Audit Recommendations Tracker ☆

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Audit Action ...	Origin	Report	Report Assura...	Exec Lead	Date added	Original Imple...	Current Imple...	Recommendation	Management Action Agreed	Remit Co...	Management Lead	Quarterly Progress Report	Financial Year	Priority	Implementation R...	Open/Private?	Action for LT	Themes
516	Internal Audit	Health and Safety	Reasonable assurance	Executive Di...	01/05/2023	30/06/2023	04/06/2026	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		March 2026 Update: Further to the January update work continues to completed the review and revision as applicable to the the three policies. Currently still working to the anticipated June extension. 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 Security 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 ...	2022/23	Medium	Green	Open	None - Action in	
624	Internal Audit	Duty of Candour	Reasonable assurance	Nursing, Qu...	14/01/2025	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. August 2025 Update: Guide has been completed and training is being delivered to areas on harm grading and with incident managers for reviewing the initial levels of harm. The incident investigation procedure is currently being updated to reflect the required discussions between service area and the Concerns team surrounding the reporting of a Moderate or above procedure. Request an extention to 30th September 2025....	2024/25	Medium	Green	Open	None - Action in	
626	Internal Audit	Duty of Candour	Reasonable assurance	Nursing, Qu...	14/01/2025	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	April 2026 update: A PHW procedure for the management of joint DoC incidents with an internal escalation process has been developed, so this part of the action is complete. With regards to the second part of the action, PHW have been working with Welsh Risk Pool and the Once for Wales Datix Team to progress joint investigation national procedures at a national level. However, this work has temporarily paused at a National Level due to the priority work for the revised regulations. RAG rating is amber as although the plan is to aim for the 30th June 2026 deadline, as this part of the action is dependent on Welsh Risk Pool and the Once for Wales Datix Team and whether the national work can be restarted in time. 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 ...	2024/25	Low	Amber	Open	None - Action in	
649	Internal Audit	Health Protection and Screening Services – Performance metrics	Reasonable assurance	National Dir...	10/03/2025	30/06/2025	31/05/2026	Reporting timescales The reporting deadlines for submitting information for inclusion in the performance and insight report does not align with the dates for which screening services data is available. As such, there is limited time for appropriate scrutiny and analysis by the divisions and wider directorate. We saw instances where heads of programmes had limited time to extract, collate and summarise the data for inclusion within the performance and insight report. For example, the January 2024 screening services metrics data was not available for scrutiny until the reporting deadline day.	Agreed Action: The Directorate needs to consider the impact of reporting time lags being experienced with some of the metrics, more specifically within Screening. Amendments to the current process need to allow for comprehensive and timely scrutiny of the metrics data at divisional and directorate level prior to being reported to BET/Committees and Board.	ACGC QSIC	Iain Bell	March 2026 Update: RAG Rating - Amber given the previous delay which has pushed this back to implementation date of 31/05/2026. March 2026 Update: The proposal to shift the reporting timelines around was rejected. The team have reviewed the requirements and proposed an automated way of disseminating the Screening data to the Performance Team (who integrate it into the wider BET dashboard). The intention is to give Screening Leads access to the metrics at the same time so they can scrutinise and investigate under performance. Data availability varies by screening programme, based on the clinical system functionality. Where only have weekend data refreshes are available, we have spoken to system developers to see if additional, first of the month extracts can be scheduled. We will look to pilot the process with the April data release and then full production in May. An extension to 31 May 2026 is therefore requested. February 2026 Update: Extension to 30 April 2026 requested. Actions are underway and the team recommend an amber ...	2024/25	Medium	Amber	Open	None - Action in	Informatio
676	Internal Audit	Corporate Risk Register Effectiveness	Reasonable assurance	Nursing, Qu...	16/12/2025	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	March 2026 Update: No further progress made due to competing priorities and limited resource. 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.	2025/26	Medium	Green	Open	None - Action in	Informatio

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