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Ref	Date added	Report	Report Assurance Rating	Recommendation	Action Priority	Management Action Agreed	Exec Lead	Original Agreed Implementation Date	Revised Implementation Date	Status	Actions completed	Issues Arising This Period	Next Steps & Expected Milestones	STATUS
395	Jun-20	Risk Management	Reasonable assurance	There should be an appropriate reporting structure put in place within the Health and Wellbeing Directorate in order to have a standardised approach to managing risks throughout the Divisions through to the Directorate level which would enable staff to discuss relevant risks across the Directorate, increase their risk appetite and escalate and cascade risk management information to various staff levels across the organisation. Management need to ensure that risk registers are being developed at a divisional level. Management need to ensure that within the Health and Wellbeing Divisions that risk owners / handlers are identified to manage the identified risks Following the initial meeting with the Chief Risk Officer, the Health and Wellbeing Directorate need to work together to produce risk registers at a Directorate, Divisional and Programme level. The risk registers need to be monitored on a regular basis to ensure all risks have been identified and the risks are being managed .	HIGH	All members of the SMT recognise the requirement for consistency and so as part of the review of the Directorate risks the need for clear reporting structures was addressed. At present, due to the current emergency, whilst risks are not always documented as they should be through the use of Datix, risks are escalated through management lines and are discussed at management meetings. As an inevitable consequence of the organisations role in the Covid19 emergency the majority of the staff and management from the Health and Wellbeing Directorate have been mobilised to support the response. This means that the development work that risk owners / handlers are identified to manage the identification and management of risk across the Directorate has been temporarily halted. Management are firmly committed to resuming these activities when time and resource permit and the intention is to complete the root and branch review that was started late in 2019. Realistically the intention is that this will be completed by the end of March 2021.	Executive Director of Quality, Nursing and Allied Health Professionals / Transition Director Health and Wellbeing	March 2021 (on hold)					**January 2022 Update:** Refer August Update, this is on hold pending the organisational resign which will impact on the management structure within the Health and wellbeing Directorate. **Previous Updates:** **August 2021 update:** This work has not been started as there is currently no capacity to progress this work. Within the Health and Wellbeing Directorate the majority of staff have been mobilised onto the COVID 19 response, they will therefore need to identify at which point this work can progressed.	**On hold**
420	Jun-21	IT Business Continuity	Reasonable assurance	As business returns to normality the Trusts departments should review their continuity documentation, taking the opportunity to include learning lessons on continuity and recovery identified during the Covid response.	LOW	Management note the finding and will update the documentation with lessons learned as part of the pandemic.	Deputy Chief Executive and Executive Director of Finance	31-Aug-21	Mar 22 (ACGC 15 Sep 21)				**For January 2022 Update:** Business continuity leads have been asked to incoporate learning by the Emergency planning teams and will be monitoring updates. IM&T will udpate our plans accordingly by end of March-22. **On track.** **Previous Updates:** August 2021 update: Lesson learned from Covid-19 response continue to be captured and these will also be fed into organisational lessons learned exercise. Findings will be incorporated into business continuity plans as these are revised. **Request revised implementation date of 31 March 2022 (ACGC.15.09.21)**	**On track**
334	May-19	Core Financial Systems Final Report 2018/19	Reasonable assurance	**Gratuity Payments** Management should review the process in place for the requesting and approving of any payments for retirement gratuities and ensure that any related policies/procedures are updated as soon as practicable.Management should also consider the reporting arrangements for such payments.	MEDIUM	We are reviewing the process for the requesting and approving of payments for retirement gratuities and will consider a range of options, which will include ceasing and/or replacing. The review will consider and recommend on the future reporting arrangements for such payments if continued.	Director of People and Organisational Development	Jun-19	Oct 19 (ACGC 25.9.19) February 2020 (ACGC 15.01.20) Dec 20 (ACGC 15.10.20) March 2021 (ACGC19.01.21) Jan 22 (ACGC 15 Sep 21)		**Previous Updates:** **December 2019 Update:** Retirement Gratuity Scheme is now being incorporated into a Long Service Scheme which covers both retirement and long service. This has been reviewed by SLT who made a few recommendations. It will then be taken back to SLT on 29/1/20 for sign off. **August 2019 Update:** A report has been produced on the background to the Retirement Gratuity Scheme together with options as to the future direction of the scheme. This will now be taken forward and discussed at Business Executive Team.	