 <p> GIG CYMRU NHS WALES </p> <p> Iechyd Cyhoeddus Cymru Public Health Wales </p>	<p> Name of Meeting Audit and Corporate Governance Committee Date of Meeting 10 September 2024 Agenda item: 3.1 </p>
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Audit Recommendations Tracker

Executive lead:	Paul Veysey, Board Secretary and Head of Board Business Unit
Author:	Liz Blayney, Deputy Board Secretary and Deputy Head of Board Business Unit
Approval/Scrutiny route:	Leadership Team

Purpose

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 provide assurance to the Audit and Corporate Governance Committee on the management of Audit Actions.

The Report was considered out of meeting by the Leadership Team and approved on 27 August 2024

Recommendation:

APPROVE <input type="checkbox"/>	CONSIDER <input checked="" type="checkbox"/>	RECOMMEND <input type="checkbox"/>	NOTE <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
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The Committee is asked to:

- **Consider** the amendments to the Audit Tracker as approved by Leadership Team on 27 August 2024.
- **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 (LT) considers the Audit Tracker to track progress against agreed management actions in response to the recommendations of audit reviews.

The Tracker is submitted to the Audit and Corporate Governance Committee for Assurance following review by LT. The purpose of this report is to present the latest updates on the progress with the implementation of all actions from Internal and Audit Wales, and to outline the changes approved by LT for the closure of completed actions, and extensions to implementation dates.

The Tracker was last presented to LT on 25 April 2024.

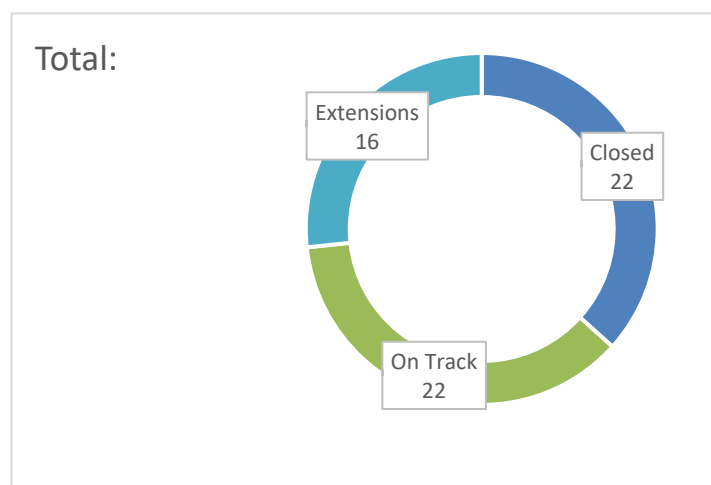
2. Background

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



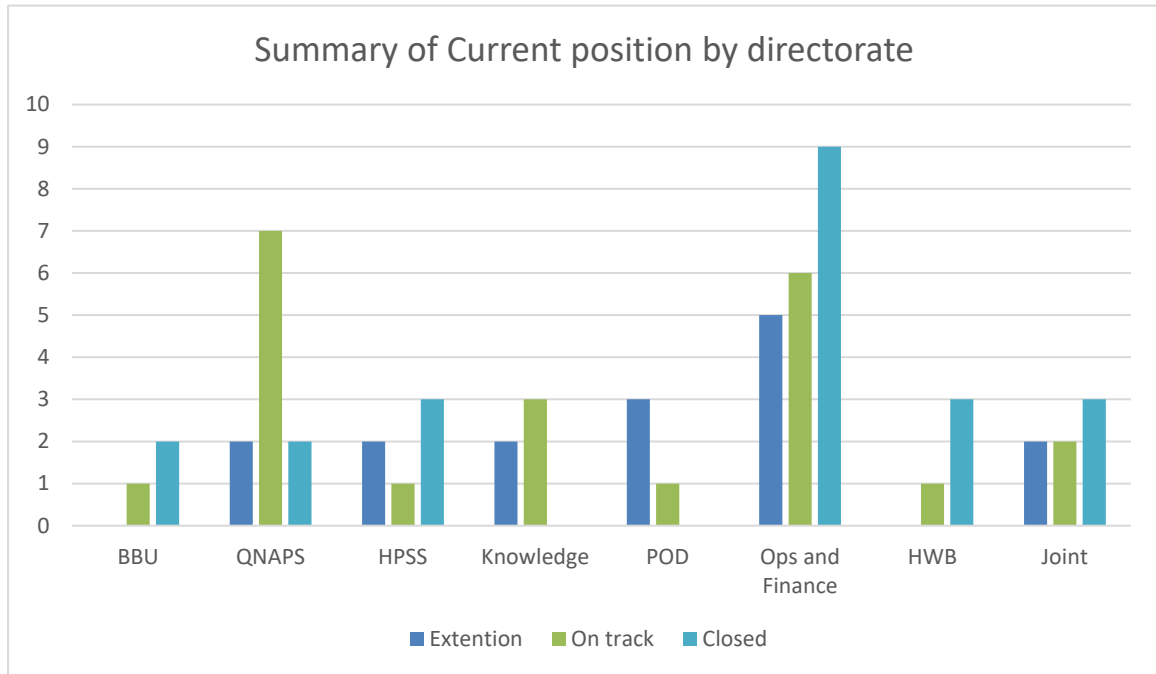


Table 1 – Summary of closure requests approved by LT:

Request:	Action:	Summary (further detail in attachment 1)
BBU	589	July 2024 Update: Completed. The standard terms of reference were amended and approved by the Board in May 2024. Propose action closed on that basis.
	590	July 2024 Update: Completed. The Remuneration and Terms of Service Committee approved their work plan in July, which is being reported through to Board for assurance on 25 July 2024. The Work plan will be published on the website along with the other Committee work plans. Propose action closed.
BBU/POD	566	July 2024 Update: Request closure. The annual workplan for People OD Committee for 2024/25 has been agreed with the Chair of People OD Committee, Director of People and OD and Board Business Unit. The annual work programme for the POD Committee has been refined to link it more clearly to the Trust's management of key workforce risks and the delivery of the People Strategy (high priority)571
QNAPS	603	July 2024 update: The importance of timely reporting is being emphasised in investigation training sessions. The findings of the outcome of the audit have been shared in the Jul-24 Insight and Performance Report (IPR) which will be put before BET and Board. Proposed to Close.
	609	July 2024 update: This action was completed prior to the receipt of the Audit Report. No update is necessary. Action to be Closed.
HPSS	515	July 2024 Update: An Internal Audit review for Incident Reporting was completed by May 2024, Request the Action is Closed.
	547	July 2024 Update: DNA discussion paper was received by the SMT on 9th July 2024. Further work with the hubs is being progressed. 24 x handheld devices have been issued to the screening teams to capture user feedback, as part of routine process. A further 6 are currently being built by IT colleagues and will be distributed in September 2024. The Division therefore requests that this is now closed as all actions are complete.
	596	July 2024 Update: This has been completed and is shared monthly with HPSS (and other Divisions who request). Request Action is Closed.

Ops and Finance	571a	Due to the sensitive nature of this report Business Continuity and Technical Resilience recommendations are presented to ACGC in Private Session.
	600	July 2024 Update: Monthly leavers listed obtained from ESR is being actioned by Service Desk team. Privileged user groups are reported on weekly, these are reviewed by the Cyber Security Team for any changes and recorded via service point. The cyber team will take responsibility for the network account reviews and for documenting these have taken place and their outcome Suggest action/requirement to be closed..
	610	Due to the sensitive nature of this report IT infrastructure and network management Final Internal recommendations are presented to ACGC in Private Session.
	611	Due to the sensitive nature of this report IT infrastructure and network management Final Internal recommendations are presented to ACGC in Private Session.
	615	July 2024 Update: Procurement manual has been shared with Business and Planning Leads on 09 July 2024. Reinforced message to circulate within their teams at Business and Planning Leads meeting on 07 August 2024. Procurement manual covered extensively at Directorate Procurement Planning Day on 27 June 2024. Management should ensure that contract leads/owners within the Trust are informed of the NWSSP procurement manual. Request Action is Closed.
	617	July 2024 Update: The Trust needs to ensure that where internal contract registers are kept, the information relating to the contracts is updated within the relevant fields. Business and Planning Leads requested to action at 07 Aug 2024 Business and Planning Leads Meeting. Propose to close.
	618	July 2024 Update: Arrangements should be in place between the Trust and NWSSP to ensure that signed contractual documentation is shared with, and retained by, the Trust and made readily available to contract owners. Processes are already in place. Message re-enforced at Business and Planning Leads on 07 August 2024. Propose to close.
	619	July 2024 Update: Management should ensure they monitor the performance of contractors by obtaining and reviewing performance reports and attend meetings as expected and stated within the contract. Directorate

