



Content Type

Item



Audit Action Number

516



Report

Health and Safety



Origin *

Internal Audit



Open/Private?

Open



Financial Year

2022/23



Date added

01/05/2023



Remit Committee

QSIC



Report Assurance Rating

Reasonable assurance



Recommendation

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.

[See less](#)



Management Action Agreed

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.

[See more](#)



Exec Lead

Executive Director Operations and ...



Management Lead

Enter value here



Original Implementation Date

30/06/2023



Current Implementation Date

04/06/2026



Previous Changes to Date

31/3/2024, 10/12/2024 19/2/26



Quarterly Progress Report

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 procedure's completion, and a reset publication date is now planned for March 31st

In the light of these dates an extension is requested to 30 June 2026 to submit the above for approval.

RAG Rating - AMBER

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 published October 2024

August 2025 Update: There remains four policy / procedures to be published further to their review and updates as required - namely:

DSE Procedure -

This has been concluded and completed the consultation phase and is now published.

Waste Management Policy & Procedure -

This will be finalised by 31 July and issued for consultation.

Bomb Threat and Suspicious Packages Procedure -

This will be finalised by 31 July and issued for consultation.

Security procedure -

This will be finalised by 31 July and issued for consultation.

March 2025 Update: There remains four policy / procedures to be published further to their review and updates as required - namely:

DSE Procedure -

Currently Board Business Unit for publication as QSIC do not need to approve a procedure.

Waste Management Policy & Procedure -

Delays have been experienced in finalising the policy & procedure - final draft for translation will be concluded 30th April 2025 for consultation during May 2025.

Bomb Threat and Suspicious Packages Procedure -

Drafting remains to be completed, but it is anticipated that it will be completed by April 30th 2025.

Security procedure -

Drafting remains to be completed, but it is anticipated that it will be completed by April 30th 2025.

January 2025 Update:

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.

10 December 2024, LT queried whether this date was realistic and achievable given the approval body meetings, The update sought extension to 31 March 2025 to address delays however LT sought clarity on the approval dates and therefore what a realistic extension for.

The update stated:

- 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.

- 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.

Further clarity was sought from the lead.

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.

November 2024 Update:

Progress on policy development was reviewed at the 14th October health & Safety Group Mtg and revised publication dates were agreed as follows -

DSE Policy: Publication date would be moved back to December 2025.

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.

Request extension to 31 March 2025 to address delays.

July 2024 Update: 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.

April 2024 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. Request change of date to 31 July 2024.

February 2024 Update: February Update: A total of 10 Health & Safety policies and procedures are on the Health & Safety Workplan. Nine have now been through full consultation and have been approved at the Health & 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.

7 December 2023: LT noted the progress being made to review and update policies and procedures, and noted that the schedule for this was detailed within the Health and Safety Group Work Plan. LT asked for a copy of the work plan to be provided, for assurance on the progress and to assess whether the revised implementation date was realistic and achievable. LT agreed to review this again as part of the next review in February, and re-evaluate the timescales at this point.

October 2023 Update: Work ongoing to update health and safety policies and procedures, alongwith 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.

June 2023 update: 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 April 2024 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. 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 policies and procedures remain current. Suggest revised implementation date of 31 October 2023.

[See less](#)



Action for LT

None - Action in Date



Date Closed by LT

Enter value here



Active / Archive *

Active



Date Archived

Enter value here



Reporting Status (IPR)

—



Date moved to Archive

Enter value here



RAG Status(NEW) (Read only)

In Progress, not yet due



Themes

—



Risk Types

—



Priority *

Medium



Implementation RAG Rating

Green



Attachments

[5.2.2b ACGC 2023_03_16 - Internal Audit Final Report - Health Safety Final Report.pdf](#)



Content Type

Item



Audit Action Number

624



Report

Duty of Candour



Origin *

Internal Audit



Open/Private?

Open



Financial Year

2024/25



Date added

14/01/2025



Remit Committee

QSiC



Report Assurance Rating

Reasonable assurance



Recommendation

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.



Management Action Agreed

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.

[See less](#)

Exec Lead

Nursing, Quality and Integrated G...



Management Lead

Jacqui Westmoreland - Quality and Safety and Putting Things Right Manager



Original Implementation Date

31/01/2025



Current Implementation Date

30/06/2026



Previous Changes to Date

20 February 2025 extension to 31 March 2025. In April 2025, extension to 31 July 2025 and in September 2025 to 30 September 2025 and 20 November 2025 to 30 June 2026



Quarterly Progress Report

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 extension to 30th September 2025.

March 2025 Update:

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 21st April 2025. Following that meeting, further work will be required to address this action. Therefore, an extension to 31/07/2025 is requested.

January 2025 Update:

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.

[See less](#)



Action for LT

None - Action in Date



Date Closed by LT

Enter value here



Active / Archive *

Active



Date Archived

Enter value here



Reporting Status (IPR)

—



Date moved to Archive

Enter value here



RAG Status(NEW) (Read only)

In Progress, not yet due



Themes

—



Risk Types

—



Priority *

Medium



Implementation RAG Rating

Green



Attachments

[3.1 ACGC_2025_01_14 - Duty of Candour Internal Audit Report - Final.pdf](#)

626



Content Type

Item



Audit Action Number

626



Report

Duty of Candour



Origin *

Internal Audit



Open/Private?

