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Remit Committee: QSIC

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Action No.	Origin	Report	Report Assuran...	Open/Private?	Date added	Recommendation	Exec Lead	Management Action Agreed	Original Imp...	Current Impl...	Previous Changes to Date	RAG Status(...	Quarterly Progress Report	Remit Com...	Action for LT
516	Internal Audit	Health and Safety	Reasonable assurance	Open	01/05/2023	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.	Strategy, Finance and Planning	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.	30/06/2023	04/06/2026	31/3/2024, 10/12/2024 19/2/26	At Risk (Deadline passed)	July 2026 Update: Work has continued to bring these policies in to date. Further work is required and extension is requested for all nine policies/procedures as detailed: Bomb Threat and Suspicious Packages Procedure to November 2026 Waste management policy procedure to November 2026 Moving and Handling Procedure to November 2026 Management of violence and aggression procedure to November 2026 Lone worker procedure to November 2026 Slips, Trips and Falls Procedure to January 2027 Personal Protective Equipment Procedure to January 2027 Provision and Use of Work and Lifting Equipment Procedure to January 2027 Smoke Free Environment procedure to January 2027 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 -	QSIC	Request Action is Closed
624	Internal Audit	Duty of Candour	Reasonable assurance	Open	14/01/2025	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.	Nursing, Quality and Integrated Governance	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.	31/01/2025	30/06/2026	20 February 2025 extension to 31 March 2025. In April 2025, extension to 31July 2025 and in September 2025 to 30 September 2025 and 20 November 2025 to 30 June 2026	At Risk (Deadline passed)	July Update 2026: The first element of this action, relating to the development of the guidance document, has been completed. The associated procedures are currently being developed and are scheduled for submission to QSIC for approval in November 2026. An extension to November 2026 is therefore requested to allow sufficient time for the procedures to complete the Public Health Wales consultation process and final approval of the procedures by QSIC. RAG: GREEN. 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:	QSIC	Request Change of Date
626	Internal Audit	Duty of Candour	Reasonable assurance	Open	14/01/2025	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.	Nursing, Quality and Integrated Governance	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.	31/03/2025	30/06/2026	In April 2025, extension to 31July 2025 and in September 2025 to 30 September 2025 and 20 November 2025 to 30 June 2026	At Risk (Deadline passed)	July Update 2026: A request to develop a joint investigation process has been submitted; however, this has not been progressed by the Welsh Risk Pool Duty of Candour Network due to competing organisational priorities. The team will continue to engage with both the Welsh Risk Pool and the Duty of Candour Network to support future development in this area. As the remaining elements of this action are dependent on external stakeholders and are outside the team's direct control, we request that this action now be closed. 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.	QSIC	Request Action is Closed
649	Internal Audit	Health Protection and Screening Services – Performance metrics	Reasonable assurance	Open	10/03/2025	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.	National Director Research, Data and Digital	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.	30/06/2025	31/05/2026	In September 2025 to 31 December 2025 and TRANSFER TO RDDD On 19/3/26 to 31/5/26	At Risk (Deadline passed)	July 2026 update: The new reporting process outlined in the March update was implemented in June. This takes advantage of improvements in data availability and automation. Request Action is closed. 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.	ACGC QSIC	Request Action is Closed
676	Internal Audit	Corporate Risk Register Effectiveness	Reasonable assurance	Open	16/12/2025	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.	Nursing, Quality and Integrated Governance	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.	31/07/2026	31/07/2026		At Risk (Deadline passed)	July Update 2026: Action complete as of June 2026. 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.	QSIC	Request Action is Closed

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