		contract monitoring requirements emphasised as Business and Planning Leads Meeting 07 Aug 2024. Propose to close.
	620	July 2024 Update: Management should ensure a contract management reporting structure is established within the Trust with senior level engagement where appropriate. This should be highlighted within future published guidance document. Directorate contract monitoring requirements emphasised as Business and Planning Leads Meeting 07 Aug 2024. Propose to close.
HWB	585	July 2024 Update :The Directorate has implemented consistent approaches to programme management at programme, Divisional and Directorate level. A revised divisional highlight report has been implemented that includes the preferred organisational approach to risk management (matter arising 4). There are no outstanding actions arising from this audit. Action complete and to be closed.
	587	July 2024 Update: Plans have been produced and are being monitored at the appropriate level within the Directorate. Budget plans were formally agreed and allocated at Directorate meeting on 28 June 2024. Action complete and to be closed.
	588	July 2024 Update: All risks in Health and Wellbeing have been reviewed and updated. Following the introduction of the performance highlight report we are ensuring risks managed at a programme level align with those reported through Datix. Action complete and to be closed.
POD and HPSS	592	July 2024: The Office of the Medical Director should ensure that progress toward implementation of a formal appraisers training programme and a supporting appraiser's network is maintained, and implemented as soon as is practicable. The first appraisal training session took place in July 2024 with further sessions on a 6 monthly basis. First Appraiser Network planned to take place September/October 2024. Request Action is closed.
	595	July 2024 Update: The QA Group ToR should be finalised and then approved by the QA Group as soon as practicable, so as to formalise its mandate in delivering its purpose and objectives. TORs reviewed and agreed by the group on 21 May 2024. Request Action is Closed.

Table 2 – Actions requesting date changes:

Change Date	Action:	Summary (further detail in attachment 1)
Ops and Finance	598	<p>A written change control process will be agreed with the Finance division and will contain details of the processes and authorisation procedure.</p> <p>July 2024 Update: This is asking for an IT change management policy of wider scope than the finance system audited so will take several months to complete. Requested completion date is 30 Nov 2024.of the processes and authorisation procedure.</p>
	612	Due to the sensitive nature of this report IT infrastructure and network management Final Internal recommendations are presented to ACGC in Private Session.
	613	Due to the sensitive nature of this report IT infrastructure and network management Final Internal recommendations are presented to ACGC in Private Session.
	614	Due to the sensitive nature of this report IT infrastructure and network management Final Internal recommendations are presented to ACGC in Private Session.
	616	July 2024 Update: the Trust should have oversight/monitoring of contracts below £5,000. Request change to implementation date to 30 September 2024. The procurement highlight report has been received in draft, we are currently working through a number of queries.
POD	562	July 2024 Update: April 2024 update omitted to seek approve to align implementation date with the related IMTP objectives. Approval requested to update to 31/03/2025.
	564	July 2024 Update: April 2024 update omitted to seek approve to align implementation date with the related IMTP objectives. Approval requested to update to 31/03/2025.
	565	July 2024 Update: April 2024 update omitted to seek approve to align implementation date with the related IMTP objectives. Approval requested to update to 31/03/2025.

HPSS	549	<p>July 2024 Update: On the 30 July, a 'sprint' review on the demand and capacity modelling in DESW was conducted with colleagues from the data science team. It was agreed to complete phase 1 of the modelling, ensuring all outputs are usable. However, more refinements are required around the clinic level model. There will be a further workshop around September time to convene key stakeholders for findings and recommendations. The Division therefore requests an extension to the implementation date to 30 September 2024</p>
	593	<p>July 2024 Update: This increase of numbers on the Appraiser Network will be discussed with the Appraiser Network in Sep/Oct to determine whether further Appraisers are currently required. In the meantime, an expression of interest has been drafted to be used in the future. Extension to 31 October 2024 requested.</p>
Knowledge	559	<p>July 2024 Update: National model of workforce capacity has been completed but data quality is limiting our ability to accurate model below that level. We need to assess what can be done to improve data quality and model. Request extension to 31 March 2025.</p>
	560	<p>July 2024 Update: National workforce capacity model is completed but data quality is limiting our ability to accurate model below that level. We need to assess what can be done to improve data quality and model. Request extension to 31 March 2025.</p>
POD and HPSS	591	<p>July 2024 Update: Part 1 - All Wales Medical Appraisal Policy has been approved and is now published. The Professional Appraisal Guide has also been published on the OMD SharePoint page. Request Action Part 1 is Closed is closed.</p> <p>Part 2 - Job Planning is now progressing in an e-format using the RLDatix System e-job plan. Those using paper based versions are being directed to the 2014 document but these are then being uploaded onto e-job plan. Request change of date of 31 October 2024.</p>
	594	<p>July 2024 Update: E-job planning training sessions have been completed with all consultants being issued with details to set up their e-job plan account. E-job planning guidance available on the OMD SharePoint page and an E-job planning procedure is in development. Recordings of all e-job planning training delivered by RLDatix are also available on the SharePoint page.</p>

		<p>Work is due to commence on the process to capture compliance with job planning with the aim of identifying there is a job plan in place; what format it is in; providing support to upload job plans onto the e-job planning system.</p> <p>Request Change of Date to 31 October 2024.</p>
QNAHPs	472	<p>July 2024 update: Management action is no longer valid as things have moved on since the action was identified. In terms of the recommendation see updates as follows:</p> <p>a. The CIVICA system has now been rolled out across PHW. Standardised questions have been developed to capture information on protected characteristics of service users and respondents to surveys. However not fully adopted and used across PHW. Recommendation partially actioned.</p> <p>b. Progress underway to roll out implementation process around reporting and triangulating data gathered through surveys. The approach will be to review / scrutinise the captured data from CIVICA and take through the PHW People's Experience Group (group currently being established, with first meeting in October 2024) and through the Quality Oversight Group (QuOG). Recommendation in progress (with the view to be actioned by 31 October 2024)</p> <p>c. You said, We did webpages have been developed to allow capture of feedback (concerns and compliments) but also to detail the outcomes from the learning through this process. Webpages went live July 2024 and process to display being refreshed. Recommendation actioned.</p> <p>d. Including service user feedback in deep dives for the Quality, Safety, and Improvement Committee. This will be achievable once the full implementation process around reporting and triangulation of data has been embedded. Implementation process will be completed by 31st March 2025, so using robust data to inform deep dives for QSIC will likely be possible from April 2025 onwards. Recommendation in progress (with the view to be actioned by April 2025)</p> <p>e. Progress underway to roll out implementation process around reporting and triangulating data gathered through surveys (internal and external). The approach will be to review / scrutinise the captured data from CIVICA and take through the PHW People's Experience Group (group currently being established, with first meeting in October 2024) and through the Quality Oversight Group (QuOG).</p>



		Recommendation in progress (with the view to be actioned by 31st October 2024) For (d) above we request a change of date to 30 April 2025,
	607	July 2024 update: Monthly Quality Reviews will recommence on the 5th August 2024; all PTR Managers are aware of the restart date. Quality meeting with Quality Leads, Heads of Divisions/Programmes and the Investigators are planned for September 2024. QNAHPs request extension to delivery date to 31 October 2024 to allow time to meet with all appropriate stakeholders.

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



Hirdymor

Long Term

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.



Atal

Prevention

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



Integreiddio

Integration

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



Cydwethio

Collaboration

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



Cynnwys

Involvement

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 as approved by Leadership Team on 27 August 2024.
- **Take assurance** on the progress with the implementation of actions resulting from Audit within Public Health Wales.

