 <p> <b>GIG</b>      CYMRU  <b>NHS</b>      WALES   </p> <p>     Iechyd Cyhoeddus      Cymru      Public Health      Wales   </p>	<p><b>Name of Meeting</b> Audit and Corporate Governance Committee</p> <p><b>Date of Meeting</b> 30 September 2025</p> <p><b>Agenda item:</b> 7.3</p>
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### Audit Recommendations Tracker

<b>Executive lead:</b>	Paul Veysey, Board Secretary and Head of Board Business Unit
<b>Author:</b>	Liz Blayney, Deputy Board Secretary and Deputy Head of Board Business Unit
<b>Approval/Scrutiny route:</b>	Leadership Team

### Purpose

The Leadership Team (LT) considered the Audit Tracker to track progress against agreed management actions in response to the recommendations of audit reviews.

The purpose of this report is to provide an update on the progress with the implementation of actions resulting from Audit activity (Internal and External) and seeks approval from LT for any changes to the implementation dates and closure of completed actions.

The Report is presented to the Audit and Corporate Governance Committee to take assurance on the management of Audit recommendations at Public Health Wales by the Leadership Team

### Recommendation:

APPROVE <input type="checkbox"/>	CONSIDER <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	NOTE <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
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The Committee is asked to:

- Take **assurance** on the progress with the implementation of actions resulting from Internal and External Audit Reports within Public Health Wales.

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

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities.

This report contributes to the following:



<b>Strategic Priority</b>	7 - Building and mobilising knowledge and skills to improve health and well-being across Wales
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<b>Summary impact analysis</b>	
<b>Equality and Health Impact Assessment</b>	An EHIA is not required for this report. It should be noted that many of the areas of work reported on are likely to have had EHIAs undertaken.
<b>Risk and Assurance</b>	A number of individual audit reviews and actions are referenced in the Board Assurance Framework and Risk Registers.
<b>Health and Social Care Act (Wales)</b>	This report supports and/or takes into account the Quality Themes
<b>Financial implications</b>	The report has no direct financial implications, although individual updates may include details of impacts.
<b>People implications</b>	The report has no direct people implications, although individual updates may include details of impacts.



## 1. Purpose / situation

The purpose of this report is to present the latest updates on the progress with the implementation of all actions from Internal Audit and from Audit Wales, and to provide an update in the decisions taken by LT for the closure of completed actions, and to grant extensions to implementation dates where requested.

## 2. Background

The Leadership Team is responsible for maintaining oversight of the planned activity and results of audit. The Leadership Team (LT) considers the Audit Action Tracker (the Tracker) which tracks progress against agreed management actions in response to the recommendations of both Internal and External audit reviews undertaken.

This includes scrutiny of the adequacy of executive and managements response to issues identified by audit, inspection and other assurance activity.

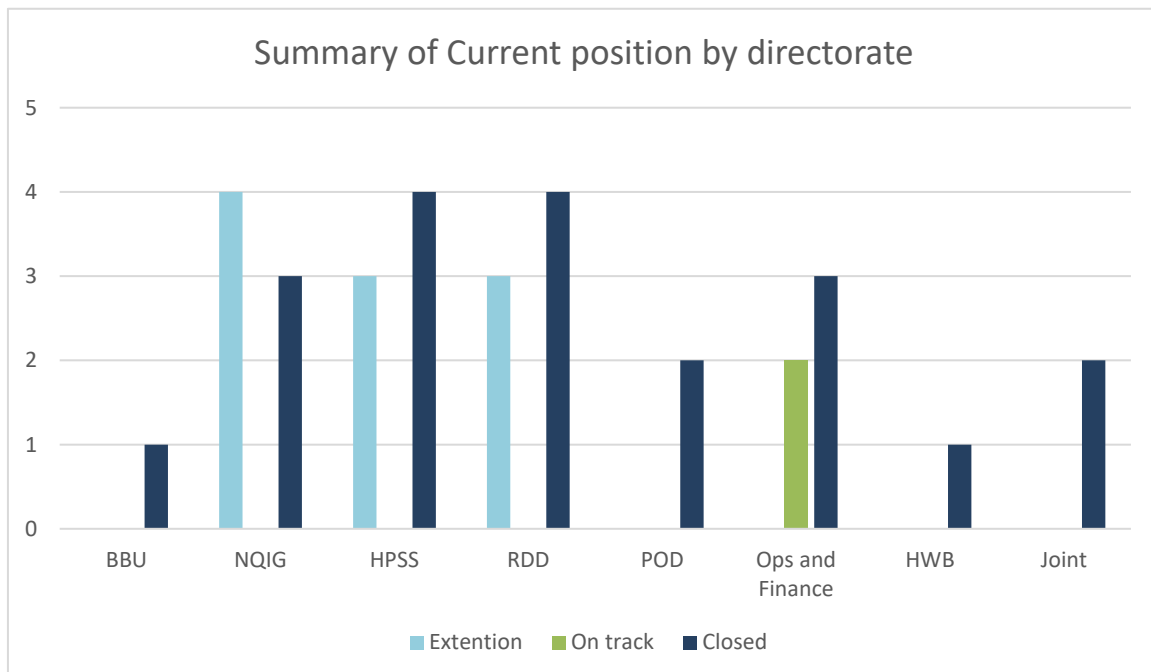
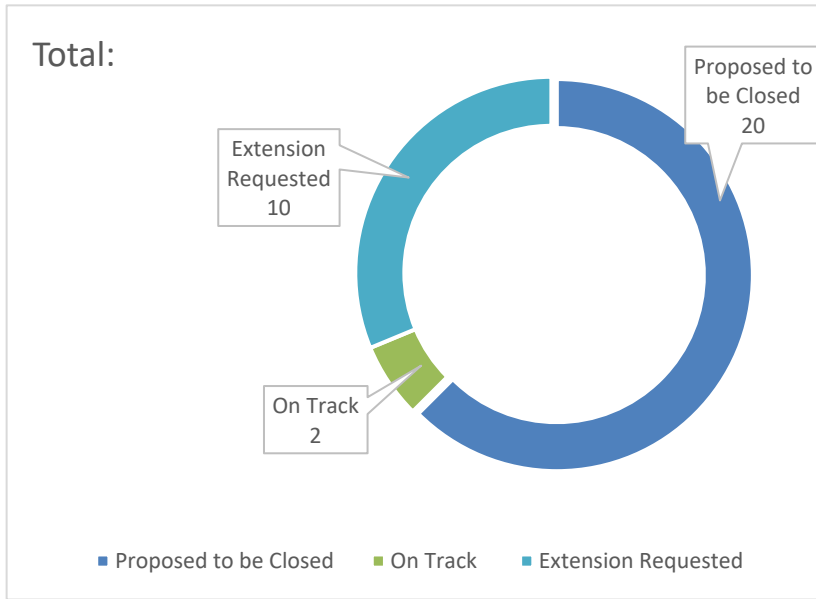
This report is submitted to the Audit and Corporate Governance Committee (30 September 2025) to take assurance on the management of Audit recommendations at Public Health Wales by the Leadership Team

Updates are provided to LT and the Audit and Corporate Governance Committee quarterly. The Tracker was last presented to LT on 30 April 2025 and Audit and Corporate Governance Committee on 8 May 2025.



### 3. Summary of Progress

Updates have been provided against each outstanding action on the tracker. In summary, below is the summary of decisions taken by LT on open actions:



**Table 1 – Summary of closure requests:**

Request:	Action:	Summary ( <i>further detail in attachment 1</i> )
BBU	447	The action has been assessed as partially completed within the new Quality Governance Audit Review which will be presented to ACGC in September. This recommendation will now be superseded by the current assessment of the position with EHAs and taken forward as part of that review recommendation.
Ops and Finance	655	This was completed in February 2025 (before the report was sent to Committee).
	657	Complete as Annual Report has now been submitted.
	659	New change control processes are in place for the end of September 2025.
NQIG	625	Review of guidance has been undertaken with minor amendments. All Wales guidance being followed.
	627	fields. PHW are unable to take responsibility for this action as it sits with the Once for Wales Concerns Management System (OfWCMS) team.
	653	Action taken forward: 1. Action owners have been cleared identified/ named in full throughout the action log, completed by June 26. 2. Some difficulty in standardisation of action log due to different secretariat supporting Quality Oversight Group. Work ongoing to improve recording of accuracy and status. Confirmation provided that discussions and actions identified in minutes are now being clearly transposed to action log.
POD	564	The refreshed People Strategy was approved by the Board in May 2025 and is published. The following IMTP commitment has been approved for 2025-26 to take this forward in future years and extend delivery planning for the People Strategy beyond the three-year IMTP period: 'Develop the People Strategy 2035 implementation plan, map delivery to years 2 and 3 of the IMTP, establish a baseline for future evaluation. Progress against the People Strategy Implementation plan will be reported through the IMTP related governance process to BET. Regular progress updates are programmed in the PODCOM forward look.

