 <p> GIG CYMRU NHS WALES </p> <p> Iechyd Cyhoeddus Cymru Public Health Wales </p>	<p>Name of Meeting Audit and Corporate Governance Committee</p> <p>Date of Meeting 8 May 2025</p> <p>Agenda item: 6.3</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

<p>Purpose</p> <p>The Leadership Team (LT) considered the Audit Tracker at its meeting on 30 April 2025, tracking progress against agreed management actions in response to the recommendations of audit reviews.</p> <p>The Report is now presented to the Audit and Corporate Governance Committee to take assurance on the management of Audit recommendations at Public Health Wales. By the Leadership Team</p>

Recommendation:				
APPROVE	CONSIDER	RECOMMEND	NOTE	ASSURANCE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>The Committee is asked to:</p> <ul style="list-style-type: none"> Take assurance on the progress with the implementation of actions resulting from Internal and External Audit Reports within Public Health Wales. 				

<p>Link to Public Health Wales Strategic Plan</p> <p>Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities.</p> <p>This report contributes to the following:</p>	
Strategic Priority	7 - Building and mobilising knowledge and skills to improve health and well-being across Wales

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 purpose of this report is to present the latest updates on the progress with the implementation of all actions from Internal Audit and from Audit Wales, and to seek approval from LT for the closure of completed actions, and to grant extensions to implementation dates where requested.

2. Background

The Leadership Team is responsible for maintaining oversight of the planned activity and results of audit. The Leadership Team (LT) considered the Audit Action Tracker (the Tracker) which tracks progress against agreed management actions in response to the recommendations of both Internal and External audit reviews undertaken.

This includes scrutiny of the adequacy of executive and managements response to issues identified by audit, inspection and other assurance activity. The Team met on 30 April 2025.

Updates are provided to LT and the Audit and Corporate Governance Committee quarterly. The Tracker was last presented to LT on 30 April 2025



3. Summary of Progress

Updates have been provided against each outstanding action on the tracker. In summary, below is the current position of open actions:

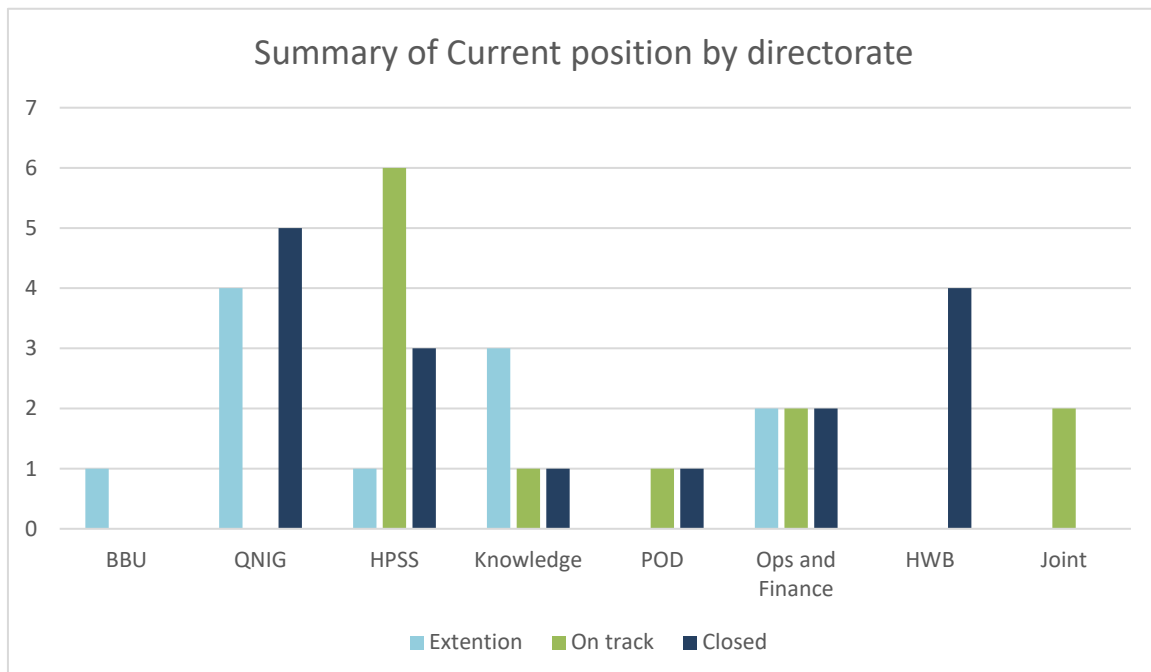
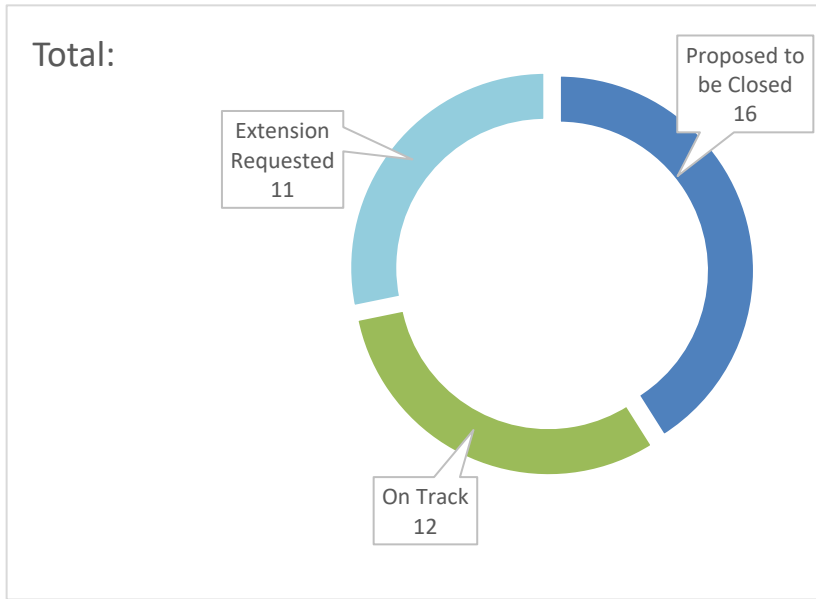