3.1 Board Business Unit

3.1

Board Business Unit:

3 Actions to review: 447, 589 and 590

3.1 Board Business Unit

Action 447: (Audit Wales)	<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.</i></p> <p><i>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 reported to ACGC:	1 August 2022
Original date:	1 June 2022
Current Target Date:	30 September 2024
Summary of changes:	Three changes to June 2023 approved in January 2023 and to 31 January 2024 in November 2023, and to 30 September 2024 in April 2024.

3.1 Board Business Unit

<p>Previous Comments</p>	<p>April 2024 Update: BET has approved the Governance Hub pilot for the next 12 months. The Hub will ensure EIAs are undertaken in respect of all relevant items of work it advises upon. The quality of the EIA will be advised upon by the relevant duty leads. Any mitigations recommended will be identified and monitored by the Hub to assess impact. The Hub will establish a central repository and a mitigations assessment tool to ensure adequate monitoring. It is proposed this will all be in place from September 2024, to allow the Hub to become established and for the relevant flow of work to pass through the Hub. Request extension to the end of September.</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>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>July 2024 Update: On Track. This is being progressed through the development of the Governance Hub, to be in place by the end of September.</p>
<p>Proposed action:</p>	<p>Action on track to be completed by due date.</p>

3.1 Board Business Unit

Action 589: (Internal Audit)	The Committees terms of reference should be amended to reflect the arrangements for obtaining Chair’s action on urgent matters. In these circumstances, the Committee Chair should be supported by the Board Secretary and Head of Board Business as appropriate, to deal with the matter on behalf of the Committee, after first consulting with one other Independent Members of the Committee. The Board Secretary and Head of Board Business must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.
Report	Committee Work Planning
Date reported to ACGC:	9 May 2024
Original date:	30 May 2024
Summary of changes:	None
Lead Comments	July 2024 Update: Completed. The standard terms of reference were amended and approved by the Board in May 2024. Propose action closed on that basis.
Proposed action:	Request Action is Closed.

Action 590: (Internal Audit)	Consideration be given to implementing a yearly work plan for the Remuneration and Terms of Service Committee.
Report	Committee Work Planning
Date reported to ACGC:	9 May 2024
Original date:	30 May 2024
Summary of changes:	None
Lead Comments	July 2024 Update: Completed. The Remuneration and Terms of Service Committee approved their work plan in July, which is being reported through to Board for assurance on 25 July 2024. The Work plan will be published on the website along with the other Committee work plans. Propose action closed.
Proposed action:	Request Action is Closed.

3.2 - Joint People and Organisational Development and Finance and Operations

2 Actions to Review 557 and 558

3.2 Joint People and Organisational Development and Finance and Operations

<p>Action 557: (Internal Audit)</p>	<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>
<p>Report</p>	<p>Workforce Planning</p>
<p>Date reported to ACGC:</p>	<p>August 2023</p>
<p>Original date:</p>	<p>30 June 2024</p>
<p>New date</p>	<p>31 March 2025</p>
<p>Summary of changes:</p>	<p>One change of date to 31 March 2025 on 15 February 2024</p>
<p>Previous Comments</p>	<p>April 2024 Update: In progress. This action is embedded in the following IMTP commitment for 2024-25: 'Publish an updated People Strategy.'</p> <p>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</p>
<p>Lead Comments</p>	<p>July 2024 Update: In progress and on track.</p>
<p>Proposed action:</p>	<p>Action on track to be completed by due date.</p>

3.2 Joint People and Organisational Development and Finance and Operations

Action 558: (Internal Audit)	<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 reported to ACGC:	August 2023
Original date:	30 June 2024
New date	31 March 2025
Summary of changes:	One change of date to 31 March 2025 on 15 February 2024
Previous Comments	<p>April 2024 Update: In progress.</p> <p>This action is embedded in the following IMTP commitment for 2024-25: 'Publish an updated People Strategy.'</p> <p>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</p>
Lead Comments	July 2024 Update: In progress and on track.
Proposed action:	Action on track to be completed by due date.

3.3 Quality Nursing and Allied Health Professionals

3.3 Quality Nursing and Allied Health Professionals: 11 Actions to review:, 472, 474, 601, 602, 603, 604, 605, 606, 607, 608 and 609

3.3 Quality Nursing and Allied Health Professionals

Action: 472 (Audit Wales)	<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 reported to ACGC:	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:	<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 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.</p> <p>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.</p>

3.3 Quality Nursing and Allied Health Professionals

Lead Comments	<p>July 2024 update: Management action is no longer valid as things have moved on since the action was identified.</p> <p>Recommendation: <i>Service User and Staff Feedback. The Trust does not routinely and consistently collect information about the protected characteristics (under the Equality (Wales) Act) of its users, or of people taking part in research surveys. It does not consistently share learning from staff and user feedback or consistently let people know what changes it made as a result of their feedback. The Trust has recently invested in the CIVICA system to improve its approach to user feedback. More broadly, the Trust should strengthen its approach to user and staff feedback by:</i></p> <p><i>a. Developing and implementing the CIVICA system and a consistent approach to capture information on the protected characteristics of service users and respondents to research surveys.</i></p> <p>July 2024 update: a. The CIVICA system has now been rolled out across PHW. Standardised questions have been developed to capture information on protected characteristics of service users and respondents to surveys. However not fully adopted and used across PHW Recommendation partially actioned.</p> <p><i>b. Developing an approach to combine feedback from staff, service users, complaints, incidents, and compliments to create a more robust picture of the quality and safety of services.</i></p> <p>July 2024 update: b. Progress underway to roll out implementation process around reporting and triangulating data gathered through surveys. The approach will be to review / scrutinise the captured data from CIVICA and take through the PHW People's Experience Group (group currently being established, with first meeting in October 2024) and through the Quality Oversight Group (QuOG). Recommendation in progress (with the view to be actioned by 31st October 2024)</p> <p><i>c. Developing mechanisms to inform service users about the impact their feedback has had on service improvement.</i></p>
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3.3 Quality Nursing and Allied Health Professionals

	<p>July 2024 update: c. You said, We did webpages have been developed to allow capture of feedback (concerns and compliments) but also to detail the outcomes from the learning through this process. Webpages went live July 2024 and process to display being refreshed. Recommendation actioned.</p> <p><i>d. Including service user feedback in deep dives for the Quality, Safety, and Improvement Committee.</i></p> <p>July 2024 update: d. Including service user feedback in deep dives for the Quality, Safety, and Improvement Committee. This will be achievable once the full implementation process around reporting and triangulation of data has been embedded. Implementation process will be completed by 31st March 2025, so using robust data to inform deep dives for QSIC will likely be possible from April 2025 onwards. Recommendation in progress (with the view to be actioned by April 2025)</p> <p><i>e. Developing an approach to sharing learning from engagement with staff and users either through the implementation of the Quality as a Business Strategy.</i></p> <p>July 2024 update: e. Progress underway to roll out implementation process around reporting and triangulating data gathered through surveys (internal and external). The approach will be to review / scrutinise the captured data from CIVICA and take through the PHW People's Experience Group (group currently being established, with first meeting in October 2024) and through the Quality Oversight Group (QuOG). Recommendation in progress (with the view to be actioned by 31st October 2024)</p> <p>For (d) above we request a change of date to 30 April 2025.</p>
Proposed action:	Request Extension to 30 April 2025.

3.3 Quality Nursing and Allied Health Professionals

Action: 474 (Audit Wales)	<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 reported to ACGC:	1 August 2022
Original date:	1 November 2022
Current Date:	31 December 2024
Summary of changes:	Change of date requested in January 2023 to move to May 2023 and December 2023 to March 2024.

3.3 Quality Nursing and Allied Health Professionals

Previous 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> <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>
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3.3 Quality Nursing and Allied Health Professionals

Lead Comments	<p>July 2024 update: Management action is no longer valid as things have moved on since the action was identified. In terms of the recommendation see updates as follows:</p> <p>Progress underway to roll out an implementation process around reporting and triangulating data gathered through surveys (internal and external). The approach will be to review / scrutinise the captured data from CIVICA and take through the PHW People's Experience Group (group currently being established, with first meeting in October 2024) and through the Quality Oversight Group (QuOG). Recommendation in progress (with the view to be actioned by 31st October 2024)</p>
Proposed action:	Action on track to be completed by due date.

