

Audit Action Number	Origin	Report	Report Assurance Rating	Exec Lead	Date added	Original Implementation Date	Current Implementation Date	Recommendation	Management Action Agreed	Remit Committee	Management Lead	Quarterly Progress Report	Action for LT	Themes	Risk Types	Priority	Implementation RAG Rating
624	Internal Audit	Duty of Candour	Reasonable assurance	Nursing, Quality and Integrated Governance	14/01/2025	31/01/2025	30/09/2025	The Trust should create a guide for managers and reviewers to follow for DoC consideration, especially with regard to assessing harm correctly, completing their initial review, and properly recording these on the Datix system.	The Trust will develop a guide for incident managers to support them with the initial review and actual levels of harm for incidents recorded as moderate. The Trust will also formalise the procedure for the meeting between the service area and PTR team should a moderate incident be recorded.	QSIC	Jacqui Westmoreland - Quality and Safety and Putting Things Right Manager	<p>October 2025 Update: Following the publication of the Listening to People regulations in October 2025, all associated policies and procedures are currently being reviewed and updated to align with the new guidance. As part of this process, a formal in-person meeting will be scheduled. To ensure the guide and procedure fully reflect the updated regulations and allow sufficient time for the Public Health Wales consultation process, we are requesting an extension until 30th June 2026.</p> <p>August 2025 Update: Guide has been completed and training is being delivered to areas on harm grading and with incident managers for reviewing the initial levels of harm. The incident investigation procedure is currently being updated to reflect the required discussions between service area and the Concerns team surrounding the reporting of a Moderate or above procedure. Request an extension to 30th September 2025.</p> <p>March 2025 Update: Discussions undertaken with the Legal Support manager and changes are being made to the procedure and accessibility of the procedure.</p> <p>The next Candour Network Meeting is on the 21st April 2025. Following that meeting, further work will be required to address this action. Therefore, an extension to 31/03/2026 is requested.</p>				Medium	Green
626	Internal Audit	Duty of Candour	Reasonable assurance	Nursing, Quality and Integrated Governance	14/01/2025	31/03/2025	30/09/2025	In order to prevent delays in taking required Duty of Candour actions, procedures that are developed should provide clear guidance on dealing with complex cases where more than one NHS body or another organisation is involved.	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.	QSIC	Jacqui Westmoreland - Quality and Safety and Putting Things Right Manager	<p>October 2025 Update: Following the publication of the Listening to People regulations in October 2025, much of the planned work has been delayed, to ensure sufficient time is given to embed and roll out the new regulations. As a result, this has been pushed back from the HOPE Network agenda, and will be looked at, at a later date. we are requesting an extension until 30th June 2026, to align to the above action.</p> <p>August 2025 Update: An All Wales Datix module is being developed.</p> <p>The OfWCM team are developing a module that will support all NHS Health Boards and Trusts to share and update joint incident investigations, including incidents that have a DoC. There has been no timeframe given for when this module will be completed.</p> <p>PHW have worked with Velindre NHS Trust to develop an internal document that can be used to document joint DoC investigations. The purpose of the document is to provide clear guidance of roles and responsibility when conducting a joint DoC investigation. The document has been sent to the HOPE network for sign off. Request an extension to 30th September 2025 to allow time for the HOPE Network to approve the internal document.</p> <p>March 2025 Update: Meeting held on 14.02.25 with other Trusts and a joint</p>				Low	Green
671	Audit Wales	Improving Quality Governance	N/A	Nursing, Quality and Integrated Governance	30/09/2025	31/03/2026	31/03/2026	The Trust should more explicitly and transparently report the changes it has made in response to service user feedback. This should include reports to QSIC, and more explicit use of "You Said, We Did" to support reporting on its website of service changes stemming from service user feedback.	The Implementation plan for the People's Experience Framework is being discussed and developed on 1st October at the internal People Experience Group (Service user group). This plan includes the introduction of "You said we did" display within PHW managed public facing sites with quarterly information displayed.	ACGC		<p>October 2025 Update: An action to develop an organisational 'You Said We Did' intranet page and poster template was agreed at the October 2025 People's Experience Learning Group (PELG). Work is underway to develop templates in readiness for discussion at the January PELG meeting for further comments. The poster and intranet pages will be live by 31st March 2026.</p> <p>The above action has also been included within the draft Implementation plan for the People's Experience Framework. This plan is currently being developed and collaborative workshops planned for December 2025 and January 2026. The aim is for the implementation plan to be developed by 30th April 2026. Request an extension for this action to 30th April 2026 to enable broad engagement and buy in to the implementation plan.</p>				N/A - Audit Wales	Green

