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Action for LT: LT to Review × Clear ×

Audit Acti...	Origin	Report	Report Assurance...	Exec Lead	Original Impleme...	Current Impleme...	Recommendation	Management Action Agreed	Remit Committee	Management Lead	Quarterly Progress Report	Action for LT	Priority	Implementation R...
477	Audit Wales	Review of Quality Governance Arrangements	N/A	National Directo...	31/03/2023	31/12/2025	Refer 472	Developing an approach to sharing learning from engagement with staff and users either through the implementation of the Quality as a Business Strategy and progressing agile methods which have been initiated. • Using gathered intelligence to develop corporate resource (e.g. central stakeholder database) to facilitate shared relationships with external stakeholders and to identify and fill gaps so that we reach all sectors of the Welsh population	QSIC	Iain Bell	February 2026 Update supplied by e-mail from Alexandra Carion 12 February 2026: This action is on hold indefinitely and should be rated as Red (unless there's another option for hold?). At this stage, there is no proposed date for completion. October 2025 Update: This work is progressing and a more detailed submission is expected to be submitted to the next meeting of the DDDA. August 2025 Update: User research and engagement leads restarted work around the DDDA submission (an update with suggested next steps). A follow-up is needed as the initial proposal is quite light and may need further development and more strategic steer from the engagement team perspective (dependency from the engagement team who are working now on the shape of PHW engagement strategy which may pave the way for the solution and the way for its adoption). We're currently waiting for a meeting to be scheduled to discuss next steps. Request extension to 31...	LT to Review	N/A - Audit Wales	Red
626	Internal Audit	Duty of Candour	**Reasonable assurance**	Nursing, Quality...	31/03/2025	30/06/2026	In order to prevent delays in taking required Duty of Candour actions, procedures that are developed should provide clear guidance on dealing with complex cases where more than one NHS body or another organisation is involved.	The Trust will develop an internal procedure for the management of joint DoC incidents with an internal escalation procedure. PHW will work with the Welsh Risk Pool Duty of Candour Network to request a joint process for investigation and support its development.	QSIC	Jacqui Westmoreland - Quality and Safety and Putting Things Right Manager	February 2026 Update: A PHW procedure for the management of joint DoC incidents with an internal escalation process has been developed, so this part of the action is complete. With regards to the second part of the action, PHW have been working with Welsh Risk Pool and the Once for Wales Datix Team to progress joint investigation national procedures at a national level. However, this work has temporarily paused at a National Level due to the priority work for the revised regulations. RAG rating is amber as although the plan is to aim for the 30th June 2026 deadline, as this part of the action is dependent on Welsh Risk Pool and the Once for Wales Datix Team and whether the national work can be restarted in time. October 2025 Update: Following the publication of the Listening to People regulations in October 2025, much of the planned work has been delayed, to ensure sufficient time is given to embed and roll out the new regulations. As a result, this has been pushed back from the HOPE Network agenda, and will be looked at, at a later date. we are requesting an extension until 30th June 2026, to align...	LT to Review	Low	Amber

Count 2

Audit Recommendations Tracker ☆

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Action for LT: None - Action in Date × Clear ×