**Previous Updates:** **August 209 Update:** Report and recommendations considered by P&OD SMT	**January 2022 Update:** There is a policy workshop to be held on 1st March 2022 where this will be discussed and reviewed. Action to be closed. **Previous Updates:** **August 2021 update:** Having considered the response of the trade unions, a further review of the retirement gratuity policy is part of the employment policy review schedule for 2021/22. The policy review programme was suspended due to Covid-19, but it has recently recommenced. The retirement gratuity policy will be considered at a policy development workshop due to take place before January 2022. Any recommendations will then go through the policy approval process of LCP, BET and Board. Request Change of date to January 2022 (15.09.21 ACGC) December/January update The trade unions have submitted extensive comments and concerns. These are now being considered by People and OD and an update will be taken to Execs in January 2021. Request change of date to March 21 (AGCG 190121) **September 2020 update:**The Long Service Scheme was due to go through the approval process in March 2020, however, our TU colleagues requested more time to provide additional comments. Due to resources being diverted to COVID-19, we recently revisited with the Trade Unions and they have been asked to provide any comments by 20th October 2020. Request revised target date of December 2020. (ACGC 15 October 2020). March 2020 update: Policy developed, considered by SLT and will be considered by BET as soon as possible given current context of Covid-19, there could be some delay. December 2019 Update: Retirement Gratuity Scheme is now being incorporated into a Long Service Scheme which will be taken to SLT on 29/1/20 for sign off. Request revised implementation date of February 2020 (ACGC Dec 19)	**Request Action to be closed (ACGC 160322)**
356	Jan-20	Management of Contracts Final Report 2019/20	Reasonable assurance	The Trust should ensure that departments have a timetable or diary mechanism supported by a 'trigger point' or 'early warning' mechanism approach to monitoring so that service/maintenance contracts do not expire without warning thereby enabling business continuity.	MEDIUM	Screening Contracts Register currently in place. Estates, Safety and Facilities Division to collate all contract information and develop a database for Estates managed contracts detailing renewal timeframes and service points within managed maintenance contracts. Consideration will be given to how other Directorates manage their contracts locally. Screening Division has begun the process of reviewing the pre-existing divisional contracts register to include all quick turn-around from NWIS, but we continue to press for a resolution at the earliest possible time. Pending this central resolution by NWIS, PHW Informatics will remap the locations to the new boundaries locally which will overcome the issue.	Deputy Chief Executive and Executive Director of Finance	31-Dec-19	Dec 20 (ACGC 15.10.20) April 21 (ACGC 19.1.21) 31 Oct 21 (ACGC 15 09 21) Jan 22 (ACGC 15 Sep 21)		**September 2020 update:** Prior to response to COVID-19 taking priority a list of contracts has been collated within Estates Division. Further development is required to ensure it is robust and process for updating implemented.	**September 2020 Update:** No issues reported during this period	**For January 2022 Update:** Action completed. Database has been established. Hard FM specification continues to be taken forward- refer to Ref 354. **Action to be closed.** **Previous Updates:** **August 2021 update:** Database has been established and updating has commenced. Contracts continued to be managed but due to Covid, further development and updating of the database has been delayed. Some of the contracts within the database will be taken forward through the Hard FM specification, thus reducing the number of contracts being managed simultaneously. Database will be used to inform specification for Hard FM tender (see above). **Request revised implementation date of 31 October 2021 (15.09.21 ACGC Committee).** **December/January update:** Contracts continue to be managed but mechanism for monitoring and alerts within Estates Division needs further work. It is anticipated this work will be completed by end of March 2021. **Request new completion date of end of March 2021 (subject to Covid response).September update:** Further development of the contracts database within Estates and Health and Safety to be undertaken. Process for updating and managing to be implemented. Request revised **implementation date of 31 December 2020. (ACGC 15 October 2020) March Update:** No update was available due to COVID	**Request Action to be closed (ACGC 160322)**
382	Jun-20	IT Systems	Reasonable assurance	The organisation should carry out a review of its 'picklists' and groupings to ensure completeness and accuracy. In the interim all relevant staff should be notified of this reporting error in order to ensure appropriate adjustments can be made	MEDIUM	Third Party (NWIS) action required and we have made several attempts to get this resolved. The current WLIMS national IT system still uses the old ABMU boundary reference and has not been updated, hence our reference tables reflect current data being received. As soon as they update the national IT system, we will make the associated changes on our database. Unknown timescale as outside our control. Given current Covid-19 priorities, we do not anticipate a quick turn-around from NWIS, but we continue to press for a resolution at the earliest possible time. Pending this central resolution by NWIS, PHW Informatics will remap the locations to the new boundaries locally which will overcome the issue.	