 <p> GIG CYMRU NHS WALES </p>		Iechyd Cyhoeddus Cymru Public Health Wales	<p>Name of Meeting Audit and Corporate Governance Committee</p> <p>Date of Meeting 9 May 2024</p> <p>Agenda item: 4.1</p>
Audit Recommendations Tracker			
Executive lead:	Paul Veysey, Board Secretary and Head of Board Business Unit		
Author:	Liz Blayney, Deputy Board Secretary and Board Governance Manager		
Approval/Scrutiny route:	Liz Blayney, Deputy Board Secretary and Board Governance Manager		

<p>Purpose</p> <p>The Leadership Team considers the Audit Tracker to track progress against agreed management actions in response to the recommendations of audit reviews.</p> <p>The purpose of this report is to update, and present further information and assurance on the actions to this Committee.</p> <p>The Report was presented to the Leadership Team on 25 April 2024 who took assurance and approved closure on actions and approved extension dates.</p> <p>The Leadership reports the Audit Tracker to Audit and Corporate Governance Committee for Assurance.</p>

Recommendation:				
APPROVE <input type="checkbox"/>	CONSIDER <input checked="" type="checkbox"/>	RECOMMEND <input type="checkbox"/>	NOTE <input checked="" type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • Consider the Audit Tracker • 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 considered the Audit Tracker to track progress against agreed management actions in response to the recommendations of audit reviews.

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

Following the review by LT:

- 16 Actions were closed
- 8 Extensions were agreed and
- 2 actions were under review

This report is submitted to Audit and Corporate Governance Committee to provide assurance on progress with the implementation of the actions.

2. Background

The Leadership Team is responsible for maintaining oversight of the planned activity and results of audit. It includes scrutiny of the adequacy of executive and managements response to issues identified by audit, inspection and other assurance activity.'

