 <p> GIG CYMRU NHS WALES </p>	Iechyd Cyhoeddus Cymru Public Health Wales	<p> Name of Meeting Audit and Corporate Governance Committee Date of Meeting 14 January 2025 Agenda item: 3.3 </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	CONSIDER	RECOMMEND	NOTE	ASSURANCE
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

The Committee is asked to:

- Consider the amendments to the Audit Tracker as approved by Leadership Team on 10 December 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 10 December 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

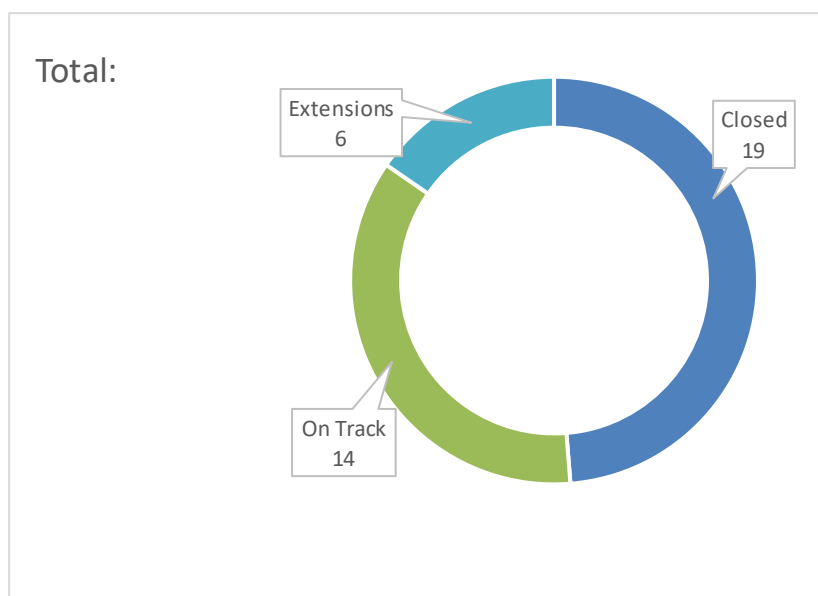
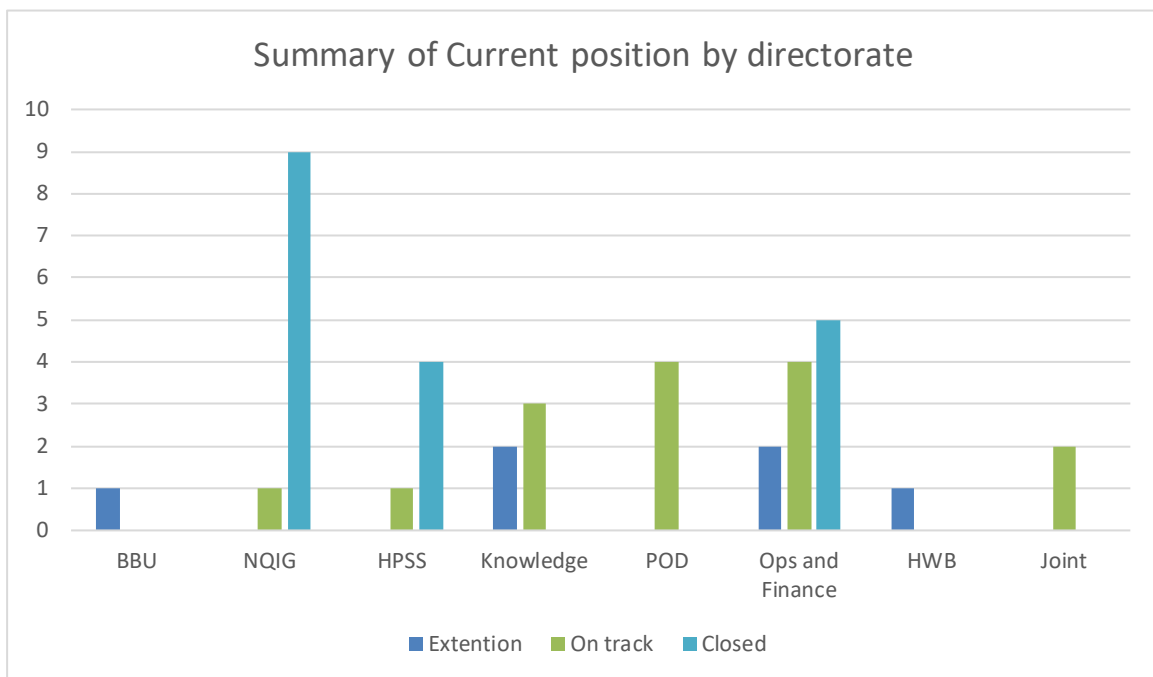


Table 1 – Summary of closure requests:

Request:	Action:	Summary (<i>further detail in attachment 1</i>)
NQIG	472	<p>Action: Develop an organisational framework for engagement which outlines how engagement should be embedded in our key strategies and processes with impact and value</p> <p>Update: Public Health Wales conducted a review into its "Our Approach to Engagement" programme and the review report was presented at the Business Executive Team 4 September 24, at the Quality, Safety and Improvement Committee 16 September-24 and verbally to the Board Meeting on 26 September-24. The review concluded with an agreed way forward which covers all of the management actions. NQIG therefore recommends that this action can now be Closed.</p>
	474	<p>Action: 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</p> <p>Update: The People's Experience Group 30 October-24 and Quality Oversight Group 23 September-24 gave Public Health Wales assurance around the Governance Structure in respect of the triangulation of the data and to bring back the information and identify actions and themes which might need improvement. This action is now covered by the agreed way forward set out at Action number 472 with Our Approach to Engagement, the Quality Oversight Group and the Duty of Quality implementation. NQIG therefore recommends that this action can now be Closed.</p>
	601	<p>Action: 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.</p>