Table 1 – Summary of closure requests:

Request:	Action:	Summary (<i>further detail in attachment 1</i>)
Ops and Finance	612	<p>Considered in Private Meeting.</p> <p>Due to the sensitive nature of this report, recommendations considered in Private session of ACGC.</p>
	613	<p>Considered in Private Meeting.</p> <p>Due to the sensitive nature of this report, recommendations considered in Private session of ACGC.</p>
NQIG	638	<p>Staff Records Guidance was been approved at the Programme Board at the 12th February 2025. Action complete.</p> <p>Request Action is closed.</p>
	639	<p>The Exemption's Register has now been developed. Action complete.</p> <p>Request Action is closed.</p>
	640	<p>Procedures are in place to ensure that the Information Governance Performance Reports and the Records Management progress reports are reported to Business Executive Team and Audit and Corporate Governance Committee respectively (and recorded as such within the minutes).</p> <p>Request Action is closed.</p>
	641	<p>Currently, there is no additional resource following the completion of the Records Management Project in March 2025, resulting in the team reducing to 2 FTE. No change from January update, and no additional resource has been found.</p> <p>Request Action is closed.</p>
	642	<p>Lessons Learned session undertaken in February 2025. Paper will be written to capture the detail from this session and sent to BET. Action Complete.</p> <p>Request Action is closed.</p>
POD	565	<p>The 2nd element of the action ('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.') has been completed. Approval sought to close action.</p>

		Request Action is closed.
HPSS	560	<p>Knowledge noted this action had formally been transferred to the screening service (HPSS). HPSS stated that this action could be closed as the model had been developed and had informed the planning for the transformation work and was available for use.</p> <p>Request Action is closed.</p>
	647	<p>Infection Division metrics has now been included as a standing agenda item on week 2 SMT. Recommendation to close the action.</p> <p>Request Action is closed.</p>
	650	<p>Monthly Directorate and NWSSP Procurement meetings are now set up for the third Wednesday each month. Monthly Divisional and NWSSP Procurement meetings with the Health Protection Division and Screening Services Division have also been set up for the second Thursday of each month with the first set of meetings being held in March. Infection Division already have meetings in place (third Tuesday of each month). Recommendation to close the action.</p> <p>Request Action is closed.</p>
HWB	586	<p>Two new lead consultants have been appointed in the Health Improvement Division. Areas for improvement have been identified which includes look at how we centralise resources to support the wider Directorate, make improvements and efficiencies to our workforce allocation system, automate where possible including how we use SharePoint to share and communicate information, improve the grants administration process and how we undertake recruitment and manage procurements and expenditure. Action complete.</p> <p>Request Action is closed.</p>
	628	<p>Complete. Budgetary Control Procedure (PHW - STP11) and Finance Budget Holder Report Guide has been circulated.</p> <p>Request Action is closed.</p>

	629	<p>Complete. Following the appointment of the two new lead consultants and as part of budget setting process, PH11 has been disaggregated for 2025/26 to reflect spending plans.</p> <p>Request Action is closed.</p>
	631	<p>Complete. Training dates circulated.</p> <p>Request Action is closed.</p>
Knowledge	545	<p>Action is Complete. Templates are being uploaded to the Branding Page of the PHW website. An agreement has been made that all new reports to be published on the new website should follow the Content Design standards (including the publication standards) and use the template. The User Centred Design pages, are clearly linked to through these pages and contain all organisational personas. Organisational Comms announcing this and providing further links and encouraging further engagement with the standards and template will go out shortly. It is anticipated that both will be living documents and will be update and added to as the need arises.</p> <p>Request Action is closed.</p>