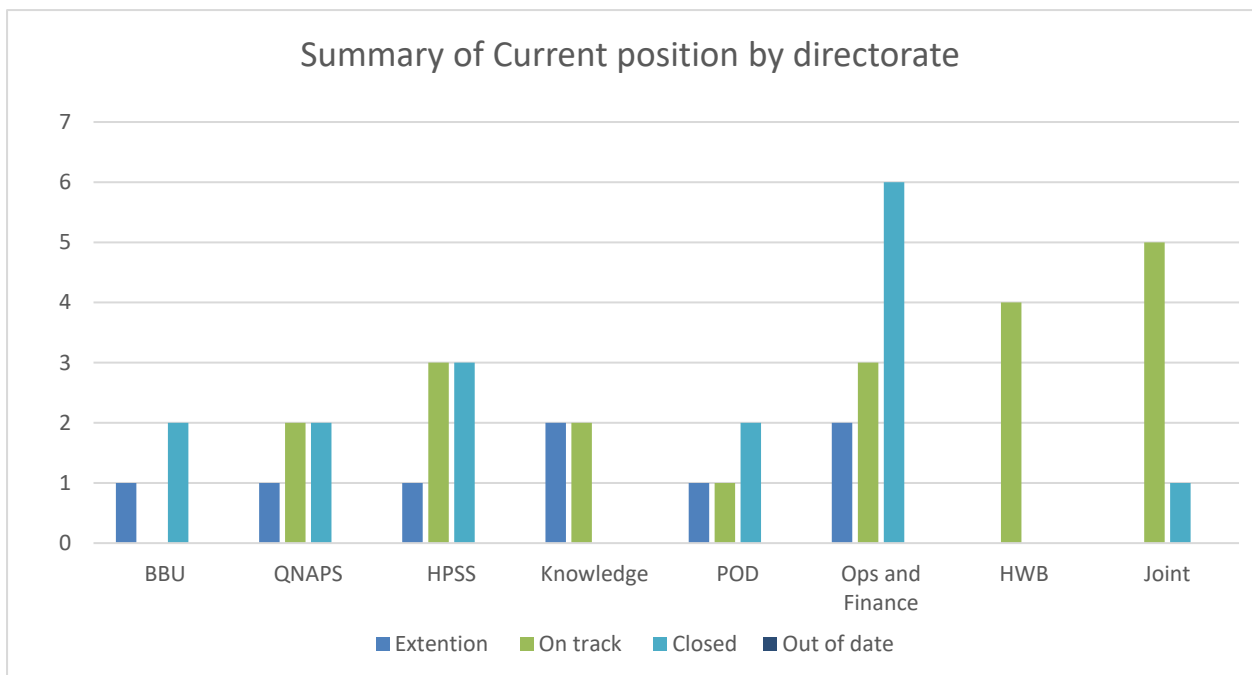
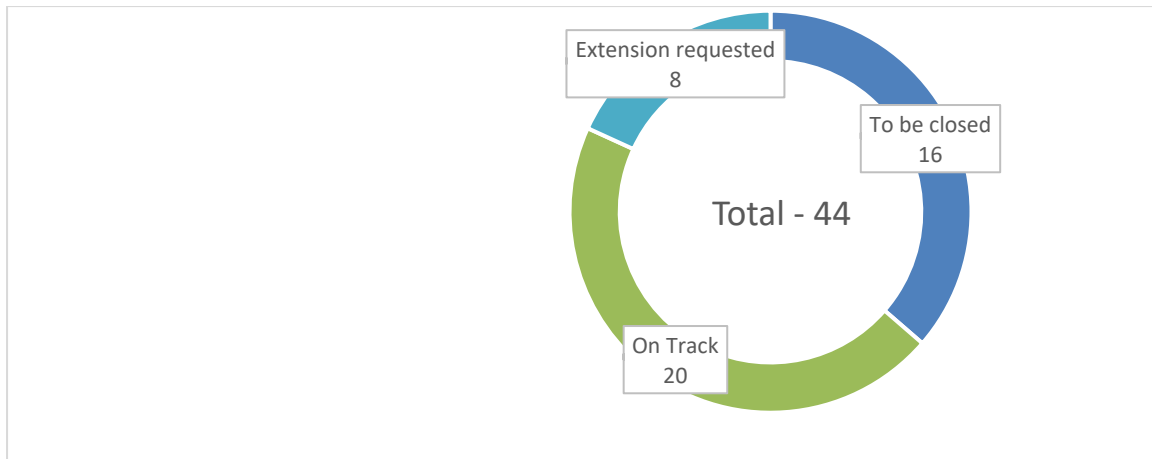


The Action Tracker enables the tracking of progress against agreed management actions and enables the Executive Team to receive assurance and make decisions based on the update information provided.

An Assurance Report is then submitted to the Audit and Corporate Governance Committee.

3. Summary of request

A full update against each of the actions is provided at Appendix 1



Actions to Close: Total of 16 Actions requested for closure:

Table 1 – Summary of closure requests:

Request:	Action:	Summary (further detail in attachment 1)
BBU	553	The Trust should periodically bring together all the Non-Executive Directors
	556	The Trust should develop a central log of recommendations arising for other reviews to enable corporate oversight of progress
BBU/POD	567	Weaknesses found in the Trust’s approach to monitoring and overseeing delivery of its People Strategy.
QNAPS	485	The Improvement Action Plan should be reviewed to ensure it covers all and only non-compliant areas of the Information Governance toolkit.
	584	Management should ensure that required documentation is submitted to the WRP within their required timeframes.
POD	563	The Trust’s workforce toolkit has the potential to highlight new workforce risks.
	568	The Trust does not benchmark its workforce performance against any external organisations because there is no direct comparator in Wales.
HPSS	546	The Trust should review the data in its Performance Assurance Dashboard to consider incorporating useful information on screening coverage, quality, and processes, and on recovery progress.
	569b	The Trust needs a coordinated plan to bring all BIA, BCP, DR documentation up to date, though currently the IT BCP/DR should be prioritised
	569c	1.1 The Trust needs a coordinated plan to bring all BIA, BCP, DR documentation up to date, though currently the IT BCP/DR should be prioritised.
Ops and Finance	575	Returning of procurement cards should be included as part of the employee exit checklist.
	576	The cardholder agreements for all current procurement cards should be reviewed to check whether they have been properly completed and, where they have not, then appropriate corrective action should be taken.
	577	The draft procurement card journals should be properly reviewed so that errors are identified and corrected before being posted to the general ledger.
	581	All boxes for budget holder and cardholder approval signature, printed name and date should be fully and accurately completed.

