 <p> GIG CYMRU NHS WALES </p> <p> Iechyd Cyhoeddus Cymru Public Health Wales </p>		<p> Name of Meeting Audit and Corporate Governance Committee </p> <p> Date of Meeting 19 March 2024 </p> <p> Agenda item: 3.1 </p>
Audit Recommendations Tracker		
Executive lead:	Paul Veysey, Board Secretary and Head of Board Business Unit	
Author:	Liz Blayney, Deputy Board Secretary and Board Governance Manager	
Approval/Scrutiny route:	Liz Blayney, Deputy Board Secretary and Board Governance Manager	

<p>Purpose</p> <p>The Leadership Team considers the Audit Tracker to track progress against agreed management actions in response to the recommendations of audit reviews.</p> <p>The purpose of this report is to follow on from the report presented to LT on 2 and 16 November, and present further information on the actions to support a deep dive of the Audit Action Tracker for a detailed review of the actions, timescales and updates on progress.</p>

Recommendation:				
APPROVE <input type="checkbox"/>	CONSIDER <input checked="" type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/>
<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • Consider the amendments to the Audit Tracker that were considered by the Leadership Team • Note that the Leadership Team approved : <ul style="list-style-type: none"> • the request for revised implementation dates (summarised in table 2) • the completion of the actions (summarised in table 1) • Take assurance on the progress with the implementation of actions resulting from Audit within Public Health Wales. 				



Link to Public Health Wales [Strategic Plan](#)

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities.

This report contributes to the following:

Strategic Priority	7 - Building and mobilising knowledge and skills to improve health and well-being across Wales
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Summary impact analysis

Equality and Health Impact Assessment	An EHIA is not required for this report. It should be noted that many of the areas of work reported on are likely to have had EHIAs undertaken.
Risk and Assurance	A number of individual audit reviews and actions are referenced in the Board Assurance Framework and Risk Registers.
Health and Social Care Act (Wales)	This report supports and/or takes into account the Quality Themes
Financial implications	The report has no direct financial implications, although individual updates may include details of impacts.
People implications	The report has no direct people implications, although individual updates may include details of impacts.



1. Purpose / situation

The Leadership Team considers the Audit Tracker to track progress against agreed management actions in response to the recommendations of audit reviews.

The purpose of this report is to follow on from the Deep Dive report presented to LT on 7 December 2023, and present further information on the actions to support a follow up of the Audit Action Tracker with a detailed review of the actions, timescales and updates on progress.

2. Background

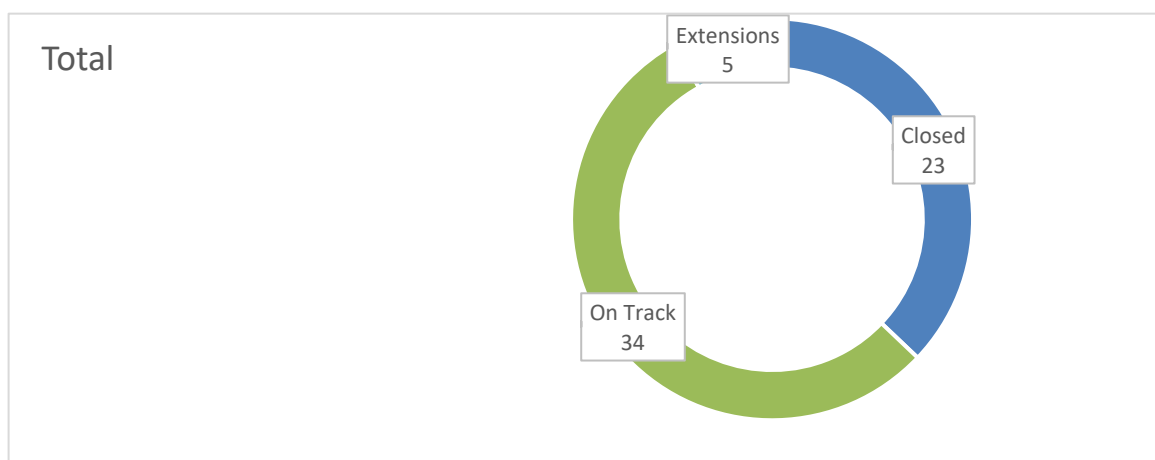
The Leadership Team is responsible for maintaining oversight of the planned activity and results of audit.

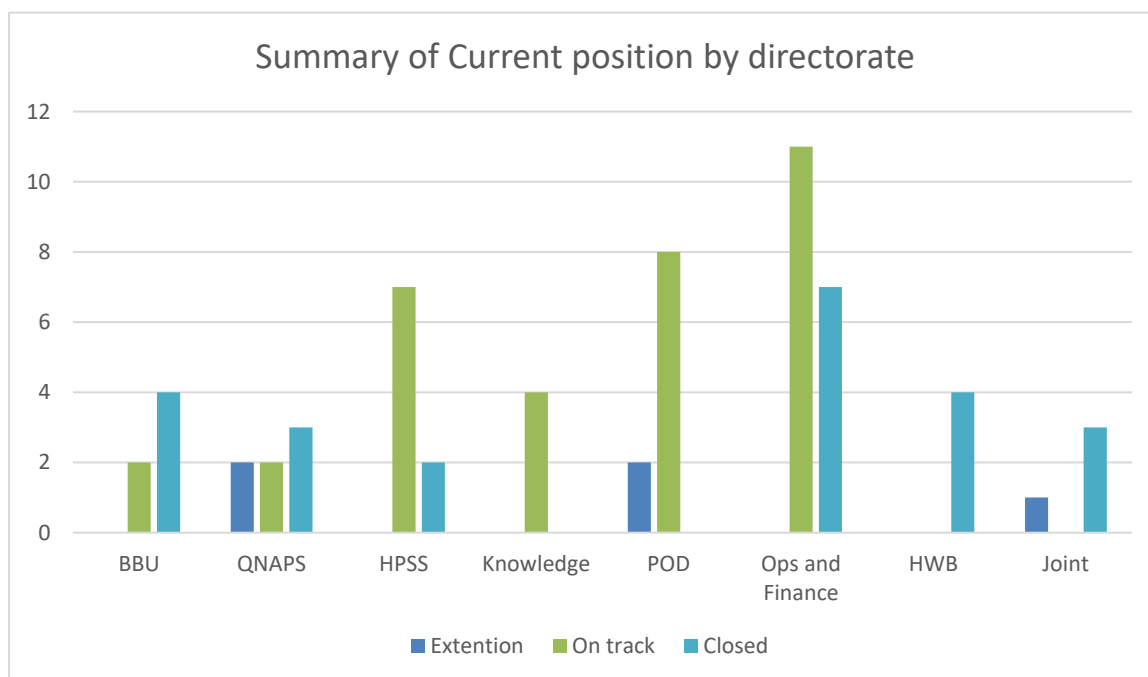
This includes scrutiny of 'the adequacy of executive and managements response to issues identified by audit, inspection and other assurance activity.'

The Action Tracker enables the tracking of progress against agreed management actions and enables the Executive Team to receive assurance and make decisions based on the update information provided.

3. Summary of request

A copy of the full update that was provided to the Leadership Team against each of the actions is provided at appendix 1.





Actions to Close: Total of 23 Actions were approved for closure by the Leadership Team on 11 March:

Table 1 – Summary of closure requests:

Request:	Action:	Summary (further detail in attachment 1)
BBU	551	Proposing the closure of 5 actions from this years Structured Assessment, where work has been completed to address the recommendations within the timescales.
	552	
	554	
	555	
BBU/QNAPS	533	Action from the Quality Governance report, relating to feedback for Board meetings, this has been completed, further actions identified to progress the use of CIVICA to improve the mechanisms.
	465	Action to develop a procedure for local SOPs within Directorates
QNAPS	476	From the Review of Quality Governance Arrangements (Audit Wales), to develop a plan for engagement.
	488	Action from IG Contract Management, to refine risk process in HWB.
	522	Action from Risk (May) report, to do with resourcing / support for risk function.

QNAPS / HWB	395	Action from Risk (2020) Report, work has been complete with the HWB directorate to standardise directorate risk approach.
HPSS	548	Screening AW Report, relating to recruitment to posts that is now complete.
	550	Screening AW Report, relating to reporting to QSIC.
HWB	502	Population Health Grants, actions have been addressed, implementation is ongoing and will come into full effect as part of the next years cycle of grant applications.
	503	
	538	
	540	
Ops and Finance	519	Financial Management IA , relating to developing budget control documents.
	526	<i>Audit of Accounts 2022/23</i> , relating to developing budget control documents.
	573	<i>Finance – Use of procurement cards</i> , relating to developing budget control document / processes .
	574	
	578	
579		
580		

Actions requesting date changes:

Total of 5 Actions were approved for **extensions to dates** by the Leadership Team on 11 March:

Table 2 –

Change Date	Action:	Summary (further detail in attachment 1)
QNAPS	472 474	From Quality Governance Report, actions follow on from the Engagement report that was approved by BET with agreed timescales to complete by Dec 2024 .
POD	558 557	Workforce planning Audit – two requests to change date to align with the implementation of the review of the people strategy, discussed change of date at PODC and ACGC to ensure realistic and achievable.
Joint WHO CC QNAPS BBU	447	Revised EQHIA process in progress, plan for this work to be completed included, extent to June 2024 to allow this work to take place.