Table 2 – Actions requesting date changes:

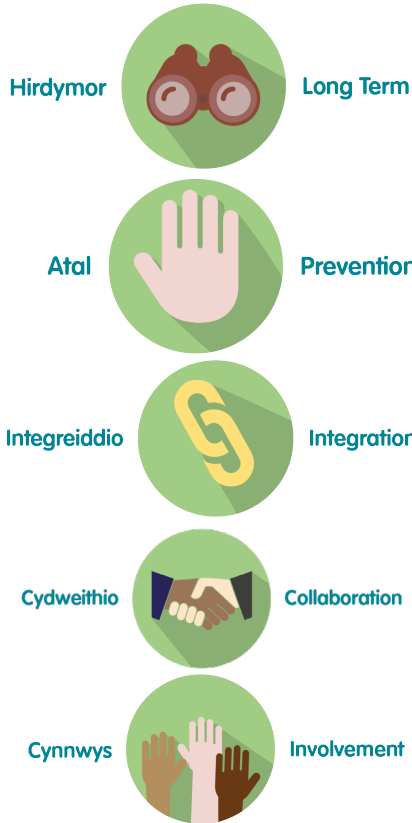
Change Date	Action:	Summary (<i>further detail in attachment 1</i>)
BBU	447	<p>The work of the Governance Hub is being reviewed and refined following the pilot including engagement with Business and Planning Leads and leadership Team to embed into Business as Usual within existing resources.. This will include a map of all upcoming decisions requiring an EHIA which will be mandatory for a decision to be made. This will be reported to the Business Executive Team and Leadership Team as appropriate for oversight.</p> <p>Request an extension to 31 August 2025 to allow this process to embed and to ensure the recommendation is met.</p>

NQIG	624	<p>Discussions undertaken with the Legal Support manager and changes are being made to the procedure and accessibility of the procedure.</p> <p>The next Candour Network Meeting is on the 21 April 2025. Following that meeting, further work will be required to address this action. Therefore, an extension to 31 July 2025 is requested.</p> <p>Extension requested to 31 July 2025.</p>
	625	<p>Discussions undertaken with the Legal Support manager and changes are being made to the procedure and accessibility of the procedure.</p> <p>The next Candour Network Meeting is on the 21 April 2025. Following that meeting, further work will be required to address this action. Therefore, an extension to 31 July 2025 is requested.</p> <p>Extension requested to 31 July 2025.</p>
	626	<p>Meeting held on 14 February 2025 with other Trusts and a joint investigation procedure developed with has been shared with HOPE network on 12 March 2025. Joint investigation module continues to be developed by the Once for Wales team.</p> <p>The next Candour Network Meeting is on the 21 April 2025. Following that meeting, further work will be required to address this action. Therefore, an extension to 31 July 2025 is requested.</p> <p>Extension requested to 31 July 2025.</p>
	627	<p>This work continues to be worked through by the Candour network and the Once for Wales team. Next Candour networking meeting to be held on 21 April 2025. The action to raise the identified matters from the audit have been completed.</p> <p>The next Candour Network Meeting is on the 21 April 2025. Following that meeting, further work will be required to address this action. Therefore, an extension to 31 July 2025 is requested.</p> <p>Extension requested to 31 July 2025.</p>
Knowledge	559	<p>Following a review of the IMTP dependencies on RDDD, significant investment money has been made available to support the recruitment of key technical specialist roles. These roles were identified in the workforce plan and</p>

		<p>this welcome investment is the beginning of bolstering these specialities. However, prioritisation, phasing and sequencing are still required to meet the significant demands on RDDD. Due to the identified dependencies, a request to review this action again in September 2025 to clearly identify progress, and highlight concerns. Request extension to 31 October 2025.</p> <p>Extension requested to 31 October 2025.</p>
	622	<p>Discussions held with the Datix team to enable reporting of digital risks. This will result in the Datix architecture being amended to enable this and this is currently being explored as to what is possible. Further discussions are scheduled for beginning April 2025. Request date extension to 31 July 2025 due to current change options unknown.</p> <p>Extension requested to 31 July 2025.</p>
	623	<p>Assurance paper submitted to BET and a further update is scheduled for June 2025. Due to the significant demands on digital and data agenda discussions are ongoing, to manage delivery expectations/capacity. As this is ongoing work and oversight, a request extension is requested until July 2025, which will enable a further assurance report will go to BET and for BET to confirm their confidence assessment. Request extension to 31 July 2025.</p> <p>Extension requested to 31 July 2025.</p>
HPSS	570	<p>Considered in Private Meeting.</p> <p>Due to the sensitive nature of this report, recommendations considered in Private session of ACGC.</p>
Ops and Finance	569a	<p>Considered in Private Meeting.</p> <p>Due to the sensitive nature of this report, recommendations considered in Private session of ACGC.</p>
	572	<p>Considered in Private Meeting.</p> <p>Due to the sensitive nature of this report, recommendations considered in Private session of ACGC.</p>