	658	Requirement for written approval to be obtained for any future, or extended, interim Executive Director appointments embedded in ways of working.
HPSS	570	<p>Considered in Private Meeting.</p> <p>Due to the sensitive nature of this report, recommendations considered in Private session of ACGC.</p>
	644	<p>Complete, summary sheet on Directorate Metrics Report reflects lag period between data presented to BET and that presented to DMT.</p> <p>There is still an issue with regard to the data presented to BET and Board not going through formal HPSS governance process due to the timings of when the data is available and the deadline for BET papers. This is audit action 649 and is currently with DDKR to identify if changes to reporting timeframes can be accommodated and has been escalated to Deputy National Director HPSS.</p>
	645	Complete, template shared with divisions to complete and will be presented in September DMT to support future development of metrics report.
	651	Complete, dashboards for the waiver tracker and forward look spreadsheets have both been created.
HWB	631	<p>Health and Wellbeing have 30 budget holders with a range of approval limits. 18 have been received QlikSense training. 4 others in addition to those budget holders have also undertaken training. We continue to actively promote training sessions when they are available however the last session was cancelled and future training dates have not been diarised currently.</p> <p>It should be noted that a number of budget holders have very low approval limits and are therefore do not need to access QlikSense on a regular basis. We have a close working relationship with our Finance Business Partners and a spending plans to underpin the work in the Directorate.</p>
RDD	569a	<p>Considered in Private Meeting.</p> <p>Due to the sensitive nature of this report, recommendations considered in Private session of ACGC.</p>

	572	<p>Considered in Private Meeting.</p> <p>Due to the sensitive nature of this report, recommendations considered in Private session of ACGC.</p>
	614	<p>Considered in Private Meeting.</p> <p>Due to the sensitive nature of this report, recommendations considered in Private session of ACGC.</p>
	623	<p>DDDA review the Digital and Data Portfolio on a monthly basis. Reporting is now centralised via strategy and planning and captured on the dashboard. Assurance papers are sent to BET and KRIC and following a recent self assessment of our digital transformation, Board have approved the position and assurance of our plans.</p>
Joint Ops and Finance and POD	557	<p>The refreshed People Strategy was approved by the Board in May 2025 and was published.</p> <p>The following IMTP commitment has been approved for 2025-26 to take this action forward in future years and extend delivery planning for the People Strategy beyond the three-year IMTP period:</p> <p>'Develop the People Strategy 2035 implementation plan, map delivery to years 2 and 3 of the IMTP, establish a baseline for future evaluation.</p> <p>The strategic workforce planning process is embedded in the integrated planning cycle meaning the assessment of resource risk is an incorporated activity and element and is undertaken with Finance and Planning colleagues.</p>
	558	<p>The refreshed People Strategy was approved by the Board in May 2025 and was published.</p> <p>The following IMTP commitment has been approved for 2025-26 to take this action forward in future years and extend delivery planning for the People Strategy beyond the three-year IMTP period:</p> <p>'Develop the People Strategy 2035 implementation plan, map delivery to years 2 and 3 of the IMTP, establish a baseline for future evaluation.</p> <p>The strategic workforce planning process is embedded in the integrated planning cycle meaning the assessment of risk is an incorporated activity and element.</p> <p>The rearticulated Strategic Risk 2 identifies and targets capacity and capability risks.</p>

**Table 2 – Actions requesting date changes:**

Change Date	Action:	Summary ( <i>further detail in attachment 1</i> )
NQIG	624	<p>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.</p> <p>Request an extension to 30th September 2025.</p>
	626	<p>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>Request extension to 30 September 2025.</p>
	652	<p>ToR is currently under review by the Quality Oversight Group. Planned agenda item for full review of ToR on 23rd Sept 25.</p> <p>Request extension to 30 April 2026.</p>

	654	<p>As detailed in Action 652, this action is intrinsically linked with review of the Quality Oversight Group ToRs and potential subgroups:</p> <ol style="list-style-type: none"> <li>1. Discussions ongoing at QuOG to highlight key learning from Standards Self-Assessment undertaken by Directorates or Divisions, recorded within minutes.</li> <li>2. 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.</li> </ol> <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.</p> <p>Request extension until 30 April 2026 in line with Action 652.</p>
RDD	477	<p>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.</p> <p>Request extension to 31 December 2025.</p>
	559	<p>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.</p>

		<p>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> <p>Request extension to 31 December 2025.</p>
	622	<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>Request extension to 31 December 2025.</p>
HPSS	646	<p>Metrics developed for EPRR and are now reported via monthly directorate metrics report. Work is continuing with OMD to develop suite of reportable metrics.</p> <p>Request to extension to 31 October 2025.</p>
	648	<p>Work still being scoped to align with IMTP and Routemap objectives.</p> <p>Request to extension to 31 December2025.</p>
	649	<p>Options reviewed with RDD leadership team. Of the 3 identified only one is feasible. Implentation 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.</p> <p>Request to extension date to 31 December 2025 and recommend transferring the action to RDD Directorate as the timeline for data availability is not within HPSS gift.</p>

A link to the original internal and Audit Wales reports can be found on these SharePoint pages, [Internal Audit](#) and [Audit Wales](#).



Hirdymor

Long Term

The action plans put in place to address the various audits recommendations have long-term implications for the organisation, its governance and the provision of its services.



Atal

Prevention

The action plans put in place to address the various audits recommendations strengthen the governance and provision of its services.



Integreiddio

Integration

The action plans put in place to address the various audits recommendations strengthen the governance and provision of its services.



Cydweithio

Collaboration

The management responses to audit reviews were developed in collaboration with staff across the organisations



Cynnwys

Involvement

Responses have been provided by staff in the relevant areas across the organisation.

#### 4. Recommendation

The Committee is asked to:

- Take **assurance** on the progress with the implementation of actions resulting from Internal and External Audit Reports within Public Health Wales.

### 3.1 Board Business Unit

# 3.1 Board Business Unit:

**1 Action to review: 447**

### 3.1 Board Business Unit

<b>Action 447: (Audit Wales)</b>	<p><i>The importance and value of Equality Impact Assessments in supporting quality services that meet the needs of the Welsh population is understood. This is currently a high priority issue as we realise the importance of enhancing the current arrangements to help the organisation meet the needs of the Socio-Economic Duty. There is a cross-organisational working group currently reviewing the tool for completing impact assessments, with the view to integrating various impact assessments and readying the organisation to develop a digital tool. This tool will support staff to engage with and complete the Equality Impact Assessment process.</i></p> <p><i>Currently there is limited dedicated resource to support staff in the organisation to complete these. We are scoping improved support for staff to ensure they are completed in a meaningful way and actions are monitored and completed. This will take into consideration the recommendation that a central repository is held to store EIAs, which was already planned as part of the ongoing implementation of the Socio-Economic Duty. In addition, we are launching an Engagement &amp; Experience Network for colleagues across the organisation who have responsibility for designing and delivering our services, programmes and functions. There will be opportunity in the workplan of this network to further develop the capability of staff to complete Equality Impact Assessments to a high standard, including ensuring that the public's voice is at their centre.</i></p> <ul style="list-style-type: none"> <li>• <i>Scope and agree the solution</i></li> <li>• <i>Implement the agreed solution</i></li> </ul>
<b>Report:</b>	<i>Review of Quality Governance Arrangements</i>
<b>Date reported to ACGC:</b>	1 August 2022
<b>Original date:</b>	1 June 2022
<b>Current Target Date:</b>	31 March 2025
<b>Summary of changes:</b>	Four changes to June 2023 approved in January 2023 and to 31 January 2024 in November 2023, and to 30 September 2024 in April 2024 and in November 2024 to March 2025.

### 3.1 Board Business Unit

<b>Previous Comments:</b>	<p><b>April 2025 Update:</b></p> <p>The work of the Governance Hub is being reviewed and refined following the pilot including engagement with Business and Planning Leads and leadership Team to embed into Business as Usual within existing resources. This will include a map of all upcoming decisions requiring an EHIA which will be mandatory for a decision to be made. This will be reported to the Business Executive Team and Leadership Team as appropriate for oversight.</p> <p>Request an extension to 31 August 2025 to allow this process to embed and to ensure the recommendation is met.</p> <p><b>February 2025 Update:</b> The Governance Hub pilot is progressing, and an update will be presented to Business Executive Team on 19 March, which will include recommendations following completion of the pilot.</p> <p><b>November 2024 Update:</b> The recommendation has been partially implemented: A Register has been developed and is in operation and populated utilising existing data held on EHIAs. The governance hub is still in a pilot phase, and will assume the role of overseeing EIAs and the necessary tools once this pilot phase concludes in March 2025. Whilst we have the appropriate mechanisms in place to fulfil the recommendations, we would suggest the recommendation is held open until the mechanisms are tested as the Governance Hub becomes operational. Request extension to end of March 2025.</p> <p><b>July 2024 Update:</b> On Track. This is being progressed through the development of the Governance Hub, to be in place by the end of September.</p> <p><b>April 2024 Update:</b> Business Executive Team has approved the Governance Hub pilot for the next 12 months. The Hub will ensure EIAs are undertaken in respect of all relevant items of work it advises upon. The quality of the EIA will be advised upon by the relevant duty leads. Any mitigations recommended will be identified and monitored by the Hub to assess impact. The Hub will establish a central repository and a mitigations assessment tool to ensure adequate monitoring. It is proposed this will all be in place from September 2024, to allow the Hub to become established and for the relevant flow of work to pass through the Hub. Request extension to the end of September.</p> <p><b>February 2024 Update:</b> At present there are no legislative requirements for PHW to undertake Health Impact Assessments (HIA), although this is likely to come into force shortly as part of the Public Health (Wales) Act 2017. However, in view of the requirement to ensure that we are meeting the requirements</p>
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### 3.1 Board Business Unit