A link to the original internal and external audit reports can be found on these SharePoint pages, [Internal Audit](#) and [External Audit](#).



The action plans put in place to address the various audits recommendations have long-term implications for the organisation, its governance and the provision of its services.

The action plans put in place to address the various audits recommendations strengthen the governance and provision of its services.

The action plans put in place to address the various audits recommendations strengthen the governance and provision of its services.

The management responses to audit reviews were developed in collaboration with staff across the organisations

Responses have been provided by staff in the relevant areas across the organisation.

4. Recommendation

The Committee is asked to:

- **Consider** the amendments to the Audit Tracker that were considered by the Leadership Team
- **Note** that the Leadership Team approved :
 - the request for revised implementation dates (summarised in table 2)
 - the completion of the actions (summarised in table 1)
- **Take assurance** on the progress with the implementation of actions resulting from Audit within Public Health Wales.

3.1

Board Business Unit:

6 Actions to review: 551, 552, 553, 554, 555, 556

Action 551:	<p>R1 In line with all other NHS bodies in Wales, the Trust should make its Audit and Corporate Governance Committee a public meeting to improve transparency, with only matters of a sensitive nature reserved for a private meeting. In doing so, the Trust should ensure that the papers for the committee are published on its website seven days in advance of meetings.</p> <p>The Trust agrees with this recommendation and will (with effect from the new financial year) run public and private sessions of its Audit and Corporate Governance Committee, publishing the agenda and papers (as appropriate) on our website 7 days in advance.</p>
Report	Structured Assessment
Date of report:	2023
Original date:	1 May 2024
Summary of changes:	No changes to target dates issued.
Lead Comments	February 2024 Update: This has been actioned and from April 2024 ACGC has been established as a meeting in public, in line with the other Committees.
Proposed action:	Request the action be closed.

Action 552:	<p>R2 The Trust should improve the scheduling of all its committee meetings to ensure timelier flows of information to and from Board, to reduce the need for verbal assurances to Board, and to provide more consistency when committees receive quarterly and bi-annual reports. Consideration of short additional meetings to cover specific agenda items should also be made.</p> <p>The Trust believes the current scheduling of its meetings supports effective governance. In 2023, additional single-issue meetings were held of the Audit and Corporate Governance Committee as well as for the full Board as required. The Trust is however reviewing its reports to Committees to provide more consistency and to avoid verbal updates where possible. For example, the Joint Chairs report for Board will contain a summary of draft minutes for meetings which are too close to the Board meeting for the minutes to be confirmed. The summary minutes will be presented by the relevant committee chair at Board.</p>
Report	Structured Assessment
Date of report:	2023
Original date:	1 April 2024
Summary of changes:	No changes to target dates issued.
Lead Comments	February 2024 Update: This has been discussed with the Chairs of the Committees and a review of the proposed schedule of meeting has been undertaken. The dates have been programmed as far as possible to align to the Board meetings, and the use of verbal reporting to Board will be limited to where the draft notes of the meeting are not completed.
Proposed action:	Request the action be closed.

Action 553:	R3 The Trust should periodically bring together all the Non-Executive Directors to provide opportunity for them to share experiences and to learn from each other. The Trust accepts this recommendation and will put in place mechanisms for Non-Executive Directors to share experiences and learn. This will be incorporated into the Board and Committee effectiveness review and bi-annual meetings will be facilitated. The Trust is very aware of the Unitary Board governance construct and will ensure this recommendation is implemented appropriately.
Report	Structured Assessment
Date of report:	2023
Original date:	1 April 2024
Summary of changes:	No changes to target dates issued.
Lead Comments s	February 2024 Update: This is in progress and will be explored further as part of the Committee effectiveness review which is scheduled for 6 March. An agreed approach and a schedule of meetings will be incorporated into the board plan for next year as appropriate. On track to be completed by target date.
Proposed action:	On track to be completed by target date.

Action 554:	The Corporate Risk Register will be presented to the Board in full in January 2024. We will increase the frequency of reporting on the Corporate Risk Register to quarterly for Committees, and Bi-annually for Board. The Workplans for 2024/25 will reflect this and the Risk Protocol will be updated.
Report	Structured Assessment
Date of report:	2023
Original date:	1 April 2024
Summary of changes:	No changes to target dates issued.
Lead Comments	February 2024 Update: The risk protocol has been updated and was approved by ACGC in January, and will be reflected in the workplans.
Proposed action:	Request the action be closed.

Action 555:	The Trust will ensure each committee has oversight of progress against internal and external audit recommendations, with the Audit and Corporate Governance Committee maintaining regular oversight of all recommendations on a quarterly basis. The Trust will also review and update its Audit Protocol to ensure it is in line with this action.
Report	Structured Assessment
Date of report:	2023
Original date:	1 April 2024
Summary of changes:	No changes to target dates issued.
Lead Comments	February 2024 Update: The frequency of Audit Tracker reporting has been increased to each meeting and is also reported at a high level within the Performance Report to Board.
Proposed action:	Request the action be closed.

Action 556:	R6 The Trust should develop a central log of recommendations arising for other reviews to enable corporate oversight of progress. The Trust will review the scope and scale of other relevant reviews and will consider whether a central log is appropriate.
Report	Structured Assessment
Date of report:	2023
Original date:	1 April 2024
Summary of changes:	No changes to target dates issued.
Lead Comments	February 2024 Update: This is currently under review to establish what other Audits this recommendation covers.
Proposed action:	On track to be completed by target date.

3.2 Directorate Deep Dive - Board Business Unit and QNAPS

3.2 - Joint BBU and QNAPS: 2 Actions to review: 533 and 465

Action 533:	We partly accept this recommendation. External stakeholders are regularly invited to attend and take part in Board and Committee meetings. Feedback following such meetings is invited and is incorporated into overall Board development. We will take an action to formalise our feedback process into our BAF and look into other opportunities to gather feedback (via our website for example) so we can ensure everyone has the opportunity to offer their feedback whether they are viewing Board via the live stream or otherwise. We will also look to operate a clearer feedback process for our partnership and stakeholder working relationships to ensure all learning is captured. This will be taken forward through the refresh and delivery of the Our Approach to Engagement Plan, with a focus on amplifying the voice of people we want to work with and for through the development of a User Experience Framework informed by data generated through the Civica platform and third sector collaboration
Report	<i>Structured Assessment</i>
Date of report:	2023
Original date:	1 March 2024
Previous changes:	7 December 2023: Work in progress and external resource is currently being scoped and procured to assist with the delivery of this recommendation. On target for completion by the deadline. LT were assured that this action was in progress, and that the target date was achievable. October 2023 Update: Work in progress and external resource is currently being scoped and procured to assist with the delivery of this recommendation
Previous Updates:	None
Summary of changes:	None.
Lead Comments	February 2024 Update: Completed. There is a feedback and review process included in the BAF, which will be completed annually. We have feedback mechanisms online to provide comment on the live streaming / joining live meetings. Further actions being taken forward as part of the development of the use of Civica, through the engagement of services report.
Proposed action:	Propose action closed.

3.2 Directorate Deep Dive - Board Business Unit and QNAPS

Action 465:	<i>Relating to the process for Local Directorate Procedures, and SOPS, guidance on the appropriate governance arrangements within Directorates will be developed to ensure a consistent approach to the development, dissemination, and testing compliance of Local Procedures. This will be developed in conjunction to the current work being undertaken in this area within the Integrated Governance Model.</i>
Report	<i>Audit Wales – Review of Quality Governance Arrangements</i>
Date of report:	<i>1 August 2022</i>
Original date:	<i>1 October 2022</i>
Previous changes:	<p>December Update: Work commenced in the local procedure within the Integrated Governance Team in June 2023 It has been taken through Business and Planning Leads and Leadership team which has resulted in a draft SOP being put out to consultation in November 2023. This recommendation is still valid and is in the consultation stage of the policy review cycle. It is currently out to consultation and will be presented to LT for approval in December (out of meeting) date change to end of would allow for this approval to be completed. High level of confidence that this will be completed by this extended date.</p> <p>LT were assured that this action was in progress and noted that the SOP had just been circulated to LT for approval out of meeting. On that basis they agreed the extension to end of December was sufficient to complete the action.</p> <p>June 2023 update: A draft of the procedure has been developed and is being discussed with directorates. This review has been paused to coincide with a review of the corporate policy procedure, to ensure appropriate overlap and consistent messaging. Request change of date to November 2023.</p> <p>January 2023 Update: Progress for this action is currently paused, pending the recruitment of the Board Secretary role. Request change of date to June 2023.</p>
Deep Dive Comments	February Update 2024: Procedure has been completed and approved by LT.
Proposed action:	Propose action closed.