Open



Financial Year

2024/25



Date added

14/01/2025



Remit Committee

QSIC



Report Assurance Rating

Reasonable assurance



Recommendation

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.



Management Action Agreed

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.

[See less](#)



Exec Lead

Nursing, Quality and Integrated G...



Management Lead

Jacqui Westmoreland - Quality and Safety and Putting Things Right Manager



Original Implementation Date

31/03/2025



Current Implementation Date

30/06/2026



Previous Changes to Date

In April 2025, extension to 31 July 2025 and in September 2025 to 30 September 2025 and 20 November 2025 to 30 June 2026



Quarterly Progress Report

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 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 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.

March 2025 Update:

Meeting held on 14.02.25 with other Trusts and a joint investigation procedure developed with has been shared with HOPE network on 12/03/25. Joint investigation module continue to be developed by the Once for Wales team.

The next Candour Network Meeting is on the 21st April 2025. Following that meeting, further work will be required to address this action. Therefore, an extension to 31/07/2025 is requested.

January 2025 Update:

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.

[See less](#)



Action for LT

None - Action in Date



Date Closed by LT

Enter value here



Active / Archive *

Active



Date Archived

Enter value here



Reporting Status (IPR)

—



Date moved to Archive

Enter value here



RAG Status(NEW) (Read only)

In Progress, not yet due



Themes

—



Risk Types

—



Priority *

Low



Implementation RAG Rating

Amber



Attachments

Add or remove attachments



Content Type

Item



Audit Action Number

649



Report

Health Protection and Screening Services – Performance metrics



Origin

Internal Audit



Open/Private?

Open



Financial Year

2024/25



Date added

10/03/2025



Remit Committee

ACGC QSIC



Report Assurance Rating

Reasonable assurance



Recommendation

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.

[See less](#)



Management Action Agreed

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.

[See less](#)



Exec Lead

National Director Research, Data a...



Management Lead

Iain Bell



Original Implementation Date

30/06/2025



Current Implementation Date

31/05/2026



Previous Changes to Date

In September 2025 to 31 December 2025 and TRANSFER TO RDDD

On 19/3/26 to 31/5/26



Quarterly Progress Report

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 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. Implementation has been raised with the RDD and awaiting a response. Awaiting confirmation from RDD colleagues with regard to most feasible option and timeframes for completion. Request to extend implementation date to 31/12/2025 and recommend transferring the action to RDD Directorate as the timeline for data availability is not within HPSS gift.

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.

[See less](#)



Action for LT

None - Action in Date



Date Closed by LT

Enter value here



Active / Archive *

Active



Date Archived

Enter value here



Reporting Status (IPR)

—



Date moved to Archive

Enter value here



RAG Status(NEW) (Read only)

In Progress, not yet due



Themes

Information, Data Quality and Dat...



Risk Types

Quality or Safety Issues



Priority *

Medium



Implementation RAG Rating

Amber



Attachments

Add or remove attachments



Content Type

Item



Audit Action Number

652



Report

Duty of Quality



Origin

Internal Audit



Open/Private?

Open



Financial Year

2024/25



Date added

08/05/2025



Remit Committee

QSIC



Report Assurance Rating

Substantial assurance



Recommendation

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.

[See less](#)



Management Action Agreed

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.



Exec Lead

Nursing, Quality and Integrated G...



Management Lead

Enter value here



Original Implementation Date

30/06/2025



Current Implementation Date

30/04/2026



Previous Changes to Date

In September 2025 to 30 April 2026.



Quarterly Progress Report

April 202 Update: ToR were agreed at QuOG on 25 March 26 and to be taken to BET on 14 April. Cover paper and ToR submitted to BBU for adding to forward look for 14th April on Wed 8 April 26 in line with submission date of 9 April 2026. Discussed with Deputy Board Secretary on 30 Mar 26, who has advised that the action can be closed.

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, analysed and discussed at Quality Oversight Group meeting on 21st Oct 2025. Further work required and proposals will need to be presented to BET for authorisation.

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.

[See less](#)



Action for LT

Request Action is Closed



Date Closed by LT

Enter value here



Active / Archive *

Active



Date Archived

Enter value here



Reporting Status (IPR)



Date moved to Archive

Enter value here



RAG Status(NEW) (Read only)

In Progress, not yet due



Themes

Performance Monitoring



Risk Types

Control Design



Priority *

Medium



Implementation RAG Rating

Green



Attachments

6.1 ACGC 2025_05_08 - Internal Audit - Duty of Quality Final Report.pdf

654



Content Type

Item



Audit Action Number

654



Report

Duty of Quality



Origin *

Internal Audit



Open/Private?