	<p>of the Equality Act, the Socio-economic Duty and the forthcoming HIA regulations, an Equality Health Impact Assessment (EQHIA) was developed – please note that this is a screening tool and not an HIA. Work is underway, led by Paul Veysey (Board Secretary and Head of Board Business Unit, to establish a Governance Hub, to strengthen implementation of, and provide assurance that PHW is complying with Statutory Duties such as the Equality Act and the Socio-economic Duty. It is anticipated that approval for the Governance Hub will be sought from the Executive Team in Q4 2023-24, with the aim of establishing and piloting the approach in 2024-25.</p> <p><b>November 2023 Update:</b> Reviewing the process for EQHIAs and the Exec Lead to take this representation forward. Discussions planned between relevant Execs, particularly to take in to account other duties and wider impacts we might want to expand as part of an integrated approach to impact assessments. Request new date whilst this work is undertaken, 31 January 2024</p>
<p><b>Lead Comments:</b></p>	<p><b>August 2025 Update:</b></p> <p>The action has been assessed as partially completed within the new Quality Governance Audit Review which will be presented to ACGC in September. This recommendation will now be superseded by the current assessment of the position with EHIA's and taken forward as part of that review recommendation.</p> <p>Request Action is Closed.</p>
<p><b>Proposed action:</b></p>	<p><b>Request Action is Closed.</b></p>
<p><b>LT Comments:</b></p>	<p><b>LT noted the update and were assured that the action was complete and approved the closure of the action.</b></p>

## **3.2 Joint People and Organisational Development and Finance and Operations**

# **3.2 - Joint People and Organisational Development and Finance and Operations**

**2 Actions to Review: 557 and 558**

### 3.2 Joint People and Organisational Development and Finance and Operations

<p><b>Action 557: (Internal Audit)</b></p>	<p><i>Delivering the People Strategy R1 The Trust has not assessed its capacity and capability to deliver its People Strategy or assess specific risks associated with delivery beyond its three-year IMTP. By the end of quarter 1, 2024-25, the Trust should incorporate assessments of risk and resources into its 2024-27 IMTP as follows:</i></p> <p><i>1.1. Set out the costs, staff capacity, skills and other resources associated with implementation of the next three years of the People Strategy, within its People and Organisational Development Directorate and across the business (high priority)</i></p> <p><i>The Trust has not assessed its capacity and capability to deliver its People Strategy or assess specific risks associated with delivery beyond its three-year IMTP. By the end of quarter 1, 2024-25, the Trust should incorporate assessments of risk and resources into its 2024-27 IMTP as follows: 1.1. Set out the costs, staff capacity, skills and other resources associated with implementation of the next three years of the People Strategy, within its People and Organisational Development Directorate and across the business (high priority);</i></p> <p><i>Accepted: Actions 1.1 and 1.2 will need to be completed in partnership with Finance/Planning Colleagues and would need to be integrated into the IMTP planning framework to achieve alignment and integration with the LTS.</i></p>
<p><b>Report:</b></p>	<p>Workforce Planning</p>
<p><b>Date reported to ACGC:</b></p>	<p>August 2023</p>
<p><b>Original date:</b></p>	<p>30 June 2024</p>
<p><b>Current date:</b></p>	<p>31 March 2025</p>
<p><b>Summary of changes:</b></p>	<p>Two changes of date to 31 March 2025 on 15 February 2024 and to 30 June 2025 in February 2025</p>

### 3.2 Joint People and Organisational Development and Finance and Operations

<b>Previous Comments:</b>	<p><b>March 2025 Update:</b>            In progress and on track.            A programme of engagement activity is being progressed as the final stage of the development of the refreshed People Strategy. This includes:</p> <ul style="list-style-type: none"> <li>• Intranet content including a feedback form</li> <li>• A series of drop in sessions 'Time with Tracy' session (28 April).</li> </ul> <p>The final draft of the People Strategy will be scheduled for approval at the Board meeting on the 29 May 2025.            The following IMTP commitment has been approved for 2025-26 to take this action forward in future years:            Develop the People Strategy 2035 implementation plan, map delivery to years 2 and 3 of the IMTP, establish a baseline for future evaluation.</p> <p><b>January 2025 Update:</b> Whilst progress with the refreshed People Strategy is at an advanced stage, conversations with Business Executive Team have resulted in a decision to delay publication by one quarter to enable it to be launched with greater engagement from colleagues across the organisation. Request extension to 30 June 2025.</p> <p><b>November 2024 Update:</b> In progress and on track. Work on the refresh of the People Strategy is progressing to plan. Assurance was provided to People and Organisational Development Committee in October, and there will be engagement with the Board in December. A Strategic Executive Team engagement session took place on 13 November. People and Organisational Development will engage with Finance and Planning on relevant audit actions as we continue with this work through the rest of 2024-25.</p> <p><b>July 2024 Update:</b> In progress and on track.</p> <p><b>April 2024 Update:</b> In progress. This action is embedded in the following IMTP commitment for 2024-25: 'Publish an updated People Strategy.'</p> <p><b>February 2024 Update:</b> change of date requested to align to the implementation date with the review of the People Strategy. – Request Revised to 31 March 2025</p>
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### 3.2 Joint People and Organisational Development and Finance and Operations

<b>Lead Comments:</b>	<b>August 2025 Update:</b> Request closure. The refreshed People Strategy was approved by the Board in May 2025 and is published. The following IMTP commitment has been approved for 2025-26 to take this action forward in future years and extend delivery planning for the People Strategy beyond the three-year IMTP period: 'Develop the People Strategy 2035 implementation plan, map delivery to years 2 and 3 of the IMTP, establish a baseline for future evaluation. The strategic workforce planning process is embedded in the integrated planning cycle meaning the assessment of resource risk is an incorporated activity and element and is undertaken with Finance and Planning colleagues.
<b>Proposed action:</b>	<b>Request Action is closed.</b>
<b>LT Comments:</b>	<b>LT noted the update and were assured that the action was complete and approved the closure of the action.</b>

### 3.2 Joint People and Organisational Development and Finance and Operations

<b>Action 558: (Internal Audit)</b>	<p><i>Delivering the People Strategy R1 The Trust has not assessed its capacity and capability to deliver its People Strategy or assess specific risks associated with delivery beyond its three-year IMTP. By the end of quarter 1, 2024-25, the Trust should incorporate assessments of risk and resources into its 2024-27 IMTP as follows:</i></p> <p><i>1.2. Identify the specific risks associated with implementing the People Strategy and plans to manage those risks (high priority).</i></p> <p><i>Accepted - Actions 1.1 and 1.2 will need to be completed in partnership with Finance/Planning Colleagues and would need to be integrated into the IMTP planning framework to achieve alignment and integration with the LTS.</i></p>
<b>Report:</b>	Workforce Planning
<b>Date reported to ACGC:</b>	August 2023
<b>Original date:</b>	30 June 2024
<b>New date</b>	30 June 2025
<b>Summary of changes:</b>	Two changes of date to 31 March 2025 on 15 February 2024 and to 30 June 2025 in February 2025

### 3.2 Joint People and Organisational Development and Finance and Operations

<b>Previous Comments:</b>	<p><b>March 2025 Update:</b> In progress and on track. A programme of engagement activity is being progressed as the final stage of the development of the refreshed People Strategy. This includes:</p> <ul style="list-style-type: none"><li>• Intranet content including a feedback form</li><li>• A series of drop in sessions 'Time with Tracy' session (28 April).</li></ul> <p>The final draft of the People Strategy will be scheduled for approval at the Board meeting on the 29 May 2025. The following IMTP commitment has been approved for 2025-26 to take this action forward in future years: Develop the People Strategy 2035 implementation plan, map delivery to years 2 and 3 of the IMTP, establish a baseline for future evaluation.</p> <p><b>January 2025 Update:</b> Whilst progress with the refreshed People Strategy is at an advanced stage, conversations with Business Executive Team have resulted in a decision to delay publication by one quarter to enable it to be launched with greater engagement from colleagues across the organisation. Request extension to 30 June 2026.</p> <p><b>November 2024 Update:</b> In progress and on track. Work on the refresh of the People Strategy is progressing to plan. Assurance was provided to People and Organisational Development Committee in October, and there will be engagement with the Board in December. A Strategic Executive Team engagement session took place on 13 November. People and Organisational Development will engage with Finance and Planning on relevant audit actions as we continue with this work through the rest of 2024-25.</p> <p><b>July 2024 Update:</b> In progress and on track.</p> <p><b>April 2024 Update:</b> In progress. This action is embedded in the following IMTP commitment for 2024-25: 'Publish an updated People Strategy.'</p> <p><b>February 2024 Update:</b> change of date requested to align to the implementation date with the review of the People Strategy. Request Revised to 31 March 2025</p>
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### 3.2 Joint People and Organisational Development and Finance and Operations

<b>Lead Comments:</b>	<b>August 2025 Update:</b> Request closure. The refreshed People Strategy was approved by the Board in May 2025 and is published. The following IMTP commitment has been approved for 2025-26 to take this action forward in future years and extend delivery planning for the People Strategy beyond the three-year IMTP period: 'Develop the People Strategy 2035 implementation plan, map delivery to years 2 and 3 of the IMTP, establish a baseline for future evaluation. The strategic workforce planning process is embedded in the integrated planning cycle meaning the assessment of risk is an incorporated activity and element. The rearticulated Strategic Risk 2 identifies and targets capacity and capability risks.
<b>Proposed action:</b>	<b>Request Action is closed.</b>
<b>LT Comments:</b>	<b>LT noted the update and were assured that the action was complete and approved the closure of the action.</b>