	582	The narrative information should fully and clearly explain how the total cost has been calculated.
	583	Consideration should be given to reviewing all procurement cards and spend on a periodic basis to confirm that no staff have left and to also identify low usage

Actions requesting date changes:

Total of 8 Actions requesting extensions to dates:

Table 2:

Change Date	Action:	Summary (further detail in attachment 1)	Date Requested
BBU	447	Action relating to developing the EQIA process, this will be taken forward as part of the governance hub which is currently being developed, timing changed to align with the roll out of the governance hub.	31 October 2024
POD	561	There are opportunities for the Trust to improve its approach to staff engagement. By the end of 2023, the Trust should review the strategic approach to engagement to ensure it is timely and fully embedded in service planning and change management. Request to move implementation date to 31 Dec 2024 to align with the IMTP commitment and respond to delays to the Staff Survey.	31 December 2024
Ops and Finance	516	Action relating to the review of policies and procedures. Amendment to date requested to allow for consultation period and approval by the H&S group following.	31 July 2024
	571a	Action relating to installation of fire suppression system installation, contractor delays, now set for completion end June.	31 July 2024
HPSS	547	Action relates to the need to review the current community hubs on screening uptake rates and user experience and ensure it uses that evaluation to inform future planning. Civica user experience evaluation exercises has been undertaken at the screening hubs which has highlighted some issues to be addressed, extension is to allow for the	31 May 2024

		division to review a paper on actions to be taken.	
Knowledge	541	Action to set out guidance for how to identify all user needs and formally translate these into specifications for information products. High level standards have been agreed and the adoption of the ONS code of practice has been agreed, extension to allow the standards to be collaboratively embedded	30 September 2024
	545	Action relates to <i>groups on standards for the various Data, Knowledge and Research products PHW produce. Work aligned to previous action, extension to allow for collaborative working to develop.</i>	30 September 2024
QNAHPs	477	<p>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.</p> <p>LT is also asked to approve transfer of ownership of Action 477 to the Knowledge Directorate.</p>	31 October 2024

Open actions, not yet due.

There are currently 20 open actions on the register that are in progress but not yet due. These can be reviewed in appendix 1 – extract of the register.

Table 3 – 3 Actions to Note:

The following actions remain in progress and within their revised target dates; A review is currently being undertaken of these actions by the QNAPS directorate with a view to submitting a request to Audit Wales to amend the management action agreed back in 2022. The reason for this is that the situation has moved on substantially since these recommendations were made, and the management action no longer reflects the work actively being progressed within the organisation to develop the approach to engagement. LT is asked to note this approach.

Note the management actions 472 and 474 are being reviewed with the intention of aligning them to the current works teams.

LT is ask to note that a review is underway for Actions 472 and 474:		
QNAHPs	472	Develop organisational framework for engagement which outlines how engagement should be embedded in our key strategies and processes with impact and value
	474	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

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



Hirdymor  Long Term

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

Atal  Prevention

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

Integreiddio  Integration

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

Cydweithio  Collaboration

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

Cynnwys  Involvement

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

4. Recommendation

The Committee is asked to:

- **Consider** the Audit Tracker
- **Take assurance** on the progress with the implementation of actions resulting from Audit within Public Health Wales.

Board Business Unit: 3 Actions to review: 447, 553 and 556

Action 447:	<p><i>The importance and value of Equality Impact Assessments in supporting quality services that meet the needs of the Welsh population is understood. This is currently a high priority issue as we realise the importance of enhancing the current arrangements to help the organisation meet the needs of the Socio-Economic Duty. There is a cross-organisational working group currently reviewing the tool for completing impact assessments, with the view to integrating various impact assessments and readying the organisation to develop a digital tool. This tool will support staff to engage with and complete the Equality Impact Assessment process.</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 of report:	1 August 2022
Original date:	1 June 2022
Current Date:	31 January 2024
Summary of changes:	Two changes to June 2023 approved in January 2023 and to 31 January 2024 in November 2023.