		<p>Update: System procured and roll out plan being developed with resource on place to fast track this. Request closure of this action.</p>
	602	<p>Action: 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.</p> <p>Update: Meeting took place on 22nd August and a spreadsheet of all outstanding actions has been compiled. Monthly reviews taking place of all outstanding actions on Datix and follow up with respective teams if required. Request closure of this action.</p>
	604	<p>Action: Revision of Datix investigator training will support investigators in documenting learning and the associated evidence to support it. Emphasis on uploading of all documentation will be delivered through all training the PTR team deliver. PTR team will work with the Datix leads to undertake quality reviews of closed incidents to review the compliance of document uploads..</p> <p>Update: Meeting took place on 8 August and PTR are now in the test phase. Request closure of this action.</p>
	605	<p>Action: Updates will be provided to the Datix superuser network as well as via training on the appropriate persons to open, investigate and close the incident form.</p> <p>Update: Up and running. Both SuperUser and champion network meetings are being held with good representation from all areas. Request closure of this action.</p>
	606	<p>Action: Reintroduction of the Quality Reviews to support identification of data entry issue and the outcomes to be shared at Datix networks and quality meetings.</p> <p>Update:</p>

		<p>Recommended on 5th August and several meetings held (will detail no held when Log completed formally). Meetings have been held monthly since August. Learning and outcomes shared with the respective areas involved. Request closure of this action.</p>
	607	<p>Action: Monthly quality reviews of a sample of closed incidents will commence in July 2024. These reviews will then be shared with the Quality Leads, Heads of Divisions/Programmes and the Investigators. Opportunity for further understanding of the quality reviews to be discussed at the Datix networks/ Quality meetings with lessons/outcomes shared anonymously.</p> <p>Update: Sharing meeting with Cervical screening on 10 October; in hand. Meeting held with Microbiology in October. Quality reviews discussed at the SuperUser network on 11 September. Request closure of this action.</p>
	608	<p>Action: Public Health Wales are in the process of implementing a Quality Oversight Group. The purpose of the Quality Oversight Group (QuOG) is to oversee and monitor arrangements around quality to ensure the achievement of safe and clinically effective outcomes for service users, maintaining positive service user and carer experience, equitable and inclusive services in line with the requirements for the Health and Social Care (Quality and Engagement) Act (Wales) 2020: Identify and act on learning from patient safety incidents, concerns, complaints and claims and that these, together with good practice are shared across the organisation; the impact of learning should be measured. Facilitate the thematic analysis of learning from patient safety incidents, concerns, complaints and claims. Assurance to Business Executive Team and Quality, Safety and Improvement Committee.</p> <p>Update: The inaugural meeting of the Quality Oversight Group (QuOG) took place in September 2024 following approval of the governance and reporting structures by the Public Health Wales Business Executive Team. This group has allowed for processes to be put in place to enable shared</p>

		learning across the organisation. Request closure of this action.
Knowledge	541	<p>Action: The Data, Knowledge and Research Directorate should set out guidance for how to identify all user needs and formally translate these into specifications for information products.</p> <p>Update: The Data, Knowledge and Research Directorate has initiated a series of groups on standards for the various Data, Knowledge and Research products PHW produce these are being developed. Full implementation across the range by March 2024 was expected and mandation would be utilised 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.</p> <p>This action is complete, with the Annual Impact Survey presented to, and approved, by Business Executive Team. The stakeholder engagement toolkit was published; and the Publication Standards agreed. The directorate agreed to closure of this action following discussion at December's LT meeting.</p>
HPSS	549	<p>Action: The Trust should improve planning to match capacity to demand to understand how realistic its recovery timescales are and inform future service planning across its screening services by:</p> <ul style="list-style-type: none"> a) incorporating predictable variation in demand and capacity and estimates of the likely impact of recovery measures into recovery trajectories for the breast and diabetic eye screening programmes; b) providing training to upskill service managers in capacity planning to match current and medium term demand; and c) developing tools and processes to model demand and capacity such as the support provided by the NHS Delivery Unit.

		<p>Update: A Workshop was held on 21 October around self-directed exploration with the clinic-level and high-level modelling. Some system adjustments were made following feedback from the workshop. Further testing is being carried out by the operational teams. The Division is considering system roll out to other programmes where beneficial. The Division requests that this action is closed.</p>
	591	<p>Action: 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.</p> <p>Update: Action Part 2: - electronic job planning (e-job plan) system now in place. On-going training and support being provided to assist colleagues (managers and consultant employees) with the move to the electronic system. A roadshow has been developed for November to ensure continuous progression against the original action. The Office of the Medical Director (OMD) request that this action be closed.</p>
	593	<p>Action: 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>Update: Appraiser Network meeting went ahead and appraisal training support has also been put in place by the appraisal lead. An Appraiser who conducts a significant number of appraisals has indicated that they will be stepping down from their appraiser role in mid 2025 and there are other retirements pending, therefore plans</p>

		<p>now being put in place to go out to "expressions of interest" to build the appraiser group up.</p> <p>The appraiser pool varies over time but the OMD will continue with its oversight and therefore the OMD request that this action be closed.</p>
	594	<p>Action:</p> <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>Update:</p> <p>The e-job planning system is in place with bespoke training sessions and a roadshow to ensure continued support available. Compliance with job planning will be monitored via a compliance report generated from the electronic system therefore the OMD request that this action be closed.</p>
Ops and Finance	571b	<p>Due to the sensitive nature of this report Business Continuity and Technical Resilience recommendations are presented to ACGC in Private Session.</p>
	597	<p>Action: We will carry out an exercise to review the assets that could not be verified. Around a third of the Gross Book Value of unverified assets relates to historic assets the Trust inherited on its establishment (which now have a nil Net Book Value). The Trust holds very little information on these and we will take a pragmatic approach to the review of these assets.</p> <p>In addition to the review, we will also deliver capital training to asset managers to ensure they understand their role and responsibilities in relation to asset verification exercises.</p> <p>Update:</p> <p>The first capital training session was delivered during week of 18 November, on 3 December it was confirmed the Action was complete. The Directorate requested closure of Action.</p>
	598	<p>Action: A written change control process will be agreed with the Finance division and will contain details of the processes and authorisation procedure.</p> <p>Update:</p>