Open



Financial Year

2024/25



Date added

08/05/2025



Remit Committee

QSIC



Report Assurance Rating

Substantial assurance



Recommendation

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

[See less](#)



Management Action Agreed

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.



Exec Lead

Nursing, Quality and Integrated G...



Management Lead

Enter value here



Original Implementation Date

30/06/2025



Current Implementation Date

30/04/2026



Previous Changes to Date

In September 2025 to 30 April 2026 - to align with Action 652



Quarterly Progress Report

April 2026 Update:

ToR were agreed at QuOG on 25 March 26 and to be taken to BET on 14 April, BET approved the ToR on 14th April. The action is complete.

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 its 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 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.

[See less](#)



Action for LT

Request Action is Closed



Date Closed by LT

Enter value here



Active / Archive *

Active



Date Archived

Enter value here



Reporting Status (IPR)

—



Date moved to Archive

Enter value here



RAG Status(NEW) (Read only)

In Progress, not yet due



Themes

Lesson Learnt



Risk Types

Control Operation



Priority *

Medium



Implementation RAG Rating

Green



Attachments

6.1 ACGC 2025_05_08 - Internal Audit - Duty of Quality Final Report.pdf

656



Content Type

Item



Audit Action Number

656



Report

Review of the arrangements for setting and monitoring well-being objectives



Origin *

Audit Wales



Open/Private?

Open



Financial Year

2024/25



Date added

08/05/2025



Remit Committee

ACGC



Report Assurance Rating

N/A



Recommendation

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.



Management Action Agreed

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.

[See less](#)



Exec Lead

Executive Director Operations and ...



Management Lead

Enter value here



Original Implementation Date

31/03/2026



Current Implementation Date

31/03/2026



Previous Changes to Date

Enter value here



Quarterly Progress Report

March 2026 Update: Complete - Resource mapping exercise complete and included in IMTP

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.

See less



Action for LT

Request Action is Closed



Date Closed by LT

Enter value here



Active / Archive *

Active



Date Archived

Enter value here



Reporting Status (IPR)

—



Date moved to Archive

Enter value here



RAG Status(NEW) (Read only)

At Risk (Deadline passed)



Themes

—



Risk Types

—



Priority *

N/A - Audit Wales



Implementation RAG Rating

Green



Attachments

- 6.2 ACGC 2-25_05_08 - Audit Wales - Wellbeing Objectives.pdf
- 6.2 ACGC 2025_05_08 - PHW WBO Mgt Response - FINAL.pdf

 Content Type


Item

 Audit Action Number

660

 Report

Non-core Funding: Health Improvement

 Origin *


Internal Audit

 Open/Private?

Open

 Financial Year

2025/26

 Date added

30/09/2025

 Remit Committee

ACGC

 Report Assurance Rating

Reasonable assurance

 Recommendation

Grant administrative burden The grant administration process is largely manual and is resource intensive. Key performance information data confirms that the grants team processed 290 claims across six major programmes during 2024/25, including 90 claims for National Exercise Referral Scheme (NERS). Each claim involves validation, coordination with programme leads, and submission to Accounts Payable. Our review of the Grants Administration Flowchart and Grants Finance Log identified multiple layers of approval, short deadlines, and reliance on a team of three business support staff responsible for processing claims and ensuring compliance across multiple programmes. Programmes like NERS and WNHWPS require extensive quarterly submissions and over 60 individual reports annually. This volume places a significant strain on the central team and increases the risk of delay or error. For example:

- In Q4 of 2024/25, over 20 grant claims were processed manually. Highlight reports show that delays in claim validation directly impacted invoice payment timelines, with some outside the 30-day target.

- Several 2025/26 claim forms and delivery plans remained outstanding as of July 2025, requiring repeated follow-up and coordination. The Health Improvement Directorate has made improvements to grant administration in recent years and actioned recommendations that we made in 2023/24, which included the introduction of standardised KPIs, improved risk registers, and the integration of grants into the Trust's budget-setting process. The Directorate leadership team recognises the need for a digitally enabled grant management system but also emphasises that this is a longer-term ambition requiring strategic investment. In the interim, there is a shared commitment to explore short-term solutions.

[See less](#)

 Management Action Agreed

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.

[See less](#)

 Exec Lead

National Director Health and Well ...

 Management Lead

Chris Orr

 Original Implementation Date

01/04/2026

 Current Implementation Date

01/04/2026

 Previous Changes to Date

Enter value here

 Quarterly Progress Report

March 2026 Update: Options and report are not finalised. Delayed due to capacity and competing priorities. Extent to what can be changed also impacted by election and discussions with WG. Looking to implement internal changes to further improve currnt adminstration process during first half of 2026/27. New completion date of 30 June 2026.

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.

[See less](#)



Action for LT

Request Change of Date



Date Closed by LT

Enter value here



Active / Archive *

Active



Date Archived

Enter value here



Reporting Status (IPR)

—



Date moved to Archive

Enter value here



RAG Status(NEW) (Read only)

At Risk (Deadline passed)



Themes

Planning, Delivery and Deadline M...