646	Internal Audit	Health Protection and Screening Services – Performance metrics	Reasonable assurance	National Director Health Protection and Screening Services, Executive Medical Director	10/03/2025	30/06/2025	31/10/2025	<p>OMD and EPRR metrics</p> <p>At the time of our fieldwork we note that the Directorate had not agreed metrics for the Office of Medical Directorate team. We also note that a number of metrics for the EPRR team are still in development.</p>	<p>Agreed Action: Work be undertaken to identify reportable metrics for from the Office of Medical Directorate and the Emergency, Preparedness and Resilience and Response division.</p>	ACGC; QSIC	Tom Fowler	<p>October 2025 Update: REQUEST ACTION BE CLOSED OMD metrics developed and approved in HPSS Directorate Management Team meeting on 14/10/2025 for monthly reporting, copy of the paper available on request.</p> <p>August 2025 Update: Metrics developed for EPRR and are now reported via monthly directorate meterics report. Work is continuing with OMD to develop suite of reportable metrics. Request to extend implementation date to 31/10/2025.</p> <p>March 2025 Update: EPRR metrics have been reviewed, additional data sources have been identified as suitable, and fine-tuning of indicator parameters has been undertaken. Initial meeting with OMD has been scheduled.</p>	Request Action is Closed	Performance Monitoring	Quality or Safety Issues	Medium
663	Internal Audit	Policies and Procedures Management	Substantial assurance	Board Secretary and Head of Board Business Unit	30/09/2025	30/09/2025	30/09/2025	<p>Our testing of a sample of items shown as overdue for review on the central database identified the following:</p> <ul style="list-style-type: none"> All Wales policies are referred within the database as being overdue for review. We note that these policies no longer have a required review due date and should be regarded as extant. The database included policies and procedural documents labelled as 'archived' and therefore presumed to be no longer applicable. However, in two instances within the sample, despite the documents being marked as archived, update notes in the database indicated that they may still be current or in use. At the time of our review, one document was overdue for review. It had no amended review by date or notes on actions taken to review. 	<p>The All Wales Policies on the database currently have a note against them that they are extant, noting that this only applies to Workforce and OD Policies. We will review whether we can remove the review date in the database, this may not be possible within SharePoint due to mandatory date fields. All out of date policies now have updates against them, the one that did not have this information was due to the timing of the request for updates, which is done on a quarterly basis. We will ask for updates covering any that will come out of date prior to the next update in future requests. We will also ensure that revised review dates are provided. Where documents have been identified as archived, we will review said documents to ensure if still applicable, and develop an archive library to ensure we retain</p>	ACGC	Liz Blayney	<p>October 2025 Update: The Database has been reviewed and an archive library has been created.</p> <p>The All Wales Policies on the database have been reviewed, and we cannot remove the review date due to the list being a sharepoint list and the date being a mandatory field. We have ensured that the note regarding their status is clear and will continue to ask for updates where they are passed the three year review mark, to ensure that there are no additional risks to PHW posed by going beyond this date.</p> <p>We have also strengthened the process to request updates against any that are due for review within the next 3 months, to resolve that issue with the data. Propose the action be closed on that basis.</p>	Request Action is Closed	Governance	Legal and Regulatory Non-Compliance	Medium
664	Internal Audit	Speaking Up Safely	Reasonable assurance	Board Secretary and Head of Board Business Unit	30/09/2025	30/09/2025	30/09/2025	<p>No recent directorate SUS training or awareness provision We sent a questionnaire to a sample of six business and planning leads to identify how they had raised the awareness of SUS within their respective directorate management teams. We also sought to identify any SUS training provision and the existence of SUS champions across the Trust. 4/6 Business and Planning leads responded to our SUS awareness questionnaire. The common responses were as follows:</p> <ul style="list-style-type: none"> All four Business and Planning leads confirmed that they had disseminated the SUS agenda to their directorate teams. All directorates had representation at the 'Leading with Impact' management course which provided training that was linked to the delivery of SUS related issues. 0/4 directorates have SUS champions. 2/4 of the business and planning leads stated that neither they nor their staff had received recent specifically focussed SUS refresher training and awareness. Provision of periodic Trust wide SUS awareness We did not see evidence of a SUS awareness exercises since November 2024. Additionally, we identified that the Trust Corporate Induction Programme does not currently incorporate SUS as part of its delivered content, and as such, there is a risk that new staff are not aware of the 	<p>A communications plan will be developed to include periodic Trust-wide communications to ensure awareness of Speaking Up Safely across the organisation. The Trust Corporate Induction Programme will be updated to incorporate reference to/ links to SUS Protocol and supporting staff intranet content.</p>	ACGC	Liz Blayney	<p>October 2025 Update: A Comms plan has been developed and will be a living document going forward to promote SUS. The Induction progress has been updated to ensure it reflects SUS, we will also develop this further to look at how we can improve this in the future by utilising the in person welcome days to promote. Propose action closed on that basis.</p>	Request Action is Closed	Governance	Legal and Regulatory Non-Compliance	Medium