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



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

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

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

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

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

4. Recommendation

The Committee is asked to:

- **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:	1 August 2022
Original date:	1 June 2022
Current Target Date:	31 March 2025
Summary of changes:	Four changes to June 2023 approved in January 2023 and to 31 January 2024 in November 2023, and to 30 September 2024 in April 2024 and in November 2024 to March 2025.

3.1 Board Business Unit

Previous Comments:	<p>February 2025 Update: The Governance Hub pilot is progressing, and an update will be presented to Business Executive Team on 19 March, which will include recommendations following completion of the pilot.</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 EHIA's. 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>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: Business Executive Team 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>April 2025 Update:</p> <p>The work of the Governance Hub is being reviewed and refined following the pilot including engagement with Business and Planning Leads and leadership Team to embed into Business as Usual within existing resources. This will include a map of all upcoming decisions requiring an EHIA which will be mandatory for a decision to be made. This will be reported to the Business Executive Team and Leadership Team as appropriate for oversight.</p> <p>Request an extension to 31 August 2025 to allow this process to embed and to ensure the recommendation is met.</p>
<p>Proposed action:</p>	<p>Request change of date.</p>
<p>LT Comments:</p>	<p>LT discussed the recommendation in depth, including the length of time that it had been open.</p> <p>The Work of the Governance Hub was ongoing, and would provide solutions to part of the issue identified. A central repository for EHIA could be achieved with the review of the Governance hub Pilot, but the underlying issue that there is limited dedicated resource for completing EHIA in terms of advice and support. The original issue within the recommendation was still outstanding.</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.’</i></p> <p>LT discussed that there was no central home for Equalities within the organisation, with a number of streams of work ongoing in different directorates. Discussions were ongoing with POD and NQIG Execs to discuss this.</p> <p>LT agreed that further work on this part of the recommendation and the interim change of date to 31 August would allow this discussion to take place. However, LT noted that it was unlikely that the additional resource that the recommendation highlighted would be in place by this date.</p>

3.2 Joint People and Organisational Development and Finance and Operations

3.2 - Joint People and Organisational Development and Finance and Operations

2 Actions to Review: 557 and 558

3.2 Joint People and Organisational Development and Finance and Operations

<p>Action 557: (Internal Audit)</p>	<p><i>Delivering the People Strategy R1 The Trust has not assessed its capacity and capability to deliver its People Strategy or assess specific risks associated with delivery beyond its three-year IMTP. By the end of quarter 1, 2024-25, the Trust should incorporate assessments of risk and resources into its 2024-27 IMTP as follows:</i></p> <p><i>1.1. Set out the costs, staff capacity, skills and other resources associated with implementation of the next three years of the People Strategy, within its People and Organisational Development Directorate and across the business (high priority)</i></p> <p><i>The Trust has not assessed its capacity and capability to deliver its People Strategy or assess specific risks associated with delivery beyond its three-year IMTP. By the end of quarter 1, 2024-25, the Trust should incorporate assessments of risk and resources into its 2024-27 IMTP as follows: 1.1. Set out the costs, staff capacity, skills and other resources associated with implementation of the next three years of the People Strategy, within its People and Organisational Development Directorate and across the business (high priority);</i></p> <p><i>Accepted: Actions 1.1 and 1.2 will need to be completed in partnership with Finance/Planning Colleagues and would need to be integrated into the IMTP planning framework to achieve alignment and integration with the LTS.</i></p>
<p>Report:</p>	<p>Workforce Planning</p>
<p>Date reported to ACGC:</p>	<p>August 2023</p>
<p>Original date:</p>	<p>30 June 2024</p>
<p>Current date:</p>	<p>31 March 2025</p>
<p>Summary of changes:</p>	<p>Two changes of date to 31 March 2025 on 15 February 2024 and to 30 June 2025 in February 2025</p>