3.3 Directorate Deep Dive - QNAPS

3.3 QNAPS:

Action: 472	<i>Develop organisational framework for engagement which outlines how engagement should be embedded in our key strategies and processes with impact and value</i>
Report	Review of Quality Governance Arrangements (Audit Wales)
Date of report:	1 August 2022
Original date:	1 October 2022
Summary of changes:	The date has been changed four times, change of date to 30 June 2023 in March of 2023 when a previous request to change relate to awaiting progression of Quality as an organisational strategy as this was a deliverable for 2023-24 within that. A further change was approved at LT in December 2023 for January 2024
Previous Comments:	Work remains ongoing with Knowledge and research to develop a key set of PHW questions . Our Approach to Engagement is currently being scoped along with governance arrangements to support the wider use and the quality of surveys created in Civica. Review of Engagement and Experience Network has taken place and next meeting of Engagement Network taking place later this month, which will set out a suggested approach for linking engagement through to the clinical governance framework. A paper for BET has now been written and adding funding secured to develop the question set. Given the timelines on procurement/approvals end March would be realistic and achievable.
Lead Comments	February 2024 update: The February 2024 BET paper provided an update on the delivery of Our Approach to Engagement up to March 2024, reviewed progress to date and evaluated how embedded Our Approach to Engagement is across the organisation. It also sets out recommended next steps to ensure the development of the next phase is fit for purpose. For a revised Our Approach to Engagement to be meaningful, closer working practices and alignment of work would be required to cement better collaboration, reduce barriers and silo working practices. The paper therefore recommended having exploratory sessions throughout the organisation during 2024/25 to ensure the next iteration is fit for purpose. In light of the BET paper and the revised approach suggested, QNAHPs would like to formally put in a Request for Change to December 2024 to allow for completion of this work.
Proposed action:	Request extension to 31 December 2024.

7 Actions to review: 472, 474, 476, 477, 485, 488, 522

3.3 Directorate Deep Dive - QNAPS

Action: 474	<i>Implement recommendation from literature review of evaluation measures to develop an evaluation framework for engagement activity, with clear performance and outcome metrics measured on a regular basis that monitor the impact of our engagement activity</i>
Report	Review of Quality Governance Arrangements (Audit Wales)
Date of report:	1 August 2022
Original date:	1 November 2022
Current Date:	31 March 2024
Summary of changes:	Change of date requested in January 2023 to move to May 2023 and December 2023 to March 2024.
Previous reviews:	<p>7 December 2023: LT discussed the paper to BET and the scope of this. LT sought further assurance that the extension to 31 March would allow for the development and implementation of the framework. The BET paper was confirming the planned approach, and the next steps. LT noted that the OA2E plan was also reported to QSIC for oversight. It was acknowledged that this recommendation was in two parts, to develop the framework which would be completed by January 2024, and then to implement and embed which was a longer timescale for delivery.</p> <p>LT agreed to approve the extension to March 2024 for the overall action, noting the work that was ongoing to develop the framework and that this part of the recommendation would be completed by January 2024. In terms of the second part of the recommendation, relating to the implementation, LT asked for more detail in the next update (In February) on how this would be implemented and rolled out across the organisation. At this time, LT will review the timescales for the implementation again to ensure the March date was realistic and achievable.</p>

3.3 Directorate Deep Dive - QNAPS

Lead Comments	<p>February 2024 update: The February 2024 BET paper provided an update on the delivery of Our Approach to Engagement up to March 2024, reviewed progress to date, evaluated how embedded Our Approach to Engagement is across the organisation and set out recommended next steps to ensure the development of the next phase is fit for purpose. The BET paper was well received and the approach set out agreed. Engagement will now take place across the organisation to understand the organisational need.</p> <p>This will include seeking views on required tools. The requirement to develop an organisational evaluation framework for engagement has been superseded by the requirements under the Duty of Quality. Within PHW, the requirements to meet the Duty will be bolstered within PHW by the development of a national framework for service user experience to provide a consistent approach across health and care organisations; further updates will provide progress on this approach.</p> <p>In light of the BET paper and the revised approach suggested, QNAHPs would like to formally put in a extension to December 2024 to allow for completion of this work.</p>
Proposed action:	Request change of date to 31 December 2024

Action: 476	<i>Collaboratively design and develop an organisational approach to capacity and capability building for skills in engagement and feedback analysis to inform planning and improvement</i>
Report	Review of Quality Governance Arrangements (Audit Wales)
Date of report:	1 August 2022
Original date:	1 March 2023
Current Date:	31 January 2024
Summary of changes:	Extensions have been granted on three previous occasions, in January 2023 to March 2023, in October 2023 to November 2023, in December 2023 to January 2024.
Previous updates:	7 December 2023: LT noted that this was on track and in progress, the action was to develop a plan, which was the basis of the BET report in January. It was confirmed that this was programmed on the BET forward look for January, and that it would then form part of the update to QSIC for assurance LT were satisfied at the action could be closed following the review of this report in January and agreed to extend the deadline to 31 January.
Lead Comments	February 2024 update: note update provided in December 2023 recommends closing this action following receipt and review of the report which took place in February 2024.
Proposed action:	Request Action is Closed.

3.3 Directorate Deep Dive - QNAPS

Action: 477	<i>Collaboratively design and develop an organisational approach to capacity and capability building for skills in engagement and feedback analysis to inform planning and improvement</i>
Report	Review of Quality Governance Arrangements (Audit Wales)
Date of report:	2020
Original date:	31 March 2023
Current Date:	31 March 2024
Summary of changes:	Extensions have been granted twice previously. October 2023 to January 2024 and at LT in December 2023 to March 2024.
Previous Reviews:	November 2023 Update: A workshop has been requested by the DDDA to establish further information to help determine the future approach for a stakeholder database.
Lead Comments	February 2024 update: A paper was submitted to Digital Data Design Authority and the User Centred Design Team are leading and carrying out a user needs assessment. As part of this assessment, internal interviews are taking place organisation-wide to establish what it is teams feel they need from a Customer Relations Management (CRM) tool. The findings will be reported to the DDDA, along with recommendations; at present, this action is on track for delivery by 31st Mar-24.
Proposed action:	On track to be completed by target date.

3.3 Directorate Deep Dive - QNAPS

Action: 485	<i>The review identifies deficiencies in the IG Toolkit plan which do not reflect the actual position as far as Information Governance per se is concerned. At the time of the review, the Information Governance Team was dealing with competing pressures resulting in a less than optimal standard for the submission. The resource issue is now being addressed. Plans are being developed to submit the 2022/2023 submission, but due to delays at DHCW this cannot be completed now until early 2023.</i>
Report	Information Governance Toolkit (Internal Audit – Reasonable)
Date of report:	1 September 2022
Original date:	1 March 2023
Current Date:	31 March 2024
Previous changes:	This has been extended once, in October 2023 to March 024
Previous Reviews	7 December 2023: The first full submission for the Information Governance Toolkit is now to be submitted by 31/03/2024. Work is underway to complete the required information and the team are confident this will be completed by the extended deadline. LT noted the progress with this action, and that there was a plan in place to deliver by the extended deadline.
Lead Comments	February 2024 update: No further updates to add from the December 2023 update, except to advise that the Toolkit will be approved by the Head of Information Governance, QNAHPs. This action is on track and expected to be completed by the target date of 31st March 2024.
Proposed action:	On track to be completed by target date.

3.3 Directorate Deep Dive - QNAPS

Action: 488	<i>The QNAHPs Directorate will lead on the further refinement of the risk Directorate and Divisional Dashboard and ensure monthly uploads of risk data from Datix.</i>
Report	Information Governance – Contract Management
Date of report:	May 2023
Original date:	30 September 2023
Summary of changes:	None
Preview Review	November Update: Agreed to pilot this approach within Health and Wellbeing and incorporated into BAU. October 2023 update: The SRR has been refreshed and approved and the Leadership Team is currently refreshing the CRR which will be presented to and approved by the Business Executive Team. LT will also be considering how risks will subsequently escalated / deescalated to and from the CRR as part of operational risk management processes being implemented under the Risk Management Development Plan. The Risk Manager is continuing to work with the Performance Team to define and refine risk data to be included within the dashboards. Level of confidence is high and conversations between the risk team and H&WB have been planned, January is a realistic timescale
Lead Comments	February 2024 update: All data from Datix has been extracted on a monthly basis and displayed in the PAD and DaDD since April 2022 so the action is complete from an Integrated Governance Division perspective. An additional dashboard has been developed for the Clinical Governance Group to identify themes and trends to triangulate incident, complaint and service user experience data. To further strengthen the support provided by the Risk Team, a monthly report will be sent out to risk leads detailing the outcome of triangulation analysis and highlighting any concerns relating to risks (ie: no risk register assigned, overdue for review). The management action has completed, so we would suggest this action is now Closed.
Proposed action:	Request Action is Closed.

3.3 Directorate Deep Dive - QNAPS

Action: 522	The risk in relation to resource capacity is part of a more broadly defined workforce risk within the QNAP's Directorate. If the recruitment in June is not successful we will seek to review the risk articulation. Recruitment is underway for the Head of Risk Management post with interviews scheduled for June 2023. In the absence of the Risk Manager, the Integrated Governance Manager and Assistant Director of Integrated Governance have been given responsibility for leading and managing risk management requirements including the updating of the Risk development plan and progress of subsequent implementation.
Report	Risk Management (reasonable)
Date of report:	May 2023
Original date:	1 August 2023
Summary of changes:	None
Previous reviews:	November Update: The contract for the risk consultancy has now been awarded and work will commence in January 2024. Interviews for the Head of Risk are scheduled for December 2023. The team are confident all of the work within the risk management development plan will be delivered by end March and short term mitigation is the allocation of areas of risk work within the Division
Lead Comments	February 2024 update: Grant Thornton commenced work with PHW on a consultancy basis in Jan-24 and this work will be completed by end of Mar-24. The new Head of Risk commenced in post on 5th-Feb-24; the two will make a considerable difference in the resource allocated to risk management and enable the delivery of the Risk Management Development Plan within PHW. Therefore, recommend closure of action.
Proposed action:	Request Action is Closed.