Deputy Chief Executive and Executive Director of Finance	Local re-mapping to be completed by the 30th September 2020 to resolve issue but continue to press for a national solution.	Dec 20 (ACGC 15.10.20) Dec 21 (ACGC 15 09 21)		**September 2020 Update:** Request logged however this has not been actioned at a national level.	**September 2020 Update:** No issues reported during this period	**For January 2022 Update:** Action complete and propose this action is closed. Changes on Datastore have completed by the informatics team. **Action to be closed.** **Previous Updates:** **August 2021 update:** Several internal meetings have been held toto discuss how we can implement this change on DataStore. PHW was waiting for a national (NHS Wales) solution to be provided by the DHCW reference data team, to be used on the national WLIMS (lab IT system) so that locations were mapped to the correct new Health Board boundary, but that hasn't happened. We now need to spend some time building that look up table. We have agreed how we will capture the locations and map to both the old and new Health Board boundaries, to allow users to decide which geography they want to use in their reporting. Given our current priorities, we'll continue with this work after CSIMS has been implemented. **Request revised implementation date of 31 December 2021. (15.09.21 ACGC Committee). December/January update -** No further update provided. Awaiting action at a national level.	**Request Action to be closed (ACGC 160322)**
412	Mar-21	Data quality and integrity within performance reports	Substantial assurance	The risk ratings on the risk assessment documents should accurately reflect the up to date risk ratings on the Performance and Assurance Dashboard.	LOW	As part of the audit, discussions were held over the reason for this issue, which are reflected within this report. However, it is proposed that a twice yearly review of risk ratings is undertaken to ensure there are no changes etc. It is proposed the first of these is completed by end September 2021 and then six month thereafter.	Deputy Chief Executive and Executive Director of Finance	30-Sep-21					**For January 2022 Update:** Action complete. A review has been undertaken of our data sources. the data sources ratings remain unchanged and ongoing reviews will be undertaken. **Propose action is closed.** **August 2021 update:** - data assessment pro forma developed to undertake review. review commenced in August 2021 and it is anticipated that this will be completed by deadline (Sep 21) **April 2021 update - first six monthly review to be held during August 2021.**	**Request Action to be closed (ACGC 160322)**
419	Jun-21	IT Business Continuity	Reasonable assurance	Notes reminding departments to liaise with stakeholder groups should be added to the organisations BC planning templates.	LOW	Management note the finding. The Business continuity team will update the templates.	Deputy Chief Executive and Executive Director of Finance	31-Jul-21	Oct 21 (ACGC 15 Sep 21)				**For January 2022 Update:** Emergency department leads have revised templates and sent to departments to use and update. **Propose to Close.** **August 2021 update:** Revised template for buesiness continuity plans has been agreed by Emergency Planning and Business Continuity Group. Template will be issued and completed by end of October 2021, working with lead for Emergency Planning/ Business Continuity. **Request revised implementation date of 31 October 2021 (ACGC.15.09.21)**	**Request Action to be closed (ACGC 160322)**
421	Sep-21	Staff Well Being	Reasonable assurance	**Wellbeing Workplan:** A workplan in relation to staff health and wellbeing work should be developed to outline how the Employee Experience team are planning and implementing their approach for improving staff health and wellbeing within the Trust. A workplan will ensure wellbeing activities and initiatives are carried out in a planned way, ensuring the objectives in the People Strategy and Operational Plan can be achieved.	MEDIUM	We are going to develop a 12-month workplan that will map out wellbeing aims, expected outcomes, and milestone dates. It will also include links to evidence e.g. to explain why actions have been selected. This will be used as a foundation and will represent the core activity we have planned but will be a living document that is able to be amended to reflect the needs of the organisation and to address findings from future wellbeing surveys.	Director of People and Organisational Development.	31-Jul-21					**January 2022 Update:** Initial 12 month workplan produced as a foundation for wellbeing activity, and continually being amended e.g. following engagement activity, including Tell Us How You Are Doing and NHS Staff Survey **Action Closed**	**Request Action to be closed (ACGC 160322)**