Action: 601 (Internal Audit)	<p><i>Update of action plans after incident closure on Datix. The Trust should ensure there is a system in place that would ensure the continuous monitoring of action plans after the incident has been closed on Datix. (A Digital Audit Management Tool is to be procured by Public Health Wales. This will support the updating and completion of action plans during and post incident closure.)</i></p>
Report	Incident Reporting
Date reported to ACGC:	10 July 2024
Original date:	Awaiting procurement date
Current Date:	Awaiting procurement date
Previous changes:	None
Previous Comments	None
Lead Comments	<p>July 2024 update: An investment bid submitted by the QNAHP's directorate to procure a Digital Audit Platform was presented to SBET in May-24 and approved. The proposed procurement for the Tool is currently awaiting DDDA approval prior to multi-quote procurement process to commence.</p>
Proposed action:	Action on track to be completed by due date.

3.3 Quality Nursing and Allied Health Professionals

Action 602: (Internal Audit)	<i>Update of action plans after incident closure on Datix. The Trust should ensure there is a system in place that would ensure the continuous monitoring of action plans after the incident has been closed on Datix. (A data log of all closed incidents with outstanding action plans will be compiled by the PTR team and the use of action module within Datix will be used to update and remind of outstanding actions.)</i>
Report	Incident Reporting
Date reported to ACGC:	10 July 2024
Original date:	30 September 2024
Summary of changes:	None
Lead Comments	July 2024 update: a meeting has been set for 22 August 2024 in order to plan and implement the Data Log.
Proposed action:	Action on track to be completed by due date.

3.3 Quality Nursing and Allied Health Professionals

Action 603: (Internal Audit)	2.1 Outcome of Incident Reporting Management Review Management should ensure that incidents are processed within the expected timeframes and reported as stated in the Welsh Government policy, Welsh Government supporting documents and Health Board policy and procedure. Where significant delays are occurring with a view to understanding any reasons behind the delay and revising or refining approaches to help reduce these delays.
Report	Incident Reporting
Date reported to ACGC:	10 July 2024
Original date:	31 July 2024
Summary of changes:	None
Lead Comments	July 2024 update: The importance of timely reporting is being emphasised in investigation training sessions. The findings of the outcome of the audit have been shared in the Jul-24 Insight and Performance Report (IPR) which will be put before BET and Board. Proposed to Close.
Proposed action:	Request Action is Closed.

Action 604: (Internal Audit)	2.2 Outcome of Incident Reporting Management Review The Trust should ensure where lessons learnt have occurred improvement plans are completed and supporting documents continue to be uploaded on datix.
Report	Incident Reporting
Date reported to ACGC:	10 July 2024
Original date:	31 August 2024
Summary of changes:	None
Lead Comments	July 2024 update: Final review and implementation plan of Datix investigation training to be discussed at meeting on 8th August 2024 with the PTR Team with a view to test prior to final delivery.
Proposed action:	Action on track to be completed by due date.

3.3 Quality Nursing and Allied Health Professionals

Action 605: (Internal Audit)	2.3 Outcome of Incident Reporting Management Review There should be segregation of staff duties. More than one staff should be involved in the incident manage cycle from the point of reporting to closure on datix.
Report	Incident Reporting
Date reported to ACGC:	10 July 2024
Original date:	31 August 2024
Summary of changes:	None
Lead Comments	July 2024 update: Restarting of the Datix SuperUser Networks on track to recommence by the end of August 2024.
Proposed action:	Action on track to be completed by due date.

Action 606: (Internal Audit)	2.4 Outcome of Incident Reporting Management Review Management should ensure key incident reporting fields are completed on datix.
Report	Incident Reporting
Date reported to ACGC:	10 July 2024
Original date:	31 August 2024
Summary of changes:	None
Lead Comments	July 2024 update: Monthly Quality Reviews will recommence on the 5th August 2024; all PTR Managers are aware of the restart date.
Proposed action:	Action on track to be completed by due date.

3.3 Quality Nursing and Allied Health Professionals

Action 607: (Internal Audit)	3.1 Monthly Retrospective Quality Reviews In line with the procedures, As a form of good practice management should resume the monthly quality review checks or the procedure is updated to reflect how often these reviews would be undertaken periodically
Report	Incident Reporting
Date reported to ACGC:	10 July 2024
Original date:	31 July 2024
Summary of changes:	None
Lead Comments	July 2024 update: Monthly Quality Reviews will recommence on the 5th August 2024; all PTR Managers are aware of the restart date. Quality meeting with Quality Leads, Heads of Divisions/Programmes and the Investigators are planned for September 2024. QNAHPs request extension to delivery date to October 2024 to allow time to meet with all appropriate stakeholders.
Proposed action:	Request extension to 31 October 2024.

Action 608: (Internal Audit)	4.1 Sharing of lessons learnt across the Trust Management should ensure there are mediums through which lessons learnt can be shared and circulated to staff on a Trust wide basis.
Report	Incident Reporting
Date reported to ACGC:	10 July 2024
Original date:	30 September 2024
Summary of changes:	None
Lead Comments	July 2024 update: A paper will be put before BET on the 21st August 2024 setting out the governance and reporting structures of the proposed Quality Oversight Group (QuOG). Subject to BET approval, the inaugural meeting of the Group will take place in September 2024. The QuOG will support the sharing of learning (details are within the Management Action itself).
Proposed action:	Action on track to be completed by due date.

3.3 Quality Nursing and Allied Health Professionals

Action 609: (Internal Audit)	5.1 Screening Division & the reinstatement of the Cervical Screening Datix, Themes and Actions Group Acknowledging that steps have been taken to reinstate this group, management should ensure that the ToR and action notes are updated and meetings continue to be held quarterly.
Report	Incident Reporting
Date reported to ACGC:	10 July 2024
Original date:	24 May 2024
Summary of changes:	None
Lead Comments	July 2024 Update: This action was completed prior to the receipt of the Audit Report. No update is necessary. Action to be Closed..
Proposed action:	Request Action is Closed.

3.4 Health Protection and Screening

3.4- Health Protection and Screening

6 Actions to review: 515, 547, 549, 570, 593 and 596

3.4 Health Protection and Screening

Action 515: (Internal Audit)	<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 reported to ACGC:	1 May 2023
Original date:	May 2024
Summary of changes:	None
Previous Comments:	<p>April 2024 Update: All required steps in relation to this action are in progress with very high confidence to meet the completion date of May 2024.</p> <p>February 2024 Update: On track. Due May 2024</p> <p>December 2023 Update: Appropriate action which is being progressed. it is on track with no risks to delivery identified.</p>
Lead Comments	July 2024 Update: completed by May 2024, Request Closure
Proposed action:	Request Action is Closed.

3.4 Health Protection and Screening

Action 547: (Audit Wales)	<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 reported to ACGC:	27 September 2023
Original date:	31 March 2024
Summary of changes:	None.
Previous Comments:	<p>April 2024 Update: Civica user experience evaluation exercises has been undertaken at the screening hubs. Whilst feedback was generally well received, some issues around improved signage and parking will require attention. An analysis of the DNA rates at the Screening Hubs has been produced for the period 1st April 2023 to 31st Jan 2024. Initial findings are that there is a marginal variance between the percentage of DNA's at the PHW hubs to the overall DNA's when looking at all appointments offered at all other clinic venues. A discussion paper is being prepared for further review and action planning with the Programme Heads via the Senior Management Team forum. The Division therefore requests an extension to the implementation date to 31/05/2024.</p> <p>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.</p>
Lead Comments	<p>July 2024 Update: DNA discussion paper was received by the SMT on 9th July 2024. Further work with the hubs is being progressed. 24 x handheld devices have been issued to the screening teams to capture user feedback, as part of routine process. A further 6 are currently being built by IT colleagues and will be distributed in September 2024.</p> <p>The Division therefore requests that this is now closed as all actions are complete.</p>
Proposed action:	Request Action is Closed.