### **3.3 Nursing, Quality and Integrated Governance**

## **3.3 Nursing, Quality and Integrated Governance:**

**7 Actions to review: 624, 625, 626, 627, 652, 653 and 654**

### 3.3 Nursing, Quality and Integrated Governance

<b>Action 624: (Internal Audit)</b>	<p>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.</p> <p>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.</p>
<b>Report:</b>	Duty of Candour
<b>Date reported to ACGC:</b>	14 January 2025
<b>Original date:</b>	31 January 2025
<b>Current date:</b>	31 March 2025
<b>Summary of changes:</b>	One to March 2025 in February 2025 and one in March 2025 to July 2025.
<b>Previous Comments:</b>	<p><b>March 2025 Update:</b> Discussions undertaken with the Legal Support manager and changes are being made to the procedure and accessibility of the procedure. The next Candour Network Meeting is on the 21 April 2025. Following that meeting, further work will be required to address this action. Therefore, an extension to 31 July 2025 is requested.</p> <p><b>January 2025 Update:</b> Meeting with Legal Support Manager delayed and rescheduled to Feb-25 in order to discuss and implement changes. Request Implementation Date amended to 31st March 2025.</p>
<b>Lead Comments:</b>	<p><b>August 2025 Update:</b> 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 30 September 2025.</p>
<b>Proposed action:</b>	<b>Request change of date to 30 September 2025.</b>
<b>LT Comments:</b>	<b>LT discussed the update and agreed to issue extension to 30 September 2025</b>

### 3.3 Nursing, Quality and Integrated Governance

<b>Action 625: (Internal Audit)</b>	<p>The Trust’s guidance should clearly define the DoC critical date (first became aware date) as currently there is no distinction if this date should be when the DoC is reported or if the date is when a review of the facts has been completed.</p> <p>The Trust will update its guidance to be clearer on the DoC critical date to reflect triggering of the DoC once the review of the facts has been completed.</p>
<b>Report:</b>	Duty of Candour
<b>Date reported to ACGC:</b>	14 January 2025
<b>Original date:</b>	31 January 2025
<b>Current date:</b>	31 March 2025
<b>Summary of changes:</b>	One to March 2025 in February 2025, one in March 2025 to July 2025.
<b>Previous Comments:</b>	<p><b>March 2025 Update:</b> Discussions undertaken with the Legal Support manager and changes are being made to the procedure and accessibility of the procedure. The next Candour Network Meeting is on the 21 April 2025. Following that meeting, further work will be required to address this action. Therefore, an extension to 31 July 2025 is requested.</p> <p><b>January 2025 Update:</b> Meeting with Legal Support Manager delayed and rescheduled to Feb-25 in order to discuss and implement changes. Request Implementation Date amended to 31 March 2025.</p>
<b>Lead Comments:</b>	<p><b>August 2025 Update:</b> Review of guidance has been undertaken with minor amendments. All Wales guidance being followed. Request Action is closed.</p>
<b>Proposed action:</b>	<b>Request Action is closed.</b>
<b>LT Comments:</b>	<b>LT noted the update and were assured that the action was complete and approved the closure of the action.</b>

### 3.3 Nursing, Quality and Integrated Governance

<b>Action 626: (Internal Audit)</b>	<p>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.</p> <p>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.</p>
<b>Report:</b>	Duty of Candour
<b>Date reported to ACGC:</b>	14 January 2025
<b>Original date:</b>	31 March 2025
<b>Summary of changes:</b>	One, in March 2025 to 31 July 2025.
<b>Previous Comments:</b>	<p><b>March 2025 Update:</b> Meeting held on 14 February 2025 with other Trusts and a joint investigation procedure developed with has been shared with HOPE network on 12 March 2025. Joint investigation module continues to be developed by the Once for Wales team. The next Candour Network Meeting is on the 21 April 2025. Following that meeting, further work will be required to address this action. Therefore, an extension to 31 July 2025 is requested.</p> <p><b>January 2025 Update:</b> Meeting to be held with other Trusts in Wales to develop / review a joint procedure. The OfWCMS team have informed PHW that there is currently a joint investigation module being developed for Datix that will support cross organisation working.</p>
<b>Lead Comments:</b>	<p><b>August 2025 Update:</b> An All Wales Datix module is being developed. 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. 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>

### 3.3 Nursing, Quality and Integrated Governance

<b>Proposed action:</b>	<b>Request change of date to 30 September 2025.</b>
<b>LT Comments:</b>	<b>LT discussed the update and agreed to issue extension to 30 September 2025</b>

### 3.3 Nursing, Quality and Integrated Governance

<b>Action 627: (Internal Audit)</b>	We acknowledge that the Trust cannot directly change the Datix system. The Trust should raise the identified matters with the Datix system owner. The Trust will work with the OfWCMS team to review the highlighted fields to support the identified issues.
<b>Report:</b>	Duty of Candour
<b>Date reported to ACGC:</b>	14 January 2025
<b>Original date:</b>	31 March 2025
<b>Summary of changes:</b>	One in March 2025 to July 2025.
<b>Previous Comments:</b>	<p><b>March 2025 Update:</b> This work continues to be worked through by the Candour network and the Once for Wales team. Next Candour networking meeting to be held on 21 April 2025. The action to raise the identified matters from the audit have been completed. The next Candour Network Meeting is on the 21 April 2025. Following that meeting, further work will be required to address this action. Therefore, an extension to 31 July 2025 is requested.</p> <p><b>January 2025 Update:</b> PHW have engaged with the OfWCMS team regarding this action. It was shared at the Candour Network meeting held on 20th January 2025, where the 30 day response time was discussed and whether it should be stated on the form. The OfWCMS team will review the timeframe and feedback at a later meeting.</p>
<b>Lead Comments:</b>	<p><b>August 2025 Update:</b> Work is ongoing on the OfWCMS to review and amend the DoC fields. PHW are unable to take responsibility for this action as it sits with the OfWCMS team. Suggest closing this action.</p>
<b>Proposed action:</b>	<b>Request Action is closed.</b>
<b>LT Comments:</b>	<b>LT noted the update and were assured that the action was complete and approved the closure of the action.</b>

### 3.3 Nursing, Quality and Integrated Governance

<b>Action 652: (Internal Audit)</b>	<p>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).</p> <p>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.</p>
<b>Report:</b>	Duty of Quality
<b>Date reported to ACGC:</b>	8 May 2025
<b>Original date:</b>	30 June 2025
<b>Summary of changes:</b>	None.
<b>Previous Comments:</b>	None.
<b>Lead Comments:</b>	<p><b>August 2025 Update:</b> ToR is currently under review by the Quality Oversight Group. Planned agenda item for full review of ToR on 23 September 25.</p> <p>Request extension for this action to be extended until 30 April 2026.</p>
<b>Proposed action:</b>	<b>Request change of date to 30 April 2026.</b>
<b>LT Comments:</b>	<b>LT discussed the update and agreed to issue extension to 30 April 2026</b>

### 3.3 Nursing, Quality and Integrated Governance

<b>Action 653: (Internal Audit)</b>	<p>QuOG action log governance An action log spreadsheet is maintained by the QuOG. Our review of the QuOG action log for February 2025 identified a number of issues with the recordkeeping:</p> <ul style="list-style-type: none"> <li>• Actions arising from previous meetings had been marked as closed/completed however had limited narrative to substantiate what had been done for the action to be closed.</li> <li>• Narrative for closure of actions was not always consistent with the closure comments noted within the meeting minutes.</li> <li>• Actions marked as closed/completed did not always have a closure date.</li> <li>• Actions raised in the meetings were not always recorded within the action log.</li> </ul>
<b>Report:</b>	Duty of Quality
<b>Date reported to ACGC:</b>	8 May 2025
<b>Original date:</b>	30 June 2025
<b>Summary of changes:</b>	None.
<b>Previous Comments:</b>	None.
<b>Lead Comments:</b>	<p><b>August 2025 Update:</b> Action taken forward:</p> <ol style="list-style-type: none"> <li>1. Action owners have been cleared identified/ named in full throughout the action log, completed by June 26 2025.</li> <li>2. Some difficulty in standardisation of action log due to different secretariat supporting Quality Oversight Group. Work ongoing to improve recording of accuracy and status. Confirmation provided that discussions and actions identified in minutes are now being clearly transposed to action log.</li> </ol> <p>Action completed and can be closed</p>
<b>Proposed action:</b>	<b>Request Action is closed.</b>
<b>LT Comments:</b>	<b>LT noted the update and were assured that the action was complete and approved the closure of the action.</b>