		<p>On 3 December 2024, it was confirmed the action was complete and the Directorate requested closure of this action.</p>
	599	<p>Action: This matter impacts all NHS organisations who use the Prolease system. We have identified that system administrators are able to run a user access report, a user last log-in report and a user audit trail report. We will ensure a user review process is established in agreement with the wider all Wales Capital Technical Accounting Group.</p> <p>Update: Following the July update, user audit reports continue to be downloaded each month as part of the month end financial closedown of capital within the Trust. A process has been agreed with the All Wales Capital TAG group whereby the user reports are shared on a quarterly basis for each NHS organisation to review their users and any discrepancies are to be followed up with an administrator.</p> <p>We propose that this action is now closed.</p>
	616	<p>Action: Expenditure under £5k with suppliers will be monitored by the procurement team and cumulative spend issues will be highlighted in the procurement highlight report with a view to exploring potential options for future contracts. The Q1 procurement highlight report will be circulated in mid-July and thereafter it will be produced and circulated on a monthly basis and issued to Business and Planning leads for review.</p> <p>Update: The first Procurement highlights report has been circulated to Business and Planning Leads.</p> <p>We propose that this action is now closed.</p>

Table 2 – Actions requesting date changes:






Change Date	Action:	Summary (<i>further detail in attachment 1</i>)
Knowledge	477	<p>Action: Using gathered intelligence to develop corporate resource (e.g. central stakeholder database) to facilitate shared relationships with external stakeholders and to identify and fill gaps so that we reach all sectors of the Welsh population We will use gathered intelligence to develop a corporate resource (e.g. central stakeholder database) to facilitate shared relationships with external stakeholders and to identify and fill gaps so that we reach all sectors of the Welsh population.</p> <p>Update: The cross-organisational group have completed the first round of research on the potential of a Customer Relationship Management (CRM) system. This included a Kick-off session with interested stakeholders and then a realignment as we found that engagement was quite low. We followed up with six in depth Small to Medium Enterprise interview sessions with the Teams interested in the CRM system to better understand their reasons and understanding of a potential tool. There is a plan in place for a second phase of the review. Request change of date to 30 September 2025 for the cross organisational group to complete the review and prepare business cases/proposals.</p>
	545	<p>Action: The Data, Knowledge and Research Directorate initiated a series of groups on standards for the various Data, Knowledge and Research products PHW produce these are being developed. Full implementation across the range was expected 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).</p> <p>Update:</p>

		<p>This action is complete, with the Annual Impact Survey presented to, and approved, by Business Executive Team. The stakeholder engagement toolkit published; and the Publication Standards agreed. However, rather than mandate the Publication Standards we believed they will be better adhered too through imbedding them within the Contend Design Standards which are being rolled out in line with the new website, and also providing a suite of support and training. This will be delivered by March 2025, a request to extend the deadline to 31 March 2025 is requested.</p>
Health and Wellbeing	586	<p>Action: A review of our business management functions that support the Directorate will be undertaken to identify areas for improvement building on the existing arrangements within the Directorate. Following the review, the improvements will help to ensure we have the 'scaffolding' in place to deliver our plan, there is increased transparency across the Directorate and information is considered at the right level.</p> <p>Update: The Directorate is also considering how we are structured to ensure we can maximise efficiency and best support the Directorate in line with delivery of the strategic priorities and Long Term Strategy. A plan for this work will be developed in quarter 4 2024/25 with implementation taking place in 2025/26. Request a revised implementation date of 31 March 2025.</p>
BBU	447	<p>Action: 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.</p>

		<p>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 and Experience Network for colleagues across the organisation who have responsibility for designing and delivering our services, programmes and functions.</p> <p>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.</p> <ul style="list-style-type: none"> • Scope and agree the solution • Implement the agreed solution <p>Update: The recommendation has been partially implemented: A Register has been developed and is in operation and populated utilising existing data held on EHIAs. The Governance Hub is still in a Pilot phase, and will assume the role of overseeing EHIAs and the necessary tools once this pilot phase concludes in March 2025. Whilst we have the appropriate mechanisms in place to fulfil the recommendations, we would suggest the recommendation is held open until the mechanisms are tested as the Governance Hub becomes operational. Request extension to end of March 2025.</p>
Ops and Finance	516	<p>Action: 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.</p> <p>Update:</p>

		<p>Progress on policy development was reviewed at the 14 October Health and Safety Group Meeting and revised publication dates were agreed as follows -</p> <p>DSE Policy: Publication date would be moved back to December 2025.</p> <p>Waste Policy: Due to issues re ensuring consistent/ accurate read across between the policy for General Waste/Recycling and Clinical Waste publication date would be moved back to January 2025.</p> <p>Request extension to 31 March 2025 to address these agreed delays.</p>
	612	<p>Due to the sensitive nature of this report Business Continuity and Technical Resilience recommendations are presented to ACGC in Private Session.</p>

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

<p>Hirdymor</p> 	<p>Long Term</p>	<p>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.</p>
<p>Atal</p> 	<p>Prevention</p>	<p>The action plans put in place to address the various audits recommendations strengthen the governance and provision of its services.</p>
<p>Integreiddio</p> 	<p>Integration</p>	<p>The action plans put in place to address the various audits recommendations strengthen the governance and provision of its services.</p>
<p>Cydweithio</p> 	<p>Collaboration</p>	<p>The management responses to audit reviews were developed in collaboration with staff across the organisations</p>
<p>Cynnwys</p> 	<p>Involvement</p>	<p>Responses have been provided by staff in the relevant areas across the organisation.</p>



Recommendation

The Committee is asked to:

- Consider the amendments to the Audit Tracker as approved by Leadership Team on 10 December 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: 1 Action to review: 447