3.4 Health Protection and Screening

Action 549: (Audit Wales)	<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 reported to ACGC:	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.
Previous updates:	<p>April 2024 Update: The project is underway and the Head of Operations and Digital Eye Screening Wales (DESW) team are working with colleagues from the Data Science and Knowledge Directorate, together with the external provider. Training has been scheduled with the system model builders, to include shadowing project delivery. Separate mapping sessions have been delivered where the intention is to draw out the patient journey. A project group has been established to monitor progress.</p> <p>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.</p>
Lead Comments	<p>July 2024 Update: On the 30 July, a 'sprint' review on the demand and capacity modelling in DESW was conducted with colleagues from the data science team. It was agreed to complete phase 1 of the modelling, ensuring all outputs are usable. However, more refinements are required around the clinic level model. There will be a further workshop around September time to convene key stakeholders for findings and recommendations.</p> <p>The Division therefore requests an extension to the implementation date to 30/09/2024</p>
Proposed action:	Request extension to 30 September 2024.

3.4 Health Protection and Screening

Action 570: (Internal Audit)	<i>Considered in Private Meeting</i>
Report	<i>Business Continuity and Technical Resilience</i>
	<i>Due to the sensitive nature of this report, recommendations considered in Private session of ACGC.</i>

Action 593: (Internal Audit)	<p>Consideration should be given to increasing the number of appraisers to improve availability and efficiency of appraisal delivery and ensuring coverage in the event of appraiser absence or unavailability due to work based demand pressures. This could be facilitated through 'The Glancet' Consultant newsletter and the PHW Consultants Engagement Group.</p> <p>Additionally, succession planning processes should be introduced to ensure that a satisfactory level of appraisers is maintained when current appraisers leave Trust employment or choose to step down from the role.</p>
Report	Appraisal Process - Public Health Consultants
Date reported to ACGC:	9 May 2024
Original date:	30 September 2024
Summary of changes:	None
Lead Comments	July 2024 Update: This action will be discussed with the Appraiser Network in Sep/Oct to determine whether further Appraisers are currently required. In the meantime, an expression of interest has been drafted to be used in the future.
Proposed action:	Action on track to be completed by due date.

3.4 Health Protection and Screening

Action 596: (Internal Audit)	The proposed monthly informatics activity report should be progressed and implemented to ensure regular reporting of appraisals performance to the QA Group and People & OD Committee.
Report	Appraisal Process - Public Health Consultants
Date reported to ACGC:	9 May 2024
Original date:	30 June 2024
Summary of changes:	None
Lead Comments	July 2024 Update: This has been completed and is shared monthly with HPSS (and other Divisions who request).
Proposed action:	Request Action is Closed.

3.5 - People and Organisational Development

3.5 - People and Organisational Development

6 Actions to review: 561, 562, 564 and 565

3.5 - People and Organisational Development

Action 561: (Audit Wales)	<i>R3 There are opportunities for the Trust to improve its approach to staff engagement. By the end of 2023, the Trust should: 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>
Report	Workforce Planning
Date reported to ACGC:	August 2023
Original date:	30 September 2024
Current date:	31 December 2024
Summary of changes:	Request change to 31 December 2024 in April 2024.
Previous Comments.	<p>April 2024 Update: Action reflected in the following IMTP commitment for 2023-2024: Develop a strategic approach to employee engagement which responds to the results of the 2023 employee survey, medical engagement survey, culture assessment, employee value proposition and other inputs and an action plan for how this will be delivered.</p> <p>Progress has been impacted by delays to the 2023 staff survey, results of which are still not available. Meantime we continue to take action to increase engagement, including the following:</p> <ul style="list-style-type: none"> - Targeted activity to increase engagement with the Staff Survey - The establishment of a Leadership Forum from Jan 2024 - A programme of Leading with Impact workshops Feb- April 2024 <p>Request to move implementation date to 31 Dec 2024 to align with the IMTP commitment and respond to delays to the Staff Survey.</p> <p>February 2024 Update: In Progress, not yet due</p>
Lead Comments	July 2024 Update: In progress and on track.
Proposed action:	Action on track to be completed by due date.

3.5 - People and Organisational Development

Action 562: (Audit Wales)	<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 reported to ACGC:	August 2023
Original date:	30 September 2024
Summary of changes:	None
Previous Comments.	<p>April 2024 Update: On track. Targeted action to increase engagement with the Staff Survey resulted in an increase in response rate of 30% from the last survey in 2020. Work is being done on barriers to communication and engagement in HPSS Further work is embedded in the following IMTP commitment for 2024-25 which will enable us to track employee engagement and target action accordingly: 'Identify measures to track progress against the actions agreed to close the gap between current and ideal culture and increase employee engagement and create a dashboard to provide insight and assurance.'</p> <p>February 2024 Update: In Progress, not yet due</p>
Lead Comments	July 2024 Update: The April 2024 update omitted to seek to align implementation date to the related IMTP objectives. Request revised date of 31 March 2025.
Proposed action:	Request extension to 31 March 2025.

3.5 - People and Organisational Development

Action 564: (Audit Wales)	<p><i>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 reported to ACGC:	August 2023
Original date:	30 September 2024
Summary of changes:	None
Previous Comments.	<p>April 2024 Update: In progress.</p> <p>This action is reflected in the following IMTP commitment for 2024-25: 'Publish an updated People Strategy.' Following the refresh of the Long Term Strategy in 2023-2024, work was undertaken to assess the impact on the People Strategy and a decision was made to update it. Developing clear mechanisms to report progress against outcomes will be integrated with that update.</p> <p>February 2024 Update: In Progress, not yet due</p>
Lead Comments	July 2024 Update: The April 2024 update omitted to seek to align implementation date to the related IMTP objectives. Request revised date of 31 March 2025.
Proposed action:	Request extension to 31 March 2025.

3.5 - People and Organisational Development

Action 565: (Audit Wales)	<p><i>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 reported to ACGC:	August 2023
Original date:	30 September 2024
Summary of changes:	None
Previous Comments.	<p>April 2024 Update: In progress. Links to the following IMTP commitment for 2024-25: 'Develop a strategic approach to employee engagement which responds to the results of the 2023 employee survey, medical engagement survey, culture assessment, employee value proposition and other inputs and an action plan for how this will be delivered.' 'Identify measures to track progress against the actions agreed to close the gap between current and ideal culture and increase employee engagement and create a dashboard to provide insight and assurance.'</p> <p>February 2024 Update: In Progress, not yet due</p>
Lead Comments	July 2024 Update: The April 2024 update omitted to seek to align implementation date to the related IMTP objectives. Request revised date of 31 March 2025.
Proposed action:	Request extension to 31 March 2025.

3.6 - Health and Wellbeing

3.6 - Health and Wellbeing

4 Actions to review: 585, 586, 587 and 588

3.6 - Health and Wellbeing

<p>Action 585: (Internal Audit)</p>	<p>The Health and Wellbeing directorate does not have a consistent and standardised approach in place for the management of work programmes that aligns with Public Health Wales programme management principles. Such information would set out expectations in relation to finance, governance, risk or the roles and responsibilities of key staff within each programme team. This would ensure the Directorate:</p> <ul style="list-style-type: none"> • has oversight and transparency of its work programmes, including highlight reports and milestones • has a standard approach to planning and managing programmes, including the resources necessary for delivery, and • evaluates and learns from its programmes <p>A standard approach to programme management should be adopted, aligned with best practice that , as a minimum includes:</p> <ul style="list-style-type: none"> • Definition and scope of the programme. • Outline the roles and responsibilities of the programme teams. • the governance arrangements for the programme. • Detail of outcomes, key performance indicators and milestones that are reported on at an agreed frequency including highlight reports. • Budgets are allocated to programmes and budget holders for each programme are identified. • A plan for delivery of the programme. • Recording and monitoring of programme risks and these are escalated in line with the Trust's overarching risk management policy.
<p>Report</p>	<p>Work Programmes</p>
<p>Date reported to ACGC:</p>	<p>19 March 2024</p>
<p>Original date:</p>	<p>30 June 2024</p>
<p>Summary of changes:</p>	<p>None</p>
<p>Lead Comments</p>	<p>July 2024 Update: The Directorate has implemented consistent approaches to programme management at programme, Divisional and Directorate level. A revised divisional highlight report has been implemented that includes the preferred organisational approach to risk management (matter arising 4). There are no outstanding actions arising from this audit. Action complete and to be closed.</p>
<p>Proposed action:</p>	<p>Request Action is Closed.</p>