### 3.3 Nursing, Quality and Integrated Governance

<b>Action 654: (Internal Audit)</b>	<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"> <li>• Considering relevant quality updates from directorates, divisions, and functions to support improvement and learning.</li> <li>• Identifying and acting on learning from patient safety incidents, concerns, complaints, and claims which, together with good practice are shared across the organisation.</li> <li>• 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.</li> </ul> <p>Failure to effectively capture, share and use lessons learned to improve the overarching quality management system</p>
<b>Report:</b>	Duty of Quality
<b>Date reported to ACGC:</b>	8 May 2025
<b>Original date:</b>	30 June 2025
<b>Summary of changes:</b>	None.
<b>Previous Comments:</b>	None.
<b>Lead Comments:</b>	<p><b>August 2025 Update:</b></p> <p>As detailed in Action 652, this action is intrinsically linked with review of the Quality Oversight Group ToRs and potential subgroups:</p> <ol style="list-style-type: none"> <li>1. Discussions ongoing at QuOG to highlight key learning from Standards Self-Assessment undertaken by Directorates or Divisions, recorded within minutes.</li> <li>2. 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.</li> </ol> <p>For QuOG to fully deliver upon it's remit, agreement on delegated decision making needs to be agreed and then the ToR needs to be reviewed following that decision.</p> <p>Suggest that this action be extended in line with Action 652 until 30 April 2026.</p>
<b>Proposed action:</b>	<b>Request change of date to 30 April 2026.</b>
<b>LT Comments:</b>	<b>LT discussed the update and agreed to issue extension to 30 April 2026</b>

### 3.4 Health Protection and Screening

## 3.4- Health Protection and Screening

**7 Actions to review: 570, 644, 645, 646, 648, 649 and 651**

### 3.4 Health Protection and Screening

<b>Action 570: (Internal Audit)</b>	<i>Considered in Private Meeting.</i>  <i>Due to the sensitive nature of this report, recommendations considered in Private session of ACGC</i>
<b>Report:</b>	<i>Business Continuity and Technical Resilience</i>

### 3.4 Health Protection and Screening

<b>Action 644: (Internal Audit)</b>	<p>HPSS Metrics Dashboard: The dashboard field for 'reporting lag' (the time taken from when the data is available to when it needs to be added to the performance and insight report) had not been completed for the metrics. The impact of the reporting lag on the timeliness of reported data needs to be considered.</p> <p>Agreed Action: Management will ensure that the reporting lag field is completed in the HPSS metrics dashboard.</p>
<b>Report:</b>	Health Protection and Screening Services – Performance metrics
<b>Date reported to ACGC:</b>	10 March 2025
<b>Original date:</b>	30 June 2025
<b>Summary of changes:</b>	None
<b>Previous Comments:</b>	<b>March 2025 Update:</b> Discussions being held with colleagues in DDKR on timeframes for data production to align with IPR reporting activity reporting.
<b>Lead Comments:</b>	<p><b>August 2025 Update:</b> RECOMMENDATION TO CLOSE. Complete, summary sheet on Directorate Metrics Report reflects lag period between data presented to BET and that presented to DMT.</p> <p>There is still an issue with regard to the data presented to BET and Board not going through formal HPSS governance process due to the timings of when the data is available and the deadline for BET papers. This is audit action 649 and is currently with RDDD to identify if changes to reporting timeframes can be accommodated and has been escalated to Deputy National Director HPSS.</p>
<b>Proposed action:</b>	<b>Request Action is Closed.</b>
<b>LT Comments:</b>	<b>LT noted the update and were assured that the action was complete and approved the closure of the action.</b>

### 3.4 Health Protection and Screening

<p><b>Action 645: (Internal Audit)</b></p>	<p>Metric selection rationale: To get feedback, each division has shared its proposed metrics at their respective senior management team. These were then put forward for inclusion in the directorate’s suite of metrics. However, we did not see clear documented evidence of the process undertaken to select divisional metrics. Such information would help the directorate level decision-making process when deciding to adopt metrics and include them within the performance and insight report. In addition to the 68 reported metrics, a further 34 have been placed ‘on-hold’. We understand that more work is required to assess their relevance, the key sources of data, and the feasibility of reporting.</p> <p>Agreed Action: Metrics setting process undertaken by the divisions would benefit from documenting the following for each metric chosen:</p> <ul style="list-style-type: none"> <li>• Relevance/rationale for choosing the metric - goals/objectives for which the metric aims to monitor and reason why it is important.</li> <li>• Standard/targets – Whilst targets have been set for each metric, there is no description as to why or how the targets were chosen.</li> <li>• Assessment of data sources available for chosen metric.</li> <li>• Data collection methodology and limitations (if any).</li> </ul> <p>The above information should be presented at the Directorate Management Team for review/approval onto the HPSS Metrics Dashboard and Performance and Insight Report (if applicable). Develop areas of the HPSS Metrics Dashboard further including the assessment of feasibility of the 34 metrics on-hold.</p>
<p><b>Report:</b></p>	<p>Health Protection and Screening Services – Performance metrics</p>
<p><b>Date reported to ACGC:</b></p>	<p>10 March 2025</p>
<p><b>Original date:</b></p>	<p>30 June 2025</p>
<p><b>Summary of changes:</b></p>	<p>None</p>
<p><b>Previous Comments:</b></p>	<p><b>March 2025 Update:</b> Template for completion by Divisions under development. Once the information has been collated it can then be presented at DMT, any new requests for metrics will follow the same process.</p>

### 3.4 Health Protection and Screening

<b>Lead Comments:</b>	<b>August 2025 Update:</b> RECOMMENDATION TO CLOSE.  Complete, template shared with divisions to complete and will be presented in September DMT to support future development of metrics report.
<b>Proposed action:</b>	<b>Request Action is Closed.</b>
<b>LT Comments:</b>	<b>LT noted the update and were assured that the action was complete and approved the closure of the action.</b>

### 3.4 Health Protection and Screening

<b>Action 646: (Internal Audit)</b>	<p>OMD and EPRR metrics: 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>
<b>Report:</b>	Health Protection and Screening Services – Performance metrics
<b>Date reported to ACGC:</b>	10 March 2025
<b>Original date:</b>	30 June 2025
<b>Summary of changes:</b>	None
<b>Previous Comments:</b>	<p><b>March 2025 Update:</b> 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>
<b>Lead Comments:</b>	<p><b>August 2025 Update:</b></p> <p>Metrics developed for EPRR and are now reported via monthly directorate metrics report. Work is continuing with OMD to develop suite of reportable metrics.</p> <p>Request to extend implementation date to 31 October 2025.</p>
<b>Proposed action:</b>	<b>Request change of date to 31 October 2025.</b>
<b>LT Comments:</b>	<b>LT discussed the update and agreed to issue extension to 31 October 2025</b>

### 3.4 Health Protection and Screening

<b>Action 648: (Internal Audit)</b>	<p>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.</p> <p>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.</p>
<b>Report:</b>	Health Protection and Screening Services – Performance metrics
<b>Date reported to ACGC:</b>	10 March 2025
<b>Original date:</b>	30 June 2025
<b>Summary of changes:</b>	None
<b>Previous Comments:</b>	<p><b>March 2025 Update:</b></p> <p>Exercise to be scoped.</p>
<b>Lead Comments:</b>	<p><b>August 2025 Update:</b></p> <p>Work still being scoped to align with IMTP and Routemap objectives.</p> <p>Request to extend implementation date to 31 December 2025.</p>
<b>Proposed action:</b>	<b>Request change of date to 31 December 2025.</b>
<b>LT Comments:</b>	<b>LT discussed the update and agreed to issue extension to 31 December 2025</b>

### 3.4 Health Protection and Screening

<p><b>Action 649: (Internal Audit)</b></p>	<p>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.</p> <p>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.</p> <p>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.</p>
<p><b>Report:</b></p>	<p>Health Protection and Screening Services – Performance metrics</p>
<p><b>Date reported to ACGC:</b></p>	<p>10 March 2025</p>
<p><b>Original date:</b></p>	<p>30 June 2025</p>
<p><b>Summary of changes:</b></p>	<p>None</p>
<p><b>Previous Comments:</b></p>	<p><b>March 2025 Update:</b> 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>
<p><b>Lead Comments:</b></p>	<p><b>August 2025 Update:</b>  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.</p> <p>Request to extend implementation date to 31 December 2025 and recommend transferring the action to RDD Directorate as the timeline for data availability is not within HPSS gift.</p>

### 3.4 Health Protection and Screening

<b>Proposed action:</b>	<b>Request change of date to 31 December 2025.</b> <b>Request transfer of responsibility for Action to the Research, Data and Digital Directorate.</b>
<b>LT Comments:</b>	<b>LT discussed the update and agreed to issue extension to 31 December 2025 and agreed to transfer responsibility to the Research, Data and Digital Directorate.</b>

### 3.4 Health Protection and Screening

<b>Action 651: (Internal Audit)</b>	<p>Reporting and monitoring improvement: The information recorded in the monitoring spreadsheets is not used to clearly identify improvements to the procurement monitoring process within the HPSS directorate.</p> <p>Agreed Action: Snapshot dashboards, which summarise information in the Procurement Forward Look and the Waiver Tracker spreadsheets, would aid understanding the current position and future trends over time.</p>
<b>Report:</b>	Health Protection and Screening Services – Performance metrics
<b>Date reported to ACGC:</b>	10 March 2025
<b>Original date:</b>	30 June 2025
<b>Summary of changes:</b>	None
<b>Previous Comments:</b>	<p><b>March 2025 Update:</b></p> <p>Project group set up with the aim of improving current trackers and build a dashboard. Work is underway and timescales on track for June implementation.</p>
<b>Lead Comments:</b>	<p><b>August 2025 Update:</b></p> <p>RECOMMENDATION TO CLOSE. Complete, dashboards for the waiver tracker and forward look spreadsheets have both been created.</p>
<b>Proposed action:</b>	<b>Request Action is Closed.</b>
<b>LT Comments:</b>	<b>LT noted the update and were assured that the action was complete and approved the closure of the action.</b>