<p>Previous Reviews</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>
<p>Lead Comments</p>	<p>April 2024 Update: BET has approved the Governance Hub pilot for the next 12 months. The Hub will ensure EIAs are undertaken in respect of all relevant items of work it advises upon. The quality of the EIA will be advised upon by the relevant duty leads. Any mitigations recommended will be identified and monitored by the Hub to assess impact. The Hub will establish a central repository and a mitigations assessment tool to ensure adequate monitoring. It is proposed this will all be in place from September 2024, to allow the Hub to become established and for the relevant flow of work to pass through the Hub. Request extension to the end of September.</p>
<p>Proposed action:</p>	<p>Request extension to 30 September 2024</p>

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

Action 556:	R6 The Trust should develop a central log of recommendations arising for other reviews to enable corporate oversight of progress. The Trust will review the scope and scale of other relevant reviews and will consider whether a central log is appropriate.
Report	Structured Assessment
Date of report:	2023
Original date:	1 April 2024
Summary of changes:	No changes to target dates issued.
Previous updates	February 2024 Update: This is currently under review to establish what other Audits this recommendation covers.
Lead Comments	April 2024 Update: The Trust has reviewed its approach and will maintain a central log or all recommendations made by an audit body such as Audit Wales or NWSSP Internal Audit. All other recommendations made will be tracked as actions as appropriate by the relevant Committee of the Board, who may direct that they are added to the central log or that they are monitored by the Committee through the Committee Workplan. Request the action to be closed.
Proposed action:	Request Action closed.

QNAPs: 3 Actions to review: 477 485 and 584

Action: 477	<i>Collaboratively design and develop an organisational approach to capacity and capability building for skills in engagement and feedback analysis to inform planning and improvement</i>
Report	Review of Quality Governance Arrangements (Audit Wales)
Date of report:	2020
Original date:	31 March 2023
Current Date:	31 March 2024
Summary of changes:	Extensions have been granted twice previously. October 2023 to January 2024 and at LT in December 2023 to March 2024.
Previous Reviews:	<p>February 2024 update: A paper was submitted to Digital Data Design Authority and the User Centred Design Team are leading and carrying out a user needs assessment. As part of this assessment, internal interviews are taking place organisation-wide to establish what it is teams feel they need from a Customer Relations Management (CRM) tool. The findings will be reported to the DDDA, along with recommendations; at present, this action is on track for delivery by 31st Mar-24.</p> <p>November 2023 Update: A workshop has been requested by the DDDA to establish further information to help determine the future approach for a stakeholder database.</p>
Lead Comments	<p>April 2024 Update: The paper that was submitted to the Digital Data Design Authority was broadly supported but the decision was made that the development of a robust CRM is a significant piece of work which needs to be planned properly before implementation. Interviews with teams across PHW are currently underway to build a picture of what is currently being done across the organisation, to feed into the planning process. It is anticipated that the plan would be ready in Autumn 2024 with a rollout plan to follow. The decision was made for the Data, Knowledge and Research Directorate to take a lead on this work moving forward, with support from the Engagement team within QNAHPs. This action needs to be transferred to the Data, Knowledge and Research Directorate.</p>
Proposed action:	LT to approve transfer to the Knowledge Directorate, and approve extension to 31 October 2024.

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

Action 584:	<i>Management should ensure that required documentation is submitted to the WRP within their required timeframes.</i>
Report	<i>Welsh Risk Pool Claims</i>
Date of report:	January 2024
Original date:	January 2024
Summary of changes:	None
Lead Comments	Action Completed before report was submitted to Audit Committee in March 2024
Proposed action:	Request Action closed.