3.6 - Health and Wellbeing

Action 586: (Internal Audit)	<p>The Executive leadership within the Health and Wellbeing Directorate has had a number of changes over the last 24 months.</p> <p>Frequent leadership changes can have an unfavourable impact on the strategic direction and smooth functioning of business processes. In addition, responsibilities and delegation can either become more concentrated, which can reduce the level of resilience within a process, or can regularly change, resulting in a loss of consistency, which can impact on the overall strategic direction of travel.</p> <p>Following the permanent appointment of the National Director of Health and Wellbeing, a review of existing work processes and practices should be undertaken to ensure that the directorate and its divisions/programme teams are all adequately aligned, able to operate effectively and efficiently, have plans and arrangements in place to ensure resilience and that roles and responsibilities are adequately assigned. This should include mechanisms to ensure programme management, progress, milestone achievements, risk and budget allocations and management are transparent at Directorate and not just at Divisional or sub-unit level.</p>
Report	Work Programmes
Date reported to ACGC:	19 March 2024
Original date:	30 September 2024
Summary of changes:	None
Lead Comments:	<p>July 2024 Update: Work to progress this action has been ongoing including engagement with staff in business admin roles and identifying areas for improvement. At our recent Directorate Away Day, a session with all Business Administration and support staff was held which started the conversation to identify areas for improvement. We are also commencing discussions on the resource and support we require across the Directorate to deliver the actions in the IMTP whilst also ensuring there is</p>
Proposed action:	<p>Action on track to be completed by due date.</p>

3.6 - Health and Wellbeing

<p>Action 587: (Internal Audit)</p>	<p>Our findings indicate that the Trust has implemented an IMTP milestone reporting process which is administered by the Strategic, Planning and Performance (SPP) Team. Monthly, information is collated within the Performance and Insight report which is presented to the Business Executive Team and the Board.</p> <p>We note that at an operational level, programme leads monitor the day-to-day progress of their work programmes and report on this to their divisions as needed, and formally on a monthly basis. We note that the IMTP and the implementation plans for our sampled work programmes up and to divisional plans aligned. However, there is no Health and Wellbeing directorate plan to collectively link work programmes, their objectives and milestones and allocated budgets. This needs to be put in place.</p> <p>A Health and Wellbeing directorate wide three year plan to be developed to capture:</p> <ul style="list-style-type: none"> • The milestones and actions being undertaken across the directorate that underpins the IMTP and details Health and Wellbeing contribution to delivery of the Long Term Strategy, • Budgets allocated to workstreams and programmes and budget holders to allow for improved monitoring and forecasting, • Specific additional operational milestones and actions that are essential to service delivery. • Risk registers and plans in line with the Trust policies.
<p>Report</p>	<p>Work Programmes</p>
<p>Date reported to ACGC:</p>	<p>19 March 2024</p>
<p>Original date:</p>	<p>30 April 2024</p>
<p>Summary of changes:</p>	<p>None</p>
<p>Lead Comments</p>	<p>July 2024 Update: Plans have been produced and are being monitored at the appropriate level within the Directorate. Budget plans were formally agreed and allocated at Directorate meeting on 28 June 2024. Action complete and to be closed.</p>
<p>Proposed action:</p>	<p>Request Action is Closed.</p>

3.6 - Health and Wellbeing

Action 588: (Internal Audit)	<p>Our review of the risk registers for our sampled work programmes identified the following points:</p> <ul style="list-style-type: none"> • The risk registers for the Welsh Network of Healthy Schools Scheme (WHNSS) and Parents Information work programmes did not include risk scoring information. However, we note that all risks were being considered for escalation. • The risk register layouts for the WHNSS, All Wales Diabetes Prevention Programme (AWDPP), Help Me Quit (HMQ) and Parents Information work programmes were not consistent with the risk register template mandated across the Trust. • Three risks were not scored based on the values of their impact and probability. • Risks were not being recorded within the Datix module as mandated by the Trust’s risk management policy. <p>The Directorate and Programme leads must ensure that risk information is being captured and collated in a consistent manner as instructed by the Trust’s wider Risk Management Policy. This should include as a minimum regular review of risks and highlight reports at Directorate level for all programmes.</p>
Report	Work Programmes
Date reported to ACGC:	19 March 2024
Original date:	30 April 2024
Summary of changes:	None
Lead Comments:	<p>July 2024 Update: All risks in Health and Wellbeing have been reviewed and updated. Following the introduction of the performance highlight report we are ensuring risks managed at a programme level align with those reported through Datix. Action complete and to be closed.</p>
Proposed action:	<p>Request Action is Closed.</p>

3.7 - Knowledge

3.7 - Knowledge

5 Actions to review: 477, 541, 545, 559 and 560

3.7 - Knowledge

Action: 477 (Audit Wales)	<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 reported to ACGC:	2020
Original date:	31 March 2023
Current Date:	31 October 2024
Summary of changes:	Extensions have been granted three times previously. October 2023 to January 2024 and at LT in December 2023 to March 2024. LT in April 2024 to 31 October 2024.
Previous Comments:	<p>April 2024 Update: The paper that was submitted to the Digital Data Design Authority was broadly supported but the decision was made that the development of a robust CRM is a significant piece of work which needs to be planned properly before implementation. Interviews with teams across PHW are currently underway to build a picture of what is currently being done across the organisation, to feed into the planning process. It is anticipated that the plan would be ready in Autumn 2024 with a rollout plan to follow. The decision was made for the Data, Knowledge and Research Directorate to take a lead on this work moving forward, with support from the Engagement team within QNAHPs. This action needs to be transferred to the Data, Knowledge and Research Directorate.</p> <p>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.</p> <p>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.</p>

3.7 - Knowledge

Lead Comments	July 2024 Update: The Senior User-Centred researcher, has led a pre discovery, with support from the central engagement team which completed in July 2024. The group highlight that a shared approach to working with users such as stakeholders or members of the public will be more useful than having a variety of approaches across the organisation, but have found three areas that would need to be approached before there would be a successful outcome: 1) An agreed approach to logging external contacts or interests. People at every level in the organisation would need to be aware of the activities and interests of others if PHW is to put customer relationship management/contact management to best use. Without an agreed process already being followed, there is a chance that our solution would find gaps where there are none, or miss opportunities for reducing overlap. 2) There is a high degree of apathy in some stakeholder groups when considering working with PHW. To improve equality of coverage and to improve the chance of health improvement, we need to understand the roots of that apathy and find successful approaches to reducing it. 3) After 1 and 2 then we recommend that the cross-organisational group should build a business case for a CRM/CMS. Since this is a very common tool, there should be plenty of solutions that meet our principles of open first and cloud first, whilst still meeting the needs of protecting our stakeholders' information.
Proposed action:	Action on track to be completed by due date.

3.7 - Knowledge

Action 541: (Internal Audit)	<p><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></p>
Report	Information Provision
Date reported to ACGC:	27 September 2023
Original date:	31 March 2024
Current date:	30 September 2024
Summary of changes:	One extension, in April 2024 extension to September was granted.
Previous comments	<p>April 2024 Update: High level standards have been agreed and the adoption of the ONS code of practice has been agreed. SharePoint pages has been developed to share guidance etc but further work is underway to build the standards into standard ways of working and job families to aid wholesale adoption across the organisation. Annual Survey due to take place April/May 2024 Request submitted to extend to Sept 2024 to allow the standards to be collaboratively embedded</p> <p>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.</p> <p>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.</p>

3.7 - Knowledge

Lead Comments	<p>July 2024 Update: Annual stakeholder survey conducted June 2024; user needs have been collected as part of this process, along with contact details for those users interested in providing further information or directly working with us. Additional information on preferred product types and information delivery is also now routinely collected. Full Annual Impact report presented to BET July 2024.</p> <p>Communications team have published a guide on stakeholder engagement, with further user work underway by the Communications Team around the Web Transformation and also by the PHW user Engagement Team.</p> <p>Publication Standards work continues; strong links made between the Methodological Standards set out under the agreed high level standards and the Content Design Standards being adopted as part of the Website transformation project with the aim of ensuring a single comprehensive system covering methodological, presentation and digital quality. Establishing this process will allow the continuous development of user (publishers) facing standards and supporting tools to meet the need. Behavioural Science work is also underway to maximise the success of embedding these processes across the organisation.</p>
Proposed action:	Action on track to be completed by due date.