3.2 Joint People and Organisational Development and Finance and Operations

<p>Previous Comments:</p>	<p>January 2025 Update: Whilst progress with the refreshed People Strategy is at an advanced stage, conversations with Business Executive Team have resulted in a decision to delay publication by one quarter to enable it to be launched with greater engagement from colleagues across the organisation. Request extension to 30 June 2025.</p> <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> <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>
<p>Lead Comments:</p>	<p>March 2025 Update: In progress and on track. A programme of engagement activity is being progressed as the final stage of the development of the refreshed People Strategy. This includes:</p> <ul style="list-style-type: none"> • Intranet content including a feedback form • A series of drop in sessions 'Time with Tracy' session (28 April). <p>The final draft of the People Strategy will be scheduled for approval at the Board meeting on the 29 May 2025. The following IMTP commitment has been approved for 2025-26 to take this action forward in future years: Develop the People Strategy 2035 implementation plan, map delivery to years 2 and 3 of the IMTP, establish a baseline for future evaluation.</p>
<p>Proposed action:</p>	<p>Action on track to be completed by due date.</p>
<p>LT Comments:</p>	<p>Noted the progress, and that the action was on track for completion by the due date.</p>

3.2 Joint People and Organisational Development and Finance and Operations

Action 558: (Internal Audit)	<p><i>Delivering the People Strategy R1 The Trust has not assessed its capacity and capability to deliver its People Strategy or assess specific risks associated with delivery beyond its three-year IMTP. By the end of quarter 1, 2024-25, the Trust should incorporate assessments of risk and resources into its 2024-27 IMTP as follows:</i></p> <p><i>1.2. Identify the specific risks associated with implementing the People Strategy and plans to manage those risks (high priority).</i></p> <p><i>Accepted - Actions 1.1 and 1.2 will need to be completed in partnership with Finance/Planning Colleagues and would need to be integrated into the IMTP planning framework to achieve alignment and integration with the LTS.</i></p>
Report:	Workforce Planning
Date reported to ACGC:	August 2023
Original date:	30 June 2024
New date	30 June 2025
Summary of changes:	Two changes of date to 31 March 2025 on 15 February 2024 and to 30 June 2025 in February 2025
Previous Comments:	<p>January 2025 Update: Whilst progress with the refreshed People Strategy is at an advanced stage, conversations with Business Executive Team have resulted in a decision to delay publication by one quarter to enable it to be launched with greater engagement from colleagues across the organisation. Request extension to 30 June 2026.</p> <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> <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:	March 2025 Update: In progress and on track. A programme of engagement activity is being progressed as the final stage of the development of the refreshed People Strategy. This includes: <ul style="list-style-type: none">• Intranet content including a feedback form• A series of drop in sessions 'Time with Tracy' session (28 April). The final draft of the People Strategy will be scheduled for approval at the Board meeting on the 29 May 2025. The following IMTP commitment has been approved for 2025-26 to take this action forward in future years: Develop the People Strategy 2035 implementation plan, map delivery to years 2 and 3 of the IMTP, establish a baseline for future evaluation.
Proposed action:	Action on track to be completed by due date.
LT Comments:	Noted the progress, and that the action was on track for completion by the due date.

3.3 Nursing, Quality and Integrated Governance

3.3 Nursing, Quality and Integrated Governance:

9 Actions to review: 624, 625, 626, 627, 638, 639, 640, 641 and 642

3.3 Nursing, Quality and Integrated Governance

Action 624: (Internal Audit)	<p>The Trust should create a guide for managers and reviewers to follow for DoC consideration, especially with regard to assessing harm correctly, completing their initial review, and properly recording these on the Datix system.</p> <p>The Trust will develop a guide for incident managers to support them with the initial review and actual levels of harm for incidents recorded as moderate. The Trust will also formalise the procedure for the meeting between the service area and PTR team should a moderate incident be recorded.</p>
Report:	Duty of Candour
Date reported to ACGC:	14 January 2025
Original date:	31 January 2025
Current date:	31 March 2025
Summary of changes:	One to March 2025 in February 2025
Previous Comments:	January 2025 Update: Meeting with Legal Support Manager delayed and rescheduled to Feb-25 in order to discuss and implement changes. Request Implementation Date amended to 31st March 2025.
Lead Comments:	<p>March 2025 Update:</p> <p>Discussions undertaken with the Legal Support manager and changes are being made to the procedure and accessibility of the procedure.</p> <p>The next Candour Network Meeting is on the 21 April 2025. Following that meeting, further work will be required to address this action. Therefore, an extension to 31 July 2025 is requested.</p>
Proposed action:	Request change of date.
LT Comments:	LT discussed the update and agreed to issue extension to 31 July 2025