Audit Acti...	Origin	Report	Report Assurance...	Exec Lead	Original Impleme...	Current Impleme...	Recommendation	Management Action Agreed	Remit Committee	Management Lead	Quarterly Progress Report	Action for LT	Priority	Implementation R...
624	Internal Audit	Duty of Candour	Reasonable assurance	Nursing, Quality...	31/01/2025	30/06/2026	The Trust should create a guide for managers and reviewers to follow for DoC consideration, especially with regard to assessing harm correctly, completing their initial review, and properly recording these on the Datix system.	The Trust will develop a guide for incident managers to support them with the initial review and actual levels of harm for incidents recorded as moderate. The Trust will also formalise the procedure for the meeting between the service area and PTR team should a moderate incident be recorded.	QSIC	Jacqui Westmoreland - Quality and Safety and Putting Things Right Manager	February 2026 update: The guide has been developed to support the PTR team and the organisation on what process to follow for a moderate or above incident. As per the below update this will need to be rewritten into the new policies and procedures to align with the revised regulations which will be implemented in April 2026. Action on track for the 30th June 2026 deadline. October 2025 Update: Following the publication of the Listening to People regulations in October 2025, all associated policies and procedures are currently being reviewed and updated to align with the new guidance. As part of this process, a formal in-person meeting will be scheduled. To ensure the guide and procedure fully reflect the updated regulations and allow sufficient time for the Public Health Wales consultation process, we are requesting an extension until 30th June 2026. ...	None - Action in Dat	Medium	Green
652	Internal Audit	Duty of Quality	Substantial assurance	Nursing, Quality...	30/06/2025	30/04/2026	Terms of reference of the Quality Oversight Group (QuOG) The QuOG has a draft ToR. We read the draft ToR and note that the group operates as a structured discussion, oversight, and learning group, with no decision-making or delegated responsibilities. Attendance is not mandatory and so there is no quoracy. There is a risk that without an agreed term of reference, setting out quoracy, the group could experience reduced participation, limiting its ability to meet its objectives. One objective of the group ...	The QuOG draft ToR will be reviewed and revised to include an agreed quoracy, and to define the responsibilities of core and member attendees as appropriate. We will then appropriately finalise the ToR.	QSIC		February 2026 Update: ToR have been reviewed by the Quality Oversight Group in Q3 and rewritten and discussed at QuOG on 20 Jan 26. A few minor amendments are required following this discussion and to take back to QuOG in Feb 26 for approval. Once this is complete, they will be taken to BET for final review and approval. Action on track for the 30th April 2026 deadline. October 2025 Update: ToR is currently under review by the Quality Oversight Group. Planned agenda item for full review of ToR on 23rd Sept 25 - meeting had to be cancelled due to limited availability. ToR survey designed and distributed to Quality Oversight Group members. Responses collated, analsyed and discussed at Quality Oversight Group meeting on 21st Oct 2025. Further work required and proposals will need to be presented to BET for authorisation. Otherwise, position remains the same as per the August 2025 update. ...	None - Action in Dat	Medium	Green
654	Internal Audit	Duty of Quality	Substantial assurance	Nursing, Quality...	30/06/2025	30/04/2026	QuOG remit - Lessons learnt and shared learning Part of the QuOG's remit is to share learning on quality matters. This includes: • Considering relevant quality updates from directorates, divisions, and functions to support improvement and learning. • Identifying and acting on learning from patient safety incidents, concerns, complaints, and claims which, together with good practice are shared across the organisation. • Facilitate the thematic analysis and triangulation of learnin...	The QuOG will fulfil its remit to identify, monitor and share lessons learnt across the directorates, divisions and teams of the Trust as mandated within its terms of reference.	QSIC		February 2026 Update: ToR have been reviewed by the Quality Oversight Group in Q3 and rewritten and discussed at QuOG on 20 Jan 26. A few minor amendments are required following this discussion and to take back to QuOG in Feb 26 for approval. Once this is complete, the ToR will be taken to BET for final review and approval. Once the ToR is approved, all processes will be in place to ensure the QuOG fulfills it's expected remit. Action on track for the 30th April 2026 deadline. October 2025 Update: Position remains the same as per the August 2025 update. August 2025 Update: As detailed in Action Ref. 652, this action is intrinsically linked with review of the Quality Oversight Group ToRs and potential subgroups: 1. Discussions ongoing at QuOG to highlight key learning...	None - Action in Dat	Medium	Green
656	Audit Wales	Review of the arrangements for setting and monitoring well-being objectives	N/A	Executive Direct...	31/03/2026	31/03/2026	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.	We consider the resourcing requirements and risks as part of our integrated planning approach to the development of our IMTPs, and will continue to refine and strengthen our planning approach. In addition, Strategic Risks are assigned to an Executive lead to review associated action plans and provide assurance updates to the Executive Team, Board and Committees of the Board. We do not have plans to move delegated authority or restructure to align to priorities, however we will consider an annual mapping exercise of resources (£'s) against our strategic priorities for future IMTPs.	ACGC		January 2026 Update: On track for completion on time October 2025 Update: Resource mapping exercise built into 2026-29 financial planning work and will be included in the 2026-29 IMTP to be submitted in March 2026. This work will be undertaken across quarters 3 and 4 of 2025/26. August 2025: On track for completion on time.	None - Action in Dat	N/A - Audit Wales	Green