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:	<i>1 August 2022</i>
Original date:	<i>1 June 2022</i>
Current Target Date:	<i>30 September 2024</i>
Summary of changes:	<i>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.</i>

3.1 Board Business Unit

Previous Comments:	<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>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. 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. 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>
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3.1 Board Business Unit

<p>Lead Comments:</p>	<p>November 2024 Update: The recommendation has been partially implemented: A Register has been developed and is in operation and populated utilising existing data held on EHIAs. The governance hub is still in a pilot phase, and will assume the role of overseeing EIAs and the necessary tools once this pilot phase concludes in March 2025. Whilst we have the appropriate mechanisms in place to fulfil the recommendations, we would suggest the recommendation is held open until the mechanisms are tested as the Governance Hub becomes operational. Request extension to end of March 2025.</p>
<p>Proposed action:</p>	<p>Request Extension to 31 March 2025.</p>
<p>LT Review</p>	<p>LT reviewed the request for change of date.</p> <p>Given the number of changes that have been issued previously, and the length of time since the original recommendation, LT asked for assurance on the progress on this work.</p> <p>The Lead explained that this was a long standing recommendation relating to how we manage EQIA process. It was allocated to Paul Veysey to lead this work in February 2024. Since then there has been a breadth of work undertaken not only to address the recommendation, but also to consider how impact assessments are embedded and support given to navigate through the process. As such the work being undertaken is broader than this recommendation and is largely complete at this stage. The Governance Hub is in pilot phase and is going live from January. The change of date of the recommendation is to ensure the work is embedded and achieves what is intended. The Exec Lead and Operational lead did not feel it was appropriate to close the recommendation until the work was embedded and tested.</p> <p>LT were assured by the response, and were also due to consider a presentation on the work of the governance hub later in the meeting and would be involved in this going forward.</p> <p>LT agreed to issue to extension to end of March 2025.</p>

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: (External 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>Management Response:</i> <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>January 2024</p>
<p>Original date:</p>	<p>30 June 2024</p>
<p>Current 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>July 2024 Update: In progress and on track.</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>

3.2 Joint People and Organisational Development and Finance and Operations

Lead Comments:	November 2024 Update: In progress and on track. Work on the refresh of the People Strategy is progressing to plan. Assurance was provided to People and Organisational Development Committee in October, and there will be engagement with the Board in December. A Strategic Executive Team engagement session took place on 13 November. People and Organisational Development will engage with Finance and Planning on relevant audit actions as we continue with this work through the rest of 2024-25.
Proposed action:	Action on track to be completed by due date.
LT Review	LT noted the update provided and the progress with this action.

3.2 Joint People and Organisational Development and Finance and Operations

Action 558: (External 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>Management Response:</i> <i>Accepted - Actions 1.1 and 1.2 will need to be completed in partnership with Finance/Planning Colleagues and would need to be integrated into the IMTP planning framework to achieve alignment and integration with the LTS.</i></p>
Report:	Workforce Planning
Date reported to ACGC:	January 2024
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>July 2024 Update: In progress and on track.</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>
Lead Comments:	<p>November 2024 Update: In progress and on track. Work on the refresh of the People Strategy is progressing to plan. Assurance was provided to People and Organisational Development Committee in October, and there will be engagement with the Board in December. A Strategic Executive Team engagement session took place on 13 November. People and Organisational Development will engage with Finance and Planning on relevant audit actions as we continue with this work through the rest of 2024-25.</p>
Proposed action:	Action on track to be completed by due date.
LT Review	LT noted the update provided and the progress with this action.

3.3 Nursing, Quality and Integrated Governance

3.3 Nursing, Quality and Integrated Governance:

10 Actions to review: 472, 474, 601, 602, 604, 605, 606, 607, 608 and 621

3.3 Nursing, Quality and Integrated Governance

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
Current date:	30 April 2025
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>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.</p> <p>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</p>

3.3 Nursing, Quality and Integrated Governance

	<p>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><i>c. Developing mechanisms to inform service users about the impact their feedback has had on service improvement.</i></p> <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 31 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 31 October 2024).</p> <p>For (d) above we request a change of date to 30 April 2025.</p> <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</p>
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3.3 Nursing, Quality and Integrated Governance

	<p>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>
Lead Comments:	<p>November 2024 Update: Public Health Wales conducted a review into its "Our Approach to Engagement" programme and the review report was presented at BET (4 September-24), QSIC (16 September-24) and then verbally to the Board on 26 September-24. The review concluded with an agreed way forward which covers all of the management actions. NQIG therefore recommends that this action can now be Closed.</p>
Proposed action:	Request Action is Closed.
LT Review	LT noted the updates and were assured that the action was complete and approved the closure of the action.

3.3 Nursing, Quality and Integrated Governance

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.

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Previous 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: 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 31 October 2024)</p> <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. 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. 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. 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</p>
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3.3 Nursing, Quality and Integrated Governance

	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.
Lead Comments:	<p>November 2024 Update: People's Experience Group (30 October-24) and QuoG (23 September-24) will give PHW assurance around the governance structure in respect of the triangulation of the data and bring back the information and identify actions and themes that may need to be improved. This action is now covered by the agreed way forward set out at 472 with Our Approach to Engagement, the Quality Oversight Group and the Duty of Quality implementation. NQIG therefore recommends that this action can now be Closed.</p>
Proposed action:	Request Action is Closed.
LT Review	LT noted the update and were assured that the action was complete and approved the closure of the action.

3.3 Nursing, Quality and Integrated Governance

Action: 601 (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 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>
Report:	Incident Reporting
Date reported to ACGC:	10 July 2024
Original date:	Not specified
Current Date:	Not specified
Previous changes:	None
Previous Comments:	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.
Lead Comments:	November 2024 Update: Recommend close. System procured and roll out plan being developed with resource on place to fast track this.
Proposed action:	Request Action is Closed.
LT Review	LT noted the update and were assured that the action was complete and approved the closure of the action.