3.3 Nursing, Quality and Integrated Governance

Action 625: (Internal Audit)	<p>The Trust's guidance should clearly define the DoC critical date (first became aware date) as currently there is no distinction if this date should be when the DoC is reported or if the date is when a review of the facts has been completed.</p> <p>The Trust will update its guidance to be clearer on the DoC critical date to reflect triggering of the DoC once the review of the facts has been completed.</p>
Report:	Duty of Candour
Date reported to ACGC:	14 January 2025
Original date:	31 January 2025
Current date:	31 March 2025
Summary of changes:	One to March 2025 in February 2025
Previous Comments:	January 2025 Update: Meeting with Legal Support Manager delayed and rescheduled to Feb-25 in order to discuss and implement changes. Request Implementation Date amended to 31st March 2025.
Lead Comments:	<p>March 2025 Update:</p> <p>Discussions undertaken with the Legal Support manager and changes are being made to the procedure and accessibility of the procedure.</p> <p>The next Candour Network Meeting is on the 21 April 2025. Following that meeting, further work will be required to address this action. Therefore, an extension to 31 July 2025 is requested.</p>
Proposed action:	Request change of date.
LT Comments:	LT discussed the update and agreed to issue extension to 31 July 2025

3.3 Nursing, Quality and Integrated Governance

Action 626: (Internal Audit)	<p>In order to prevent delays in taking required Duty of Candour actions, procedures that are developed should provide clear guidance on dealing with complex cases where more than one NHS body or another organisation is involved.</p> <p>The Trust will develop an internal procedure for the management of joint DoC incidents with an internal escalation procedure. PHW will work with the Welsh Risk Pool Duty of Candour Network to request a joint process for investigation and support its development.</p>
Report:	Duty of Candour
Date reported to ACGC:	14 January 2025
Original date:	31 March 2025
Summary of changes:	None
Previous Comments:	January 2025 Update: Meeting to be held with other Trusts in Wales to develop / review a joint procedure. The OfWCMS team have informed PHW that there is currently a joint investigation module being developed for Datix that will support cross organisation working.
Lead Comments:	<p>March 2025 Update:</p> <p>Meeting held on 14 February 2025 with other Trusts and a joint investigation procedure developed with has been shared with HOPE network on 12 March 2025. Joint investigation module continues to be developed by the Once for Wales team.</p> <p>The next Candour Network Meeting is on the 21 April 2025. Following that meeting, further work will be required to address this action. Therefore, an extension to 31 July 2025 is requested.</p>
Proposed action:	Request change of date.
LT Comments:	LT discussed the update and agreed to issue extension to 31 July 2025

3.3 Nursing, Quality and Integrated Governance

Action 627: (Internal Audit)	We acknowledge that the Trust cannot directly change the Datix system. The Trust should raise the identified matters with the Datix system owner. The Trust will work with the OfWCMS team to review the highlighted fields to support the identified issues.
Report:	Duty of Candour
Date reported to ACGC:	14 January 2025
Original date:	31 March 2025
Summary of changes:	None
Previous Comments:	January 2025 Update: PHW have engaged with the OfWCMS team regarding this action. It was shared at the Candour Network meeting held on 20th January 2025, where the 30 day response time was discussed and whether it should be stated on the form. The OfWCMS team will review the timeframe and feedback at a later meeting.
Lead Comments:	<p>March 2025 Update:</p> <p>This work continues to be worked through by the Candour network and the Once for Wales team. Next Candour networking meeting to be held on 21 April 2025. The action to raise the identified matters from the audit have been completed.</p> <p>The next Candour Network Meeting is on the 21 April 2025. Following that meeting, further work will be required to address this action. Therefore, an extension to 31 July 2025 is requested.</p>
Proposed action:	Request change of date.
LT Comments:	LT discussed the update and agreed to issue extension to 31 July 2025

3.3 Nursing, Quality and Integrated Governance

Action 638: (Internal Audit)	<p>Staff records guide: We understand that staff have developed their processes on how to do things and some of the storage system may not be in accordance with UK General Data Protection Regulation (GDPR). We note that a guidance for staff records is under development which should provide an organisational and standard process.</p> <p>Management should ensure that the guide is approved, published and communicated to staff for awareness.</p>
Report:	Records Management System - Implementation Review
Date reported to ACGC:	14 January 2025
Original date:	31 March 2025
Summary of changes:	None
Previous Comments:	<p>January 2025 Update:</p> <p>Staff Records Guidance to go to the Project Board on 12th February 2025 for sign off and approval, due to recent changes to wording following recommendations from Claire Birchall, Executive Director of Nursing, Quality and Integrated Governance.</p>
Lead Comments:	<p>March 2025 Update:</p> <p>Staff Records Guidance has been approved at the Programme Board at the 12th February 2025.</p> <p>Action complete, request closure</p>
Proposed action:	<p>Request Action is Closed.</p>
LT Comments:	<p>LT noted the update and were assured that the action was complete and approved the closure of the action.</p>