660	Internal Audit	Non-core Funding: Health Improvement	Reasonable assurance	National Directo...	01/04/2026	01/04/2026	Grant administrative burden The grant administration process is largely manual and is resource intensive. Key performance information data confirms that the grants team processed 290 claims across six major programmes during 2024/25, including 90 claims for National Exercise Referral Scheme (NERS). Each claim involves validation, coordination with programme leads, and submission to Accounts Payable. Our review of the Grants Administration Flowchart and Grants Finance Log identified ...	Work will be undertaken to review existing processes and identify opportunities in the short and medium term to streamline the grants administration process, building on the existing improvements. Engagement with Directors of Public Health has commenced and a proposal for consideration will be developed. Upon agreement of the proposal, a plan will be developed, and improvements will aim to be implemented by 01 April 2026 ready for the 2026/27 grants cycle where appropriate.	ACGC	Chris Orr	January 2026 Update: On track. Paper under development. Likley that any chnages will need further consideration in light of Public Health Wales allocation and consideration given to what can be implemented ahead or pending the outcome of the election. RAG: GREEN October 2025 Update: On track. Work has commenced and an options paper will be developed for consideration by the Health and Wellneing DLT in December 2025.	None - Action in Dat	Medium	Green
666	Internal Audit	Speaking Up Safely	Reasonable assurance	Board Secretary ...	31/03/2026	31/03/2026	Proportionate approach to directorate SUS champions While the Trust has two Board-level SUS champions, there are no SUS champions at a local level within Trust directorates or departments. We acknowledge that directorates vary significantly in size and function, with some comprising fewer than 50 staff and others, such as Health Protection and Screening Services, exceeding 1,400 staff. As such, a proportionate and dynamic approach to the implementation of ...	The Trust should consider implementing a proportionate model for local SUS champions, tailored to the size, structure, and operational needs of each directorate. We will consider appropriate individuals who could support staff to speak up, such as staff side representatives, People and OD colleagues, Staff Diversity Network Chairs, and directorate representation. Champions should receive appropriate training and be supported by a network or oversight mechanism to ensure consistency and effectiveness.	ACGC		February 2026 Update: On track to be completed, the following are in development: - SUS Champion role descriptions - Development of a Training session set up to run through the process of SUS, to be delivered once we have the Champions list established. - Review of training / support materials already on the SUS Intranet pages to identify any gaps Discussion with LT planned for March on the approach October 2025 Update: This is on track - Green RAG rating for completion. Initial discussions have taken place with POD, LPF and BBU on the role of the Champions, this will be progressed via the development of a Role description, development of training and then call for nominations to establish the programme by the end of March 2026.	None - Action in Dat	Medium	Green
667	Internal Audit	Speaking Up Safely	Reasonable assurance	Board Secretary ...	31/03/2026	31/03/2026	SUS Training The Trust does not offer a dedicated training module aligned with the Welsh Government's Speaking Up Safely (SUS) framework (September 2023). While ESR includes SUS-related modules (e.g. Speak Up, Listen Up, Follow Up), these were developed by NHS England in 2020 and do not reflect the updated Welsh context. The Head of People and OD Operations has confirmed that discussions are ongoing between NHS Wales Shared Service Partnership (NWSSP) and Welsh Governmen...	The Trust will assess the relevance of current ESR SUS modules in the context of the Welsh Government framework. Based on this review, it will determine whether to: • Endorse existing modules as interim learning. • Supplement with internal guidance or briefings; or • Await the release of the updated national e-learning package. • Consider internal comms strategy and other comms tools to enhance training. This will ensure staff receive appropriate and consistent messaging on SUS expectations and processes.	ACGC	Paul Veysey	February 2026 Update: Discussion with the SUS leads on how to take this forward. The module is not suitable as it's the English model and doesn't reference SUS / WG context, therefore it is not suitable to endorse as interim learning. Agreed approach: - Review the learning that we develop for the SUS Champions - Consider other methods of disseminating and raising awareness. Consider developing our own training / video and include in the induction pack. - Messaging will be picked up as part of the communications plan - Consider how we share HEIW training already available. RAG Rating - GREEN October 2025 Update: This is on track - Green RAG rating for completion.	None - Action in Dat	Medium	Green
668	Internal Audit	Speaking Up Safely	Reasonable assurance	Board Secretary ...	31/03/2026	31/03/2026	Early stage development of SUS data and insight Six SUS concerns have been formally recorded since the Protocol's launch in February 2024, which may reflect the early stage of the SUS agenda within the Trust, and the emerging nature of data collection and reporting processes. The Welsh Government Framework encourages organisations to embed speaking up as a cultural gateway for all types of concerns. As the Trust continues to develop its approach, there is an opportunity to strengthen the ...	The Trust will continue to develop its SUS data collection and reporting mechanisms, with a view to enhancing the quality and consistency of information captured. Consideration will be given to establishing a framework for analysing SUS concerns over time, including mechanisms for identifying themes, tracking outcomes, and capturing lessons learned. Establish a quarterly review meeting with SUS leads to review outcomes and learning. This group will review learning and future developments and as the SUS agenda matures, the group will also explore opportunities to integrate SUS data into broader Trust learning and assurance processes.	ACGC	Paul Veysey	January 2026 Update: This is on track. RAG rating GREEN. October 2025 Update: This is on track - Green RAG rating for completion.	None - Action in Dat	Medium	Green