665	Internal Audit	Speaking Up Safely	Reasonable assurance	Board Secretary and Head of Board Business Unit	30/09/2025	31/10/2025	31/10/2025	<p>Structure of SUS concerns action log 0/6 of the concerns documented in the SUS concerns action log had the prescribed review and investigation timescales recorded, which is a requirement of the Welsh Government SUS Framework and Trust Protocol. The prescribed timescales are:</p> <ul style="list-style-type: none"> Acknowledgement of receipt of the concern within 2 working days. Meet with the individual raising the concern within 7 working days Write to the individual stating outcome of the meeting within 7 working days of the meeting. Follow up on the concern within a further 14 days. Progress will be reviewed every 2 weeks, and the individual will be updated if any of the timescales cannot be met. Any investigation is undertaken within a further 28 days. Progress will be reviewed every 2 weeks, and the individual will be updated if any of the timescales cannot be met. Investigation outcome provided to the individual within 28 days of commencement. We also identified that the action log does not capture feedback and opinions from the member of staff who raised the concern, nor does it record an offer of a meeting to discuss lessons learned and improvements arising from the investigation outcomes, all of which are prescribed with the SUS Protocol. Testing of SUS concerns processing timescales We tested a sample of five SUS concerns recorded on the SUS concerns action log to confirm compliance with the timescales in the Trust Protocol. We found: For 1/5 the SUS concern was reported anonymously and therefore a response to complainant could not be provided. 2/5 reported SUS concerns did not progress as a SUS case as their content and nature was assessed as requiring investigation under the Trust's grievance policy. 1/5 of the reported SUS concerns was not supported by evidence to support compliance with prescribed investigation timescales or provision of progress updates to the individual who reported the concern. We note that the case is ongoing at the time of our testing and involves legal 	<p>All concerns recorded on the SUS Concerns Action Log will be supported by documented review and investigation timescales as prescribed in the SUS Framework and Trust Protocol for Reporting and Oversight of Speaking Up Safely. Develop an online questionnaire to capture feedback from individuals at the end of the SUS process. Update the SUS Concerns Action Log to include a section on post-investigation feedback captured from online questionnaires, and record any meeting dates that have been offered and declined. Communication with individuals who report SUS concerns will be improved to ensure that they are updated as per the prescribed timescales and informed if any of the prescribed timescales cannot be met.</p>	ACGC	Paul Veysey	<p>October 2025 Update: The database has been updated to better track the timescales. An improvement to the process is being explored to utilise sharepoint list, this will be taken forward if a solution can be found. However the action to improve the tracker has been complete and we have a working solution in place. Propose the action be closed on that basis.</p>	Request Action is Closed	Governance		High

477	Audit Wales	Review of Quality Governance Arrangements	N/A	National Director Research, Data and Digital	01/08/2022	31/03/2023	31/12/2025	Refer 472	<p>Agree with the recommendation.</p> <ul style="list-style-type: none"> Using gathered intelligence to develop corporate resource (e.g. central stakeholder database) to facilitate shared relationships with external stakeholders and to identify and fill gaps so that we reach all sectors of the Welsh population 	QSIC	Iain Bell	<p>October 2025 Update: This work is progressing and a more detailed submission is expected to be submitted to the next meeting of the DDDA.</p> <p>August 2025 Update: User research and engagement leads restarted work around the DDDA submission (an update with suggested next steps). A follow-up is needed as the initial proposal is quite light and may need further development and more strategic steer from the engagement team perspective (dependency from the engagement team who are working now on the shape of PHW engagement strategy which may pave the way for the solution and the way for its adoption). We're currently waiting for a meeting to be scheduled to discuss next steps. Request extension to 31 December 2025.</p> <p>March 2025 Update: This workstream has now re-started with added project support and Leadership. The intention is to submit to DDDA a revised plan requesting a more official project timeline with the anticipated work required to further explore this area. We will then review early adopters from recent engagement work and resume research with these teams. We intend to engage senior leadership in order to raise the profile of the project. We will need to explore the current market of suitable tools and arrange Demos of these so that it can be established the feasibility of adopting a tool that would work for multiple teams in PHW.</p>	None - Action in Date			N/A - Audit Wales	Amber