### 3.5 - People and Organisational Development

# 3.5 - People and Organisational Development

**2 Actions to review: 564 and 565**

### 3.5 - People and Organisational Development

<b>Action 564: (Audit Wales)</b>	<p><i>We found weaknesses in the Trust’s approach to monitoring and overseeing delivery of its People Strategy. It does not understand the impact of its efforts to implement that strategy and the POD Committee does not have a clear picture of progress implementing the People Strategy. By the end of quarter 2 2024-25, the Trust should:</i></p> <p><i>5.1. Develop mechanisms to report progress against the workforce outcome indicators in the People Strategy and IMTP (high priority)</i></p> <p><i>Management Response:</i></p> <p><i>Accepted. We will look to do this in partnership with our Strategy and Planning Colleagues, to ensure efficiency and integration.</i></p>
<b>Report:</b>	Workforce Planning
<b>Date reported to ACGC:</b>	August 2023
<b>Original date:</b>	30 September 2024
<b>Current date:</b>	30 June 2025
<b>Summary of changes:</b>	Extension granted to 31 March 2025 in July 2024 and to 30 June 2025 in January 2025

### 3.5 - People and Organisational Development

<b>Previous Comments:</b>	<p><b>March 2025 Update:</b> In progress and on track. A programme of engagement activity is being progressed which includes:</p> <ul style="list-style-type: none"><li>• Intranet content including a feedback form</li><li>• A series of drop in sessions 'Time with Tracy' session (28 April).</li></ul> <p>The final draft of the People Strategy will be scheduled for approval at the Board meeting on the 29 May 2025. The following IMTP commitment has been approved for 2025-26 to take this action forward in future years: Develop the People Strategy 2035 implementation plan, map delivery to years 2 and 3 of the IMTP, establish a baseline for future evaluation.</p> <p><b>January 2025 Update:</b> Whilst progress with the refreshed People Strategy is at an advanced stage, conversations with Business Executive Team have resulted in a decision to delay publication by one quarter to enable it to be launched with greater engagement from colleagues across the organisation. Request extension to 30 June 2026.</p> <p><b>November 2024 Update:</b> In progress and on track. Work on the refresh of the People Strategy is progressing to plan. Assurance was provided to the People and Organisational Development Committee in October, and there will be engagement with the Board in December. A Strategic Executive Team engagement session took place on the 13 November. People and Organisational Development will engage with Finance and Planning on relevant audit actions as we continue with this work through the rest of 2024-25.</p> <p><b>July 2024 Update:</b> The April 2024 update omitted to seek to align implementation date to the related IMTP objectives. Request revised date of 31 March 2025.</p> <p><b>April 2024 Update: In progress.</b> This action is reflected in the following IMTP commitment for 2024-25: 'Publish an updated People Strategy.' Following the refresh of the Long Term Strategy in 2023-2024, work was undertaken to</p>
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### 3.5 - People and Organisational Development

	<p>assess the impact on the People Strategy and a decision was made to update it. Developing clear mechanisms to report progress against outcomes will be integrated with that update.</p> <p><b>February 2024 Update:</b> In Progress, not yet due</p>
<b>Lead Comments:</b>	<p><b>August 2025 Update:</b> Request closure: The refreshed People Strategy was approved by the Board in May 2025 and is published. The following IMTP commitment has been approved for 2025-26 to take this forward in future years and extend delivery planning for the People Strategy beyond the three-year IMTP period: 'Develop the People Strategy 2035 implementation plan, map delivery to years 2 and 3 of the IMTP, establish a baseline for future evaluation. Progress against the People Strategy Implementation plan will be reported through the IMTP related governance process to BET. Regular progress updates are programmed in the PODCOM forward look.</p>
<b>Proposed action:</b>	<b>Request Action is Closed.</b>
<b>LT Comments:</b>	<b>LT noted the update and were assured that the action was complete and approved the closure of the action.</b>

### 3.5 - People and Organisational Development

<b>Action 658: (Audit Wales)</b>	<i>There are two interim Executive Director appointments disclosed within the Trust's Accountability Report. Although we were informed that these had been verbally approved by the Welsh Government, prior to their approval by the Trust's Remuneration Committee, no written evidence from Welsh Government was provided to us to support these approvals. To demonstrate compliance with WHC/2024/013, and ensure an appropriate audit trail, the Trust should ensure written approval is obtained for any future, or extended, interim Executive Director appointments.</i>
<b>Report:</b>	Audit of Accounts
<b>Date reported to ACGC:</b>	23 June 2025
<b>Original date:</b>	30 June 2025
<b>Current date:</b>	
<b>Summary of changes:</b>	None.
<b>Previous Comments:</b>	None.
<b>Lead Comments:</b>	August 2025 Update: Request closure Requirement for written approval to be obtained for any future, or extended, interim Executive Director appointments embedded in ways of working.
<b>Proposed action:</b>	<b>Request Action is Closed.</b>
<b>LT Comments:</b>	<b>LT noted the update and were assured that the action was complete and approved the closure of the action.</b>

## 3.6 - Health and Wellbeing

# 3.6 - Health and Wellbeing

**1 Actions to review: 631**

### 3.6 - Health and Wellbeing

<b>Action 631: (Internal Audit)</b>	<p>Refresher training should be provided to all Directorate budget holders on the use of Qlikview as means of 'at a glance' and real time review of their respective Programme Cost Centres.</p> <p>QlikSense has subsequently replaced Qlikview and is currently being rolled out across Public Health Wales. Training dates for budget holders to be circulated.</p>
<b>Report:</b>	Health and Wellbeing Directorate – Financial Planning
<b>Date reported to ACGC:</b>	14 January 2025
<b>Original date:</b>	31 December 2024
<b>Summary of changes:</b>	One extension to March 2025 in January 2025, one in March 2025 to June 2025.
<b>Previous Comments:</b>	<p><b>March 2025 Update:</b></p> <p>Complete. Training dates circulated.</p> <p><b>LT reviewed the request for change of date. LT asked for assurance as part of the next update (prior to closing the action) of the numbers of budget holders that had received the training vs the total number of those who required the training.</b></p> <p><b>January 2025 Update:</b></p> <p>Systems team in Finance to arrange session for relevant budget holders who require training.</p> <p>Request date change for 31 March 2025.</p>

### 3.6 - Health and Wellbeing

<b>Lead Comments:</b>	<b>August 2025 Update:</b>  Health and Wellbeing have 30 budget holders with a range of approval limits. 18 have been received QlikSense training. 4 others in addition to those budget holders have also undertaken training. We continue to actively promote training sessions when they are available however the last session was cancelled and future training dates have not been diarised currently.  It should be noted that a number of budget holders have very low approval limits and are therefore do not need to access QlikSense on a regular basis. We have a close working relationship with our Finance Business Partners and a spending plans to underpin the work in the Directorate.
<b>Proposed action:</b>	<b>Request Action is Closed.</b>
<b>LT Comments:</b>	<b>LT noted the update and were assured that the action was complete and approved the closure of the action.</b>

## **3.7 – Research, Data and Digital**

**7 Actions to review: 477, 559, 569a, 572, 614, 622 and 623**

### 3.7 – Research, Data and Digital

<b>Action: 477 (Audit Wales)</b>	<i>Collaboratively design and develop an organisational approach to capacity and capability building for skills in engagement and feedback analysis to inform planning and improvement</i>
<b>Report:</b>	Review of Quality Governance Arrangements (Audit Wales)
<b>Date reported to ACGC:</b>	2020
<b>Original date:</b>	31 March 2023
<b>Current Date:</b>	30 September 2025
<b>Summary of changes:</b>	Extensions have been granted four times previously. October 2023 to January 2024 and at LT in December 2023 to March 2024. LT in April 2024 to 31 October 2024 and in December 2024 to September 2025.

### 3.7 – Research, Data and Digital

<b>Previous Comments:</b>	<p><b>March 2025 Update:</b> 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> <p><b>January 2025 Update:</b> Following the previous research that has been undertaken it was decided that it would be invaluable to speak to some of PHW’s contacts to establish if their needs and goals were being met by PHW and if PHW’s awareness of those goals was in line with expectation. After an initial recruitment screener prior to Christmas which did not yield a positive response, it was decided that recruitment of user group would pause to allow for a more concerted effort when other lines of work had been cleared away in the new year. It is the teams intention that we speak to at least 5 of PHW’s contact group to validate some of the findings and conclusions that have come out of our own internal users. Next review end of Q1 2025.</p> <p><b>November 2024 Update:</b> Request extension to 30 September 2025 for the cross organisational group to complete the review and prepare business cases/proposals. The cross-organisational group have completed the 1st round of research on the potential of a Customer Relationship Management system (CRM). This included a Kick-off session with interested stakeholders and then a re-alignment as we found that engagement was quite low. We followed up with 6 in depth Small to Medium Enterprise interview sessions with the Teams interested in the CRM to better understand their reasons and understanding of a potential tool. There is a plan in place for a second phase of the review.</p> <p><b>July 2024 Update:</b> The Senior User-Centred researcher, has led a pre discovery, with support from the central engagement team which completed in July 2024. The group highlight that a shared approach to working with users such as stakeholders or members of the public will be more useful than having a variety of approaches across the organisation, but have found three areas that would need to be approached before there would be a successful outcome:</p>
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### 3.7 – Research, Data and Digital

- 1) An agreed approach to logging external contacts or interests. People at every level in the organisation would need to be aware of the activities and interests of others if PHW is to put customer relationship management/contact management to best use. Without an agreed process already being followed, there is a chance that our solution would find gaps where there are none, or miss opportunities for reducing overlap.
- 2) There is a high degree of apathy in some stakeholder groups when considering working with PHW. To improve equality of coverage and to improve the chance of health improvement, we need to understand the roots of that apathy and find successful approaches to reducing it.
- 3) After 1 and 2 then we recommend that the cross-organisational group should build a business case for a CRM/CMS. Since this is a very common tool, there should be plenty of solutions that meet our principles of open first and cloud first, whilst still meeting the needs of protecting our stakeholders' information.