Risk Types

Financial Loss



Priority *

Medium



Implementation RAG Rating

Red



Attachments

[Non-core Funding Internal Audit Report.pdf](#)

666



Content Type

Item



Audit Action Number

666



Report

Speaking Up Safely



Origin *

Internal Audit



Open/Private?

Open



Financial Year

2025/26



Date added

30/09/2025



Remit Committee

PODC



Report Assurance Rating

Reasonable assurance



Recommendation

Proportionate approach to directorate SUS champions While the Trust has two Board-level SUS champions, there are no SUS champions at a local level within Trust directorates or departments. We acknowledge that directorates vary significantly in size and function, with some comprising fewer than 50 staff and others, such as Health Protection and Screening Services, exceeding 1,400 staff. As such, a proportionate and dynamic approach to the implementation of local SUS champions may be more appropriate than a uniform model. This would support the broader cultural embedding of the SUS agenda and provide accessible points of contact for staff across different operational contexts.

[See less](#)



Management Action Agreed

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.

[See less](#)



Exec Lead

Board Secretary and Head of Boar...



Management Lead

Enter value here



Original Implementation Date

31/03/2026



Current Implementation Date

31/03/2026



Previous Changes to Date

Enter value here



Quarterly Progress Report

April 2026 Update:

This work remains ongoing. Following initial scoping discussions, a detailed proposal for the SUS Champions programme is now being developed. The organisation is currently being engaged to co design the proposed approach, including the scope, purpose and delivery model of the programme. A paper setting out the proposed direction will be presented to the Leadership Team meeting on 23 April for discussion. Subject to Leadership Team feedback, further structured engagement will take place with Trade Unions / Local Partnership Forum, Staff Networks, Business and Planning Leads, and the Business Executive Team (BET) to ensure appropriate consultation, alignment and organisational buy in. An extension to 30 September is requested to enable full implementation of the agreed approach. This will allow sufficient time to complete wider consultation and engagement, develop supporting resources (including training materials and role descriptions), and determine the appropriate scale and structure of the SUS Champions network, should this option be approved. The extension is therefore necessary to ensure that the approach is fully informed, appropriately resourced and implemented in a sustainable and effective manner.

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.

[See less](#)



Action for LT

Request Change of Date



Date Closed by LT

Enter value here



Active / Archive *

Active



Date Archived

Enter value here



Reporting Status (IPR)

—



Date moved to Archive

Enter value here



RAG Status(NEW) (Read only)

At Risk (Deadline passed)



Themes

Communication and Engagement



Risk Types

—



Priority *

Medium



Implementation RAG Rating

Red



Attachments

[Speaking Up Safely Final Internal Audit Report.pdf](#)

Content Type

Item

Audit Action Number

667

Report

Speaking Up Safely

Origin

Internal Audit

Open/Private?

Open

Financial Year

2025/26

Date added

30/09/2025

Remit Committee

PODC

Report Assurance Rating

Reasonable assurance

Recommendation

SUS Training The Trust does not offer a dedicated training module aligned with the Welsh Government's Speaking Up Safely (SUS) framework (September 2023). While ESR includes SUS-related modules (e.g. Speak Up, Listen Up, Follow Up), these were developed by NHS England in 2020 and do not reflect the updated Welsh context. The Head of People and OD Operations has confirmed that discussions are ongoing between NHS Wales Shared Service Partnership (NWSSP) and Welsh Government regarding the development of a new e-learning package. In the interim, the Trust must determine whether existing ESR modules are suitable as recommended learning or whether alternative provision is needed to support consistent understanding and cultural embedding of SUS principles.

[See less](#)

Management Action Agreed

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.

[See less](#)

Exec Lead

Board Secretary and Head of Boar...

Management Lead

Paul Veysey

Original Implementation Date

31/03/2026

Current Implementation Date

31/03/2026

Previous Changes to Date

Enter value here

Quarterly Progress Report

April 2026 Update:

The SUS Leads have agreed to implement the approach outlined in the February update, and will be taking this forward in conjunction with the SUS Champions work once that is established. Propose the action is closed on that basis. Further work will be ongoing to update and refine the offer of training as the SUS process develops and updates will be reported to PODC in line with the assurance cycle.

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.

[See less](#)



Action for LT

Request Action is Closed



Date Closed by LT

Enter value here



Active / Archive *

Active



Date Archived

Enter value here



Reporting Status (IPR)

—



Date moved to Archive

Enter value here



RAG Status(NEW) (Read only)

At Risk (Deadline passed)



Themes

Communication and Engagement



Risk Types

—



Priority *

Medium



Implementation RAG Rating

Green



Attachments

[Speaking Up Safely Final Internal Audit Report.pdf](#)

668



Content Type

Item



Audit Action Number

668



Report

Speaking Up Safely



Origin *

Internal Audit



Open/Private?