516	Internal Audit	Health and Safety	Reasonable assurance	Executive Director Operations and Finance	01/05/2023	30/06/2023	24/02/2026	Management should ensure that all policies and procedures that relate to health and safety arrangements, are updated as soon as possible to ensure that they outline the current processes in place, whilst providing the latest guidance to staff should it be required.	The Estates and Health and Safety Division have a programme of work to update all policies and procedures that need reviewing and updating and are included as part of the Health and Safety workplan. These policies and procedures will continue to be reviewed, updated and approved by the relevant group/Committee by end of quarter 1 2023/24.	QSIC		<p>October 2025 Update: The policies due were reviewed at a directorate level on October 31st and revised dates for publication for translation were set – see below:</p> <p>Waste Management Policy - revised date for consultation November 30th - With the December 31st identified as target date for completion of translation further to consultation.</p> <p>Waste Management Procedure - revised date for consultation November 30th - With the December 31st identified as target date for completion of translation further to consultation.</p> <p>Bomb Threat and suspicious packages - revised date for consultation November 30th - With the December 31st identified as target date for completion of translation further to consultation.</p> <p>Security procedure - revised date for consultation November 30th - With the December 31st identified as target date for completion of translation further to consultation.</p> <p>DSE Policy – has been reviewed and revised and was published October 2024</p> <p>August 2025 Update: There remains four policy / procedures to be published further to their review and updates as required - namely:</p>	None - Action in Date			Medium	Green
559	Audit Wales	Workforce Planning	N/A	National Director Research, Data and Digital	29/01/2024	30/06/2024	31/12/2025	<p>R2 The Trust is developing a comprehensive picture of current workforce capacity via its workforce toolkit but must ensure its workforce information is correct. In particular, the Trust needs accurate figures on its current establishment and vacancies. It also needs to understand future service demand and model the impact on future workforce requirements. The Trust should:</p> <p>2.1. Develop an approach to ensure the accuracy of data in the workforce toolkit and other internal workforce datasets by the end of quarter 1 2024-25. In particular, the Trust must have an accurate picture of its current establishment and vacancy levels (high priority)</p>	<p>Developing workforce intelligence</p> <p>R2 The Trust is developing a comprehensive picture of current workforce capacity via its workforce toolkit but must ensure its workforce information is correct. In particular, the Trust needs accurate figures on its current establishment and vacancies. It also needs to understand future service demand and model the impact on future workforce requirements.</p> <p>The Trust should:</p> <p>2.1. Develop an approach to ensure the accuracy of data in the workforce toolkit and other internal workforce datasets by the end of quarter 1 2024-25. In particular, the Trust must have an accurate picture of its current establishment and vacancy levels (high priority);</p> <p>Accepted.</p> <p>This is an essential element of work and having adequate resource to achieve this is critical. Work is underway at an all-Wales level to prepare organisations for the next generation ESR solution. This is a significant piece of work. Unfortunately, the revised solution does not include modules which improve WFP capability. Having access the right skills and technology to deliver this is essential. We will work with the Data Knowledge and Research Team to ensure the</p>	PODC	Iain Bell	<p>October 2025 Update: Significant progress has been made in gathering workforce data / identifying future needs as part of the refresh of the People Strategy. Further work is required to develop our capacity estimations with a focus on skills gaps, and this will be programmed into the People Strategy Implementation Plan which is an IMTP commitment due by 31 Dec 2026. Work by HEIW to establish vacancies within the ESR system and future workforce solution will also contribute to the action plan. Investment in a standalone system won't be pursued due to cost and digital portfolio constraints and the implementation timeline of the future workforce solutions.</p> <p>August 2025 Update: Following significant investment from the organisation, recruitment for specialist technical roles is in progress. These roles include: Business Analysts, Data engineers, cyber specialists, infrastructure developers cloud architects, Delivery Managers, Scrum Master and Portfolio Leads. It is recognised that these roles will make an impact to the capacity within RDDD, their roles will not be fully realised until they are onboarded and embedded. The key dependencies on BAU work, Digital Health Protection, Lung Screening remain and sequencing and capacity remains a concern. There is progress but further work is required to develop our capacity estimations to support ongoing and future work. This will be a key remit of the Portfolio Lead, so a request to extend the due date to 31 December 2025 is requested.</p>	None - Action in Date			N/A - Audit Wales	Green