422	Sep-21	Staff Well Being	Reasonable assurance	**Wellbeing and Engagement Partnership Group attendance:** 1. The nominated staff should attend the WEPG meetings to ensure that the areas are being appropriately represented. Where this is not practicable, an appropriate person should attend in their absence to ensure that there is representation for the area. 2. Nominations for representatives from those areas where there are currently no representatives on the group should be sought. 3. Management should ensure that the role of chairperson is allocated such that a nominated chairperson is in attendance at each meeting.	MEDIUM	1. We will issue a reminder of dates of meetings for the remainder of 2021 and request that if members are unable to attend, they arrange for a deputy from their respective area to be present in their place. 2. We will review membership of the group to ensure that all current areas are represented. 3. We had already agreed that a different approach was needed to ensure effective, sustainable leadership of the Wellbeing and Engagement Partnership Group (WEPG). With immediate effect, meetings will be chaired on a bi-monthly basis by the Director of People and OD or by rotation of the members of WEPG.	Director of People and Organisational Development.	Immediate					**January 2022 Update:** System of representatives sending deputies if unavailable is ongoing and bi-monthly rotational charing is in place **Action Closed**	**Request Action to be closed (ACGC 160322)**
423	Sep-21	Staff Well Being	Reasonable Assurance	**Measures to capture staff wellbeing:** Consideration should be given by management to reviewing the reasons for low response rates within specific directorates/ divisions, with a view to developing alternative approaches if necessary and improve response rates. If there is a correlation in certain areas between high sickness and dissatisfaction expressed though survey results, management should undertake a further analysis to ascertain what is happening within these areas.	LOW	We will consult with subject experts within PHW (Research and Evaluation, Knowledge Directorate) to obtain advice on how best to review response rates, noting that results were reported by respondents' substantive directorates but that with many staff being redeployed to other parts of the organisation at the time the survey took place, it may be difficult to identify comparable variables in order to be able to undertake a correlation exercise. We will also speak to other organisations (including outside of the NHS) to determine how they manage response rates and staff surveys. We will work with colleagues in Comms to continue to encourage staff to participate in surveys, through demonstrating leadership commitment to acting on survey results, reinforcing expectations to line managers, reminding all staff	Director of People and Organisational Development.	31-Aug-21					**January 2022 Update:** Measures undertaken to drive up participation, with support from communications colleagues, resulting in higher rates of response to the third Tell Us How You Are Doing survey **Action Closed.**	**Request Action to be closed (ACGC 160322)**

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No.	Date	Area	Assurance	Recommendation	Priority	Management Response	Owner	Timescale	Revised Date	Updates	January 2022 Update	Request
424	Sep-21	Additional Hours and Overtime	Limited Assurance	Design of Covid-19 overtime claim form (Control design): Management should review the claim form to ensure that: • The guidelines are updated to include the requirement to deduct unpaid breaks. • Key information should be included on the shift log such as days of the week, core working hours and shift pattern plus when breaks have been taken. • The shift log and pay return monthly summary should be automated to assist in reducing the number of errors occurring.	HIGH	A task and finish group has been established, comprising People & OD and Finance colleagues. The remit is to implement agreed actions that have arisen as a result of this audit. The task and finish group will: • Develop a new and improved (partly-automated) Overtime Claim Form where staff will be directed to enter days of the week, core working hours, shift pattern worked, breaks taken and any other essential information to allow the total hours and correct rates of pay to be auto-populated in the claim form. • Develop a standing operating procedure for the processing of staff overtime claims. • Issue updated guidelines for staff in completing overtime claims, including the requirement to deduct unpaid breaks.	Director of People and Organisational Development.	31-Aug-21			January 2022 Update: A new COVID-19 overtime claim form was developed and was issued to all staff for use on the 23rd September 2021. To support this work, a new Standard Operating Procedure (SOP) and general staff guidance were developed and placed on the Intranet for all staff to access. Action Closed.	Request Action to be closed (ACGC 160322)
425	Sep-21	Additional Hours and Overtime	Limited Assurance	Approval process (Operating effectiveness): Management must determine the correct approval process to be followed, and instructions for this should be included in the updated guidelines. This review should include a consideration of the need for line managers to approve each line, and the need for Executive Director approval.	HIGH	A task and finish group has been established, comprising P&OD and Finance colleagues. Their remit is to implement agreed actions that have arisen as a result of this audit. The task and finish group will: • Ensure that the approval process - that line managers must sign/initial to indicate they have approved each line - is clearly set out in the standard operating procedure and staff guidelines. • Ensure that claims are not processed without such approval. In the interim, measures have been put in place (pending the above) to ensure that those staff responsible for processing claims do not process any claim unless there is clear evidence of line manager approval.	Director of People and Organisational Development.	31-Aug-21			January 2022 Update: The newly drafted SOP has been updated to clarify that 'it will be the responsibility of the Line Manager to check that hours claimed are accurate prior to their authorisation'. The claim form now includes an Employee Submission button which sends the form directly to the Line Manager for approval and onward submission to the COVID Overtime team Action Complete	Request Action to be closed (ACGC 160322)