3.3 Nursing, Quality and Integrated Governance

Action 639: (Internal Audit)	<p>Development of the record of exception: There is a register of records repository which was used before the implementation phase of the project to collate the various sources of records held by the Trust. We understand that this will be replaced with a record of exception to identify records held outside of SharePoint. Annex three within the records management procedure has a link to the repository.</p> <p>Management will develop the record of exception and remove the register of repository from SharePoint when no longer relevant. The procedure should also be updated as required to reflect the relevant document</p>
Report:	Records Management System - Implementation Review
Date reported to ACGC:	14 January 2025
Original date:	31 March 2025
Summary of changes:	None
Previous Comments:	January 2025 Update: The Exception's Register is still in development to ensure that all requirements are captured. The Register has been shared with some users for feedback and will be available for use on completion of the project at the latest.
Lead Comments:	March 2025 Update: The Exemption's Register has now been developed. Action complete, request closure.
Proposed action:	Request Action is Closed.
LT Comments:	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 640: (Internal Audit)	<p>Governance arrangements: The project board's ToR was last revised June 2023 and is due for review.</p> <p>Business Executive Team: We did not see evidence of the Information Governance Performance quarterly report presented to Business Executive Team for Q3 (2023/24) or Q1 & Q2 of 2024/25. A records management project update is reported to Business Executive Team every six months, although we did not see this report for January 2024.</p> <p>Audit and Corporate Governance Committee: We did not see evidence that the information governance report covering the period for Q1 and Q2 of 2024/25 had been presented to the Committee. Management should ensure there is a regular and periodic system of reporting of the records management implementation. The terms of reference for the project board will be reviewed.</p>
Report:	Records Management System - Implementation Review
Date reported to ACGC:	14 January 2025
Original date:	31 March 2025
Summary of changes:	None
Previous Comments:	January 2025 Update: Procedures are in place to ensure that the Information Governance Performance Reports and the Records Management progress reports are reported to Business Executive Team and Audit and Corporate Governance Committee respectively (and recorded as such within the minutes).
Lead Comments:	March 2025 Update: No update required - see January update. Action complete. Action complete, request closure.
Proposed action:	Request Action is Closed.
LT Comments:	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 641: (Internal Audit)	<p>Limitation of available resources: Management have identified further resource beyond the end of March 2025 that will deliver enhanced quality assurance and compliance to deliver additional benefits which the programme has identified. However, at the time of our fieldwork, the Trust was yet to agree an approach to address the resource gap.</p> <p>A resource review of the records management team will be undertaken to ensure that there is capacity to meet and sustain future demands following the completion of the records management project. The Records Management Team will play a key guidance/support role and be responsible for overseeing compliance and quality assurance of the records management system.</p> <p>In the event that resource gaps are not addressed, the relevant exposure to risk should be documented within the Risk Register and mitigated against accordingly.</p>
Report:	Records Management System - Implementation Review
Date reported to ACGC:	14 January 2025
Original date:	31 March 2025
Summary of changes:	None
Previous Comments:	January 2025 Update: Currently, there is no additional resource following the completion of the Records Management Project in March 2025, resulting in the team reducing to 2 FTE.
Lead Comments:	<p>March 2025 Update: Effectively, the organisation is resource constrained and funding to retain the fixed term contract was re-prioritised by the organisation for elsewhere. In our plans to embed and support the system going forward, we are reflecting the reduced resource through longer implementation time frames. However, we will maintain on the Divisional risk register and monitor appropriately.</p> <p>Action complete, request closure.</p>
Proposed action:	Request Action is Closed.
LT Comments:	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 642: (Internal Audit)	<p>Maintenance of a lessons learnt Log: Noting the above process, there does not appear to be a formal co-ordinated approach to lessons learnt that ensures that they are appropriately actioned. Lessons learnt from previous phases through to the implementation within the directorates were not documented.</p> <p>Our testing identified a matter in the minutes for the September 2024 project board, which was to be added to a lessons learned record, but this does not appear to have happened.</p> <p>Lessons learnt were highlighted within the assurance report produced in April 2024, however, there was no evidence of discussion or how this was followed through for further consideration by the project team or board. We acknowledge that the minute identify an intention to undertake a lesson learnt exercise at the end of the project.</p> <p>Management should ensure that lessons learnt appropriately documented and actioned through the life cycle of a project. In relation to this project a lesson learnt report should be prepared.</p>
Report:	Records Management System - Implementation Review
Date reported to ACGC:	14 January 2025
Original date:	31 March 2025
Summary of changes:	None
Previous Comments:	<p>January 2025 Update:</p> <p>Lessons learned throughout the Project were unfortunately not captured, although actions were implemented based on feedback from staff during the Project itself. A Lessons Learnt Review will be undertaken on 12th February 2025 led by the PHW PMO.</p>
Lead Comments:	<p>March 2025 Update:</p> <p>Lessons Learned session undertaken in February 2025. Paper will be written to capture the detail from this session and sent to BET.</p> <p>Action Complete, request action is closed.</p>
Proposed action:	Request Action is Closed.