622	Internal Audit	Digital & Data Strategy	Reasonable assurance	National Director Research, Data and Digital	14/01/2025	30/04/2025	31/12/2025	There is no separate digital risk register, and no explicit risk within the corporate risk register that clearly articulates the risks relating to the delivery of the digital and data strategy	There is an existing Corporate risk on failure to maximise the use of digital and data to maximise public health outcomes. We will review our management of this risk and align risks from our major digital projects and operational digital risks into an aligned section of our risk management process.	KRIC		<p>October 2025 Update: Green</p> <p>New risks added to Datix now have an additional field that captures whether this risk has a Digital and/or Data element identified. This risk report is shared with the Portfolio Lead for the Digital and Data Portfolio and the RDDD Governance & General Manager. Risks are assessed and risk leads contacted to obtain more information as needed. There is now the ability to report on a Digital and Data Risk Register. This is on track for closure in December 2025, following a final review.</p> <p>August 2025 Update:</p> <p>Following collaboration with the DATIX team there is now capability to identify a digital and data risk. All current risks have had an initial assessment of the risks held across the organisation and if there is a digital and data dependency. This continues to be work in progress due to the extensive volume and this will be taken to DDDA in October 2025 for review and next steps. This will be managed by the incoming Portfolio Lead so extension to the due date of this is requested to 31 December 2025.</p> <p>March 2025 Update:</p> <p>Discussions held with the Datix team to enable reporting of digital risks. This will result in the Datix architecture being amended to enable this and this is currently being explored as to what is possible. Further discussions are scheduled for business April 2025.</p>	None - Action in Date			Medium	Green
648	Internal Audit	Health Protection and Screening Services – Performance metrics	Reasonable assurance	National Director Health Protection and Screening Services, Executive Medical Director	10/03/2025	30/06/2025	31/12/2025	Metrics alignment with Directorate/Divisional objectives Following our review of the HPSS metrics dashboard and discussions with staff from the directorate, we were unable to confirm how the directorate's metrics clearly link to the three overarching directorate objectives or the IMTP.	Agreed Action: Undertake an exercise to clearly link directorate and divisional metrics to the three overarching directorate objectives and the IMTP. Further work to build a directorate plan that includes information on how performance against the strategy will be monitored and how the metrics link to these.	ACGC; QSIC	Tom Fowler	<p>October 2025 Update: Directorate objectives now linked to each metric following discussion and completion of a series of question by the Divisions. Work continues to align with IMTP and routemap objectives currently on track to implement by the deadline date - no issues meeting the deadline date identified.</p> <p>August 2025 Update: Work still being scoped to align with IMTP and Routemap objectives. Request to extend implementation date to 31/12/2025.</p> <p>March 2025 Update: Exercise to be scoped.</p>	None - Action in Date	Planning, Delivery and Deadline Management	Quality or Safety Issues	Medium	Green
649	Internal Audit	Health Protection and Screening Services – Performance metrics	Reasonable assurance	National Director Research, Data and Digital	10/03/2025	30/06/2025	31/12/2025	Reporting timescales The reporting deadlines for submitting information for inclusion in the performance and insight report does not align with the dates for which screening services data is available. As such, there is limited time for appropriate scrutiny and analysis by the divisions and wider directorate. We saw instances where heads of programmes had limited time to extract, collate and summarise the data for inclusion within the performance and insight report. For example, the January 2024 screening services metrics data was not available for scrutiny until the reporting deadline day.	Agreed Action: 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.	ACGC; QSIC	Iain Bell	<p>October 2025 Update: RDDD currently developing an approach in response to request</p> <p>August 2025 Update: Options reviewed with RDD leadership team. Of the 3 identified only one is feasible. Implementation has been raised with the RDD and awaiting a response. Awaiting confirmation from RDD colleagues with regard to most feasible option and timeframes for completion. Request to extend implementation date to 31/12/2025 and recommend transferring the action to RDD Directorate as the timeline for data availability is not within HPSS gift.</p> <p>March 2025 Update: Discussion have been undertaken by the Executive Director in conjunction with the Director of Screening, PHW Head of Performance, Screening Informatics Manager and members of the Directorate Operations Team. Options have been discussed and a paper will be created for submission to BET with recommendations to address the outstanding concerns.</p>	None - Action in Date	Informarion, Data Quality and Data Analysis	Quality or Safety Issues	Medium	Amber
652	Internal Audit	Duty of Quality	Substantial assurance	Nursing, Quality and Integrated Governance	08/05/2025	30/06/2025	30/04/2026	Terms of reference of the Quality Oversight Group (QuOG) The QuOG has a draft ToR. We read the draft ToR and note that the group operates as a structured discussion, oversight, and learning group, with no decision-making or delegated responsibilities. Attendance is not mandatory and so there is no quoracy. There is a risk that without an agreed term of reference, setting out quoracy, the group could experience reduced participation, limiting its ability to meet its objectives. One objective of the group is to ensure active engagement from all directorates/divisions. Furthermore, the draft ToR is not clear on the distinction between 'core' and 'member' attendees. Also, there appears to be a lack of clarity in terms of group oversight, such as through the Business Executive Team (BET) or quality Safety and Improvement Committee. (QSIC). The group does not have an agreed terms of reference which could result in the group not meeting its objectives. Attendees are unsure of their responsibilities under the ToR Actions Are not undertaken in a timely manner and senior management are unaware of the risk.	