426	Sep-21	Additional Hours and Overtime	Limited Assurance	HR master spreadsheet (Control design): A review of the HR master spreadsheet needs to be undertaken to ensure that the manual transfer of data is minimised, and consideration must be given to the information that needs to be included each month. For example, should the spreadsheet include names of employees who are not making a claim that month. This will reduce the number of errors and enable the spreadsheet to be more efficient and manageable to use. Management should request that Payroll share the final supplementary pay return with the HR team and Finance. This will reduce the number of queries for the HR team and prevent potential duplicate payments. For Finance this will ensure the HR master spreadsheet [...]	HIGH	The spreadsheet used is one supplied to Public Health Wales by NWSSP Payroll colleagues. The task and finish group will explore the potential for developing an alternative mechanism that will reduce the need for manual transfer of data and assist in the reduction of errors e.g. creation of a workflow in Alteryx to auto-populate the master spreadsheet. Payroll will share the completed monthly pay return and supplementary pay return with the People & OD/ Finance team so that we have a record of what has been paid.	Director of People and Organisational Development.	31-Aug-21			January 2022 Update: Payroll colleagues were not able to share the completed pay returns but a record of hours and gross costs are available through ESR. Payroll colleagues supported the task and finish group with the development of a macro built in to the new claim form to enable a collated pay return, i.e. the form no longer requires manual data transfer from one form to another and so human error is reduced. Action Closed	Request Action to be closed (ACGC 160322)
427	Sep-21	Additional Hours and Overtime	Limited Assurance	Monitoring and scrutiny of additional hours (Operating effectiveness): Management should ensure that appropriate, accurate and timely reports on additional hours and overtime are produced and distributed to appropriate staff and groups / committees within the Trust, and that the reports are subject to effective scrutiny with actions taken as required.	HIGH	Overtime information, such as hours and cost, is now being reported on a bimonthly basis to the Business Executive Team. Development work is underway for these data to be included within the Performance and Assurance Dashboard. In the meantime the COVID-19 Overtime Oversight/ Scrutiny group will continue to monitor individual levels of overtime. This group reports through the Director of People & OD to the Business Executive Team.	Director of People and Organisational Development.	31-Aug-21			January 2022 Update: Overtime information has continued to be reported to BET and the COVID-19 Overtime Oversight/ Scrutiny group has continued to monitor individual levels of overtime. As and when issues are identified, e.g. inadequate rest breaks, these are raised with the line manager to discuss with the individual to address. Action Closed	Request Action to be closed (ACGC 160322)
428	Sep-21	Additional Hours and Overtime	Limited Assurance	Reconciliation of claiming documentation (Operating effectiveness): Management should ensure that the hours recorded on the HR master spreadsheet and shift log and pay return monthly summary agree to the hours that have been processed for payment.	MEDIUM	As detailed above, improvements are underway to automate the claim form where possible and for the creation of a workflow to populate the master spreadsheet. This will reduce risks arising from the manual reconciliation of claims and transfer of information from individual claim forms into a master pay return spreadsheet.	Director of People and Organisational Development.	31-Aug-21			January 2022 Update: This is now an automated process, significantly reducing the risk of any human error. Action Complete	Request Action to be closed (ACGC 160322)
429	Sep-21	Additional Hours and Overtime	Limited Assurance	Paid at correct enhancement rate (Operating effectiveness): The guidelines will be updated with clearer instructions on how to allocate their enhancements. Any changes to the guidelines and processes will be communicated to all staff and line managers.	MEDIUM	Guidance has been amended and improved on an ongoing basis, but there are still some pockets of staff who require further support. The measures detailed above; new part-automated form with clear rules/formulae to determine what hours are claimed as unsocial hours enhancements versus overtime, improved guidelines and communication of will assist with making improvements. People and OD colleagues will provide advice to 'hot-spot' areas to ensure ongoing improvements. As detailed above, a review and updating of guidelines will be undertaken as part of the work of the task and finish group. The guidelines will then be communicated to staff via the regular staff updates and to line managers via the weekly line manager channel.	Director of People and Organisational Development.	31-Aug-21			January 2022 Update: Updated staff guidance confirming relevant pay rates issued 13th September 2021. Action complete	Request Action to be closed (ACGC 160322)