HPSS: 4 Actions to review: 546, 547, 569b and 569c

Action 569b:	<i>Complete Business Continuity Impact Analyses and Plans for Divisions and Directorates are currently held on SharePoint (with copies of template resources) with restricted user access. They are reviewed in line with the Directorate and Divisional governance arrangements. As an outcome of the audit we have notified the Directorates and Divisions of the need to update their BIA and BCP's accordingly. 1.1 The Trust needs a coordinated plan to bring all BIA, BCP, DR documentation up to date, though currently the IT BCP/DR should be prioritised. There should be a central location where copies of plans are kept and a process to periodically review and update them to ensure they remain up to date.</i>
Report	<i>Business Continuity and Technical Resilience</i>
Date of report:	January 2024
Original date:	31 March 2024
Summary of changes:	None
Previous updates	February 2024 Update: All Directorate/Divisions reminded that they are required to submit up to date BIAs and BCPs to EPRR Sharepoint Pages via EPBC Group meeting on (11.01.24). Further documented/actioned throughout all the cross-directorate Task and Finish Group Meetings for BMA Wales Junior Doctor Industrial Action. NB. EPRR Team currently auditing SharePoint Pages to track submissions
Lead Comments	April 2024 Update: COMPLETE Further work planned for 24/25 to enhance internal processes. Recently delivered cross-directorate BC Training (provided by External Contractor). Internal debrief planned for Q1 24/25 with a review to ensure current processes to remain aligned with current best practice. Request Action Closed.
Proposed Actions	Request Action is closed.

Action 569c:	<i>Complete Business Continuity Impact Analyses and Plans for Divisions and Directorates are currently held on SharePoint (with copies of template resources) with restricted user access. They are reviewed in line with the Directorate and Divisional governance arrangements. As an outcome of the audit we have notified the Directorates and Divisions of the need to update their BIA and BCP's accordingly. A Review of the Public Health Wales Business Continuity Strategy, its Business Continuity Incident Management Process and template documentation is an agreed action on the 2023/24 workplan for the Public Health Wales Emergency Planning & Business Continuity Group.</i>
Report	<i>Business Continuity and Technical Resilience</i>
Date of report:	January 2024
Original date:	31 March 2024
Summary of changes:	None
Previous Updates	February 2024 Update: ACTION ON TRACK: EPRR team finalising updates to documentation. Revised documents to be shared across PHW via agreed EPRR governance route (EPBC Group, HPSS DMT & BET/QSIC for assurance).
Lead Comments	April 2024 Update: COMPLETE Documentation reviewed via the EPBC Group, currently out for final cross-directorate consultation. To be ratified via agreed EPRR governance route in Q1 24/25.
Proposed Actions	Request Action is closed.

Action 547:	<i>R3. The Trust agrees that evaluation of the dedicated screening hubs on user experience and DNA rates is key task and will inform future planning. This will be taken forward for each of the programmes that screen from the venues. This work will include using established methods such as service user feedback using Civica; PHW user engagement tools such as Time to Talk and aligned to work of screening engagement team to address inequity.</i>
Report	Screening Recovery Organisational Response (Audit Wales)
Date of report:	27 September 2023
Original date:	31 March 2024
Summary of changes:	None.
Previous updates	February 2024 Update: The Division's Business Team is assisting in an analysis of DNA rates across the hubs. Service user engagement feedback to be collected electronically via handheld devices.
Lead Comments	April 2024 Update: Civica user experience evaluation exercises has been undertaken at the screening hubs. Whilst feedback was generally well received, some issues around improved signage and parking will require attention. An analysis of the DNA rates at the Screening Hubs has been produced for the period 1st April 2023 to 31st Jan 2024. Initial findings are that there is a marginal variance between the percentage of DNA's at the PHW hubs to the overall DNA's when looking at all appointments offered at all other clinic venues. A discussion paper is being prepared for further review and action planning with the Programme Heads via the Senior Management Team forum. The Division therefore requests an extension to the implementation date to 31/05/2024.
Proposed action:	Request extension to 31 May 2024