3.4 Directorate Deep Dive - QNAPS and Health and Well Being (Joint)

3.4 - Joint QNAPS and Health and Wellbeing

1 Action to review: 395

3.4 Directorate Deep Dive - QNAPS and Health and Well Being (Joint)

Action 395:	<i>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 was ongoing to improve 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.</i>
Report	<i>Risk Management – Internal Audit (Reasonable)</i>
Date of report:	1 June 2020
Original date:	31 March 2021
Current Target Date:	31 January 2024
Summary of changes:	This was paused in August 2021 due to the pandemic and the mobilisation of staff. Recommended following the appointment of the Director of Health and Wellbeing in September 2023. Request to LT in November to extend the implementation date to 31 December 2023. Request to LT in December 2023 to extend to 31 January 2024.
Previous comments:	Progress has continued within the Health and Wellbeing Directorate, with risk now included for discussion at management team meetings. Through the Risk Management Development Plan, the PHW Leadership Team has responsibility for monitoring progress in implementing more efficient and effective operational risk management across the organisation. This includes proactive input/feedback from the Health and Wellbeing Leadership Team representative. With the new Executive Director and Business and Governance Manager recently taking up post within the Directorate, we shall ensure that progress continues and that risk management is applied consistently across the Directorate (as will be the case across PHW). Full review of the Directorates risk management processes is underway
Lead Comments	February 2024 update in response to the management action itself: The Health and Wellbeing Directorate risk register has been reviewed and updated and is a standing agenda item at the Monthly Directorate Leadership team meeting. Work is ongoing (and highlighted in the recent audit on work programmes) to ensure they have a consistent approach to managing their work programmes, including risk, and to ensure performance information and risks are considered at a Directorate level. This work will continue over the next six months to ensure programme level risks

3.4 Directorate Deep Dive - QNAPS and Health and Well Being (Joint)

	<p>are reflected on Datix and there is also connection between Divisional, Directorate and Strategic risks.</p> <p>February update in respect of additional work requested by Leadership Team: In terms of the wider review across all Directorates, Leadership Team continues to oversee ongoing risk management development across all directorates and divisions. This is being informed by the Risk Assurance Network and the consultancy services procured from Grant Thornton. The completion date for this particular piece of work is expected to be Jun-24 and we would like to put in a Request for Change to reflect this.</p> <p>As the original management action has been completed and the wider review will be picked up under the Risk Management Development Plan, which is reported separately to Leadership Team, we request that this action is Closed.</p>
Proposed action:	Request Action is Closed.

3.5 Directorate Deep Dive - Health Protection and Screening Services

3.5- Health Protection and Screening

9 Actions to review: 515, 546, 547, 548, 549, 550, 569b, 569c and 570

Action 515:	<i>Perform an internal Audit review for incident reporting to ensure compliance against divisional and organisational standards for 2023/2024</i>
Report	Health Protection Division Management Arrangements (Internal Audit - Substantial)
Date of report:	1 May 2023
Original date:	May 2024
Summary of changes:	None
Previous updates:	December 2023: Appropriate action which is being progressed. it is on track with no risks to delivery identified.
Lead Comments	February 2024 Update: On track. Due May 2024
Proposed action:	On track to be completed by target date.

Action 547:	<i>R3. The Trust agrees that evaluation of the dedicated screening hubs on user experience and DNA rates is key task and will inform future planning. This will be taken forward for each of the programmes that screen from the venues. This work will include using established methods such as service user feedback using Civica; PHW user engagement tools such as Time to Talk and aligned to work of screening engagement team to address inequity.</i>
Report	Screening Recovery Organisational Response (Audit Wales)
Date of report:	27 September 2023
Original date:	31 March 2024
Summary of changes:	None.
Lead Comments	February 2024 Update: The Division's Business Team is assisting in an analysis of DNA rates across the hubs. Service user engagement feedback to be collected electronically via handheld devices.
Proposed action:	On track for completion

3.5 Directorate Deep Dive - Health Protection and Screening Services

Action 546:	<i>The Trust agrees that the data in the performance assurance dashboard need to be reviewed. This work has started and will be part of an overall directorate review. The review will consider the feedback from this audit to take on board feedback and develop the dashboard further.</i>
Report	Screening Recovery Organisational Response (Audit Wales)
Date of report:	27 September 2023
Original date:	31 March 2024
Summary of changes:	None
Previous comments:	<p>7 December 2023: Appropriate action which is being progressed. it is on track with no risks to delivery identified. Other divisions and function in HPSS are also undertaking this work and the directorate have indicated their desire to work with the organisation wide programme reviewing performance metrics to land this action in line with their timelines.</p> <p>LT noted the update, and that the action was on track to be completed within the timescales.</p> <p>a) Due by End March 2024 b)Due by October 2024</p>
Lead Comments	February 2024 Update: Discussions held with Head of Performance around reporting. Dataset has been updated to incorporate more clarity around a working recovery trajectory for DESW and BTW screening services. There is currently a review of metrics being undertaken at a Directorate level.
Proposed action:	On track for completion

3.5 Directorate Deep Dive - Health Protection and Screening Services

Action 548:	<i>R2. The Trust recognises that the public health consultant resource has been reduced over this period. The Trust has appointed a full time public health consultant to bring the capacity back to pre covid levels who started in June 2023. The Trust has invested in additional consultant post through the investment fund and also realigned resources to increase consultant resource further. This is also in anticipation of additional screening programme development and improved capacity around research and evaluation. Two consultant posts are current being recruited and interview is 11 September. The Trust has recently appointed to Head of Operations for Screening Division and start date is being progressed. The Trust is current recruiting a Deputy Head of Operations for Screening Division. This will improve capacity for oversight and leadership around demand and capacity management for the two programmes that have not fully recovered yet around the business support. Business and informatics leads within PHW will work together to explore how we can develop a sustainable demand and capacity model.</i>
Report	Screening Recovery Organisational Response (Audit Wales)
Date of report:	27 September 2023
Original date:	31 January 2024
Summary of changes:	None.
Previous comments:	December 2023: Appropriate action which is being progressed. it is on track with no risks to delivery identified
Lead Comments	February 2024 Update : Head of Operations and Deputy in post from November 2023. Following the Consultant interviews held September 2023, one appointment was made and the individual is in post. Interview date for second Consultant is scheduled for 22 Feb 2024. In terms of demand & capacity, the Trust is commissioning an external provider in February 2024 to undertake a pilot.
Proposed action:	Propose action closed.

3.5 Directorate Deep Dive - Health Protection and Screening Services

Action 549:	<i>The Trust agrees that the data in the performance assurance dashboard need to be reviewed. This work has started and will be part of an overall directorate review. The review will consider the feedback from this audit to take on board feedback and develop the dashboard further.</i>
Report	Screening Recovery Organisational response (Audit Wales)
Date of report:	27 September 2023
Original date:	31 March 2024
Summary of changes:	December 2023: Appropriate action which is being progressed. it is on track with no risks to delivery identified. Other divisions and function in HPSS are also undertaking this work and the directorate have indicated their desire to work with the organisation wide programme reviewing performance metrics to land this action in line with their timelines.
Previous comments	December 2023: Appropriate action which is being progressed. it is on track with no risks to delivery identified. Other divisions and function in HPSS are also undertaking this work and the directorate have indicated their desire to work with the organisation wide programme reviewing performance metrics to land this action in line with their timelines.
Lead Comments	February 2024 Update: Head of Operations and Deputy in post from November 2023, and the Trust is commissioning an external provider in February 2024 to undertake a pilot for demand and capacity modelling.
Proposed action:	On track to be completed by target date.

3.5 Directorate Deep Dive - Health Protection and Screening Services

Action 550:	<i>The Trust agrees that the QSIC reports should be clearer on the progress in completing recovery actions and reducing backlogs and managing risks around recovery. This feedback will be taken on board for reports going forward.</i>
Report	Screening Recovery Organisational Response (Audit Wales)
Date of report:	27 September 2023
Original date:	31 October 2023
Current Date:	31 December 2023
Summary of changes:	The target date has been extended once in October 2023 to December 2023.
Previous comments:	<p>7 December 2023: Still relevant and note request to amend due date to 31.12.23. on track for completion in December. (on agenda for QSIC in December)</p> <p>LT noted that this extension was to align to the QSIC meeting reporting, and that the meeting was scheduled next week and this was on the agenda for that meeting.</p> <p>October 2023: QSIC report due December 2023.Request extension 31 December 2023</p>
Lead Comments	<p>February 2024 Update: Workshop undertaken at QSIC December meeting – lead by Interim Exec Director QNAPPs and Director Screening Division. Workshop reviewed actions from audit and discussed approaches aligned to quality agenda to provide assurance to QSIC around quality and recovery. Productive and constructive discussion which will inform development of metric and outline of reports for future meetings. Performance insight reports to PHW board have been reviewed in light of feedback from audit and improved with more detail on recovery actions and trajectory.</p>
Proposed action:	Propose Action closed.