Open



Financial Year

2025/26



Date added

30/09/2025



Remit Committee

PODC



Report Assurance Rating

Reasonable assurance



Recommendation

Early stage development of SUS data and insight Six SUS concerns have been formally recorded since the Protocol's launch in February 2024, which may reflect the early stage of the SUS agenda within the Trust, and the emerging nature of data collection and reporting processes. The Welsh Government Framework encourages organisations to embed speaking up as a cultural gateway for all types of concerns. As the Trust continues to develop its approach, there is an opportunity to strengthen the capture and analysis of SUS-related data to support learning, identify trends, and provide assurance to the Board. From a policy design perspective, SUS is appropriately referenced across Trust documentation. However, the supporting data infrastructure and reporting mechanisms are still maturing, which may limit the ability to fully demonstrate cultural embedding and organisational learning at this stage

[See less](#)



Management Action Agreed

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.

[See less](#)



Exec Lead

Board Secretary and Head of Boar...



Management Lead

Paul Veysey



Original Implementation Date

31/03/2026



Current Implementation Date

31/03/2026



Previous Changes to Date

Enter value here



Quarterly Progress Report

April 2026 Update:

This has been completed. The SUS Leads now meet at least quarterly and are reviewing the data on an ongoing basis. We are moving documentation over to SharePoint which will assist with extracting data for reporting and have a mechanism for capturing learning. Propose the action be closed on that basis. Further work will continue in year to develop the level of reporting for next years Annual report.

January 2026 Update:

This is on track.

RAG rating GREEN.

October 2025 Update: This is on track - Green RAG rating for completion.

[See less](#)



Action for LT

Request Action is Closed



Date Closed by LT

Enter value here



Active / Archive *

Active



Date Archived

Enter value here



Reporting Status (IPR)

—



Date moved to Archive

Enter value here



RAG Status(NEW) (Read only)

At Risk (Deadline passed)



Themes

Reporting



Risk Types

—



Priority *

Medium



Implementation RAG Rating

Green



Attachments

[Speaking Up Safely Final Internal Audit Report.pdf](#)



Content Type

Item



Audit Action Number

669



Report

Improving Quality Governance



Origin *

Audit Wales



Open/Private?

Open



Financial Year

2025/26



Date added

30/09/2025



Remit Committee

ACGC



Report Assurance Rating

N/A



Recommendation

The Trust should introduce a systematic, Trust-wide approach for proactively testing awareness of, and compliance with quality governance policies.



Management Action Agreed

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.

[See less](#)



Exec Lead

Board Secretary and Head of Boar...



Management Lead

Liz Blayney



Original Implementation Date

31/01/2026



Current Implementation Date

26/03/2026



Previous Changes to Date

19 February 2026



Quarterly Progress Report

April 2026 Update:

The Policy has been reviewed and updated, the finalisation of this has been put on hold pending recruitment to appoint a Policy lead within the Board Business Unit to take this work forward as additional resources are required to fulfil this effectively. Further changes to the process may be implemented following feedback from the organisation and work ongoing relating to decision making may also have an impact on this policy. As such we have put this work on hold until the post holder is in place and the Decision making work has concluded to avoid duplication. Request extension to 31 July 2026.

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.

[See less](#)



Action for LT

Request Change of Date



Date Closed by LT

Enter value here



Active / Archive *

Active



Date Archived

Enter value here



Reporting Status (IPR)

—



Date moved to Archive

Enter value here



RAG Status(NEW) (Read only)

At Risk (Deadline passed)



Themes

—



Risk Types

—



Priority *

N/A - Audit Wales



Implementation RAG Rating

Red



Attachments

[Improving Governance Management Response.pdf](#)

[Improving Governance Report.pdf](#)

670



Content Type

Item



Audit Action Number

670



Report

Improving Quality Governance



Origin *

Audit Wales



Open/Private?

Open



Financial Year

2025/26



Date added

30/09/2025



Remit Committee

ACGC



Report Assurance Rating

N/A



Recommendation

The Trust should introduce a systematic, Trust-wide approach for proactively testing awareness of, and compliance with quality governance policies.



Management Action Agreed

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.

[See less](#)



Exec Lead

Nursing, Quality and Integrated G...



Management Lead

Enter value here



Original Implementation Date

30/04/2026



Current Implementation Date

30/06/2026



Previous Changes to Date

On 19 February 2026 to 30 June 2026.



Quarterly Progress Report

April 2026 Update:

Work ongoing to determine and highlight relevant quality governance policies. BBU updating overarching 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.

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

[See less](#)



Action for LT

Request Change of Date



Date Closed by LT

Enter value here



Active / Archive *

Active



Date Archived

Enter value here



Reporting Status (IPR)

—



Date moved to Archive

Enter value here



RAG Status(NEW) (Read only)

In Progress, not yet due



Themes

—



Risk Types

—



Priority *

N/A - Audit Wales



Implementation RAG Rating

Red



Attachments

[Improving Governance Management Response.pdf](#)

[Improving Governance Report.pdf](#)

671



Content Type

Item



Audit Action Number

671



Report

Improving Quality Governance



Origin *

Audit Wales



Open/Private?

Open



Financial Year

2025/26



Date added

30/09/2025



Remit Committee

ACGC



Report Assurance Rating

N/A



Recommendation

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.