671	Audit Wales	Improving Quality Governance	N/A	Nursing, Quality...	31/03/2026	30/04/2026	The Trust should more explicitly and transparently report the changes it has made in response to service user feedback. This should include reports to QSIC, and more explicit use of "You Said, We Did" to support reporting on its website of service changes stemming from service user feedback.	The Implementation plan for the People's Experience Framework is being discussed and developed on 1st October at the internal People Experience Group (Service user group). This plan includes the introduction of 'You said we did' display within PHW managed public facing sites with quarterly information displayed.	ACGC		February 2026 Update: We have drafted a You Said We Did information page and shared this with the People's Exp Learning Group on 4 Feb 2026. The new page will be available on the public-facing internet pages, and with PHW moving to a new web software, we are undertaking training mid Feb 2026, which will help us create and update the information. The new PHW website is due to go live on 26 March 2026. This action is on track for delivery by 30th April 2026, as per the current implementation target date. October 2025 Update: An action to develop an organisational 'You Said We Did' intranet page and poster template was agreed at the October 2025 People's Experience Learning Group (PELG). Work is underway to develop templates in readiness for discussion at the January PELG meeting for further comments. The poster and intranet pages will be live by 31st March 2026. The above action has also been included within the draft Implementation plan for the People's Experience Framework. This plan is currently being developed and collaborative workshops planned for December 2025 and...	None - Action in Dat	N/A - Audit Wales	Green
672	Audit Wales	Improving Quality Governance	N/A	Nursing, Quality...	31/05/2026	31/05/2026	The Trust should more explicitly and transparently report the changes it has made in response to service user feedback. This should include reports to QSIC, and more explicit use of "You Said, We Did" to support reporting on its website of service changes stemming from service user feedback.	As part of the 'Always on' Reporting working group a public facing website is being developed to include a 'you said we did' section which will detail changes made as a result of service user feedback.	ACGC		February 2026 Update: We have drafted a 'You Said, We Did' information page and shared this with the People's Experience Learning Group on 4th February 2026. The new page will be available on the public-facing internet pages and is due to go live on 26th March 2026. Action is on target for delivery by the 31st May due date. October 2025 Update: The actions from 671 feed into the 'Always on' reporting via the working group. This will include the 'You Said We Did' information being made available public. Awaiting results and analysis from recent 'Time to Talk' public survey which focused on 'Always on reporting' and the DoQ Annual Quality Report. The feedback will be considered and built into the solution. Action on track.	None - Action in Dat	N/A - Audit Wales	Green
673	Internal Audit	Workforce - Mental Health Support	**Reasonable assurance**	Director People ...	30/06/2026	30/06/2026	Managing Attendance at Work (MAAW) Staff training We tested a sample of mental health-related sickness absence episodes. We considered if line managers, who conducted the Return to Work (RTW) meetings, had completed the Managing Attendance at Work (MAAW) training. We note: • 9/14 responders were either unaware of the training or had not undertaken the training. • 4/14 line managers had not undertaken MAAW training in the last 3 years, which is ...	Management will ensure the delivery of learning and development on the Managing Attendance at Work (MAAW) Policy for individuals with line management responsibilities. Once the e-learning is available, the MAAW course will be incorporated into the organisation's induction guidance, as well as updated within relevant policies and procedures (noted that the Policy and e-learning are both developed and agreed at an All-Wales level).	PODC	Jenny Ansell (POD Operations Service Manager)	January 2026 Update: We have now received the MAAW e-learning module. The next steps will be to identify in ESR all those with line management responsibility and to allocate the module to them for completion. Plan to complete this by the end of April	None - Action in Dat	Medium	Green
674	Internal Audit	Workforce - Mental Health Support	**Reasonable assurance**	Director People ...	30/06/2026	30/06/2026	We reviewed a sample of 20 mental health-related sickness absence episodes which identified gaps in compliance with the Managing Attendance at Work policy: • Late recording: Four sickness episodes were entered on ESR between 23 and 140 days after absence began. • Missing or incomplete documentation: Two samples lacked supporting documents; five self-certification forms were missing or incomplete; one case had no RTW or self-certification forms. • Form Errors: ...	Management will ensure line managers undertake the MAAW training and strengthen compliance with the application of the MAAW policy by ensuring: • Communication to managers on the importance of appropriate certification for sickness absences. • Timely recording of sickness absence episodes on ESR. • RTW interviews conducted promptly. • Adequate completion and storage of related documentation. • Provision of regular training and refresher sessions for line managers.	PODC	Jenny Ansell (POD Operations Service Manager)	January 2026 Update: Plan to include regular reminders in Managers News. Managers will be required to renew the MAAW e-learning module every three years	None - Action in Dat	Medium	Green