The QuOG draft ToR will be reviewed and revised to include an agreed quoracy, and to define the responsibilities of core and member attendees as appropriate. We will then appropriately finalise the ToR.	QSIC		<p>October 2025 Update: ToR is currently under review by the Quality Oversight Group. Planned agenda item for full review of ToR on 23rd Sept 25 - meeting had to be cancelled due to limited availability.</p> <p>ToR survey designed and distributed to Quality Oversight Group members. Responses collated, analysed and discussed at Quality Oversight Group meeting on 21st Oct 2025. Further work required and proposals will need to be presented to BET for authorisation.</p> <p>Otherwise, position remains the same as per the August 2025 update.</p> <p>August 2025 Update: ToR is currently under review by the Quality Oversight Group. Planned agenda item for full review of ToR on 23rd Sept 25. Request extension for this action to be extended</p>	None - Action in Date	Performance Monitoring	Control Design	Medium	Amber

654	Internal Audit	Duty of Quality	Substantial assurance	Nursing, Quality and Integrated Governance	08/05/2025	30/06/2025	30/04/2026	<p>QuOG remit - Lessons learnt and shared learning Part of the QuOG's remit is to share learning on quality matters. This includes:</p> <ul style="list-style-type: none"> Considering relevant quality updates from directorates, divisions, and functions to support improvement and learning. Identifying and acting on learning from patient safety incidents, concerns, complaints, and claims which, together with good practice are shared across the organisation. Facilitate the thematic analysis and triangulation of learning from patient safety incidents, feedback from patients and staff, concerns, complaints, and claims. While we acknowledge that the QuOG is a relatively new group, we did not see evidence of lessons learning/sharing from our review of the QuOG minutes. <p>Failure to effectively capture, share and use lessons learned to improve the overarching quality management system</p>	The QuOG will fulfil its remit to identify, monitor and share lessons learnt across the directorates, divisions and teams of the Trust as mandated within its terms of reference.	QSIC		<p>October 2025 Update: Position remains the same as per the August 2025 update.</p> <p>August 2025 Update: As detailed in Action Ref. 652, this action is intrinsically linked with review of the Quality Oversight Group ToRs and potential subgroups:</p> <ol style="list-style-type: none"> Discussions ongoing at QuOG to highlight key learning from Standards Self-Assessment undertaken by Directorates or Divisions, recorded within minutes. Quality Oversight Dashboard Standard added as a Standard Agenda item - presented at QuOG with key learning from themes and trends identified from incidents and complaints, recorded within minutes. <p>For QuOG to fully deliver upon its remit, agreement on delegated decision making needs to be agreed and then the ToR needs to be reviewed following that decision. Suggest that this action be extended in line with Ref.652 until 30th April 2026.</p>	None - Action in Date	Lesson Learnt	Control Operation	Medium	Amber
656	Audit Wales	Review of the arrangements for setting and monitoring well-being objectives	N/A	Executive Director Operations and Finance	08/05/2025	31/03/2026	31/03/2026	<p>R2: Resourcing objectives To inform the development of future IMTPs, the Trust should set out how it is considering the resourcing requirements and risks of delivering the well-being objectives over the medium-term.</p>	We consider the resourcing requirements and risks as part of our integrated planning approach to the development of our IMTPs, and will continue to refine and strengthen our planning approach. In addition, Strategic Risks are assigned to an Executive lead to review associated action plans and provide assurance updates to the Executive Team, Board and Committees of the Board. We do not have plans to move delegated authority or restructure to align to priorities, however we will consider an annual mapping exercise of resources (£'s) against our strategic priorities for future IMTPs.	ACGC		<p>October 2025 Update: Resource mapping exercise built into 2026-29 financial planning work and will be included in the 2026-29 IMTP to be submitted in March 2026. This work will be undertaken across quarters 3 and 4 of 2025/26.</p> <p>August 2025: On track for completion on time.</p>	None - Action in Date			N/A - Audit Wales	Green
660	Internal Audit	Non-core Funding: Health Improvement	Reasonable assurance	National Director Health and Well being	30/09/2025	01/04/2026	01/04/2026	<p>Grant administrative burden The grant administration process is largely manual and is resource intensive. Key performance information data confirms that the grants team processed 290 claims across six major programmes during 2024/25, including 90 claims for National Exercise Referral Scheme (NERS). Each claim involves validation, coordination with programme leads, and submission to Accounts Payable. Our review of the Grants Administration Flowchart and Grants Finance Log identified multiple layers of approval, short deadlines, and reliance on a team of three business support staff responsible for processing claims and ensuring compliance across multiple programmes. Programmes like NERS and WNHWS require extensive quarterly submissions and over 60 individual reports