430	Sep-21	Additional Hours and Overtime	Limited Assurance	Opting out of Working Time Regulations (WTR) (Operating effectiveness): Management must ensure that staff who continue to work over and above the recommended hours in line with WTR have formally opted out and a central record of this information should be maintained.	MEDIUM	As part of the work of the task and finish group, we will implement the following: • A system will be introduced to ensure that all staff who claim overtime will be required to complete a WTR Questionnaire, and then, if appropriate, complete a WTR Opt-out Form and return to People & OD. • This information will be centrally stored on electronic personal files and updated in ESR.	Director of People and Organisational Development.	31-Aug-21			January 2022 Update: Information is contained within the SOP and staff guidance advising of the European Working Time Regulations. New form also flags 'Working time directive warnings' where hours worked exceed 48 hours in a week. Since August 2021, the COVID Overtime team have been sending out the WTR questionnaire to all staff who claim overtime. Action complete	Request Action to be closed (ACGC 160322)
431	Sep-21	Additional Hours and Overtime	Limited Assurance	Additional hours and overtime requests (Control design): The guidance should be updated to confirm that reasons for working additional hours should be included on the claim form documentation. Consideration should be given to record the justification for required additional hours to the shift log or claim form. This may enable the Trust to understand where the current pressures are and the reasoning behind them, particularly as there should be a reduction in the demand on the services over the coming months.	LOW	The task and finish group will look to incorporate a mechanism for recording the reasons for overtime via the introduction of a drop-down list in the claim form. This will provide the organisation with greater detail on the requirement for working additional hours that can in turn be reported to the Business Executive Team. This will enable improved reporting on the requirement for overtime working.	Director of People and Organisational Development.	31-Aug-21			January 2022 Update: The new claim form includes a drop down list to select the reason for the overtime. Action Complete.	Request Action to be closed (ACGC 160322)
405	Oct-20	Management of Alerts Follow up Audit	Reasonable assurance	Refer to recommendation 361 on closed actions. Updated recommendation. The Policy and Procedure should be updated to reflect the changes that have been made to the process. The revised policy and procedure should be combined to include all other types of alerts and Welsh Health Circulars.	MEDIUM	The Alerts and WHCs will be combined into a single policy and procedure. This has been delayed due to the current Covid-19 response. The action will be addressed when practically possible.	Executive Director of Quality, Nursing and Allied Health Professionals	01-Apr-20	01/08/2021 Dec 21 (ACGC 15 Sep 21)		January 2022 Update: Complete - A single alerts and WHCs policy and procedure has been compiled by the Head of PTR. Request closure of this action. . (ACGC16.03.21) Previous Updates: August 2021 update: Awaiting discussions with the Board Secretary on combining the processes into a single policy. It is stressed that this action will not change the way that either Alerts or WHCs are processed within the organisation but will simply articulate it in one single document. The risk presented to the organisation therefore is low and the work has not been a high priority. It is intended that this should be completed by the end of the calendar year. Request change of date to 31 December 2021 (ACGC.15.09.21). December/January update: This action is currently on hold and will be progressed for completion by deadline Aug 21.	Request Action to be closed (ACGC 160322)
391	Jun-20	Long-Term Strategy -	Reasonable assurance	The Trust should ensure that the measures identified in the Outcomes framework are mapped to the strategic priorities. Performance indicators / measures should be identified for all strategic priorities with baselines and targets identified for each performance indicator / measure in order to assess whether the actions result in the necessary improvements.	MEDIUM	Public Health Wales developed a draft Outcomes Framework in quarter 3 of 2019/20, which was developed collaboratively with the Board, Executive Team, the leads for strategic priorities and the Senior Leadership Team. While the draft Outcomes Framework is presented through a life course approach, it can also be mapped to the strategic priorities. Key outcomes for each priority were included within our Integrated Medium Term Plan for 2020/21. As part of this work, we also started to develop a small number of key performance indicators for each of our priorities, which will be underpinned by more detailed service focused performance indicators. This work was well advanced by the time that Public Health Wales initiated its emergency planning procedures to address the Covid-19 pandemic. Ensuring that the Trust has an outcome-driven approach to implementing its strategies is a key principle and work will be rescheduled as part of the organisation's recovery programme which was agreed on 28 May 2020.	Deputy Chief Executive and Executive Director of Finance	Timescale 2021	01/03/2022 (ACGC 15 Sep 21)	September 2020 Update: Draft Outcomes Framework developed with strategic priority groups and shared and discussed with Executive Team and Board in early 2021.	