3.5 Directorate Deep Dive - Health Protection and Screening Services

Action 569b:	<p><i>Complete Business Continuity Impact Analyses and Plans for Divisions and Directorates are currently held on SharePoint (with copies of template resources) with restricted user access. They are reviewed in line with the Directorate and Divisional governance arrangements. As an outcome of the audit we have notified the Directorates and Divisions of the need to update their BIA and BCP's accordingly. 1.1 The Trust needs a coordinated plan to bring all BIA, BCP, DR documentation up to date, though currently the IT BCP/DR should be prioritised.</i></p> <p><i>There should be a central location where copies of plans are kept and a process to periodically review and update them to ensure they remain up to date.</i></p>
Report	<i>Business Continuity and Technical Resilience</i>
Date of report:	January 2024
Original date:	31 March 2024
Summary of changes:	None
Lead Comments	February 2024 Update: All Directorate/Divisions reminded that they are required to submit up to date BIAs and BCPs to EPRR Sharepoint Pages via EPBC Group meeting on (11.01.24). Further documented/actioned throughout all the cross-directorate Task and Finish Group Meetings for BMA Wales Junior Doctor Industrial Action. NB. EPRR Team currently auditing Sharepoint Pages to track submissions.
Proposed Actions	On track to be completed by target date.

3.5 Directorate Deep Dive - Health Protection and Screening Services

Action 569c:	<i>Complete Business Continuity Impact Analyses and Plans for Divisions and Directorates are currently held on SharePoint (with copies of template resources) with restricted user access. They are reviewed in line with the Directorate and Divisional governance arrangements. As an outcome of the audit we have notified the Directorates and Divisions of the need to update their BIA and BCP's accordingly. A Review of the Public Health Wales Business Continuity Strategy, its Business Continuity Incident Management Process and template documentation is an agreed action on the 2023/24 workplan for the Public Health Wales Emergency Planning & Business Continuity Group.</i>
Report	<i>Business Continuity and Technical Resilience</i>
Date of report:	January 2024
Original date:	31 March 2024
Summary of changes:	None
Lead Comments	February 2024 Update: ACTION ON TRACK: EPRR team finalising updates to documentation. Revised documents to be shared across PHW via agreed EPRR governance route (EPBC Group, HPSS DMT & BET/QSIC for assurance).
Proposed Actions	On track to be completed by target date.

3.5 Directorate Deep Dive - Health Protection and Screening Services

Action 570:	<p>2.1 BCP training could be made mandatory, especially as its e-learning and easy access, complete, and for management to monitor.</p> <p>Formally request that the NHS Wales E-Learning for Major Incidents (incorporating BC Awareness) is made mandatory for PHW employees.</p> <p>Add as an action to the 2024/25 workplan for the Public Health Wales Emergency Planning & Business Continuity Group.</p>
Report	<i>Business Continuity and Technical Resilience</i>
Date of report:	January 2024
Original date:	31 March 2024
Summary of changes:	None
Lead Comments	<p>February 2024 Update: ACTION ON TRACK: Action started. Initial informal discussions with PoD Learning and Development Team. E-learning package is an all-encompassing training tool for EPRR. Therefore, further discussion with Pod is required to identify the key staff groups that will be most appropriate to target.</p>
Proposed Actions	On track to be completed by target date.

3.6 Directorate Deep Dive - People and OD

3.6 - People and OD

10 Actions to review: 557, 558, 561, 562, 563, 564, 565, 566, 567, and 568

Action 557:	<p><i>Delivering the People Strategy R1 The Trust has not assessed its capacity and capability to deliver its People Strategy or assess specific risks associated with delivery beyond its three-year IMTP. By the end of quarter 1, 2024-25, the Trust should incorporate assessments of risk and resources into its 2024-27 IMTP as follows:</i></p> <p><i>1.1. Set out the costs, staff capacity, skills and other resources associated with implementation of the next three years of the People Strategy, within its People and Organisational Development Directorate and across the business (high priority)</i></p> <p><i>The Trust has not assessed its capacity and capability to deliver its People Strategy or assess specific risks associated with delivery beyond its three-year IMTP. By the end of quarter 1, 2024-25, the Trust should incorporate assessments of risk and resources into its 2024-27 IMTP as follows: 1.1. Set out the costs, staff capacity, skills and other resources associated with implementation of the next three years of the People Strategy, within its People and Organisational Development Directorate and across the business (high priority);</i></p> <p><i>Accepted: Actions 1.1 and 1.2 will need to be completed in partnership with Finance/Planning Colleagues and would need to be integrated into the IMTP planning framework to achieve alignment and integration with the LTS.</i></p>
Report	Workforce Planning
Date of report:	August 2023
Original date:	30 June 2024
Summary of changes:	None
Lead Comments	February 2024 Update: change of date requested to align to the implementation date with the review of the People Strategy. – Request Revised to 31 March 2025
Proposed action:	Request change of date to 31 March 2025

3.6 Directorate Deep Dive - People and OD

Action 558:	<p><i>Delivering the People Strategy R1 The Trust has not assessed its capacity and capability to deliver its People Strategy or assess specific risks associated with delivery beyond its three-year IMTP. By the end of quarter 1, 2024-25, the Trust should incorporate assessments of risk and resources into its 2024-27 IMTP as follows:</i></p> <p><i>1.2. Identify the specific risks associated with implementing the People Strategy and plans to manage those risks (high priority).</i></p> <p><i>Accepted</i></p> <p><i>Actions 1.1 and 1.2 will need to be completed in partnership with Finance/Planning Colleagues and would need to be integrated into the IMTP planning framework to achieve alignment and integration with the LTS.</i></p>
Report	Workforce Planning
Date of report:	August 2023
Original date:	30 June 2024
Summary of changes:	None
Lead Comments	February 2024 Update: change of date requested to align to the implementation date with the review of the People Strategy. Request Revised to 31 March 2025
Proposed action:	Request change of date to 31 March 2025

Action 561:	<p><i>R3 There are opportunities for the Trust to improve its approach to staff engagement. By the end of 2023, the Trust should:</i></p> <p><i>3.1 Review the strategic approach to engagement to ensure it is timely and fully embedded in service planning and change management (high priority)</i></p>
Report	Workforce Planning
Date of report:	August 2023
Original date:	30 September 2024
Summary of changes:	None
Lead Comments	February 2024 Update: In Progress, not yet due
Proposed action:	On track to be completed by target date.

3.6 Directorate Deep Dive - People and OD

Action 562:	<i>R3 There are opportunities for the Trust to improve its approach to staff engagement. By the end of 2023, the Trust should: 3.2. Develop an approach to increase participation rates in workforce surveys and engagement activities, specifically targeting underrepresented parts of the business including the Health Protection and Screening Directorate by the end of quarter 2 2024-25 (high priority)</i>
Report	Workforce Planning
Date of report:	August 2023
Original date:	30 September 2024
Summary of changes:	None
Lead Comments	February 2024 Update: In Progress, not yet due
Proposed action:	On track to be completed by target date.

Action 563:	<i>R4 The Trust's workforce toolkit has the potential to highlight new workforce risks. The Trust should review the information in its corporate and strategic risk registers using fresh insight from the workforce toolkit to identify potential additional sources of assurance and new risks by the end of quarter 4 2023-24 (high priority). Management Response: Accepted - We will work with our colleagues in information and governance to ensure any risks are highlighted as appropriate</i>
Report	Workforce Planning
Date of report:	August 2023
Original date:	30 March 2024
Summary of changes:	None
Lead Comments	February 2024 Update: In Progress, not yet due
Proposed action:	On track to be completed by target date.

3.6 Directorate Deep Dive - People and OD

Action 564:	<p><i>R5 We found weaknesses in the Trust's approach to monitoring and overseeing delivery of its People Strategy. It does not understand the impact of its efforts to implement that strategy and the POD Committee does not have a clear picture of progress implementing the People Strategy. By the end of quarter 2 2024-25, the Trust should:</i></p> <p><i>5.1. Develop mechanisms to report progress against the workforce outcome indicators in the People Strategy and IMTP (high priority)</i></p> <p><i>Management Response:</i></p> <p><i>Accepted. We will look to do this in partnership with our Strategy and Planning Colleagues, to ensure efficiency and integration.</i></p>
Report	Workforce Planning
Date of report:	August 2023
Original date:	30 September 2024
Summary of changes:	None
Lead Comments	February 2024 Update: In Progress, not yet due
Proposed action:	On track to be completed by target date.

3.6 Directorate Deep Dive - People and OD

Action 565:	<p><i>R5 We found weaknesses in the Trust's approach to monitoring and overseeing delivery of its People Strategy. It does not understand the impact of its efforts to implement that strategy and the POD Committee does not have a clear picture of progress implementing the People Strategy. By the end of quarter 2 2024-25, the Trust should:</i></p> <p><i>5.2. Develop mechanisms to measure the impact of workforce initiatives and activities on sickness absence and turnover to understand their contribution to reducing workforce risk in areas identified as higher risk such as health protection and screening (high priority)</i></p> <p><i>Management Response:</i></p> <p><i>Accepted. We will look to do this in partnership with our Strategy and Planning Colleagues, to ensure efficiency and integration.</i></p>
Report	Workforce Planning
Date of report:	August 2023
Original date:	30 September 2024
Summary of changes:	None
Lead Comments	February 2024 Update: In Progress, not yet due
Proposed action:	On track to be completed by target date.

