly Strategy). The revised Plan will need to reflect technical guidance for the 'Listening to People' framework, which is yet to be issued by Welsh Government. Consequently, whilst every effort will be made to conclude the action ahead of the stated deadline, it is not felt appropriate to formally bring the deadline forward at this time	Underway (with update)
25.06.2025	Public Committee	75/25	Annual Accounts/report – Remuneration Report	Report to be submitted to the Audit Committee on measures being taken to tighten arrangements and comply with governance requirements for the appointment of senior executive staff.	Action	Logged Action	Executive Director of Workforce and OD (TR)	Head of Workforce Effectiveness and Analytics (EO)	Mar-26	Referred back to Audit from WOD on 27 October 2026. The Health Board bank operating processes ensure that all bank only individuals are recruited via the trac process to negate the use of direct hires. The bank also undertake cleaning every 6 months to ensure that only active workers remain on a bank terms of engagements and payroll in line with HMRC advice. A review of the staff in post list dated 3rd November 2025 outline that there are currently 7 band 8a bank only workers active on the staff bank compared to 20 individuals which were reported in August 2025. There are no bank only individuals band 8a and above that have been recruited within the last 3 months. Of the 7 workers, 5 held a substantive contract with the Health Board and 2 were recruited via TRAC. All 7 had pre-employment checks.	Underway (with update)
17.07.25	Public Committee	75/25	Remuneration Report	Report to be submitted to the Audit Committee on measures being taken to tighten arrangements and comply with governance requirements for the appointment of senior executive staff.	Action	Logged Action	Executive Director of Workforce and OD (TR)	Head of Workforce Effectiveness and Analytics (EO)	Nov-25	A verbal Update to be provided in the November meeting by Emma Owen.	Underway (with update)
16.09.2025	Public Committee	96/25	Risk Management	To provide a note detailing the current stage of the Risk Management process and next steps, to help address difficulties in marrying information and to enable deeper analysis of issues. To include providing clarity on processes, time scales, and ensuring that Financial and Staffing risks were considered together in operational risk reporting	Action	Logged Action	Director of Corporate Governance (HL)	Neil Thomas, Assistant Head of Risk & Assurance (NT)	Nov-25	The risk report to the November 2025 sets out the current position in respect of resetting health board risk management arrangements, in particular the establishment of the new strategic and corporate risk registers, and the process to be followed for maintaining & using them at Committee level. It also sets out arrangements for the escalation, review and acceptance of local operational risks to the Corporate risk register, and indicates further work to be undertaken to develop the safety net provided by the RMG and supported via training	Underway (with update)
16.09.25	Public Committee	102/25	Internal Audit Progress: Strategic Equity Plan	NZ acknowledged RT's point regarding the financial challenges and requested that the finance team consider the equity agenda alongside the savings plan. It was agreed that an action would be taken to review this area.	Action	Logged Action	Executive Director of Finance and Performance (DG)	Sam Moss, Deputy Director of Finance (SM)	Nov-25		Open
16.09.2025	Public Committee	102/25	Internal Audit Progress: Strategic Equity Plan	NZ emphasised the importance of obtaining assurance regarding the upcoming Board Session, particularly around the equality impact assessment process. NZ asked Hazel Lloyd to determine the appropriate Committee to manage the equality impact assessment process. Additionally, NZ highlighted that the current risk register did not reflect the limited assurance position reported on equity and requested that the risk register be updated.	Action	Logged Action	Director of Corporate Governance (HL)	Neil Thomas, Assistant Head of Risk & Assurance (NT)	Nov-25	Quality & Safety Committee would oversee the Equality Impact process. The risk entry has been updated to reflect the limited audit assurance rating.	Closed

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16.9.25	Public Committee	111/25	Committee work programme	NZ highlighted that the dates for January and March 2026 in the Work Programme should be updated. It was noted that the Work Programme would continue to be reviewed at each meeting to ensure progress remains on track.	Action	Logged Action	Director of Corporate Governance (HL)	Corporate Governance Officer (AC)		The Audit Committee Work Programme has been updated, and all identified changes have been actioned; it will remain a standing item on the agenda for the foreseeable future to ensure ongoing oversight and timely updates.	Closed
16.09.2025	Public Committee	99/25	Audit Tracker and Status of Recommendations	NZ requested that LC prepare a paper for the Committee outlining the current processes and steps being taken to improve response times and quality assurance, to provide greater clarity and assurance to the Committee.	Action	Logged Action	Director of Corporate Governance (HL)	Head of Compliance (LC)	Nov-25	Audit (Internal and Audit Wales) Management Protocol has been included on the November agenda at item 2.2.	Closed
16.09.25	Public Committee	111/25	Committee work programme	NZ also suggested that the secretariat liaise with auditors regarding the timing of upcoming audit reports, as several were expected towards the end of the year, and emphasised the need to ensure the partnership agenda is included.	Action	Logged Action	Director of Corporate Governance (HL)	Corporate Governance Officer (AC)		Deadlines have been added to the calendar and communicated to all PAs, additionally the deadlines are included in each call for papers and reinforced through subsequent email reminders leading up to the paper deadlines. A paper outlining the processes for ensuring that partnership impact and outcome reporting has been added to the work programme for January 2026 (assigned to KS).	Closed
16.09.25	Public Committee	96/25	Risk Management	NZ requested a summary of the current process, next steps, and clearer assurance on escalation, risk score reductions, and the integration of financial and staffing risks.	Action	Logged Action	Director of Corporate Governance (HL)	Head of Risk (NT)	Nov-25	Included in the November Risk report	Closed
16.09.25	Public Committee	100/25	Partnership and Governance	KS to prepare a paper outlining the processes for ensuring that partnership impact and outcome reporting are directed to the appropriate committees.	Action	Logged Action	Deputy Director of Strategy (KS)		Jan-26	Deferred to the January 2026 Committee meeting; this item has now been included on the work programme for January 2026. Action closed.	Closed
16.09.25	Public Committee	107/25	Finance Update	SM to prepare a paper after the Performance and Finance Committee, summarising improvements in governance systems and service delivery for the Financial Savings Plan.	Action	Logged Action	Executive Director of Finance and Performance (DG)	Deputy Director of Finance (SM)		SM provided an update which included a summary of the new controls for both Pay and Non-Pay, as provided by the Recovery & Sustainability Team, noting that improvement to the governance and enhanced controls has been overseen by the Recovery & Sustainability Board. AC circulated to committee members through AdminControl. Action to be closed.	Closed
16.09.2025	Public Committee	106/25	Annual report	HL agreed to provide a report demonstrating how the link between Clinical Audit and the Risk Management Framework was working in practice.	Action	Logged Action	Director of Corporate Governance (HL)			LC reached out to LW who provided a copy of the Clinical Audit and Effectiveness Policy. This reflects and explains that areas with a Health Board Risk matrix score of automatically generate a (re)audit. There are examples of this being implemented in the Clinical Audit & Effectiveness Annual Report which went to the September Audit Committee meeting, providing additional assurance. Recommendation is that the action can now be closed.	Closed
17.07.2025	Public Committee	78/25	Audit Tracker and Status of Recommendations	To bring the Audit Tracker and Status of Recommendations paper to the September Audit Committee meeting.	Action	Logged Action	Director of Corporate Governance (HL)	Sian Passey	Sep-25	On track to present at the September meeting	Closed