676	Internal Audit	Corporate Risk Register Effectiveness	Reasonable assurance	Nursing, Quality...	31/07/2026	31/07/2026	Risk Appetite Framework The risk appetite framework will enable the effective application of risk appetite across the wider risk management process, but it is yet to be fully implemented. Risk appetite definitions contained within the risk appetite statement are brief where additional detail would be useful, and there is a minor error in the first category header.	The Risk Appetite Framework will be finalised, approved and implemented. Risk appetite definitions contained within the Risk Appetite Statement will be updated to include additional detail.	QSIC	Danielle Gething – Head of Risk Management	February 2026 Update: Operational Risk Appetite had been due to be signed off at the Risk Assurance Network in November 2025 after tasking members to consider the proposal in their areas. This was postponed due to the priority of carrying out a user centred design workshop with members in relation to the risk management replacement system. No comments or feedback have been received from members since they were tasked with carrying out engagement in their areas of the proposal, as such at the next Network meeting, it is being tabled for approval and schedule arranged for implementation. This action is on track to be delivered by the 31st July 2026 deadline.	None - Action in Dat	Medium	Green
677	Internal Audit	Corporate Risk Register Effectiveness	Reasonable assurance	Nursing, Quality...	31/03/2026	31/03/2026	Training compliance Although a programme of standardised and	Training activities will continue and the recorded sessions will be used to reach a wider audience. The Datix	QSIC	Beth Osborne – Risk Manager	February 2026 Update: Meeting arranged with Datix Technical Support Officer and Risk Manager on 06/01/2026 to agree process for	None - Action in Dat	Medium	Green