3.6 Directorate Deep Dive - People and OD

Action 566:	<p><i>R5 We found weaknesses in the Trust's approach to monitoring and overseeing delivery of its People Strategy. It does not understand the impact of its efforts to implement that strategy and the POD Committee does not have a clear picture of progress implementing the People Strategy. By the end of quarter 2 2024-25, the Trust should:</i></p> <p><i>5.3. Refine the annual work programme for the POD Committee to link it more clearly to the Trust's management of key workforce risks and the delivery of the People Strategy (high priority)</i></p> <p><i>Management Response:</i></p> <p><i>Accepted. We will look to do this in partnership with our Strategy and Planning Colleagues, to ensure efficiency and integration.</i></p>
Report	Workforce Planning
Date of report:	August 2023
Original date:	30 September 2024
Summary of changes:	None
Lead Comments	February 2024 Update: In Progress, not yet due
Proposed action:	On track to be completed by target date.

3.6 Directorate Deep Dive - People and OD

Action 567:	<p><i>R5 We found weaknesses in the Trust’s approach to monitoring and overseeing delivery of its People Strategy. It does not understand the impact of its efforts to implement that strategy and the POD Committee does not have a clear picture of progress implementing the People Strategy. By the end of quarter 2 2024-25, the Trust should:</i></p> <p><i>5.4. Work with the POD Committee to develop simpler, clearer mechanisms to share information and provide more meaningful insight into the Trust’s management of workforce risks. For instance, the Trust could report information resulting from the implementation of recommendations 1.1, 1.2, 5.1, and 5.2 (high priority).</i></p> <p><i>Management Response:</i></p> <p><i>Accepted</i></p> <p><i>We will look to do this in partnership with our Strategy and Planning Colleagues, to ensure efficiency and integration.</i></p>
Report	Workforce Planning
Date of report:	August 2023
Original date:	30 September 2024
Summary of changes:	None
Lead Comments	February 2024 Update: In Progress, not yet due
Proposed action:	On track to be completed by target date.

3.6 Directorate Deep Dive - People and OD

Action 568:	<p><i>R6 The Trust does not benchmark its workforce performance against any external organisations because there is no direct comparator in Wales. Nonetheless, benchmarking against other NHS Wales organisations can provide useful insight, particularly on common issues such as sickness / absence or management processes. There may also be comparator organisations beyond Wales. By the end of quarter 4 2023-24, the Trust should explore opportunities to benchmark workforce performance information against relevant organisations either in Wales or internationally and report progress to the POD Committee (medium priority).</i></p> <p><i>Management Response:</i> <i>Accepted - We will work with others across the system to enable this action to be met. There will be constraints in terms of what we benchmark against as there will be a need to determine common data and methods for calculating data.</i></p>
Report	Workforce Planning
Date of report:	August 2023
Original date:	31 March 2024
Summary of changes:	None
Lead Comments	February 2024 Update: In Progress, not yet due
Proposed action:	On track to be completed by target date.

3.7 Directorate Deep Dive - Health and Wellbeing

3.7 - Health and Wellbeing

4 Actions to review : 502, 503, 538, 540

Action 502:	<i>1.5 Agree revised grant management process and procedures</i>
Report	<i>Population Health grants management</i>
Date of report:	1 May 2023
Original date:	31 July 2023
changes:	None.
Lead Comments	February 2024 update: Processes and procedures are in place. The implementation is ongoing with an improvement approach in place. The annual grant cycle means that full implementation will not take place until the grant agreements for the coming year are issued when the revised process and associated paperwork will be implemented in full.
Proposed action:	Propose Action is Closed.

Action 503:	<i>1.7 Agree measurement indicators to measure improvement in grant management processes</i>
Report	<i>Population Health grants management</i>
Date of report:	1 May 2023
Original date:	30 June 2023
changes:	None
Previous Comments	<p>October 2023 Update: As reported in September, the revised Divisional process was being tested during the Q1 returns a process which has not yet completed. Following this trial a set of indicators will be agreed for implementation in November.</p> <p>September 2023 Update: It was felt appropriate to ensure the process was fully documented and agreed before indicators were proposed. However, the General Manager is identifying possible indicators through the Q1 process.</p> <p>An audit has been undertaken of the process to test the metrics developed. Further work has been identified for improvement prior to finalising the work. Will need to request a revised date of end of February 2024 to align all of the elements of the work.</p>
Lead Comments	February 2024 update: The KPIs have now been implemented and are being used for the remainder of this year. They will be added to the Monthly Business meeting standard reports in the Division for monitoring moving forward.
Proposed action:	Propose Action is Closed.

3.7 Directorate Deep Dive - Health and Wellbeing

Action 538:	<i>1.4 Produce a RACI matrix for the grant management and administration process</i>
Report	<i>Population Health grants management</i>
Date of report:	1 May 2023
Original date:	30 June 2023
Current Target Date:	30 November 2023
Summary of changes:	One change of date, in October 2023 an extension to 30 November was agreed.
Previous Updates:	<p>October 2023 Update: Process has been tested which has highlighted some additional issues in relation to roles and responsibilities that are now being clarified for final confirmation at the end of November. Suggest revised implementation date of 30 November 2023.</p> <p>Changes have been implemented and reviewed and audited. This has highlighted further work that needs to be undertaken to ensure that all of the processes and documentation align to the revised process. This work will be undertaken and completed by the end of February in time for the next grant period.</p>
Lead Comments	February 2024 update: This has been completed.
Proposed action:	Propose Action is Closed.

3.7 Directorate Deep Dive - Health and Wellbeing

Action: 540:	<i>1.10 Develop and agree revised monitoring and reporting metrics for NERS and WNHSS through the relevant Improvement and Transformation Programme mechanisms.</i>
Report	<i>Population Health grants management</i>
Date of report:	1 May 2023
Original date:	31 March 2024
Summary of changes:	None.
Previous updates:	<p>September Update: A Health Promoting Schools Programme Board has been established and is overseeing the Improvement Programme for the Welsh Network. The Programme Board has received a paper on monitoring and evaluation and a logic model workshop has taken place. A further paper is due to be considered by the Programme Board at its meeting in September.</p> <p>The National Exercise Referral Advisory Board has agreed the Improvement Plan for the Programme. This is currently being implemented. One element involves the introduction of a new database and reporting system which is due to initial implementation in October. This system will provide greater routine visibility and reporting of key programme activity and outcomes. Work is progressing to schedule.</p>
Lead Comments	<p>February 2024 update: The revised Health Improvement Patient Administration System went live in January. As part of this work a revised set of reports and associated dashboard is being developed which will provide greater visibility to routine data on activity, quality and outcomes. The revised reports will also facilitate the understanding of variation across Wales. In relation to the WNHSS a monitoring and evaluation framework has been developed aligned to a revised logic model and a new set of minimum standards. These are awaiting formal agreement by the relevant Ministers.</p>
Proposed action:	Request Action is Closed.

3.8 Directorate Deep Dive - Knowledge

3.8 - Knowledge

4 Actions to review: 541, 545, 559 and 560

Action 541:	<i>1.1a and b Data, Knowledge and Research Directorate have initiated a series of groups on standards for the various Data, Knowledge and Research products PHW produce these are being developed. We expect full implementation across the range by March 2024 and will utilise mandation if necessary through an appropriate reporting arrangement (see other actions). On stakeholder engagement we will utilise the Agile methodology to establish user needs for individual products. We have established an annual survey of users to establish needs and areas for improvements. We will supplement these activities with a new strategic stakeholder forum to ensure a complete suite of stakeholder involvement at all levels in our planning.</i>
Report	Information Provision
Date of report:	27 September 2023
Original date:	31 March 2024
Summary of changes:	No changes.
Previous comments	overlap with 545. A organisational wide working group is underway to develop the standards; currently cross-organisational by in is good. It is anticipated that the standards will be available for adoption in March 2024. Management action is to support the adoption. Further work needed to establish the strategic stakeholder forum.
Lead Comments	February 2024 Update: standards development continues. high level standards have been agreed and are ready for adoption. supporting materials and more detailed principles are under development with a selection ready for adoption by March 2024 and ongoing work to socialise and mainstream.
Proposed action:	On track to be completed by target date.

3.8 Directorate Deep Dive - Knowledge

Action 545:	<i>5.1 Data, Knowledge and Research Directorate have initiated a series of groups on standards for the various Data, Knowledge and Research products PHW produce these are being developed. We expect full implementation across the range by March 2024. Ideally these will be signed up to without mandation but if necessary, the Digital and Data Design Authority will be used to mandate these, (or other suitable body as per action 2)</i>
Report	<i>Information Provision</i>
Date of report:	27 September 2023
Original date:	31 March 2024
Summary of changes:	None
Previous comments:	December 2023 Update: A organisational wide working group is underway to develop the standards; currently cross-organisational by in is good. It is anticipated that the standards will be available for adoption in March 2024. Management action is to support the adoption.
Lead Comments	February 2024 Update: high level standards agreed; supporting principles and resources under development
Proposed action:	On track to be completed by target date.

