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Audit Acti...	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	Action for LT	Themes	Risk Types	Priority	Implementation R...	Add column
477	Audit Wales	Review of Quality Governance Arrangements	N/A	National Dir...	01/08/2022	31/03/2023	31/12/2025	Refer 472	Agree with the recommendation. • 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	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 December 2025. March 2025 Update: This workstream has now re-started with added projec...	2021/22				N/A - Audit Wales	Amber	
516	Internal Audit	Health and Safety	Reasonable assurance	Executive Di...	01/05/2023	30/06/2023	24/02/2026	Management should ensure that all policies and procedures that relate to health and safety arrangements, are updated as soon as possible to ensure that they outline the current processes in place, whilst providing the latest guidance to staff should it be required.	The Estates and Health and Safety Division have a programme of work to update all policies and procedures that need reviewing and updating and are included as part of the Health and Safety workplan. These policies and procedures will continue to be reviewed, updated and approved by the relevant group/ Committee by end of quarter 1 2023/24.	QSIC		October 2025 Update: The policies due were reviewed at a directorate level on October 31st and revised dates for publication for translation were set – see below: Waste Management Policy - revised date for consultation November 30th - With the December 31st identified as target date for completion of translation further to consultation. Waste Management Procedure - revised date for consultation November 30th - With the December 31st identified as target date for completion of translation further to consultation. Bomb Threat and suspicious packages - revised date for consultation November 30th - With the December 31st identified as target date for completion of translation further to consultation. Security procedure - revised date for consultation November 30th - With the December 31st identified as target date for completion of translation further to consultation. DSE Policy – has been reviewed and revised and was ...	2022/23				Medium	Green	
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	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. March 2025 Update:...	2024/25				Medium	Green	
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	October 2025 Update: Following the publication of the Listening to People regulations in October 2025, much of the planned work has been delayed, to ensure sufficient time is given to embed and roll out the new regulations. As a result, this has been pushed back from the HOPE Network agenda, and will be looked at, at a later date. we are requesting an extension until 30th June 2026, to align to the above action. August 2025 Update: 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 ...	2024/25				Low	Green	
648	Internal Audit	Health Protection and Screening Services – Performance metrics	Reasonable assurance	National Dir...	10/03/2025	30/06/2025	31/12/2025	Metrics alignment with Directorate/Divisional objectives Following our review of the HPSS metrics dashboard and discussions with staff from the directorate, we were unable to confirm how the directorate's metrics clearly link to the three overarching directorate objectives or the IMTP.	Agreed Action: Undertake an exercise to clearly link directorate and divisional metrics to the three overarching directorate objectives and the IMTP. Further work to build a directorate plan that includes information on how performance against the strategy will be monitored and how the metrics link to these.	ACGC QSIC	Tom Fowler	October 2025 Update: Directorate objectives now linked to each metric following discussion and completion of a series of question by the Divisions. Work continues to align with IMTP and routemap objectives currently on track to implement by the deadline date - no issues meeting the deadline date identified. August 2025 Update: Work still being scoped to align with IMTP and Routemap objectives. Request to extend implementation date to 31/12/2025. March 2025 Update: Exercise to be scoped.	2024/25	Planning, Delive...	Quality or Safet...	Medium	Green	
649	Internal Audit	Health Protection and Screening Services – Performance metrics	Reasonable assurance	National Dir...	10/03/2025	30/06/2025	31/12/2025	Reporting timescales The reporting deadlines for submitting information for inclusion in the performance and insight report does not align with the dates for which screening services data is available. As such, there is limited time for appropriate scrutiny and analysis by the divisions and wider directorate. We saw instances where heads of programmes had limited time to extract, collate and summarise the data for inclusion within the performance and insight report. For example, the January 2024 screening services metrics data was not available for scrutiny until the reporting deadline day.	Agreed Action: The Directorate needs to consider the impact of reporting time lags being experienced with some of the metrics, more specifically within Screening. Amendments to the current process need to allow for comprehensive and timely scrutiny of the metrics data at divisional and directorate level prior to being reported to BET/Committees and Board.	ACGC QSIC	Iain Bell	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 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.	2024/25	Informarion, Dat...	Quality or Safet...	Medium	Amber	

652	Internal Audit	Duty of Quality	Substantial assurance	Nursing, Qu...	08/05/2025	30/06/2025	30/04/2026	Terms of reference of the Quality Oversight Group (QuOG) The QuOG has a draft ToR. We read the draft ToR and note that the group operates as a structured discussion, oversight, and learning group, with no decision-making or delegated responsibilities. Attendance is not mandatory and so there is no quoracy. There is a risk that without an agreed term of reference, setting out quoracy, the group could experience reduced participation, limiting its ability to meet its objectives. One objective of the group is to ensure active engagement from all directorates/divisions. Furthermore, the draft ToR is not clear on the distinction between 'core' and 'member' attendees. Also, there appears to be a lack of clarity in terms of group oversight, such as through the Business Executive Team (BET) or quality Safety and Improvement Committee. (QSIC). The group does not have an agreed terms of reference which could result in the group not meeting its objectives. Attendees are unsure of their responsibilities under the ToR Actions Are not undertaken in a timely manner and senior management are unaware of the risk.	The QuOG draft ToR will be reviewed and revised to include an agreed quoracy, and to define the responsibilities of core and member attendees as appropriate. We will then appropriately finalise the ToR.	QSIC		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. August 2025 Update: ToR is currently under review by the Quality Oversight Group. Planned agenda item for full review of ToR on 23rd Sept 25. Request extension for this action to be extended until 30th April 2026.	2024/25	Performance M...	Control Design	Medium	Amber
654	Internal Audit	Duty of Quality	Substantial assurance	Nursing, Qu...	08/05/2025	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 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. Failure to effectively capture, share and use lessons learned to improve the overarching quality management system	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		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 from Standards Self-Assessment undertaken by Directorates or Divisions, recorded within minutes. 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. 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. Suggest that this action be extended in line with Ref.652 until 30th April 2026.	2024/25	Lesson Learnt	Control Operati...	Medium	Amber
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		2025/26	Informarion, Dat...	Quality or Safet...	Medium	
677	Internal Audit	Corporate Risk Register Effectiveness	Reasonable assurance	Nursing, Qu...	16/12/2025	31/03/2026	31/03/2026	Training compliance Although a programme of standardised and bespoke training activities has been maintained, the compliance rates are low, principally due to the large numbers of potential attendees that have been identified. The Datix permissions list has not been subject to a recent review	Training activities will continue and the recorded sessions will be used to reach a wider audience. The Datix permissions list will be reviewed.	QSIC	Beth Osborne – Risk Manager		2025/26	Policies and Pro...	Quality or Safet...	Medium	