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Action for LT: Request Action is Closed × Clear ×

Audit Acti... ↑	Origin	Report	Report Assurance...	Exec Lead	Original Impleme...	Current Impleme...	Recommendation	Management Action Agreed	Remit Committee	Management Lead	Quarterly Progress Report	Action for LT	Priority	Implementation R...
559	Audit Wales	Workforce Planning	N/A	National Directo...	30/06/2024	31/12/2025	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: 2.1. Develop an approach to ensure the accuracy of data in the workforce toolkit and ...	Developing workforce intelligence 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: 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); Accepted....	PODC		January 2026 Update: As detailed in the previous update (Oct 2025), significant progress had been made and future work will be integrated in the People Strategy implementation plan, HEIW led work on vacancies and future workforce solution. A separate system is not a viable option. Request action is closed. October 2025 Update: Significant progress has been made in gathering workforce data / identifying future needs as part of the refresh of the People Strategy. Further work is required to develop our capacity estimations with a focus on skills gaps, and this will be programmed into the People Strategy Implementation Plan which is an IMTP commitment due by 31 Dec 2026. Work by HEIW to establish vacancies within the ESR system and future workforce solution will also contribute to the action plan. Investment in a standalone system won't be pursued due to cost and digital portfolio constraints and the implementation timeline of the future...	Request Action is Clo	N/A - Audit Wales	
622	Internal Audit	Digital & Data Strategy	Reasonable assurance	National Directo...	30/04/2025	31/12/2025	There is no separate digital risk register, and no explicit risk within the corporate risk register that clearly articulates the risks relating to the delivery of the digital and data strategy	There is an existing Corporate risk on failure to maximise the use of digital and data to maximise public health outcomes. We will review our management of this risk and align risks from our major digital projects and operational digital risks into an aligned section of our risk management process.	KRIC		January 2026 Update: RDD now have visibility of the risks that are logged with a digital and data element in Datix and have incorporated the risk reviews into the monthly risk review process. Recommended for closure. October 2025 Update: Green New risks added to Datix now have an additional field that captures whether this risk has a Digital and/or Data element identified. This risk report is shared with the Portfolio Lead for the Digital and Data Portfolio and the RDDD Governance & General Manager. Risks are assessed and risk leads contacted to obtain more information as needed. There is now the ability to report on a Digital and Data Risk Register. This is on track for closure in December 2025, following a final review. August 2025 Update: Following collaboration with the DATIX team there is now...	Request Action is Clo	Medium	
648	Internal Audit	Health Protection and Screening Services – Performance metrics	Reasonable assurance	National Directo...	30/06/2025	31/12/2025	Metrics alignment with Directorate/Divisional objectives Following our review of the HPSS metrics dashboard and discussions with staff from the directorate, we were unable to confirm how the directorate's metrics clearly link to the three overarching directorate objectives or the IMTP.	Agreed Action: Undertake an exercise to clearly link directorate and divisional metrics to the three overarching directorate objectives and the IMTP. Further work to build a directorate plan that includes information on how performance against the strategy will be monitored and how the metrics link to these.	ACGC QSIC	Tom Fowler	January 2026 Update: Metrics and IMTP alignment complete where it was possible to determine that indicators could support the changes brought on by milestone completion, these have been shown, drawing on the DMR, the SPARs, the PAD and elsewhere. There are a number of milestones identifed whose measure of delivery can only be in the delivery itself. Documentation to evidence work completed available on request. Request action be closed. October 2025 Update: Directorate objectives now linked to each metric following discussion and completion of a series of question by the Divisions. Work continues to align with IMTP and routemap objectives currently on track to implement by the deadline date - no issues ...	Request Action is Clo	Medium	