3.3 Nursing, Quality and Integrated Governance

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
Previous Comments:	July 2024 update: a meeting has been set for 22 August 2024 in order to plan and implement the Data Log.
Lead Comments:	November 2024 Update: Meeting took place on 22nd August and a spreadsheet of all outstanding actions has been compiled. Monthly reviews taking place of all outstanding actions on Datix and follow up with respective teams if required. Request action is closed.
Proposed action:	Request Action is Closed.
LT Review	LT noted the update and were assured that the action was complete and approved the closure of the action.

3.3 Nursing, Quality and Integrated Governance

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
Previous Comments:	July 2024 update: Final review and implementation plan of Datix investigation training to be discussed at meeting on 8 August 2024 with the PTR Team with a view to test prior to final delivery.
Lead Comments:	November 2024 Update: Meeting took place on 8 August and PTR are now in the test phase. Request action is closed.
Proposed action:	Request Action is Closed.
LT Review	LT noted the update and were assured that the action was complete and approved the closure of the action.

3.3 Nursing, Quality and Integrated Governance

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
Previous Comments:	July 2024 update: Restarting of the Datix SuperUser Networks on track to recommence by the end of August 2024.
Lead Comments:	November 2024 Update: Up and running. Both SuperUser and champion network meetings are being held with good representation from all areas. Request Action is closed.
Proposed action:	Request Action is Closed.
LT Review	LT noted the update and were assured that the action was complete and approved the closure of the action.

3.3 Nursing, Quality and Integrated Governance

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
Previous Comments:	July 2024 update: Monthly Quality Reviews will recommence on the 5 August 2024; all PTR Managers are aware of the restart date.
Lead Comments:	November 2024 Update: Recommenced on 5 August and several meetings held (will detail number held when Log completed formally). Meetings have been held monthly since August. Learning and outcomes shared with the respective areas involved. Request Action is closed
Proposed action:	Request Action is Closed.
LT Review	LT noted the update and were assured that the action was complete and approved the closure of the action.

3.3 Nursing, Quality and Integrated Governance

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
Previous Comments:	July 2024 update: Monthly Quality Reviews will recommence on the 5 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.
Lead Comments:	November 2024 Update: Sharing, meeting with Cervical screening on 10 October; in hand. Meeting held with Microbiology in October. Quality reviews discussed at the SuperUser network on 11 September. Request Action is closed
Proposed action:	Request Action is Closed.
LT Review	LT noted the update and were assured that the action was complete and approved the closure of the action.

3.3 Nursing, Quality and Integrated Governance

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
Previous Comments:	July 2024 update: A paper will be put before BET on the 21 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).
Lead Comments:	November 2024 Update: The inaugural meeting of the Quality Oversight Group (QuOG) took place in September 2024 following approval of the governance and reporting structures by PHW Business Executive Team. This group has allowed for processes to be put in place to enable shared learning across the organisation. Request Action is closed.
Proposed action:	Request Action is Closed.
LT Review	LT noted the update and were assured that the action was complete and approved the closure of the action.

3.3 Nursing, Quality and Integrated Governance

Action 621: (Internal Audit)	Consideration be given at future Strategic Risk/IMTP development workshops to review the strategic risks linked to the effects of climate change on population health, given that this features as a key strategic priority within both the Long-Term and Integrated Medium-Term Plan for the Trust.
Report:	Board Assurance Framework – Strategic Risk
Date reported to ACGC:	10 September 2024
Original date:	31 January 2025
Summary of changes:	None
Lead Comments:	November 2024 Update: As part of the development of the revised IMTP and risk stratification of the plan, further consideration in relation to the effects of climate change will be considered, in line with the recommendation. These discussions and development of the risk section of the IMTP is currently ongoing with an initial draft being presented to BET on 20 November 2024.
Proposed action:	Action on track to be completed by due date.
LT Review	LT noted the update and were assured that the action was complete and approved the closure of the action.

3.4 Health Protection and Screening

3.4- Health Protection and Screening

5 Actions to review: 549, 570, 591, 593 and 594

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
Current date:	30 September 2024
Summary of changes:	Extension granted to 30 September 2024 in July 2024.
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>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> <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>

3.4 Health Protection and Screening

Lead Comments:	<p>November 2024 Update: Workshop held on the 21st October around self directed exploration with the clinic-level and high-level modelling. Some system adjustments have been made following feedback from the workshop. Further testing being carried out by the operational teams. The Division in considering system roll out to other programmes where beneficial.</p> <p>The Division requests that this action be closed.</p>
Proposed action:	Request Action is Closed.
LT Review	LT noted the update and were assured that the action was complete and approved the closure of the action.

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

3.4 Health Protection and Screening

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
Current Date:	31 October 2024
Summary of changes:	Extension granted to 31 October 2024 in July 2024.
Previous Comments:	<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.</p> <p>Part 2 - Job Planning is now progressing in an e-format using the RL Datix 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.</p>
Lead Comments:	<p>November 2024 Update: Action Part 2: - electronic job planning (e-job plan) system now in place. On-going training and support being provided to assist colleagues (managers and consultant employees) with the move to the electronic system. A roadshow has been developed for November to ensure continuous progression against the original action.</p> <p>The OMD request that this action be closed.</p>
Proposed action:	Request Action is Closed.
LT Review	LT noted the update and were assured that the action was complete and approved the closure of the action.

3.4 Health Protection and Screening

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
Previous 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.
Lead Comments:	<p>November 2024 Update: Appraiser Network meeting went ahead and appraisal training support has also been put in place by the appraisal lead. An Appraiser who conducts a significant number of appraisals has indicated that they will be stepping down from their appraiser role in mid 2025 and there are other retirements pending, therefore plans now being put in place to go out to "expressions of interest" to build the appraiser group up.</p> <p>The appraiser pool varies over time but the OMD will continue with its oversight and therefore the OMD request that this action be closed.</p>
Proposed action:	Request Action is Closed.
LT Review	LT noted the update and were assured that the action was complete and approved the closure of the action.