**April 2024 Update:** The paper that was submitted to the Digital Data Design Authority was broadly supported but the decision was made that the development of a robust CRM is a significant piece of work which needs to be planned properly before implementation. Interviews with teams across PHW are currently underway to build a picture of what is currently being done across the organisation, to feed into the planning process. It is anticipated that the plan would be ready in Autumn 2024 with a rollout plan to follow. The decision was made for the Data, Knowledge and Research Directorate to take a lead on this work moving forward, with support from the Engagement team within QNAHPs. This action needs to be transferred to the Data, Knowledge and Research Directorate.

**February 2024 update:** A paper was submitted to Digital Data Design Authority and the User Centred Design Team are leading and carrying out a user needs assessment. As part of this assessment, internal interviews are taking place organisation-wide to establish what it is teams feel they need from a Customer Relations Management (CRM) tool. The findings will be reported to the DDDA, along with recommendations; at present, this action is on track for delivery by 31 March-24.

**November 2023 Update:** A workshop has been requested by the DDDA to establish further information to help determine the future approach for a stakeholder database.

### 3.7 – Research, Data and Digital

<b>Lead Comments:</b>	<b>August 2025 Update:</b> 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.
<b>Proposed action:</b>	<b>Request change of date to 31 December 2025.</b>
<b>LT Comments:</b>	<b>LT discussed the update and agreed to issue extension to 31 December 2025</b>

### 3.7 – Research, Data and Digital

<b>Action 559: (Audit Wales)</b>	<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>
<b>Report:</b>	<i>Workforce Planning</i>
<b>Date reported to ACGC:</b>	January 2024
<b>Original date:</b>	30 June 2024
<b>Current date:</b>	31 October 2025
<b>Summary of changes:</b>	One, August 2024 change of date approved to 31 March 2025 and March 2025 to October 2025
<b>Previous Comments:</b>	<p><b>March 2025 Update:</b> Following a review of the IMTP dependencies on RDDD, significant investment money has been made available to support the recruitment of key technical specialist roles. These roles were identified in the workforce plan and this welcome investment is the beginning of bolstering these specialities. However, prioritisation, phasing and sequencing are still required to meet the significant demands on RDDD. Due to the identified dependencies, a request to review this action again in September 2025 to clearly identify progress, and highlight concerns. Request extension to 31 October 2025.</p> <p><b>January 2025 Update:</b> Scoping of these requirements by RDDD need to be progressed and aligned to the strategic route maps and IMTP milestones. It is noticed that there are significant dependencies on Research, Data and Digital Directorate and the work will require prioritisation, phasing and sequencing to optimise resource/financial constraints.</p> <p><b>November 2024 Update:</b> This action is complete, with the Annual Impact Survey presented to, and approved, by the Business Executive Team, the stakeholder engagement toolkit published; and the Publication Standards agreed. However, rather than mandate the Publication Standards we believed they will be better adhered too through imbedding them within the Contend Design Standards that are</p>

### 3.7 – Research, Data and Digital

	<p>being rolled out in line with the new Website, and also providing a suite of support and training. This will be delivered by March 2025.</p> <p><b>July 2024 Update:</b> National model completed but data quality is limiting our ability to accurate model below that level. Need to assess what can be done to improve data quality and model.</p> <p><b>April 2024 update:</b> In progress not yet due. We have worked in partnership with Simul8 to develop a demand and capacity model for Diabetic Eye Screening. This works on dummy data at present and in April 2024 will be tested with real data from the service and the model developed to provide a local picture. KY and AD on behalf of IB request extension to 31 March 2025.</p> <p><b>February 2024 Update:</b> In Progress, not yet due</p>
<p><b>Lead Comments:</b></p>	<p><b>August 2025 Update:</b></p> <p>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.</p> <p>Request to extend the due date to 31 December 2025.</p>
<p><b>Proposed action:</b></p>	<p><b>Request change of date to 31 December 2025.</b></p>
<p><b>LT Comments:</b></p>	<p><b>LT discussed the update and agreed to issue extension to 31 December 2025</b></p>

### 3.7 – Research, Data and Digital

<b>Action 569a: (Internal Audit)</b>	<i>Considered in Private Meeting.</i>  <i>Due to the sensitive nature of this report, recommendations considered in Private session of ACGC</i>
<b>Report:</b>	<i>Business Continuity and Technical Resilience</i>

<b>Action 572: (Internal Audit)</b>	<i>Considered in Private Meeting.</i>  <i>Due to the sensitive nature of this report, recommendations considered in Private session of ACGC</i>
<b>Report:</b>	<i>Business Continuity and Technical Resilience</i>

<b>Action 614: (Internal Audit)</b>	<i>Considered in Private Meeting.</i>  <i>Due to the sensitive nature of this report, recommendations considered in Private session of ACGC</i>
<b>Report:</b>	IT infrastructure and network management Final Internal

### 3.7 – Research, Data and Digital

<b>Action 622: (Audit Wales)</b>	<p><i>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.</i></p> <p><i>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.</i></p>
<b>Report:</b>	<i>Data and Digital Strategy</i>
<b>Date reported to ACGC:</b>	14 January 2025
<b>Original date:</b>	30 April 2025
<b>Current date:</b>	30 April 2025
<b>Summary of changes:</b>	One, March 2025 to July 2025.
<b>Previous Comments:</b>	<p><b>March 2025 Update:</b></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 beginning April 2025. Request date extension to 31 July 2025 due to current change options unknown.</p> <p><b>January 2025 Update:</b> Meeting held to coordinate operational risk management across key directorates, reviewing mitigations and actions for digital and data teams. Further work required to progress alignment of digital and data risks across projects.</p>
<b>Lead Comments:</b>	<p><b>August 2025 Update:</b></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</p>

### 3.7 – Research, Data and Digital

	managed by the incoming Portfolio Lead so extension to the due date of this is requested to 31 December 2025.
<b>Proposed action:</b>	<b>Request change of date to 31 December 2025.</b>
<b>LT Comments:</b>	<b>LT discussed the update and agreed to issue extension to 31 December 2025</b>

### 3.7 – Research, Data and Digital

<b>Action 623: (Audit Wales)</b>	<p><i>We note some areas of slippage within the Strategy which may impact on overall delivery, result in suboptimal decisions, or decisions made for quick (tactical) fixes as opposed to strategic, systemic improvements.</i></p> <p><i>We have strengthened programme management to ensure that slippage is minimised. We will also strengthen DDDA monitoring of the portfolio to minimise the risk of tactical solutions.</i></p>
<b>Report:</b>	<i>Data and Digital Strategy</i>
<b>Date reported to ACGC:</b>	14 January 2025
<b>Original date:</b>	30 April 2025
<b>Current date:</b>	30 April 2025
<b>Summary of changes:</b>	One, in March 2025 to July 2025.
<b>Previous Comments:</b>	<p><b>March 2025 Update:</b> Assurance paper submitted to BET and a further update is scheduled for June 2025. Due to the significant demands on digital and data agenda discussions are ongoing, to manage delivery expectations/capacity. As this is ongoing work and oversight, a request extension is requested until July 2025, which will enable a further assurance report will go to BET and for BET to confirm their confidence assessment. Request extension to 31 July 2025.</p> <p><b>January 2025 Update:</b> Quarterly paper provided to Business Executive Team that the Digital and Data Design Authority (DDDA) is providing appropriate governance and support to Public Health Wales to deliver on the vision and aims of the Digital and Data Strategy. DDDA held a special workshop in January 2025 to assess the digital and data resource impacts of the IMTP.</p>
<b>Lead Comments:</b>	<p><b>August 2025 Update:</b></p> <p>DDDA review the Digital and Data Portfolio on a monthly basis. Reporting is now centralised via strategy and planning and captured on the dashboard. Assurance papers are sent to BET and KRIC and following a recent self assessment of our digital transformation, Board have approved the position and assurance of our plans.</p>

### 3.7 – Research, Data and Digital

	Request action closed.
<b>Proposed action:</b>	<b>Request Action is Closed.</b>
<b>LT Comments:</b>	<b>LT noted the update and were assured that the action was complete and approved the closure of the action.</b>