[See less](#)



Management Action Agreed

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.

[See less](#)



Exec Lead

Nursing, Quality and Integrated G...



Management Lead

Enter value here



Original Implementation Date

31/03/2026



Current Implementation Date

30/04/2026



Previous Changes to Date

On 20 November 2025 extension granted (early) to 30 April 2026



Quarterly Progress Report

April 2026 Update:

The PHW Experience Standards were tabled and endorsed at the March Quality Assurance Oversight Group. An executive paper is being drafted to recommend the approach, along with an implementation outline and timeframe. You Said We Did is one of the Standards within the document. Although the wider service aimed Standards implementation will start in full from 1 April 2027, certain Standards, such as You Said We Did, will be implemented well before (August 2026). Many of the Standards, such as You Said We Did, Wall of Thanks and Exp Dashboard, will be allocated to the Experience team and implemented during 2026.

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 January 2026. The aim is for the implementation plan to be developed by 30th April 2026. Request an extension for this action to 30th April 2026 to enable broad engagement and buy in to the implementation plan.

[See less](#)



Action for LT

Request Action is Closed



Date Closed by LT

Enter value here



Active / Archive *

Active



Date Archived

Enter value here



Reporting Status (IPR)

—



Date moved to Archive

Enter value here



RAG Status(NEW) (Read only)

In Progress, not yet due



Themes

—



Risk Types

—



Priority *

N/A - Audit Wales



Implementation RAG Rating

Green



Attachments

Improving Governance Management Response.pdf

Improving Governance Report.pdf

 **Content Type**


Item


 **Audit Action Number**


672


 **Report**

Improving Quality Governance


 **Origin ***
Audit Wales


 **Open/Private?**
Open

 **Financial Year**
2025/26


 **Date added**
30/09/2025

 **Remit Committee**
ACGC


 **Report Assurance Rating**
N/A

 **Recommendation**
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.

[See less](#)


 **Management Action Agreed**
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.


 **Exec Lead**
Nursing, Quality and Integrated G...

 **Management Lead**
Enter value here

 **Original Implementation Date**
31/05/2026

 **Current Implementation Date**
31/05/2026


 **Previous Changes to Date**
Enter value here

 **Quarterly Progress Report**
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.
[See less](#)

 **Action for LT**

None - Action in Date



Date Closed by LT

Enter value here



Active / Archive *

Active



Date Archived

Enter value here



Reporting Status (IPR)

—



Date moved to Archive

Enter value here



RAG Status(NEW) (Read only)

In Progress, not yet due



Themes

—



Risk Types

—



Priority *

N/A - Audit Wales



Implementation RAG Rating

Green



Attachments

Improving Governance Management Response.pdf

Improving Governance Report.pdf

 Content Type


Item

 Audit Action Number

673

 Report

Workforce - Mental Health Support

 Origin *


Internal Audit

 Open/Private?

Open

 Financial Year

2025/26

 Date added

16/12/2025

 Remit Committee

PODC

 Report Assurance Rating

Reasonable assurance

 Recommendation

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 longer than the recommended time.
- No response was received from six line managers within the sample. People and OD recommend that MAAW training is completed every three years. While we understand that a refresher course is recommended, it is not mandatory. The team is awaiting the release of an e-learning module for MAAW, which will become a mandatory requirement for line managers.

[See less](#)

 Management Action Agreed

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).

[See less](#)

 Exec Lead

Director People and OD

 Management Lead

Jenny Ansell (POD Operations Service Manager)

 Original Implementation Date

30/06/2026

 Current Implementation Date

30/06/2026

 Previous Changes to Date

Enter value here

 Quarterly Progress Report

March 2026 Update: The e-learning module that was shared with PHW was for quality assurance checking. This has now been done and was returned to NWSSP in February. We are currently awaiting confirmation of a go-live date. POD continue to deliver the MAAW training internally. RAG = Amber (potential delays due to release of the module not yet confirmed. POD will continue to deliver until e-learning module is available)

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

[See less](#)



Action for LT

None - Action in Date



Date Closed by LT

Enter value here



Active / Archive *

Active



Date Archived

Enter value here



Reporting Status (IPR)

—



Date moved to Archive

Enter value here



RAG Status(NEW) (Read only)

In Progress, not yet due



Themes

Training and Development



Risk Types

Quality or Safety Issues



Priority *

Medium



Implementation RAG Rating

Amber



Attachments

7.1.2 ACGC 2025_12_16 - PHW 25.26-05 Workforce- Mental Health Support Final Internal Audit Report.pdf

674



Content Type

Item



Audit Action Number

674



Report

Workforce - Mental Health Support



Origin *

Internal Audit



Open/Private?

Open



Financial Year

2025/26



Date added

16/12/2025



Remit Committee

PODC



Report Assurance Rating

Reasonable assurance



Recommendation

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: Discrepancies between ESR and RTW/self-certification dates; unsigned or undated forms; one RTW form had an incorrect historical sign-off date.
- GP Fitness Notes: Four samples missing notes; one sample had three notes without the staff member's name.