3.7 - Knowledge

Action 545: (Internal Audit)	<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 reported to ACGC:	27 September 2023
Original date:	31 March 2024
Current date:	30 September 2024
Summary of changes:	Extension granted in April 2024 to September 2024.
Previous comments:	<p>April 2024 Update: High level standards have been agreed and the adoption of the ONS code of practice has been agreed. SharePoint pages has been developed to share guidance etc but further work is underway to build the standards into standard ways of working and job families to aid wholesale adoption across the organisation. Annual Survey due to take place April/May 2024. Request submitted to extend to Sept 2024 to allow the standards to be collaboratively embedded</p> <p>February 2024 Update: high level standards agreed; supporting principles and resources under development.</p> <p>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.</p>
Lead Comments	July 2024 update: annual survey undertaken June 2024; Full Annual Impact report presented to BET July 2024.
Proposed action:	Action on track to be completed by due date.

3.7 - Knowledge

Action 559: (Audit Wales)	<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 reported to ACGC:	January 2024
Original date:	30 June 2024
Summary of changes:	None
Previous Comments.	<p>April 2024 update: In progress not yet due. We have worked in partnership with Simul8 to develop a demand and capacity model for Diabetic Eye Screening. This works on dummy data at present and in April 2024 will be tested with real data from the service and the model developed to provide a local picture. KY and AD on behalf of IB request extension to 31st March 2025.</p> <p>February 2024 Update: In Progress, not yet due</p>
Lead Comments	July 2024 Update: National model completed but data quality is limiting our ability to accurate model below that level. Need to assess what can be done to improve data quality and model.
Proposed action:	Request extension to 31 March 2025.

3.7 - Knowledge

Action 560: (Audit Wales)	<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 reported to ACGC:	January 2024
Original date:	30 June 2024
Summary of changes:	None
Previous Comments.	<p>April 2024 Update: We have worked in partnership with Simul8 to develop a demand and capacity model for Diabetic Eye Screening. This works on dummy data at present and in April 2024 will be tested with real data from the service and the model developed to provide a local picture. KY and AD on behalf of IB request extension to 31st March 2025.</p> <p>February 2024 Update: In Progress, not yet due.</p>
Lead Comments	July 2024 Update: National model completed but data quality is limiting our ability to accurate model below that level. Need to assess what can be done to improve data quality and model
Proposed action:	Request extension to 31 March 2025.

3.8 - Operations and Finance

3.8 - Operations and Finance

20 Actions to review: 516, 569a, 571a, 571b, 572, 597, 598, 599, 600, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619 and 620

3.8 - Operations and Finance

Action 516: (Internal Audit)	<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 reported to ACGC:	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>April 2024 Update: The Security Policy and Procedure has been progressed in conjunction with Emergency planning colleagues input. Draft policy and procedure will be published for consultation in April ahead of approval by the Health and Safety Group.</p> <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> <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>

3.8 - Operations and Finance

Lead Comments	July 2024 Update: Security Policy and Procedure to be finalised. Anticipated that consultation on the documents will now take place in September with an aim for publication October. Request extension to 31 October 2024
Proposed action:	Request Extension to 31 October 2024.

Action 569a: (Internal Audit)	<i>Considered in Private Meeting</i>
Report	<i>Business Continuity and Technical Resilience</i>
	Due to the sensitive nature of this report, recommendations considered in Private session of ACGC

Action 571a: (Internal Audit)	<i>Considered in Private Meeting</i>
Report	<i>Business Continuity and Technical Resilience</i>
	Due to the sensitive nature of this report, recommendations considered in Private session of ACGC

Action 571b: (Internal Audit)	<i>Considered in Private Meeting</i>
Report	<i>Business Continuity and Technical Resilience</i>
	Due to the sensitive nature of this report, recommendations considered in Private session of ACGC

3.8 - Operations and Finance

Action 572: (Internal Audit) Report	<i>Considered in Private Meeting</i>
	<i>Business Continuity and Technical Resilience</i>
	Due to the sensitive nature of this report, recommendations considered in Private session of ACGC

Action 597: (Audit Wales) Report	<i>During our audit we identified 27 assets (GBV £889k and NBV £127k), which the Trust could not verify as existing at the year end.</i>
	<i>We recommend that the Trust should revisit the verification exercise to investigate which assets can be verified and for those that can't be verified these assets should be removed from the asset register</i>
Date reported to ACGC:	10 July 2024
Original date:	30 November 2024
Summary of changes:	None
Lead Comments	July 2024 Update: Completion of the asset verification exercise is underway and training is in development. Both are due to be completed by current implementation date.
Proposed action:	Action on track to be completed by due date.

3.8 - Operations and Finance

Action 598: (Audit Wales)	<p>There is no documented policy and procedure which sets out the Trust’s agreed approach for IT change management. Without a formally agreed approach to change management, there is a risk that inappropriate or unauthorised changes could be made to the IT infrastructure, which could impact on the use of, or access to, the material financial IT applications.</p> <p>We recommend that the Trust review their arrangements and procedures with regards to change control management, and formally document an agreed approach, so that any changes which might impact on the material financial systems follow proper processes and authorisations.</p>
Report	<i>Audit of accounts</i>
Date reported to ACGC:	10 July 2024
Original date:	31 July 2024
Summary of changes:	None
Lead Comments s	July 2024 Update: This is asking for an IT change management policy of wider scope than the finance system audited so will take several months to complete. Requested completion date is 30 November 2024.
Proposed action:	Request extension to 30 November 2024.

3.8 - Operations and Finance

Action 599: (Audit Wales)	<p>As part of the 2022-23 audit, we recommended that the Trust should review the central access management and system administration process and put in place more formal 'business as usual' arrangements. This included managing system access and password resets. During our audit for 2023-24 we identified that although there are now 3 people with system admin rights within NHS Wales, regular user access reviews do not take place. We identified some MRI users (the software provider) had been set up with Prolease access which the Trust's system administrators were not aware of. It is understandable that MRI staff have access to maintain the system, but the Trust needs to ensure that all users are using the system appropriately. In addition, the Trust should be monitoring the number of people with system access to confirm that only those that need access to the system actually have it.</p> <p>The Trust should undertake monthly or quarterly user reviews of Prolease. The Trust admins (for Prolease) should also review the audit log for what actions any MRI users have taken and to continue to regularly review MRI staff access.</p>
Report	<i>Audit of accounts</i>
Date reported to ACGC:	10 July 2024
Original date:	30 September 2024
Summary of changes:	None
Lead Comments s	July 2024 Update: User audit reports are now being downloaded each month as part of the month end financial closedown. A process for review is due to be agreed at the August All Wales Capital TAG meeting.
Proposed action:	Action on track to be completed by due date.

3.8 - Operations and Finance

Action 600: (Audit Wales)	During our audit work in 2022-23 we were informed that network user access set up (for both standard and privileged users) is reviewed quarterly to ensure that access is still required, and access rights are appropriate to the job function. The Trust were however unable to provide any evidence to support this control. We therefore recommended last year that a record is maintained to evidence these reviews had been undertaken. As part of our current audit we followed up the progress made to address this recommendation and found that although the Trust confirmed that it was undertaking the necessary checks, there was no documentary evidence to confirm this. The Trust should ensure a record is kept of these network user account reviews.
Report	<i>Audit of accounts</i>
Date reported to ACGC:	10 July 2024
Original date:	31 July 2024
Summary of changes:	None
Lead Comments s	July 2024 Update: Monthly leavers listed obtained from ESR is being actioned by Service Desk team. Privileged user groups are reported on weekly, these are reviewed by the Cyber Security Team for any changes and recorded via service point. Suggest action/ requirement to be closed.
Proposed action:	Request Action is Closed.