## Summary

# 3.8 - Operations and Finance

**5 Actions to review: 516, 655, 656, 657 and 659**

## Summary

<b>Action 516: (Internal Audit)</b>	<i>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.</i>
<b>Report:</b>	<i>Health and Safety</i>
<b>Date reported to ACGC:</b>	February 2023
<b>Original date:</b>	30 June 2023
<b>Current Date:</b>	24 February 2026
<b>Summary of changes:</b>	<p>Four changes to 31 October 2023 (agreed in June 23) to 31 March 2024 (agreed in November 2023) and to 31 October 2024 in August 2024.</p> <p>The November 2024 update requested an extension to March 2025. LT asked if this was realistic and achievable given the approval body meetings schedule of meetings and sought clarity on the approval dates and therefore what a realistic extension for.</p> <p>The update stated:</p> <ul style="list-style-type: none"> <li>• DSE Policy: Publication date would be moved back to December 2025. LB Confirmed this would require QSIC approval nearest meeting would be 24 February 2026.</li> <li>• Waste Policy: Due to issues re ensuring consistent / accurate read across between the policy for General Waste/ Recycling and Clinical Waste publication date would be moved back to January 2025. LB confirmed this policy is not out to consultation in January and will have missed February QSIC deadline, suggest June meeting a more realistic date.</li> </ul> <p>Further clarity was sought from the lead.</p> <p>On the basis of the advice above from the Policy process lead, LT agreed to grant an extension to 24 February 2026 and would review progress at the next review of the Tracker scheduled for February 2025.</p>

## Summary

<b>Previous Reviews:</b>	<p><b>March 2025 Update:</b></p> <p>There remain four policy/procedures to be published further to their review and updates as required - namely:</p> <p>DSE Procedure - Currently Board Business Unit for publication as QSIC do not need to approve a procedure. Approved by Health and Safety Group on 18 April 2024.</p> <p>Waste Management Policy and Procedure - Delays have been experienced in finalising the policy and procedure - final draft for translation will be concluded 30th April 2025 for consultation during May 2025.</p> <p>Bomb Threat and Suspicious Packages Procedure - Drafting remains to be completed, but it is anticipated that it will be completed by April 30th 2025.</p> <p>Security procedure - Drafting remains to be completed, but it is anticipated that it will be completed by April 30th 2025.</p> <p><b>January 2025 Update:</b></p> <p>DSE Procedure - Has now been fully translated and it is intended that it will be available for approval from February 24 2025. It is proposed that the procedure will go to the June meeting of QSIC. Waste Policy - being finalised for and consultation from February 2025. Post consultation completion the policy and procedure will go to June Meeting of QSIC.</p> <p><b>November 2024 Update:</b></p> <p>Progress on policy development was reviewed at the 14 October Health and Safety Group Meeting and revised publication dates were agreed as follows - DSE Policy: Publication date would be moved back to December 2025.</p>
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## Summary

	<p><b>Waste Policy:</b> Due to issues re ensuring consistent / accurate read across between the policy for General Waste/ Recycling and Clinical Waste publication date would be moved back to January 2025. Request extension to 31 March 2025 to address delays.</p> <p><b>July 2024 Update:</b> Security Policy and Procedure to be to be finalised. Anticipated that consultation on the documents will now take place in September with an aim for publication October. Request extension to 31 October 2024.</p> <p><b>April 2024 Update:</b> The Security Policy and Procedure has been progressed in conjunction with Emergency planning colleagues input. Draft policy and procedure will be published for consultation in April ahead of approval by the Health and Safety Group.</p> <p><b>February 2024 Update:</b> February Update: A total of 10 Health &amp; Safety policies and procedures are on the Health &amp; Safety Workplan. Nine have now been through full consultation and have been approved at the Health &amp; Safety Group and have been translated or are currently under translation. One policy Security Policy and Procedure has been reviewed and updated and will shortly be issued for consultation. It is anticipated that this will be concluded by 31 March.</p> <p><b>October 2023 Update:</b> Work ongoing to update health and safety policies and procedures, along with the development of new policies that have been identified e.g. Safer Driving Procedure. The Health and Safety workplan 2023/24 is monitoring the progress of policy/ procedure updates and for outstanding policies, risk remains low and existing policies and procedures remain current. Suggest revised implementation date of 31 March 2024 requested.</p> <p><b>June 2023 update:</b> Policies continue to be updated. Procedures are approved through the Health and Safety Group and policies will be approved by the Quality, Safety and Improvement Committee. The Health and Safety workplan 2023/24 details the timetable for reviewing and updating the policies and procedures which has been approved by the Quality, Safety and Improvement Committee in May 2023. Seven Health and Safety Policies and Procedures were updated and approved during 2022/23. For outstanding policies, risk remains low and existing</p>
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## Summary

	policies and procedures remain current. Suggest revised implementation date of 31 October 2023.
<b>Lead Comments:</b>	<p><b>August 2025 Update:</b> There remains four policy / procedures to be published further to their review and updates as required - namely:</p> <p>DSE Procedure - This has been concluded and completed the consultation phase and is now published.</p> <p>Waste Management Policy &amp; Procedure - This will be finalised by 31 July and issued for consultation.</p> <p>Bomb Threat and Suspicious Packages Procedure - This will be finalised by 31 July and issued for consultation.</p> <p>Security procedure – This will be finalised by 31 July and issued for consultation.</p>
<b>Proposed action:</b>	<b>On track for completion by due date.</b>
<b>LT Comments:</b>	<b>Noted the progress, and that the action was on track for completion by the due date.</b>

## Summary

<b>Action 655: (Audit Wales)</b>	R1: Transparency of plans To improve transparency of actions to support delivery of its well-being objectives, the Trust should ensure that the website is clear about how it is taking action to deliver its well-being objectives, including making its current IMTP is easily accessible on its website.
<b>Report:</b>	Review of the arrangements for setting and monitoring well-being objectives
<b>Date reported to ACGC:</b>	8 May 2025
<b>Original date:</b>	28 February 2025
<b>Current date:</b>	
<b>Summary of changes:</b>	None.
<b>Previous Comments:</b>	None.
<b>Lead Comments:</b>	August 2025 – confirmed already completed in February 2025.
<b>Proposed action:</b>	<b>Request Action is Closed.</b>
<b>LT Comments:</b>	<b>LT noted the update and were assured that the action was complete and approved the closure of the action.</b>

## Summary

<b>Action 656: (Audit Wales)</b>	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.
<b>Report:</b>	Review of the arrangements for setting and monitoring well-being objectives
<b>Date reported to ACGC:</b>	8 May 2025
<b>Original date:</b>	31 March 2026
<b>Current date:</b>	
<b>Summary of changes:</b>	None.
<b>Previous Comments:</b>	None.
<b>Lead Comments:</b>	<b>August 2025 update:</b>  On track for completion on time.
<b>Proposed action:</b>	<b>Action on track for completion on time.</b>
<b>LT Comments:</b>	<b>Noted the progress, and that the action was on track for completion by the due date.</b>

## Summary

<b>Action 657: (Audit Wales)</b>	R3: Transparency and clarity of reporting When reporting progress against well-being objectives in the Annual Report, the Trust should make the links clearer between the individual objectives and the IMTP milestones and actions.
<b>Report:</b>	Review of the arrangements for setting and monitoring well-being objectives
<b>Date reported to ACGC:</b>	8 May 2025
<b>Original date:</b>	30 June 2025
<b>Current date:</b>	
<b>Summary of changes:</b>	None.
<b>Previous Comments:</b>	None.
<b>Lead Comments:</b>	<b>August 2025 Update:</b>  Complete as Annual Report has now been submitted, request Action is closed.
<b>Proposed action:</b>	<b>Request Action is Closed.</b>
<b>LT Comments:</b>	<b>LT noted the update and were assured that the action was complete and approved the closure of the action.</b>

## Summary

<p><b>Action 659: (Audit Wales)</b></p>	<p>A small number of IT control weaknesses were identified as part of our audit.</p> <p>Findings: As part of IT work, that supports our audit of the financial statements, a small number of issues were identified. We found that:</p> <ul style="list-style-type: none"> <li>• Corporate IT change control policies and procedures have not been formally agreed or documented. This was previously reported in 2023-24 but has not been fully implemented.</li> <li>• Upon physical inspection of the server room site at Capital Quarter, it was noted that there were several fire hazards in the form of cardboard boxes and trip hazards such as wires trailing out of the back of server racks. These combustible materials and trip hazards pose a fire threat or could cause unintended physical damage to the servers.</li> <li>• The Prolease and RAM IT application password settings need strengthening. The user password settings in both the Prolease and RAM systems are set to a minimum of 8 characters, which is not in line with good practice. Weak password controls increase the risk of inappropriate system access, which could impact upon the financial information on which the accounts rely.</li> </ul> <p>We recommend that the Trust:</p> <ul style="list-style-type: none"> <li>• Reviews their arrangements and procedures with regards to change control management, and formally document an agreed approach, so that any changes which might impact on the material financial systems follow proper processes and authorisations;</li> <li>• Completes and implements the plans to remove the cardboard boxes of old hard disk drives and minimise trip hazards within the room; and</li> <li>• Increase the strength of the password settings of the RAM and Prolease applications by enforcing a minimum of 12 characters, in line with what MRI (the software provider) states is available.</li> </ul>
<p><b>Report:</b></p>	<p>Audit of Accounts</p>
<p><b>Date reported to ACGC:</b></p>	<p>8 May 2025</p>
<p><b>Original date:</b></p>	<p>30 September 2025</p>
<p><b>Current date:</b></p>	
<p><b>Summary of changes:</b></p>	<p>None.</p>
<p><b>Previous Comments:</b></p>	<p>None.</p>

## Summary

<b>Lead Comments:</b>	<b>August 2025 Update:</b>  New change control processes by the end of September 2025.  RAM and Prolease password settings to be discussed in all Wales Capital Technical Accounting Group.  Request Action is closed.
<b>Proposed action:</b>	<b>Request Action is closed.</b>
<b>LT Comments:</b>	<b>LT noted the update and were assured that the action was complete and approved the closure of the action.</b>