[See less](#)



Management Action Agreed

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.

[See less](#)



Exec Lead

Director People and OD



Management Lead

Jenny Ansell (POD Operations Service Manager)



Original Implementation Date

30/06/2026



Current Implementation Date

30/06/2026



Previous Changes to Date

Enter value here



Quarterly Progress Report

March 2026: Comms has been shared with the Communication team and is planned to go out in the Managers News in April. RAG = Green

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

[See less](#)



Action for LT

None - Action in Date



Date Closed by LT

Enter value here



Active / Archive *

Active



Date Archived

Enter value here



Reporting Status (IPR)

—



Date moved to Archive

Enter value here



RAG Status(NEW) (Read only)

In Progress, not yet due



Themes

Informarion, Data Quality and Dat...



Risk Types

Legal and Regulatory Non-Compliance



Priority *

Medium



Implementation RAG Rating

Green



Attachments

7.1.2 ACGC 2025_12_16 - PHW 25.26-05 Workforce- Mental Health Support Final Internal Audit Report.pdf

676



Content Type

Item



Audit Action Number

676



Report

Corporate Risk Register Effectiveness



Origin *

Internal Audit



Open/Private?

Open



Financial Year

2025/26



Date added

16/12/2025



Remit Committee

QSIC



Report Assurance Rating

Reasonable assurance



Recommendation

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.

[See less](#)



Management Action Agreed

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.



Exec Lead

Nursing, Quality and Integrated G...



Management Lead

Danielle Gething – Head of Risk Management



Original Implementation Date

31/07/2026



Current Implementation Date

31/07/2026



Previous Changes to Date

Enter value here



Quarterly Progress Report

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.

[See less](#)



Action for LT

None - Action in Date



Date Closed by LT

Enter value here



Active / Archive *

Active



Date Archived

Enter value here



Reporting Status (IPR)

—



Date moved to Archive

Enter value here



RAG Status(NEW) (Read only)

In Progress, not yet due



Themes

Informarion, Data Quality and Dat...



Risk Types

Quality or Safety Issues



Priority *

Medium



Implementation RAG Rating

Green



Attachments

7.1.2. ACGC 2025_12_16 - PHW-2526-06 Corporate Risk Register Effectiveness Final Internal Audit Report.pdf

677



Content Type

Item



Audit Action Number

677



Report

Corporate Risk Register Effectiveness



Origin *

Internal Audit



Open/Private?

Open



Financial Year

2025/26



Date added

16/12/2025



Remit Committee

QSIC



Report Assurance Rating

Reasonable assurance



Recommendation

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.

[See less](#)



Management Action Agreed

Training activities will continue and the recorded sessions will be used to reach a wider audience. The Datix permissions list will be reviewed.



Exec Lead

Nursing, Quality and Integrated G...



Management Lead

Beth Osborne – Risk Manager



Original Implementation Date

31/03/2026



Current Implementation Date

31/03/2026



Previous Changes to Date

Enter value here



Quarterly Progress Report

March 2026 Update:

The spreadsheet has been fully updated and process put in place to maintain it going forward, therefore this element of the action is completed. Request Action is closed.

February 2026 Update:

Meeting arranged with Datix Technical Support Officer and Risk Manager on 06/01/2026 to agree process for completing this action. As advised during the internal audit interviews, this spreadsheet is not used by PHW to establish accurate training figures (as it only lists handlers/owner) as such a new process will be implemented to satisfy this recommendation. Action is on target to be delivered by the 31st March 2026 due date.

[See less](#)



Action for LT

Request Action is Closed



Date Closed by LT

Enter value here



Active / Archive *

Active



Date Archived

Enter value here



Reporting Status (IPR)

—



Date moved to Archive

Enter value here



RAG Status(NEW) (Read only)

At Risk (Deadline passed)



Themes

Policies and Procedures



Risk Types

Quality or Safety Issues



Priority *

Medium



Implementation RAG Rating

Green



Attachments

7.1.2. ACGC 2025_12_16 - PHW-2526-06 Corporate Risk Register Effectiveness Final Internal Audit Report.pdf

Item properties



Content Type

Item



Audit Action Number

678



Report

Digital Audit Logging



Origin *

Internal Audit



Open/Private?

Open



Financial Year

2025/26



Date added

23/03/2026



Remit Committee

ACGC



Report Assurance Rating

Reasonable assurance



Recommendation

Logging Procedure

There is no formal procedure or statement covering the organisation's approach to logging of user activity within digital systems.



Management Action Agreed

A local procedure will be developed to define the approach for logging user activity. This procedure will complement the broader Public Health Wales policy on system and security logging.



Exec Lead

National Director Research, Data a...