annually. This volume places a significant strain on the central team and increases the risk of delay or error. For example:</p> <ul style="list-style-type: none"> In Q4 of 2024/25, over 20 grant claims were processed manually. Highlight reports show that delays in claim validation directly impacted invoice payment timelines, with some outside the 30-day target. Several 2025/26 claim forms and delivery plans remained outstanding as of July 2025, requiring repeated follow-up and coordination. The Health Improvement Directorate has made improvements to grant administration in recent years and actioned recommendations that we made in 2023/24, which included the introduction of standardised KPIs, improved risk registers, and the integration of grants into the Trust's budget-setting process. The Directorate leadership team recognises the need for a digitally enabled grant management system but also emphasises that this is a longer-term ambition requiring strategic investment. In the interim, there is a shared commitment to explore short-term solutions. 	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.	ACGC	Chris Orr	<p>October 2025 Update: On track. Work has commenced and an options paper will be developed for consideration by the Health and Wellbeing DLT in December 2025.</p>	None - Action in Date	Planning, Delivery and Deadline Management	Financial Loss	Medium	Green
661	Internal Audit	Non-core Funding: Health Improvement	Reasonable assurance	National Director Health and Well being	30/09/2025	31/12/2025	31/12/2025	<p>Annual funding cycle creates workforce instability Annual non-core means that health boards cannot be sure there will be funding for staff working on grant projects for more than one year. We understand that this has led to resignations and secondments due to a lack of job security. Health boards are reluctant to recruit late in the year, resulting in delivery gaps and unused funding. Notably, majority of the 'non-core' programmes have received consistent annual approval from Welsh Government for several years (albeit late into the year). The lack of multi-year commitments disrupts continuity and planning, despite the apparent long-term policy alignment and delivery milestones for these programmes. Highlight reports from Q4 (2024/25) show that several programmes, including JUSTB and WSAEMWB, experienced delivery gaps due to delayed recruitment and staff turnover. In one case, a maternity cover post was unfilled for two months, affecting school</p>	The Trust will continue to engage with Welsh Government to influence the programme funding cycle and highlight the existing and future challenges, similar to work that has been undertaken in previous years.	ACGC	Chris Orr	<p>October 2025 Update: On track. Specific meeting with WG and Director of Finance and National Director of Health and Wellbeing to be arranged following discussion at Health and Wellbeing 6 month finance review. Paper to outline current risks in relation to non-core funding in draft and will be finalised in November.</p>	None - Action in Date	Planning, Delivery and Deadline Management	Financial Loss	Medium	Green
662	Internal Audit	Non-core Funding: Health Improvement	Reasonable assurance	National Director Health and Well being	30/09/2025	31/12/2025	31/12/2025	<p>The real term value of funding has decreased as non-core grant allocations have not increased, despite rising salary costs and inflation. This funding shortfall is absorbed by delivery partners, often without clarity on whether top-up funding will be provided. As such, there is a risk of under-delivery, budget overspends, or the need to scale back programme activities. In the Healthy Working Wales programme alone, leaving only 10% of the budget for non-pay activities. Similarly, in the Whole School Approach to Mental Health, health boards use non-pay allocations to cover staffing shortfalls. We understand that these pressures have led to staff leaving, reduced programme flexibility, and</p>	Work with Welsh Government to establish a formal mechanism for reviewing and adjusting non-core grant allocations in line with NHS pay awards and inflation. This should include clear guidance on how top-up funding is calculated, routed, and communicated to delivery partners to ensure equitable and sustainable programme delivery.	ACGC	Chris Orr	<p>October 2025 Update: On track. See update for reference 661 above. To be discussed at meeting with WG on non-core funding arrangements.</p>	None - Action in Date	Planning, Delivery and Deadline Management	Financial Loss	High	Green

666	Internal Audit	Speaking Up Safely	Reasonable assurance	Board Secretary and Head of Board Business Unit	30/09/2025	31/03/2026	31/03/2026	Proportionate approach to directorate SUS champions While the Trust has two Board-level SUS champions, there are no SUS champions at a local level within Trust directorates or departments. We acknowledge that directorates vary significantly in size and function, with some comprising fewer than 50 staff and others, such as Health Protection and Screening Services, exceeding 1,400 staff. As such, a proportionate and dynamic approach to the implementation of local SUS champions may be more appropriate than a uniform model. This would support the broader cultural embedding of the SUS agenda and provide accessible points of contact for staff across different operational contexts.	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.	ACGC		October 2025 Update: This is on track - Green RAG rating for completion. Initial discussions have taken place with POD, LPF and BBU on the role of the Champions, this will be progressed via the development of a Role description, development of training and then call for nominations to establish the programme by the end of March 2026.	None - Action in Date	Communication and Engagement		Medium	Green