661	Internal Audit	Non-core Funding: Health Improvement	Reasonable assurance	National Directo...	31/12/2025	31/12/2025	Annual funding cycle creates workforce instability Annual non-core means that health boards cannot be sure there will be funding for staff working on grant projects for mor than one year. We understand that this has led to resignations and secondments due to a lack of job security. Health boards are reluctant to recruit late in the year, resulting in delivery gaps and unused funding. Notably, majority of the 'non-core' programmes have received consistent annual approval from Welsh Government for severa...	The Trust will continue to engage with Welsh Government to influence the programme funding cycle and highlight the existing and future challenges, similar to work that has been undertaken in previous years.	ACGC	Chris Orr	January 2026 Update: Complete. Paper outlining risks to posts funded through non-core funding has been finalised and used to inform discussions on savings and issues surrounding fixed term contracts. Action to be closed. October 2025 Update: On track. Specific meeting with WG and Director of Finance and National Director of Health and Wellbeing to be arranged following discussion at Health and Wellbeing 6 month finance review. Paper to outline current risks in relation to non-core funding in draft and will be finalised in November.	Request Action is Clo	Medium
662	Internal Audit	Non-core Funding: Health Improvement	Reasonable assurance	National Directo...	31/12/2025	31/12/2025	The real term value of funding has decreased as non-core grant allocations have not increased, despite rising salary costs and inflation. This funding shortfall is absorbed by delivery partners, often without clarity on whether top-up funding will be provided. As such, there is a risk of under-delivery, budget overspends, or the need to scale back programme activities. In the Healthy Working Wales programme alone, leaving only 10% of the budget for non-pay activities. Similarly, in the Whole School Approach to Mental ...	Work with Welsh Government to establish a formal mechanism for reviewing and adjusting non-core grant allocations in line with NHS pay awards and inflation. This should include clear guidance on how top-up funding is calculated, routed, and communicated to delivery partners to ensure equitable and sustainable programme delivery.	ACGC	Chris Orr	January 2026 Update: Complete. Ongoing engagement with Welsh Government. Awaiting formal allocation letter to confirm levels of non-core funding. Action to be closed. October 2025 Update: On track. See update for reference 661 above. To be discussed at meeting with WG on non-core funding arrangements.	Request Action is Clo	High
675	Internal Audit	Workforce - Mental Health Support	Reasonable assurance	Director People ...	31/01/2026	31/01/2026	Standardised record-keeping for sickness absence documentation The organisation has established a	The organisation has established a centralised repository for all personnel records, including sickness absence records, stored within a secure shared folder accessible to designated	PODC	Jenny Ansell (POD Operations Service Manager)	January 2026 Update: Records Management colleagues have confirmed that they will be asking all Directorates to be using SharePoint files by the end of January. Request Action is closed.	Request Action is Clo	Medium

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Action for LT: Request Change of Date ×