Action 546:	<i>The Trust agrees that the data in the performance assurance dashboard need to be reviewed. This work has started and will be part of an overall directorate review. The review will consider the feedback from this audit to take on board feedback and develop the dashboard further.</i>
Report	Screening Recovery Organisational Response (Audit Wales)
Date of report:	27 September 2023
Original date:	31 March 2024
Summary of changes:	None
Previous comments:	<p>February 2024 Update: Discussions held with Head of Performance around reporting. Dataset has been updated to incorporate more clarity around a working recovery trajectory for DESW and BTW screening services. There is currently a review of metrics being undertaken at a Directorate level.</p> <p>7 December 2023: Appropriate action which is being progressed. it is on track with no risks to delivery identified. Other divisions and function in HPSS are also undertaking this work and the directorate have indicated their desire to work with the organisation wide programme reviewing performance metrics to land this action in line with their timelines.</p> <p>LT noted the update, and that the action was on track to be completed within the timescales.</p> <p>a) Due by End March 2024 b)Due by October 2024</p>
Lead Comments	<p>April 2024 Update: R4 a) Monthly insight reporting includes clarity around backlog reduction and recovery trajectories for DESW and BTW screening services. In addition, performance metrics for the Division have been refreshed in line with STEEEP methodology.</p> <p>R4 b] Workshop undertaken at QSIC meeting in December 2023 to discuss information that committee wished to see around recovery and structured around quality indicators. Draft report taken to QSIC meeting in March 2024 taken on board feedback at the workshop and well received. Action closed.</p>
Proposed action:	Request Action closed.

People and OD: 3 Actions to review: 561, 563 and 568

Action 561:	<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 of report:	August 2023
Original date:	30 September 2024
Summary of changes:	None
Previous comments	February 2024 Update: In Progress, not yet due
Lead Comments	<p>April 2024 Update: Action reflected in the following IMTP commitment for 2023-2024: Develop a strategic approach to employee engagement which responds to the results of the 2023 employee survey, medical engagement survey, culture assessment, employee value proposition and other inputs and an action plan for how this will be delivered. 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>
Proposed action:	Request change of date to 31 December 2024.

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

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

3.8 – Knowledge: 2 Actions to review: 541 and 545

Action 541:	<i>1.1a and b Data, Knowledge and Research Directorate have initiated a series of groups on standards for the various Data, Knowledge and Research products PHW produce these are being developed. We expect full implementation across the range by March 2024 and will utilise mandation if necessary through an appropriate reporting arrangement (see other actions). On stakeholder engagement we will utilise the Agile methodology to establish user needs for individual products. We have established an annual survey of users to establish needs and areas for improvements. We will supplement these activities with a new strategic stakeholder forum to ensure a complete suite of stakeholder involvement at all levels in our planning.</i>
Report	Information Provision
Date of report:	27 September 2023
Original date:	31 March 2024
Summary of changes:	No changes.
Previous comments	<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>Dec: overlap with 545. A organisational wide working group is underway to develop the standards; currently cross-organisational by in is good. It is anticipated that the standards will be available for adoption in March 2024. Management action is to support the adoption. Further work needed to establish the strategic stakeholder forum.</p>
Lead Comments	<p>April 2024 Update: High level standards have been agreed and the adoption of the ONS code of practice has been agreed. SharePoint pages has been developed to share guidance etc but further work is underway to build the standards into standard ways of working and job families to aid wholesale adoption across the organisation. Annual Survey due to take place April/May 2024 Request submitted to extend to Sept 2024 to allow the standards to be collaboratively embedded</p>
Proposed action:	Request change of date to 30 September 2024

Action 545:	<i>5.1 Data, Knowledge and Research Directorate have initiated a series of groups on standards for the various Data, Knowledge and Research products PHW produce these are being developed. We expect full implementation across the range by March 2024. Ideally these will be signed up to without mandation but if necessary, the Digital and Data Design Authority will be used to mandate these, (or other suitable body as per action 2)</i>
Report	<i>Information Provision</i>
Date of report:	27 September 2023
Original date:	31 March 2024
Summary of changes:	None
Previous comments:	February 2024 Update: high level standards agreed; supporting principles and resources under development December 2023 Update: A organisational wide working group is underway to develop the standards; currently cross-organisational by in is good. It is anticipated that the standards will be available for adoption in March 2024. Management action is to support the adoption.
Lead Comments	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
Proposed action:	Request change of date to 30 September 2024