September 2020 Update: No issues reported during this period	For January 2022 Update: In light of ongoing challenges, including our response to COVID-19, and to ensure that we give sufficient time to undertake engagement with our staff and stakeholders, it has been agreed that we will give ourselves more time in 2022 to review our long-term strategy and develop our outcomes framework. the outcomes framework is a key component of our strategy review. it is currently anticipated that this work will be completed by autumn 2022. Request change of implementation date to 31 October 2022 (ACGC 160322) August 2021 update: The Board agreed an approach to reviewing our long-term strategy and developing an outcomes framework in April 2021. the work will be completed by March 2022 and aims to align outcomes to our 'revised' strategic priorities and development of our IMTP for 2022/23. An initial workshop was held with the Board in June 2021 and the final planning work will commence in September 2021. Request change of date to March 2022 (ACGC.15.09.21) December/January update: To ensure that we are delivering against agreed public health outcomes, we started work in late 2019 on developing a proposed set of outcome measures for Public Health Wales. This work was put on hold due to our response to COVID-19. However, our Operational Plan sets out the intention to resume this work as part of our organisational recovery priority area. It includes key milestones over the development of a revised draft (March 21) and approval of the final Outcomes Framework (June 21). This work will align with the review of our long-term strategy that we will undertake in the first part of 2021. September 2020 update: The Operating Plan currently under development has a 'recovery' component. This includes the need to reconnect with the outcomes framework from 2019 and completed it within 2020-21.	Request change of date (ACGC 160322)
329	Mar-19	Long-Term Strategy - Stakeholder Engagement 2018/19 Final Report	Substantial assurance	Consideration should be taken by management to introduce measures for assessing the level of engagement with external stakeholders.	LOW	As part of the proposals for the Board Development Stakeholder Engagement work, the Head of Communications will include recommendations for measuring and recording the level of engagement with external stakeholders.	Deputy Chief Executive and Executive Director of Finance	Jul-19	Oct 19 (ACGC 25.9.19) June 2020 (ACGC 15.01.20) Nov 20 (ACGC16.10 .20) Jan 22 (ACGC 15 Sep 21)	Previous Updates: December 2019 update: Following completion of stakeholder mapping exercise, further work is required regarding measuring and recording the level of engagement with external stakeholders.	September 2020 Update: No issues reported this period Previous Updates: December 2019 update: No issues arising April 2019 Update No issues reported during this period	For January 2022 Update: Work to refresh our Long Term Strategy has been postponed until next financial year and will resume in April 2022. Propose change of date to align timescales to 30 September 2022. Request change of implementation date to 30 September 2022 (ACGC 160322) Previous Updates: August 2021 update: The decision has been taken to integrate this work into the strategy refresh work. The Board has agreed a timetable for this, given CoviD, which concludes next March. We have started the work with a Board session on 24th June which focussed on the targeting of specific segments. We have done some subsequent analysis of those target groups and we will be working with Board to ratify the target stakeholder groups in September. Devising a measurement and recording plan form part of the next stage of work. Request change of implementation date to March 2022 (ACGC.15.09.21). December/January update - No further update provided. September 2020 update: A refreshed stakeholder map will be discussed by the Executive Team. A recommendation to allocate management of this in a role dedicated to Public Affairs has been submitted as part of the recommendations. A decision about funding for this role is expected in November 2020. Request revised implementation date of November 2020. (ACGC 15 October 20202). March Update: No update was available due to COVID. December 2019 update: Proposal for measuring engagement with external stakeholders to continue to be refined and will be presented to the Board at the earliest opportunity. Propose revised implementation date of June 2020 (subject to agreement by Board Secretary). April 2019 Update: See update above for action 328. August 2018 Update: See update above for action 328. Proposed new implementation date of 31 October 2019.	Request change of date (ACGC.16.03. 22)

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	Blue - Action to be removed and replaced by subsequent action

No.	Date	Report	Assurance	Recommendation	Management Response	Responsible Officer	Original Date	Revised Date	Status	Update	Update	Request