Management Lead

Dafydd James



Original Implementation Date

30/06/2026



Current Implementation Date

30/06/2026



Previous Changes to Date

Enter value here



Quarterly Progress Report

Enter value here



Action for LT

None - Action in Date



Date Closed by LT

Enter value here



Active / Archive *

Active



Date Archived

Enter value here



Reporting Status (IPR)

Action in date



Date moved to Archive

Enter value here



RAG Status(NEW) (Read only)

In Progress, not yet due



Themes

Policies and Procedures



Risk Types

—



Priority *

High



Implementation RAG Rating

—



Attachments

7.1 ACGC 2026_03_23 - PHW-2526-07 Digital Audit Logging Final IA Report.pdf

Item properties



Content Type

Item



Audit Action Number

679



Report

Digital Audit Logging



Origin *

Internal Audit



Open/Private?

Open



Financial Year

2025/26



Date added

23/03/2026



Remit Committee

ACGC



Report Assurance Rating

Reasonable assurance



Recommendation

Logging Approach

Logging activity is the default for the 'system on' set up and so is inconsistent and there is no formal onboarding process that ensures the logging needs for new applications are formally assessed. In addition, there is no consideration of critical data fields within applications to ensure that activity over those is purposefully recorded to enable protection of the data.

[See less](#)



Management Action Agreed

Although server-level 'system-on' logs are already generated, further monitoring and recording of user activity within applications is also in place. The assessment of logging requirements, including identification of critical activities that require enhanced oversight, will be incorporated into the new logging procedure.

[See less](#)



Exec Lead

National Director Research, Data a...



Management Lead

Dafydd James



Original Implementation Date

30/06/2026



Current Implementation Date

30/06/2026



Previous Changes to Date

Enter value here



Quarterly Progress Report

Enter value here



Action for LT

None - Action in Date



Date Closed by LT

Enter value here



Active / Archive *

Active



Date Archived

Enter value here



Reporting Status (IPR)

Action in date



Date moved to Archive

Enter value here



RAG Status(NEW) (Read only)

In Progress, not yet due



Themes

Policies and Procedures



Risk Types



Priority *

Medium



Implementation RAG Rating



Attachments

7.1 ACGC 2026_03_23 - PHW-2526-07 Digital Audit Logging Final IA Report.pdf

Item properties



Content Type

Item



Audit Action Number

680



Report

Digital Audit Logging



Origin *

Internal Audit



Open/Private?

Open



Financial Year

2025/26



Date added

23/03/2026



Remit Committee

ACGC



Report Assurance Rating

Reasonable assurance



Recommendation

Log Management

Changes to the logs can be made by the administrator as the files are not tamper resistant and there is no monitoring process to identify gaps in logs. We also note that the lack of a formal statement over logging means that there is no formal process to set log sizes and ensure logs are not deleted or overwritten once the allocated space is full.

[See less](#)



Management Action Agreed

Digital Services will review the tamper-resistant controls that can be applied or implemented across digital systems to strengthen integrity of log data. Some controls—particularly those linked to privileged Role-Based Access Control (RBAC)—are already in effect. Requirements for log sizes, storage, and retention periods will be defined within the new procedure.

[See less](#)



Exec Lead

National Director Research, Data a...



Management Lead

Dafydd James



Original Implementation Date

30/06/2026



Current Implementation Date

30/06/2026



Previous Changes to Date

Enter value here



Quarterly Progress Report

Enter value here



Action for LT

None - Action in Date



Date Closed by LT

Enter value here



Active / Archive *

Active



Date Archived

Enter value here



Reporting Status (IPR)

Action in date



Date moved to Archive

Enter value here



RAG Status(NEW) (Read only)

In Progress, not yet due



Themes

Policies and Procedures



Risk Types



Priority *

High



Implementation RAG Rating



Attachments

7.1 ACGC 2026_03_23 - PHW-2526-07 Digital Audit Logging Final IA Report.pdf

Item properties



Content Type

Item



Audit Action Number

681



Report

Digital Audit Logging



Origin *

Internal Audit



Open/Private?

Open



Financial Year

2025/26



Date added

23/03/2026



Remit Committee

ACGC



Report Assurance Rating

Reasonable assurance



Recommendation

Activity Monitoring

There is no process for monitoring user activity within applications, no process to enable automatic alerting for high risk activities within systems and no formal process to ensure logs are subject to regular review. We also note that there is no structure to ensure that the activity of privileged users within applications is tracked and monitored

[See less](#)



Management Action Agreed

A review of existing log data captured across digital systems will be undertaken to determine opportunities to enhance monitoring, alerting, and review of critical or privileged activities.



Exec Lead

National Director Research, Data a...



Management Lead

Dafydd James



Original Implementation Date

30/06/2026



Current Implementation Date

30/06/2026



Previous Changes to Date

Enter value here



Quarterly Progress Report

Enter value here



Action for LT

None - Action in Date



Date Closed by LT

Enter value here



Active / Archive *

Active



Date Archived

Enter value here



Reporting Status (IPR)

—



Date moved to Archive

Enter value here



RAG Status(NEW) (Read only)

In Progress, not yet due



Themes

Information, Data Quality and Dat...



Risk Types

—



Priority *

High



Implementation RAG Rating

—



Attachments

7.1 ACGC 2026_03_23 - PHW-2526-07 Digital Audit Logging Final IA Report.pdf