667	Internal Audit	Speaking Up Safely	Reasonable assurance	Board Secretary and Head of Board Business Unit	30/09/2025	31/03/2026	31/03/2026	SUS Training The Trust does not offer a dedicated training module aligned with the Welsh Government's Speaking Up Safely (SUS) framework (September 2023). While ESR includes SUS-related modules (e.g. Speak Up, Listen Up, Follow Up), these were developed by NHS England in 2020 and do not reflect the updated Welsh context. The Head of People and OD Operations has confirmed that discussions are ongoing between NHS Wales Shared Service Partnership (NWSSP) and Welsh Government regarding the development of a new e-learning package. In the interim, the Trust must determine whether existing ESR modules are suitable as recommended learning or whether alternative provision is needed to support consistent understanding and cultural embedding of SUS principles.	The Trust will assess the relevance of current ESR SUS modules in the context of the Welsh Government framework. Based on this review, it will determine whether to: <ul style="list-style-type: none"> • Endorse existing modules as interim learning. • Supplement with internal guidance or briefings; or • Await the release of the updated national e-learning package. • Consider internal comms strategy and other comms tools to enhance training. This will ensure staff receive appropriate and consistent messaging on SUS expectations 	ACGC	Paul Veysey	October 2025 Update: This is on track - Green RAG rating for completion.	None - Action in Date	Communication and Engagement		Medium	Green
668	Internal Audit	Speaking Up Safely	Reasonable assurance	Board Secretary and Head of Board Business Unit	30/09/2025	31/03/2026	31/03/2026	Early stage development of SUS data and insight Six SUS concerns have been formally recorded since the Protocol's launch in February 2024, which may reflect the early stage of the SUS agenda within the Trust, and the emerging nature of data collection and reporting processes. The Welsh Government Framework encourages organisations to embed speaking up as a cultural gateway for all types of concerns. As the Trust continues to develop its approach, there is an opportunity to strengthen the capture and analysis of SUS-related data to support learning, identify trends, and provide assurance to the Board. From a policy design perspective, SUS is appropriately referenced across Trust documentation. However, the supporting data infrastructure and reporting mechanisms are still maturing, which may limit the ability to fully demonstrate cultural embedding and organisational learning at this stage	The Trust will continue to develop its SUS data collection and reporting mechanisms, with a view to enhancing the quality and consistency of information captured. Consideration will be given to establishing a framework for analysing SUS concerns over time, including mechanisms for identifying themes, tracking outcomes, and capturing lessons learned. Establish a quarterly review meeting with SUS leads to review outcomes and learning. This group will review learning and future developments and as the SUS agenda matures, the group will also explore opportunities to integrate SUS data into broader Trust learning and assurance processes	ACGC	Paul Veysey	October 2025 Update: This is on track - Green RAG rating for completion.	None - Action in Date	Reporting		Medium	Green
669	Audit Wales	Improving Quality Governance	N/A	Board Secretary and Head of Board Business Unit	30/09/2025	31/01/2026	31/01/2026	The Trust should introduce a systematic, Trust-wide approach for proactively testing awareness of, and compliance with quality governance policies.	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	ACGC	Liz Blayney	October 2025 Update: This is on track - Green RAG rating for completion. The Policy is currently being reviewed within the Board Business Unit, as part of a wider review of this policy. It is scheduled on the Board forward look for approval in January 2026, and will go to consultation in December 2025. No risks identified to completion of this action at this stage.	None - Action in Date			N/A - Audit Wales	Green
670	Audit Wales	Improving Quality Governance	N/A	Nursing, Quality and Integrated Governance	30/09/2025	30/04/2026	30/04/2026	The Trust should introduce a systematic, Trust-wide approach for proactively testing awareness of, and compliance with quality governance policies.	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	ACGC		October 2025 Update: On track and will be included in the audit plan for 2026-27.	None - Action in Date			N/A - Audit Wales	Green
672	Audit Wales	Improving Quality Governance	N/A	Nursing, Quality and Integrated Governance	30/09/2025	31/05/2026	31/05/2026	The Trust should more explicitly and transparently report the changes it has made in response to service user feedback. This should include reports to QSIC, and more explicit use of "You Said, We Did" to support reporting on its website of service changes stemming from service user feedback.	As part of the 'Always on' Reporting working group a public facing website is being developed to include a 'you said we did' section which will detail changes made as a result of service user feedback.	ACGC		October 2025 Update: The actions from 671 feed into the 'Always on' reporting via the working group. This will include the 'You Said We Did' information being made available public. Awaiting results and analysis from recent 'Time to Talk' public survey which focused on 'Always on reporting' and the DoQ Annual Quality Report. The feedback will be considered and built into the solution.	None - Action in Date			N/A - Audit Wales	Green