3.8 Directorate Deep Dive - Knowledge

Action 560:	<p><i>R2 The Trust is developing a comprehensive picture of current workforce capacity via its workforce toolkit but must ensure its workforce information is correct. In particular, the Trust needs accurate figures on its current establishment and vacancies. It also needs to understand future service demand and model the impact on future workforce requirements. The Trust should:</i></p> <p><i>2.2. In partnership with Data, Knowledge and Research and Finance Directorates, develop a consistent approach to model future service demand to understand the longer-term human and financial resource implications and potential risks to the organisation by the end of quarter 1 2024-25 (medium priority).</i></p>
Report	<i>Workforce Planning</i>
Date of report:	January 2024
Original date:	30 June 2024
Summary of changes:	None
Lead Comments	February 2024 Update: In Progress, not yet due
Proposed action:	On track to be completed by target date.

Action 559:	<p>R2 The Trust is developing a comprehensive picture of current workforce capacity via its workforce toolkit but must ensure its workforce information is correct. In particular, the Trust needs accurate figures on its current establishment and vacancies. It also needs to understand future service demand and model the impact on future workforce requirements. The Trust should:</p> <p>2.1. Develop an approach to ensure the accuracy of data in the workforce toolkit and other internal workforce datasets by the end of quarter 1 2024-25. In particular, the Trust must have an accurate picture of its current establishment and vacancy levels (high priority)</p>
Report	<i>Workforce Planning</i>
Date of report:	January 2024
Original date:	30 June 2024
Summary of changes:	None
Lead Comments	February 2024 Update: In Progress, not yet due
Proposed action:	On track to be completed by target date.

3.9 Directorate Deep Dive - Operations and Finance

3.9 Operations and Finance

18 Actions to review: 516, 519, 526, 569a, 571a, 571b, 572, 573, 574, 575, 576, 577, 578, 579, 580. 581, 582 and 583

3.9 Directorate Deep Dive - Operations and Finance

Action 516:	<i>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.</i>
Report	<i>Health and Safety</i>
Date of report:	February 2023
Original date:	30 June 2023
Current Target Date:	31 March 2024
Summary of changes:	Two changes to 31 October 2023 (agreed in June 23) and to 31 March 2024 (agreed in November 2023).
Previous Reviews:	<p>October 2023 Update: Work ongoing to update health and safety policies and procedures, along with 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 requested.</p> <p>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 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.</p>
Lead Comments	<p>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.</p>
Proposed action:	On track to be completed by target date.

3.9 Directorate Deep Dive - Operations and Finance

Action 519:	<i>The Budgetary Control Framework will be reviewed and updated as necessary and follow the appropriate governance and engagement process, via staff consultation and Audit Committee approval.</i>
Report	<i>Financial Management</i>
Date of report:	December 2022
Original date:	1 March 2023
Summary of changes:	One date change to Sept 23, approved in June 23.
Previous comments:	<p>October 2023 update: Continued staff absences and vacancies in the Finance Division over the summer period have further delayed the completion of this procedure. Request further change to date of completion and approval to coincide with Audit & Corporate Governance Committee 29 January 2024.</p> <p>June 2023 update: due to a number of staff absences and prioritisation of year-end work the review of the budgetary control framework commenced but has not been completed, however the current framework is still in existence. Suggest revised date for completion and approval of 30 September 2023.</p>
Lead Comments	February 2024 Update: Action completed (recommend that RAG rating is updated accordingly) . The Budgetary Control Framework Organisational Procedure was approved at Audit and Corporate Governance Committee on 29 January 2024.
Proposed action:	Request Action is Closed.

Action 526:	<i>Where a stock take is required in future years, we will ensure this is agreed well in advance with the audit team and the Microbiology Division and will request formal communication to be cascaded to all Microbiology colleagues, so all relevant staff are aware of the date and the requirements of the process. Following this issue identified during March, an Inventory/Stock Financial Control Procedure is now in development. This procedure will detail the role and responsibilities in relation to Inventory/Stock Control, the importance of maintaining accurate stock records and stock control processes including templates for recording details of stock counts. All staff will be required to adhere to this Procedure.</i>
Report	<i>Audit of Accounts 2022/23</i>
Date of report:	1 September 2023
Original date:	1 October 2023
Summary of changes:	None

3.9 Directorate Deep Dive - Operations and Finance

Previous comments:	October 2023 Update: The draft inventory/stock control procedure has received a number of comments and a final draft is being prepared. There will need to be a four week consultation so the proposed date for completion and approval is 29th January to coincide with the next Audit & Corporate Governance Committee. The procedure will detail what arrangements must be followed to set up a stock take, emphasising that the Finance Division and External Audit should be consulted in advance to confirm year end stocktake dates.
Lead Comments	February 2024 Update: Action completed (recommend that RAG rating is updated accordingly). The Stores Financial Control Procedure was approved at Audit and Corporate Governance Committee on 29 January 2024. In addition, arrangements for the year end stock take have been put in place for March 2024, with all relevant staff and External Audit notified.
Proposed action:	Request Action is Closed.

Action 569a:	<i>1.1 The Trust needs a coordinated plan to bring all BIA, BCP, DR documentation up to date, though currently the IT BCP/DR should be prioritised. There should be a central location where copies of plans are kept and a process to periodically review and update them to ensure they remain up to date. Review the IT BCP and ensure procedures for testing and exercising of DR/BCP plans are updated and communicated to relevant stakeholders (as defined in the cyber improvement plan).</i>
Report	<i>Business Continuity and Technical Resilience</i>
Date of report:	January 2024
Original date:	31 March 2025
Summary of changes:	None
Lead Comments	February 2024 Update: Plans in place to progress in April 2024.
Proposed action:	On track to be completed by target date.

3.9 Directorate Deep Dive - Operations and Finance

Action 571a:	<i>3.1 There should appropriate fire suppression systems at all server sites. It can help prevent loss of equipment, and fire spreading unchecked, which can have catastrophic consequences. There are now a range of readily available fire suppression systems that use inert and clean gases that suppress fire without posing a risk to life. Arrange for the preparation of the specification to tender for the supply and install the installation of Fire Suppression systems at all 7 server hosting sites.</i>
Report	<i>Business Continuity and Technical Resilience</i>
Date of report:	January 2024
Original date:	31 March 2024
Summary of changes:	None
Lead Comments	February 2024 Update: Process commenced for securing price for completion of proposed works.
Proposed action:	On track to be completed by target date.

Action 571b:	<i>3.1 There should appropriate fire suppression systems at all server sites. It can help prevent loss of equipment, and fire spreading unchecked, which can have catastrophic consequences. There are now a range of readily available fire suppression systems that use inert and clean gases that suppress fire without posing a risk to life. Install Fire Suppression systems at all 7 server hosting sites.</i>
Report	<i>Business Continuity and Technical Resilience</i>
Date of report:	January 2024
Original date:	30 September 2024
Summary of changes:	
Lead Comments	February 2024 Update: Progression of works will be dependent and options to be explored upon the outcome of the tendering system as per action above. consideration to also be given to cost (e.g capital and revenue) and any associated risks.
Proposed action:	On track to be completed by target date.

3.9 Directorate Deep Dive - Operations and Finance

Action 572:	<p>4.1 <i>There should be a documented procedure for the management of monitoring system alerts. The document should be appropriate to the Trust and systems and consistent with best practice. It could include:</i></p> <ul style="list-style-type: none"> • <i>Single shared mailbox for all alerts.</i> • <i>Mailbox monitoring rota/process with triage process for prioritising alerts.</i> • <i>Distribution to appropriate team/staff.</i> • <i>Alert closure and reporting process.</i> • <i>Periodic trend and parameter analysis.</i> <p><i>Establish and develop a threat and risk assessment policy and procedure (as stated in the cyber improvement plan).</i></p>
Report	<i>Business Continuity and Technical Resilience</i>
Date of report:	January 2024
Original date:	31 March 2025
Summary of changes:	None
Lead Comments	February 2024 Update: Plans in place to progress work in April 2024.
Proposed action:	On track to be completed by target date.

3.9 Directorate Deep Dive - Operations and Finance

Action 573:	<p>1.1 <i>The review and approval of the updated cardholder guidance and procedure document should be completed with consideration to incorporate the following points:</i></p> <ul style="list-style-type: none"> • <i>the use of procurement cards for travel and subsistence,</i> • <i>the process for returning cards when staff leave or change roles</i> • <i>a statement forbidding staff making online purchases through personal accounts via 'cashback websites'.</i> <p><i>Once approved, the revised guidance should be made available to all relevant staff.</i></p> <p><i>We accept this recommendation in full. The cardholder guidance and procedure document has now been updated with the following amendments:</i></p> <ul style="list-style-type: none"> • <i>A link has been added (alongside the reference to travel and subsistence) to signpost cardholders to the NHS Terms and Conditions of Service Handbook.</i> • <i>The guidance sections for returning cards when staff leave or change roles has been updated to makes clearer the process to follow in these instances.</i> • <i>A statement has been added to advise that cardholders should not make online purchases through personal accounts via 'cashback websites'.</i>
Report	<i>Finance – Use of procurement cards</i>
Date of report:	January 2024
Original date:	31 January 2024
Summary of changes:	None
Lead Comments	February 2024 Update: Action completed (recommend that RAG rating is updated accordingly). The Purchasing Card Procedure and Guidance was approved at Audit and Corporate Governance Committee on 29 January 2024. All actions have been incorporated into the new procedure.
Proposed action:	Request Action is Closed

3.9 Directorate Deep Dive - Operations and Finance

Action 574:	<i>1.2 The monthly card and single transaction limits should be included in the Trust cardholder agreement. We accept this recommendation in full. The monthly card and single transaction limits are currently communicated to the cardholder via e-mail. However, we have updated the Cardholder Agreement template to include fields for the monthly card and single transaction limits to be completed.</i>
Report	<i>Finance – Use of procurement cards</i>
Date of report:	January 2024
Original date:	31 January 2024
Summary of changes:	None
Lead Comments	February 2024 Update: Action completed (recommend that RAG rating is updated accordingly). The Purchasing Card Procedure and Guidance was approved at Audit and Corporate Governance Committee on 29 January 2024. All actions have been incorporated into the new procedure.
Proposed action:	Request Action is Closed

Action 575:	<i>1.3 Returning of procurement cards should be included as part of the employee exit checklist. We accept this recommendation in full. The People and Organisational Development Directorate have guidance pages on the Trust intranet for employees and line managers to refer to when an employee leaves the organisation. We will ensure these are updated to include guidance on returning procurement cards to the Finance Division.</i>
Report	<i>Finance – Use of procurement cards</i>
Date of report:	January 2024
Original date:	29 February 2024
Summary of changes:	None
Lead Comments	February 2024 Update: Action in progress and on target to be completed by end of February.
Proposed action:	On track to be completed by target date.