3.4 Health Protection and Screening

Action 594:	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. 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.
Report:	Appraisal Process - Public Health Consultants
Date reported to ACGC:	9 May 2024
Original date:	1 June 2024
Summary of changes:	None
Previous Comments:	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 RL Datix are also available on the SharePoint page. 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.
Lead Comments:	November 2024 Update: The e-job planning system is in place with bespoke training sessions and a roadshow to ensure continued support available. Compliance with job planning will be monitored via a compliance report generated from the electronic system. The OMD request that this action be closed.
Proposed action:	Request Action is Closed.
LT Review	LT noted the update and were assured that the action was complete and approved the closure of the action.

3.5 - People and Organisational Development

3.5 - People and Organisational Development

4 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>July 2024 Update: In progress and on track.</p> <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. 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:	<p>November 2024 Update:</p> <p>In progress and on track. The integrated action plan developed in response to the three key themes identified the 2023 Staff Survey results, Culture Assessment and other engagement and feedback activities was provided to Business Executive Team on the 20 November for update and assurance.</p>
Proposed action:	Action on track to be completed by due date.
LT Review	LT noted the update provided and the progress with this action. LT consider detailed quarterly updates on staff engagement and are cited on the work referenced in the update.

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
Current date:	31 March 2025
Summary of changes:	Extension granted in July 2024 to 31 March 2025
Previous Comments:	<p>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.</p> <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:	<p>November 2024 Update:</p> <p>In progress and on track. The integrated action plan developed in response to the three key themes identified the 2023 Staff Survey results, Culture Assessment and other engagement and feedback activities was provided to BET on the 20 November for update and assurance.</p>
Proposed action:	Action on track to be completed by due date.
LT Review	LT noted the update provided and the progress with this action. LT consider detailed quarterly updates on staff engagement and are cited on the work referenced in the update.

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
Current date:	31 March 2025
Summary of changes:	Extension granted to 31 March 2025 in July 2024
Previous Comments:	<p>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.</p> <p>April 2024 Update: In progress. 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:	<p>November 2024 Update: In progress and on track. Work on the refresh of the People Strategy is progressing to plan. Assurance was provided to the People and Organisational Development Committee in October, and there will be engagement with the Board in December. A Strategic Executive Team engagement session took place on the 13 November. People and Organisational Development will engage with Finance and Planning on relevant audit actions as we continue with this work through the rest of 2024-25.</p>
Proposed action:	Action on track to be completed by due date.
LT Review	LT noted the update provided and the progress with this action.

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
Current date:	31 March 2025
Summary of changes:	Extension granted to 31 March 2025 in July 2024
Previous Comments:	<p>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.</p> <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:	<p>November 2024 Update:</p> <p>In progress and on track. Work on the refresh of the People Strategy is progressing to plan.</p>
Proposed action:	Action on track to be completed by due date.
LT Review	LT noted the update provided and the progress with this action.

3.6 - Health and Wellbeing

3.6 - Health and Wellbeing

1 Action to review: 586

3.6 - Health and Wellbeing

<p>Action 586: (Internal Audit)</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> <p>Management Response: A review of our business management functions that support the Directorate will be undertaken to identify areas for improvement building on the existing arrangements within the Directorate. Following the review, the improvements will help to ensure we have the 'scaffolding' in place to deliver our plan, there is increased transparency across the Directorate and information is considered at the right level.</p>
<p>Report:</p>	<p>Work Programmes</p>
<p>Date reported to ACGC:</p>	<p>19 March 2024</p>
<p>Original date:</p>	<p>30 September 2024</p>
<p>Summary of changes:</p>	<p>None</p>
<p>Previous Comments:</p>	<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>

3.6 - Health and Wellbeing

Lead Comments:	<p>November 2024 Update: Work is ongoing to review the tasks and processes that are undertaken by business and administration staff across the Directorate and areas for improvement identified. Work is also ongoing, in conjunction with other Directorates to simplify processes through the Business transformation work for which scoping is underway.</p> <p>The Directorate is also considering how we are structured to ensure we can maximise efficiency and best support the Directorate in line with delivery of the strategic priorities and Long Term Strategy. A plan for this work will be developed in quarter 4 2024/25 with implementation taking place in 2025/26.</p> <p>Suggest revised implementation date of 31 March 2025.</p>
Proposed action:	Request Extension to 31 March 2025.

3.6 - Health and Wellbeing

LT Review	<p>LT considered the request for an extension and asked for further information on the action being taken to complete the management response that would be complete by March 2025, and asked for further assurance on the level of confidence that this new revised date would be achieved.</p> <p>Following the meeting clarity was sought from the lead who provided this update:</p> <p>“Revised November 2024 Update: Significant work to ensure that 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. This includes introduction of highlight reports and establishment of an Extended Leadership Team.</p> <p>Work is ongoing to review the tasks and processes that are undertaken by business and administration staff across the Directorate and areas for improvement identified. Work is also ongoing, in conjunction with other Directorates to simplify processes through the Business transformation work for which scoping is underway. A review of our business management functions that support the Directorate will be undertaken to identify areas for improvement building on the existing arrangements within the Directorate. Following the review, the improvements will help to ensure we have the ‘scaffolding’ in place to deliver our plan, there is increased transparency across the Directorate and information is considered at the right level. These changes will be implemented during 2025/26. This is being designed and taken forward in conjunction with changes to the leadership model within the Directorate which will be in place from 01 April 2025. This will enable us to ensure we have a business management function that has been shaped by leaders and staff in the Directorate during quarter 4 2024/25.</p> <p>The Directorate is also considering how we are structured to ensure we can maximise efficiency and best support the Directorate in line with delivery of the strategic priorities and Long Term Strategy. A plan for this work will be developed in quarter 4 2024/25 with implementation taking place in 2025/26.</p> <p>Suggest revised implementation date of 31 March 2025.”</p> <p>On that basis LT approved the extension to 31 March 2025.</p>
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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.