Operations and Finance: 8 Actions to review: 516, 571a, 575, 576, 577, 581, 582 and 583

Action 516:	<i>The Estates and Health and Safety Division have a programme of work to update all policies and procedures that need reviewing and updating and are included as part of the Health and Safety workplan. These policies and procedures will continue to be reviewed, updated and approved by the relevant group/ Committee by end of quarter 1 2023/24.</i>
Report	<i>Health and Safety</i>
Date of report:	February 2023
Original date:	30 June 2023
Current Target Date:	31 March 2024
Summary of changes:	Two changes to 31 October 2023 (agreed in June 23) and to 31 March 2024 (agreed in November 2023).
Previous Reviews:	<p>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>
Lead Comments	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.
Proposed action:	Request change of date to 31 July 2024

Action 571a:	<i>3.1 There should appropriate fire suppression systems at all server sites. It can help prevent loss of equipment, and fire spreading unchecked, which can have catastrophic consequences. There are now a range of readily available fire suppression systems that use inert and clean gases that suppress fire without posing a risk to life. Arrange for the preparation of the specification to tender for the supply and install the installation of Fire Suppression systems at all 7 server hosting sites.</i>
Report	<i>Business Continuity and Technical Resilience</i>
Date of report:	January 2024
Original date:	31 March 2024
Summary of changes:	None
Previous updates	February 2024 Update: Process commenced for securing price for completion of proposed works.
Lead Comments	April 2024 Update: Due to contractor delays due to availability to provide indicative key areas for inclusion in a full tender specification this action will now be completed by end of June. However exploration has been undertaken in relation to making a direct award via the Welsh Procurement Alliance Fire safety Framework (FS2).
Proposed action:	Request change of date to 31 July 2024
Action 575:	<i>1.3 Returning of procurement cards should be included as part of the employee exit checklist. We accept this recommendation in full. The People and Organisational Development Directorate have guidance pages on the Trust intranet for employees and line managers to refer to when an employee leaves the organisation. We will ensure these are updated to include guidance on returning procurement cards to the Finance Division.</i>
Report	<i>Finance – Use of procurement cards</i>
Date of report:	January 2024
Original date:	29 February 2024
Summary of changes:	None
Previous updates	February 2024 Update: Action in progress and on target to be completed by end of February.
Lead Comments	April 2024 Update: Action completed - recommend that this is now removed from the log.
Proposed action:	Request Action closed.

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

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

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

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

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

Joint BBU and POD: 1 Action to review: 567

Action 567:	<p><i>R5 We found weaknesses in the Trust's approach to monitoring and overseeing delivery of its People Strategy. It does not understand the impact of its efforts to implement that strategy and the POD Committee does not have a clear picture of progress implementing the People Strategy. By the end of quarter 2 2024-25, the Trust should:</i></p> <p><i>5.4. Work with the POD Committee to develop simpler, clearer mechanisms to share information and provide more meaningful insight into the Trust's management of workforce risks. For instance, the Trust could report information resulting from the implementation of recommendations 1.1, 1.2, 5.1, and 5.2 (high priority).</i></p> <p><i>Management Response:</i></p> <p><i>Accepted</i></p> <p><i>We will look to do this in partnership with our Strategy and Planning Colleagues, to ensure efficiency and integration.</i></p>
Report	Workforce Planning
Date of report:	August 2023
Original date:	30 September 2024
Summary of changes:	None
Previous updates	February 2024 Update: In Progress, not yet due
Lead Comments	<p>April 2024 Update: Complete.</p> <p>Assurance dashboards which include data on sickness absence, turnover, and MyC and workforce related Strategic and Corporate risks are reviewed by PODCOM on a quarterly basis.</p>
Proposed action:	Request Action closed.