Clear ×

Audit Acti...	Origin	Report	Report Assurance...	Exec Lead	Original Impleme...	Current Impleme...	Recommendation	Management Action Agreed	Remit Committee	Management Lead	Quarterly Progress Report	Action for LT	Priority	Implementation R...
516	Internal Audit	Health and Safety	Reasonable assurance	Executive Direct...	30/06/2023	24/02/2026	Management should ensure that all policies and procedures that relate to health and safety arrangements, are updated as soon as possible to ensure that they outline the current processes in place, whilst providing the latest guidance to staff should it be required.	The Estates and Health and Safety Division have a programme of work to update all policies and procedures that need reviewing and updating and are included as part of the Health and Safety workplan. These policies and procedures will continue to be reviewed, updated and approved by the relevant group/ Committee by end of quarter 1 2023/24.	QSIC		January 2026 Update: Further reset of target dates has been necessary due to competing priorities. Reset dates as below - Waste Management: Delays continue to have been experienced with the finalising of the policy and the procedure. The previously target publication date agreed by the Division with the Directorate's Governance & General Manager for a publication timeline of 31 December was not achieved. A reset publication date is now planned for March 31st Bomb Threat and Suspicious Packages Procedure – delays continue to have been experienced with the finalising of the procedure. The proposed publication date agreed by the Division with the Directorate's Governance and General Manager to reset publication timeline of 31 December was not achieved. Support has been sought from the Emergency Preparedness & Response Team with the procedure's completion, and a reset publication date is now planned for March 31st ...	Request Change of D	Medium	Red
649	Internal Audit	Health Protection and Screening Services – Performance metrics	Reasonable assurance	National Directo...	30/06/2025	31/12/2025	Reporting timescales The reporting deadlines for submitting information for inclusion in the performance and insight report does not align with the dates for which screening services data is available. As such, there is limited time for appropriate scrutiny and analysis by the divisions and wider directorate. We saw instances where heads of programmes had limited time to extract, collate and summarise the data for inclusion within the performance and insight report. For ...	Agreed Action: The Directorate needs to consider the impact of reporting time lags being experienced with some of the metrics, more specifically within Screening. Amendments to the current process need to allow for comprehensive and timely scrutiny of the metrics data at divisional and directorate level prior to being reported to BET/Committees and Board.	ACGC QSIC	Iain Bell	February 2026 Update: Extension to 30 April 2026 requested. Actions are underway and the team recommend an amber rating October 2025 Update: RDDD currently developing an approach in response to request August 2025 Update: 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. Request to extend implementaton date to 31/12/2025 and recommend transferring the action to RDD Directorate as the timeline for data availability is not within HPSS gift. March 2025 Update: Discussion have been undertaken b...	Request Change of D	Medium	Red
669	Audit Wales	Improving Quality Governance	N/A	Board Secretary ...	31/01/2026	31/01/2026	The Trust should introduce a systematic, Trust-wide approach for proactively testing awareness of, and compliance with quality governance policies.	Review the PHW Policy for Policies, Procedures and other written control documents to ensure the requirement for policy owners to routinely audit / test compliance and awareness for all Policies. Amend the Policy approval cover sheet to include more explicit requirement to test awareness as part of the implementation plan.	ACGC	Liz Blayney	January 2026 Update: Review is ongoing, request extension to 26 March 2026 (Board Date) to allow for a more extensive consultation, and to allow the outcome and discussions following a deep dive with the Leadership Team on the Policy process to be incorporated into the Policy. This was suggested at the Leadership Team meeting in December and will take place in February. Requested extension aligns with the Board date in March for final approval. RAG Rating – RED. October 2025 Update: This is on track - Green RAG rating for completion. The Policy is currently being reviewed within the Board Business Unit, as part of a wider review of this policy. It is scheduled on the Board forward look for approval in January 2026, and will go to consultation in December 2025. No risks identified to completion of this action at this stage.	Request Change of D	N/A - Audit Wales	Red
670	Audit Wales	Improving Quality Governance	N/A	Nursing, Quality...	30/04/2026	30/04/2026	The Trust should introduce a systematic, Trust-wide approach for proactively testing awareness of, and compliance with quality governance policies.	Developing a schedule for auditing each Quality Governance Policy, and results to be included in the Audit Section of the quarterly Quality Governance report to QSIC. Summarise any audit activity relating to Quality Governance Policies in the end of year report Q4 report or the Annual Reports for each area.	ACGC		February 2026 Update: There are audits scheduled in the 2026-27 plan that relate to quality governance policies e.g. Consent, Best Interest Decision Making and Decontamination. The work to develop a systematic schedule for auditing all PHW Quality Governance Policies has been on hold due to a delay on the revision of the policy on Policies, Procedures and Other Written Control Documents which needs to include an explicit requirement for policy owners to routinely audit / test compliance and awareness. The current deadline for this action will unlikely be met, and so an extension of 30th June 2026 is requested. Rag rating is Red due to current deadline unlikely to be met. October 2025 Update: On track and will be included in the audit plan for 2026-27.	Request Change of D	N/A - Audit Wales	Red

Count 4