3.7 - Knowledge

Previous Comments:	<p>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:</p> <ol style="list-style-type: none">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. <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</p>
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3.7 - Knowledge

	<p>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 31 March-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>
<p>Lead Comments:</p>	<p>November 2024 Update:</p> <p>Request extension to 30 September 2025 for the cross organisational group to complete the review and prepare business cases/proposals.</p> <p>The cross-organisational group have completed the 1st round of research on the potential of a Customer Relationship Management system (CRM).</p> <p>This included a Kick-off session with interested stakeholders and then a re-alignment as we found that engagement was quite low.</p> <p>We followed up with 6 in depth Small to Medium Enterprise interview sessions with the Teams interested in the CRM to better understand their reasons and understanding of a potential tool.</p> <p>There is a plan in place for a second phase of the review.</p>
<p>Proposed action:</p>	<p>Request Extension to 30 September 2025.</p>
<p>LT Review</p>	<p>LT noted the breath of work being undertaken to implement this action and that there was substantial progress with taking the action forward and several elements had been completed. LT were assured that the extension was requested to ensure the best system is developed taking on board user experience and improvements.</p>

3.7 - Knowledge

Action 541: (Internal Audit)	<i>1.1a and b Data, Knowledge and Research Directorate have initiated a series of groups on standards for the various Data, Knowledge and Research products PHW produce these are being developed. We expect full implementation across the range by March 2024 and will utilise mandation if necessary through an appropriate reporting arrangement (see other actions). On stakeholder engagement we will utilise the Agile methodology to establish user needs for individual products. We have established an annual survey of users to establish needs and areas for improvements. We will supplement these activities with a new strategic stakeholder forum to ensure a complete suite of stakeholder involvement at all levels in our planning.</i>
Report:	Information Provision
Date 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.

3.7 - Knowledge

Previous 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> <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</p>
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3.7 - Knowledge

	adoption in March 2024. Management action is to support the adoption. Further work needed to establish the strategic stakeholder forum.
Lead Comments:	<p>November 2024 Update: Extension requested to March 2025. This action is complete, with the Annual Impact Survey presented to, and approved, by BET; the stakeholder engagement toolkit published; and the Publication Standards agreed. However, rather than mandate the Publication Standards we believed they will be better adhered too through imbedding them within the Contend Design Standards that are being rolled out inline with the new Website, and also providing a suite of support and training. This will be delivered by March 2025.</p>
Proposed action:	Request Extension to 31 March 2025.
LT Review	<p>LT reviewed the request to extend the action to March 2025. The discussion centred around whether the management action had been implemented, and what the extension was requested was for further work to be completed that did not specifically relate to the management action.</p> <p>LT sought further clarity from the Lead and Exec lead as to whether this action should be closed, rather than extended. The only outstanding element related to whether or not to mandate the implementation of the service standards:</p> <p><i>'PHW produce these are being developed. We expect full implementation across the range by March 2024 and <u>will utilise mandate if necessary through an appropriate reporting arrangement</u> (see other actions).'</i></p> <p>The Exec Lead agreed that was the only outstanding point, and that this was actually picked up in another action (refer 545 below) that the recommendation to LT was that the action could be closed.</p> <p>LT agreed with this review, and agreed to close the action.</p>

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>July 2024 update: annual survey undertaken June 2024; Full Annual Impact report presented to BET July 2024.</p> <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:	<p>November 2024 Update: Extension requested to March 2025.</p> <p>This action is complete, with the Annual Impact Survey presented to, and approved, by BET; the stakeholder engagement toolkit published; and the Publication Standards agreed. However, rather than mandate the Publication Standards we believed they will be better adhered too through</p>

3.7 - Knowledge

	imbedding them within the Contend Design Standards that are being rolled out inline with the new Website, and also providing a suite of support and training. This will be delivered by March 2025.
Proposed action:	Request Extension to 31 March 2025.
LT Review	LT noted the breath of work being undertaken to implement this action and that there was substantial progress with taking the action forward and several elements had been completed. LT were assured that the extension was requested to ensure the best system is developed taking on board user experience and improvements.

3.7 - Knowledge

<p>Action 559: (Audit Wales)</p>	<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> <p>Management response: This is an essential element of work and having adequate resource to achieve this is critical. Work is underway at an all-Wales level to prepare organisations for the next generation ESR solution. This is a significant piece of work. Unfortunately, the revised solution does not include modules which improve WFP capability</p>
<p>Report:</p>	<p><i>Workforce Planning</i></p>
<p>Date reported to ACGC:</p>	<p>January 2024</p>
<p>Original date:</p>	<p>30 June 2024</p>
<p>Current date:</p>	<p>31 March 2025</p>
<p>Summary of changes:</p>	<p>At LT August 2024 change of date approved to 31 March 2025</p>
<p>Previous Comments:</p>	<p>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.</p> <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 31 March 2025.</p> <p>February 2024 Update: In Progress, not yet due</p>
<p>Lead Comments:</p>	<p>November 2024 Update: This action is complete, with the Annual Impact Survey presented to, and approved, by BET; the stakeholder engagement toolkit published; and the Publication Standards agreed. However,</p>

3.7 - Knowledge

	rather than mandate the Publication Standards we believed they will be better adhered to through imbedding them within the Contend Design Standards that are being rolled out inline with the new Website, and also providing a suite of support and training. This will be delivered by March 2025.
Proposed action:	Action on track to be completed by due date.
LT Review	LT noted the update provided and the progress with this action.