354	Jan-20	Management of Contracts Final Report 2019/20	Reasonable assurance	In the short term, arrangements should be put in place to provide contractual cover for the ongoing service provided by the suppliers. Further action should be taken to discuss and progress a formal long-term contractual arrangements.	A single tender action has been agreed to ensure Screening sites are covered in the interim. This covers the period until the end of March 2020. The Estates, Safety and Facilities Division are currently exploring the opportunities for developing a Hard Facilities Management contract on a regional basis to enable building maintenance work to be expedited under contract across the organisations estate.	Deputy Chief Executive and Executive Director of Finance	01-Apr-20	~~March 2021 (ACGC 15.10.20)~~ Jan 22 (ACGC 15 Sep 21)	MEDIUM	**January 2021 update:** Work on the specification for Hard FM continues to be developedhowever this has been put on hold due to prioritising the response to COVID-19. Contracts continue to be managed across the respective services and this will continue alongside the development of the hard FM tender specification. **September 2020 update:** Specification for Hard FM is under development however this has been put on hold due to prioritising the response to COVID-19. Contracts continue to be managed across the respective services and this will continue alongside the development of the hard FM tender specification.	**January 2021 Update:** The development of the Hard FM tender specification is complex and requires significant work to map assets across our estate in order for potential companies to bid for the contract. Currently this would have to be a very manual process and is very time consuming. **September 2020 Update:** The development of the Hard FM tender specification is complex and requires significant work to map assets across our estate in order for potential companies to bid for the contract. Currently this would have to be a very manual process and is very time consuming.	**For January 2022 Update:** Due to the ongoing support to the Covid-19 response and prioritising a number of capital projects to support Covid-19 recovery, work to progress the Hard FM tender specification has been delayed. Due to the size of the procurement we have been working with Procurement colleagues to build this into their work plan for 2022/23 and we are aiming to have tenders out by 01 May 2022 and award following supplier day and evaluation by 01 September 2022. There will be a 6 month mobilisation period following this date. New implementation date of 01 October 2022. **Request change of implementation date to 01 October 2022 (ACGC 160322)** **Previous Updates:** **August 2021 Update:** Asset mapping has been completed and reviewed internally. Preparatory work to link asset mapping into framework for Hard FM tender specification is underway. This has become more challenging due to the potential chnages to estate structure that may arise as a result of working differently and developments within our services. It is anticipated this will be completed by end of October 2021. Following this, a tender exercise will commence via the framework and we hope to be in a position to award by 31 Januaty 2022. **Request revised implementation date of 31 January 2022.(15.09.21 ACGC Committee). December/January update:** Quotes have been received for the work to map our assets across the organisation and we are progressing the procurement of this work through a framework. This will be completed by end of March 2021.**September 2020 update:** Exploring options to procure an organisation to undertake the asset mapping exercise to inform the hard FM tender specification and upgrading our existing Facilities Management System. **Request revised implementation date of 31 March 2021. (ACGC 15 October 2020) March Update:** No update was available due to COVID	Request change of date (ACGC.16.03.22)
401	Oct-20	Management of Alerts Follow up Audit	Reasonable assurance	Refer to recommendation 357 in Closed actions for original recommendation. The medical device register should be completed and presented to the appropriate committee for approval as soon as practically possible. Management should decide which business area will maintain the register to ensure that it is kept up to date.	The medical device register should be completed and presented to the appropriate committee for approval as soon as practically possible. Management should decide which business area will maintain the register to ensure that it is kept up to date.	Executive Director of Quality, Nursing and Allied Health Professionals	01-Apr-21	~~June 2021 (ACGC.0505 21)~~ Mar 22 (ACGC 15 Sep 21)	MEDIUM			**January 2022 Update:** Medical Devices register continues to be completed and will be reviewed by the first meeting of medical devises steering group prior to presentation to the QSIC meeting in 3 months time. **Request change of implementation date to May 2022. (ACGC16.03.21)** **Previous Updates** **August 2021 update:** A corporate Medical Devices Register has been developed and is currently being populated. The Executive Director of Public Health Services / Medical Director will retain responsibility for the management and governance of medical devices and the Executive Director of Quality, Nursing and Allied Health Professionals will take responsibility for assessing compliance with policies and procedures. Public Health Wales is establishing medical devices management arrangements in line with the MHRA guidance. **Request revised implementation date of March 2022.(15.09.21 ACGC Committee). April 2021 update:** Work is being progressed to scope what medical devices are held in non-clinical areas of the organisation. A medical devices register is under development. This will be reported to the Quality, Safety and Improvement Committee at their meeting in June. Request change of date to June 2021.**December/January update:**Mapping of medical devices in non-clinical areas should be completed by March 2021.The completion and review of the medical devices register will be	Request change of date (ACGC.16.03.22)