3.9 Directorate Deep Dive - Operations and Finance

Action 576:	<p>2. The cardholder agreements for all current procurement cards should be reviewed to check whether they have been properly completed and, where they have not, then appropriate corrective action should be taken.</p> <p>We accept this recommendation in full. An exercise will be carried out to ensure cardholder agreements for all existing cardholders have been properly completed. Where they have not, cardholders will be asked to complete again and submit to the Finance Division.</p>
Report	Finance – Use of procurement cards
Date of report:	January 2024
Original date:	29 February 2024
Summary of changes:	None
Lead Comments	February 2024 Update: Action in progress and on target to be completed by end of February.
Proposed action:	On track to be completed by target date.

Action 577:	<p>3.1 The draft procurement card journals should be properly reviewed so that errors are identified and corrected before being posted to the general ledger.</p> <p>We accept this recommendation in full. A reconciliation will be included in the journal document to show how the journal total reconciles back to the purchasing card monthly statement value.</p>
Report	Finance – Use of procurement cards
Date of report:	January 2024
Original date:	29 February 2024
Summary of changes:	None
Lead Comments	February 2024 Update: Action in progress and on target to be completed by end of February.
Proposed action:	On track to be completed by target date.

3.9 Directorate Deep Dive - Operations and Finance

Action 578:	<p>3.2 Where there are delays obtaining a procurement card transaction approval form for the monthly spot checks, the note in the monthly control spreadsheet should be updated when the check has subsequently been completed. Where supporting information cannot be provided, this should be raised with the budget holder and future monthly spot checks should include transactions from that cardholder to ensure there is no ongoing issue.</p> <p>We accept this recommendation in full. The monthly control spreadsheet will be updated to include a flag (for example, colour coded or status assigned) to indicate that an item requires follow-up. Where the cardholder cannot provide supporting information, this cardholder will be included in the subsequent spot check exercise.</p>
Report	Finance – Use of procurement cards
Date of report:	January 2024
Original date:	29 February 2024
Summary of changes:	None
Lead Comments	February 2024 Update: Action completed (recommend that RAG rating is updated accordingly). This recommendation has been incorporated into the monthly process.
Proposed action:	Request Action is Closed.

Action 579:	<p>4.1a Increases to procurement card limits should be approved by the Head of Financial Reporting and Control before they are actioned by the Finance Support Accountant.</p> <p>We accept this recommendation in full and will ensure this approval stage is incorporated into the process.</p>
Report	Finance – Use of procurement cards
Date of report:	January 2024
Original date:	31 January 2024
Summary of changes:	None
Lead Comments	February 2024 Update: Action completed (recommend that RAG rating is updated accordingly). The Purchasing Card Procedure and Guidance was approved at Audit and Corporate Governance Committee on 29 January 2024. All actions have been incorporated into the new procedure.
Proposed action:	Request Action is Closed.

3.9 Directorate Deep Dive - Operations and Finance

Action 580:	<i>4.1b The cardholder procedure and guidance document should be updated to reflect this. The cardholder procedure and guidance document has now been updated to reflect this additional approval requirement.</i>
Report	<i>Finance – Use of procurement cards</i>
Date of report:	January 2024
Original date:	31 January 2024
Summary of changes:	None
Lead Comments	February 2024 Update: Action completed (recommend that RAG rating is updated accordingly). The Purchasing Card Procedure and Guidance was approved at Audit and Corporate Governance Committee on 29 January 2024. All actions have been incorporated into the new procedure.
Proposed action:	Request Action is Closed.

Action581 :	<i>5.1 All boxes for budget holder and cardholder approval signature, printed name and date should be fully and accurately completed. We accept this recommendation in full. A reminder will be circulated to purchasing cardholders to ensure forms are completed fully and accurately. Guidance on the transaction request form template has been updated to request that all boxes are accurately completed.</i>
Report	<i>Finance – Use of procurement cards</i>
Date of report:	January 2024
Original date:	29 February 2024
Summary of changes:	None
Lead Comments	February 2024 Update: Action in progress and on target to be completed by end of February.
Proposed action:	On track to be completed by target date.

3.9 Directorate Deep Dive - Operations and Finance

Action 582:	<i>5.2 The narrative information should fully and clearly explain how the total cost has been calculated. We accept this recommendation in full. A reminder will be circulated to purchasing cardholders to ensure total costs on the transaction request form are supported by a breakdown. Guidance on the transaction request form template has been updated to request that a breakdown is provided for multiple purchases.</i>
Report	<i>Finance – Use of procurement cards</i>
Date of report:	January 2024
Original date:	29 February 2024
Summary of changes:	None
Lead Comments	February 2024 Update: Action in progress and on target to be completed by end of February.
Proposed action:	On track to be completed by target date.

Action 583:	<i>6 Consideration should be given to reviewing all procurement cards and spend on a periodic basis to confirm that no staff have left and to also identify low usage. Where low or no usage is identified it should be considered if the ongoing need for a card is necessary. We accept this recommendation in full. A periodic review will be implemented to monitor purchasing card usage. Instances of low or no usage will be investigated.</i>
Report	<i>Finance – Use of procurement cards</i>
Date of report:	January 2024
Original date:	29 February 2024
Summary of changes:	None
Lead Comments	February 2024 Update: Action in progress and on target to be completed by end of February.
Proposed action:	On track to be completed by target date.

**3.10 - Joint QNAPS and WHO CC
1 Action to review - 447**

Action 447:	<p><i>The importance and value of Equality Impact Assessments in supporting quality services that meet the needs of the Welsh population is understood. This is currently a high priority issue as we realise the importance of enhancing the current arrangements to help the organisation meet the needs of the Socio-Economic Duty. There is a cross-organisational working group currently reviewing the tool for completing impact assessments, with the view to integrating various impact assessments and readying the organisation to develop a digital tool. This tool will support staff to engage with and complete the Equality Impact Assessment process. Currently there is limited dedicated resource to support staff in the organisation to complete these. We are scoping improved support for staff to ensure they are completed in a meaningful way and actions are monitored and completed. This will take into consideration the recommendation that a central repository is held to store EIAs, which was already planned as part of the ongoing implementation of the Socio-Economic Duty. In addition, we are launching an Engagement & Experience Network for colleagues across the organisation who have responsibility for designing and delivering our services, programmes and functions. There will be opportunity in the workplan of this network to further develop the capability of staff to complete Equality Impact Assessments to a high standard, including ensuring that the public's voice is at their centre.</i></p> <ul style="list-style-type: none"> • <i>Scope and agree the solution</i> • <i>Implement the agreed solution</i>
Report	<i>Review of Quality Governance Arrangements</i>
Date of report:	1 August 2022
Original date:	1 June 2022
Urrtent Target Date:	31 January 2024
Summary of changes:	Two changes to June 2023 approved in January 2023 and to 31 January 2024 in November 2023.
Previous Reviews	<p>November 2023 Update: Reviewing the process for EQHIAs and the Exec Lead to take this representation forward. Discussions planned between relevant Execs, particularly to take in to account other duties and wider impacts we might want to expand as part of an integrated approach to impact assessments. Request new date whilst this work is undertaken, 31 January 2024</p>

<p>Lead Comments</p>	<p>February 2024 Update: At present there are no legislative requirements for PHW to undertake Health Impact Assessments (HIA), although this is likely to come into force shortly as part of the Public Health (Wales) Act 2017.</p> <p>However, in view of the requirement to ensure that we are meeting the requirements of the Equality Act, the Socio-economic Duty and the forthcoming HIA regulations, an Equality Health Impact Assessment (EQHIA) was developed – please note that this is a screening tool and not an HIA.</p> <p>Work is underway, led by Paul Veysey (Board Secretary and Head of Board Business Unit, to establish a Governance Hub, to strengthen implementation of, and provide assurance that PHW is complying with Statutory Duties such as the Equality Act and the Socio-economic Duty. It is anticipated that approval for the Governance Hub will be sought from the Executive Team in Q4 2023-24, with the aim of establishing and piloting the approach in 2024-25.</p>
<p>Proposed action:</p>	<p>Request extension to June 2024</p>