Action 560: (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>2.2. 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).</p> <p>Management Response: <i>Having access the right skills and technology to deliver this is essential. We will work with the Data Knowledge and Research Team to agree the scope and plan to deliver this aim. This will include investing in technology to facilitate workforce planning and service/workforce modelling, subject to costings and procurement process.</i></p>
Report:	<i>Workforce Planning</i>
Date reported to ACGC:	January 2024
Original date:	30 June 2024
Current date:	31 March 2025
Summary of changes:	One extension granted September 2024 to 31 March 2025
Previous Comments:	<p>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.</p> <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</p>

3.7 - Knowledge

	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 31 March 2025. February 2024 Update: In Progress, not yet due.
Lead Comments:	November 2024 Update: the DESW demand and capacity model is complete and has been handed over to the screening team. The outcomes are with the screening team for consideration. The screening team are considering demand and capacity modelling for other screening services.
Proposed action:	Action on track to be completed by due date.
LT Review	LT noted the update provided and the progress with this action.

3.8 - Operations and Finance

11 Actions to review: 516, 569a, 571b, 572, 597, 598, 599, 612, 613, 614 and 616

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 Date:	31 October 2024
Summary of changes:	Three changes to 31 October 2023 (agreed in June 23) to 31 March 2024 (agreed in November 2023) and to 31 October 2024 in August 2024.

3.8 - Operations and Finance

Previous Reviews:	<p>July 2024 Update: Security Policy and Procedure to be to be finalised. Anticipated that consultation on the documents will now take place in September with an aim for publication October. Request extension to 31 October 2024.</p> <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>
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3.8 - Operations and Finance

<p>Lead Comments:</p>	<p>November 2024 Update: Progress on policy development was reviewed at the 14 October Health and Safety Group Meeting and revised publication dates were agreed as follows - DSE Policy: Publication date would be moved back to December 2025. Waste Policy: Due to issues re ensuring consistent / accurate read across between the policy for General Waste/ Recycling and Clinical Waste publication date would be moved back to January 2025. Request extension to 31 March 2025 to address delays.</p>
<p>Proposed action:</p>	<p>Request Extension to 31 March 2025.</p>
<p>LT Review</p>	<p>LT queried whether this date was realistic and achievable given the approval body meetings, The update sought extension to 31 March 2025 to address delays however LT sought clarity on the approval dates and therefore what a realistic extension for.</p> <p>The update stated:</p> <ul style="list-style-type: none"> • DSE Policy: Publication date would be moved back to December 2025. LB Confirmed this would require QSIC approval nearest meeting would be 24 February 2026. • Waste Policy: Due to issues re ensuring consistent / accurate read across between the policy for General Waste/ Recycling and Clinical Waste publication date would be moved back to January 2025. LB confirmed this policy is not out to consultation in January and will have missed February QSIC deadline, suggest June meeting a more realistic date. <p>Further clarity was sought from the lead.</p> <p>On the basis of the advice above from the Policy process lead, LT agreed to grant an extension to 24 February 2026 and would review progress at the next review of the Tracker scheduled for February 2025.</p>

3.8 - Operations and Finance

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

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

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

3.8 - Operations and Finance

Action 597: (Audit Wales)	<p><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></p> <p><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></p>
Report:	<i>Audit of accounts</i>
Date reported to ACGC:	10 July 2024
Original date:	30 November 2024
Summary of changes:	None
Previous 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.
Lead Comments:	<p>December 2024 Update: This action has been completed. Request Action is closed.</p> <p>November 2024 Update: This action is still on target to be completed by the current implementation date. There are some remaining assets awaiting a verification response from asset managers and these are currently being followed up. The first capital training session for asset managers is due to be delivered week commencing 18 November.</p>
Proposed action:	Request Action is closed.
LT Review	LT noted the update and were assured that the action was complete and approved the closure of the action.

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
Current Date:	30 November 2024
Summary of changes:	One extension, August LT to November 30 2024
Previous Comments:	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.
Lead Comments:	<p>December 2024 Update: This action has been completed. Request Action is closed.</p> <p>November 2024 Update: The change control process is still being drafted and will need to be agreed with the Finance division who manage the RAM system. This is still on course to be completed by the end of November.</p>
Proposed action:	Request Action is Closed.
LT Review	LT noted the update and were assured that the action was complete and approved the closure of the action.

3.8 - Operations and Finance

<p>Action 599: (Audit Wales)</p>	<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>
<p>Report:</p>	<p><i>Audit of accounts</i></p>
<p>Date reported to ACGC:</p>	<p>10 July 2024</p>
<p>Original date:</p>	<p>30 September 2024</p>
<p>Summary of changes:</p>	<p>None.</p>
<p>Previous Comments:</p>	<p>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.</p>
<p>Lead Comments:</p>	<p>November 2024 Update: As per the July update, user audit reports continue to be downloaded each month as part of the month end financial closedown of capital within the Trust.</p> <p>A process has been agreed with the All Wales Capital TAG group whereby the user reports are shared on a quarterly basis for each NHS organisation to review their users and any discrepancies are to be followed up with an administrator.</p> <p>We propose that this action is now closed.</p>
<p>Proposed action:</p>	<p>Request Action is Closed</p>

3.8 - Operations and Finance

LT Review	LT noted the update and were assured that the action was complete and approved the closure of the action.
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Action 612: (Internal Audit)	Considered in Private Meeting. Due to the sensitive nature of this report, recommendations considered in Private session of ACGC.
Report:	IT infrastructure and network management Final Internal

Action 613: (Internal Audit)	Considered in Private Meeting. Due to the sensitive nature of this report, recommendations considered in Private session of ACGC.
Report:	IT infrastructure and network management Final Internal

Action 614: (Internal Audit)	Considered in Private Meeting. Due to the sensitive nature of this report, recommendations considered in Private session of ACGC.
Report:	IT infrastructure and network management Final Internal

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
Current date:	30 September 2024
Summary of changes:	August LT approved extension to 30 September 2024
Previous Comments:	July 2024 Update: Request change to implementation date to end of Aug 2024. Report received in draft, currently working through a number of queries.
Lead Comments:	November 2024 Update: The first Procurement highlights report has been circulated to Business and Planning Leads. We propose that this action is now closed.
Proposed action:	Request Action is Closed
LT Review	LT noted the update and were assured that the action was complete and approved the closure of the action.