Action 610: (Internal Audit)	<i>Considered in Private Meeting</i>
Report	IT infrastructure and network management Final Internal
Date reported to ACGC:	10 July 2024
Original date:	28 June 2024
Summary of changes:	None
Lead Comments s	July 2024 Update:
Proposed action:	

3.8 - Operations and Finance

Action 611: (Internal Audit)	<i>Considered in Private Meeting</i>
Report	IT infrastructure and network management Final Internal
Date reported to ACGC:	10 July 2024
Original date:	28 June 2024
Summary of changes:	None
Lead Comments s	July 2024 Update:
Proposed action:	

Action 612: (Internal Audit)	<i>Considered in Private Meeting</i>
Report	IT infrastructure and network management Final Internal
Date reported to ACGC:	10 July 2024
Original date:	12 July 2024
Summary of changes:	None
Lead Comments s	July 2024 Update:
Proposed action:	

Action 613: (Internal Audit)	<i>Considered in Private Meeting</i>
Report	IT infrastructure and network management Final Internal
Date reported to ACGC:	10 July 2024
Original date:	31 July 2024
Summary of changes:	None
Lead Comments	July 2024 Update:
Proposed action:	

3.8 - Operations and Finance

Action 614: (Internal Audit)	<i>Considered in Private Meeting</i>
Report	IT infrastructure and network management Final Internal
Date reported to ACGC:	10 July 2024
Original date:	31 July 2024
Summary of changes:	None
Lead Comments	July 2024 Update:
Proposed action:	

Action 615: (Internal Audit)	1.1 Management should ensure that contract leads/owners within the Trust are informed of the NWSSP procurement manual.
Report	Contract Management
Date reported to ACGC:	10 July 2024
Original date:	5 July 2024
Summary of changes:	None
Lead Comments	July 2024 Update: Procurement manual shared with Business and Planning Leads on 09 July 2024. Reinforced message to circulate within their teams at Business and Planning Leads meeting on 07 August 2024. Procurement manual covered extensively at Directorate Procurement Planning Day on 27 June 2024.
Proposed action:	Request Action is Closed.

3.8 - Operations and Finance

Action 616: (Internal Audit)	2.1 Noting that risk exposure is not only driven by contract value, and in encouraging accountability and completeness, the Trust should have oversight/monitoring of contracts below £5,000.
Report	Contract Management
Date reported to ACGC:	10 July 2024
Original date:	5 July 2024
Summary of changes:	None
Lead Comments	July 2024 Update: Request change to implementation date to end of Sept 2024. Expenditure under £5k is monitored by the Procurement Team. Cumulative spend issues will be highlighted in the Procurement Highlight Report. The report has been received in draft, currently working through a number of queries. Request extension.
Proposed action:	Request extension to 30 September 2024.

Action 617: (Internal Audit)	2.2 The Trust needs to ensure that where internal contract registers are kept, the information relating to the contracts is updated within the relevant fields.
Report	Contract Management
Date reported to ACGC:	10 July 2024
Original date:	5 July 2024
Summary of changes:	None
Lead Comments	July 2024 Update: Business and Planning Leads requested to action at 07 Aug 2024 Business and Planning Leads Meeting.
Proposed action:	Request Action is Closed.

3.8 - Operations and Finance

Action 618: (Internal Audit)	3.1 Arrangements should be in place between the Trust and NWSSP to ensure that signed contractual documentation is shared with, and retained by, the Trust and made readily available to contract owners.
Report	Contract Management
Date reported to ACGC:	10 July 2024
Original date:	10 July 2024
Summary of changes:	None
Lead Comments	July 2024 Update: Process already in place. Message re-enforced at Business and Planning Leads on 07 August 2024.
Proposed action:	Request Action is Closed.

Action 619: (Internal Audit)	4.1 Management should ensure they monitor the performance of contractors by obtaining and reviewing performance reports and attend meetings as expected and stated within the contract.
Report	Contract Management
Date reported to ACGC:	10 July 2024
Original date:	10 July 2024
Summary of changes:	None
Lead Comments s	July 2024 Update: Directorate contract monitoring requirements emphasised as Business and Planning Leads Meeting 07 Aug 2024
Proposed action:	Request Action is Closed.

3.8 - Operations and Finance

Action 620: (Internal Audit)	5.1 Management should ensure a contract management reporting structure is established within the Trust with senior level engagement where appropriate. This should be highlighted within future published guidance document.
Report	Contract Management
Date reported to ACGC:	10 July 2024
Original date:	30 July 2024
Summary of changes:	None
Lead Comments s	July 2024 Update: Request change to implementation date to end of Aug 2024. Procurement Highlight Report received in draft, currently working through a number of queries. Request extension to close
Proposed action:	Request extension to 30 September 2024.

3.9 - Joint Board Business Unit and People and Organisational Development

3.9 - Joint Board Business Unit and People and Organisational Development **1 Actions to review: 566**

3.9 - Joint Board Business Unit and People and Organisational Development

Action 566: (Audit Wales)	<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 reported to ACGC:	August 2023
Original date:	30 September 2024
Summary of changes:	None
Previous Comments.	<p>April 2024 Update. In progress.</p> <p>February 2024 Update: In Progress, not yet due</p>
Lead Comments	July 2024 Update: Request closure. The annual workplan for People OD Committee for 2024/25 has been agreed with the Chair of People OD Committee, Director of People and OD and Board Business Unit.
Proposed action:	Request Action is Closed.

3.10 - Joint Health Protection and Screening Services and People and Organisational Development

3.10 - Joint Health Protection and Screening Services and People and Organisational Development

4 Actions to review: 591, 592, 594 and 595

3.10 - Joint Health Protection and Screening Services and People and Organisational Development

Action 591:	The Trust should ensure that the draft All Wales Medical Appraisal Policy and draft Professional Appraisal Guide are appropriately approved and shared as soon as practically possible. The Trust should also ensure that consultant job planning is undertaken using the 2014 BMA Cymru/Welsh Government/NHS Employers job planning guidance document.
Report	Appraisal Process - Public Health Consultants
Date reported to ACGC:	9 May 2024
Original date:	31 May 2024
Summary of changes:	None
Lead Comments s	July 2024 Update - Part 1 - All Wales Medical Appraisal Policy has been approved and is now published. The Professional Appraisal Guide has also been published on the OMD Sharepoint page. Part 2 - Job Planning is now progressing in an e-format using the RLDatix System e-job plan. Those using paper based versions are being directed to the 2014 document but these are then being uploaded onto e-job plan. Request change of date to 31 October 2024.
Proposed action:	Request extension to 31 October 2024.

Action 592:	The Office of the Medical Director should ensure that progress toward implementation of a formal appraisers training programme and a supporting appraiser's network is maintained, and implemented as soon as is practicable.
Report	Appraisal Process - Public Health Consultants
Date reported to ACGC:	9 May 2024
Original date:	31 May 2024
Summary of changes:	None
Lead Comments s	July 2024 Update: First appraisal training session took place in July 2024 with further sessions on a 6 monthly basis. First Appraiser Network planned to take place September/October 2024. Request Action is Closed.
Proposed action:	Request Action is Closed.

3.10 - Joint Health Protection and Screening Services and People and Organisational Development

Action 594:	<p>All annual Consultant job planning documentation should be provided to the Office of the Medical Director as part of the appraisals process, and to the Office of the Medical Director ensuring a complete and accurate record of the annual appraisal process.</p> <p>The presence and discussion of job plans as part of a Consultants annual appraisal process is a requirement of the 2011 BMA/NHS Employers Guide to Consultant Job Planning and the draft PHW All-Wales Medical Appraisal Policy.</p>
Report	Appraisal Process - Public Health Consultants
Date reported to ACGC:	9 May 2024
Original date:	1 June 2024
Summary of changes:	None
Lead Comments s	<p>July 2024 Update: E-job planning training sessions completed with all consultants being issued with details to set up their e-job plan account. E-job planning guidance available on the OMD Sharepoint page and an E-job planning procedure is in development. Recordings of all e-job planning training delivered by RLDatix are also available on the sharepoint page.</p> <p>Work is due to commence on the process to capture compliance with job planning with the aim of identifying there is a job plan in place; what format it is in; providing support to upload job plans onto the e-job planning system.</p>
Proposed action:	Request extension to 31 October 2024.

Action 595:	The QA Group ToR should be finalised and then approved by the QA Group as soon as practicable, so as to formalise its mandate in delivering its purpose and objectives.
Report	Appraisal Process - Public Health Consultants
Date reported to ACGC:	9 May 2024
Original date:	31 May 2024
Summary of changes:	None
Lead Comments s	July 2024 Update: TORs reviewed and agreed by the group on 21 May 2024. Request Action is Closed.
Proposed action:	Request Action is Closed.