3.3 Nursing, Quality and Integrated Governance

LT Comments:	LT noted the update and were assured that the action was complete and approved the closure of the action.
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3.4 Health Protection and Screening

3.4- Health Protection and Screening

10 Actions to review: 560, 570, 644, 645, 646, 647, 648, 649, 650 and 651

3.4 Health Protection and Screening

Action 560: (Audit Wales)	<p><i>R2 The Trust is developing a comprehensive picture of current workforce capacity via its workforce toolkit but must ensure its workforce information is correct. In particular, the Trust needs accurate figures on its current establishment and vacancies. It also needs to understand future service demand and model the impact on future workforce requirements. The Trust should:</i></p> <p><i>2.2. In partnership with Data, Knowledge and Research and Finance Directorates, develop a consistent approach to model future service demand to understand the longer-term human and financial resource implications and potential risks to the organisation by the end of quarter 1 2024-25 (medium priority).</i></p>
Report:	<i>Workforce Planning</i>
Date reported to ACGC:	January 2024
Original date:	30 June 2024
Current date:	31 March 2025
Summary of changes:	One extension granted September 2024 to 31 March 2025
Previous Comments:	<p>January 2025 Update: DESW demand and capacity model development is complete, and the model is being handed over to screening for maintenance, any further development, and incorporation into service design processes.</p> <p>November 2024 Update: The Diabetic Eye Screening Wales 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.</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: 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>
Lead Comments:	<p>April 2025 Update from HPSS:</p> <p>This action can be closed as the model has been developed and has informed the planning for the transformation work and is available for us to use. Request Action is closed.</p>

3.4 Health Protection and Screening

Proposed action:	Request Action is Closed.
LT Comments:	LT noted the update and were assured that the action was complete and approved the closure of the action.

Action 570: (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>

3.4 Health Protection and Screening

Action 644: (Internal Audit)	<p>HPSS Metrics Dashboard: The dashboard field for 'reporting lag' (the time taken from when the data is available to when it needs to be added to the performance and insight report) had not been completed for the metrics. The impact of the reporting lag on the timeliness of reported data needs to be considered.</p> <p>Agreed Action: Management will ensure that the reporting lag field is completed in the HPSS metrics dashboard.</p>
Report:	Health Protection and Screening Services – Performance metrics
Date reported to ACGC:	10 March 2025
Original date:	30 June 2025
Summary of changes:	None
Previous Comments:	None
Lead Comments:	<p>March 2025 Update:</p> <p>Discussions being held with colleagues in DDKR on timeframes for data production to align with IPR reporting activity reporting.</p>
Proposed action:	Action on track to be completed by due date.
LT Comments:	LT noted the update provided and the progress with this action.

3.4 Health Protection and Screening

Action 645 : (Internal Audit)	<p>Metric selection rationale: To get feedback, each division has shared its proposed metrics at their respective senior management team. These were then put forward for inclusion in the directorate’s suite of metrics. However, we did not see clear documented evidence of the process undertaken to select divisional metrics. Such information would help the directorate level decision-making process when deciding to adopt metrics and include them within the performance and insight report. In addition to the 68 reported metrics, a further 34 have been placed ‘on-hold’. We understand that more work is required to assess their relevance, the key sources of data, and the feasibility of reporting.</p> <p>Agreed Action:</p> <p>Metrics setting process undertaken by the divisions would benefit from documenting the following for each metric chosen:</p> <ul style="list-style-type: none"> • Relevance/rationale for choosing the metric - goals/objectives for which the metric aims to monitor and reason why it is important. • Standard/targets – Whilst targets have been set for each metric, there is no description as to why or how the targets were chosen. • Assessment of data sources available for chosen metric. • Data collection methodology and limitations (if any). <p>The above information should be presented at the Directorate Management Team for review/approval onto the HPSS Metrics Dashboard and Performance and Insight Report (if applicable). Develop areas of the HPSS Metrics Dashboard further including the assessment of feasibility of the 34 metrics on-hold.</p>
Report:	Health Protection and Screening Services – Performance metrics
Date reported to ACGC:	10 March 2025
Original date:	30 June 2025
Summary of changes:	None
Previous Comments:	None
Lead Comments:	<p>March 2025 Update:</p> <p>Template for completion by Divisions under development. Once the information has been collated it can then be presented at DMT, any new requests for metrics will follow the same process.</p>
Proposed action:	Action on track to be completed by due date.
LT Comments:	Noted the progress, and that the action was on track for completion by the due date.

3.4 Health Protection and Screening

Action 646: (Internal Audit)	<p>OMD and EPRR metrics: At the time of our fieldwork we note that the Directorate had not agreed metrics for the Office of Medical Directorate team. We also note that a number of metrics for the EPRR team are still in development.</p> <p>Agreed Action: Work be undertaken to identify reportable metrics for from the Office of Medical Directorate and the Emergency, Preparedness and Resilience and Response division.</p>
Report:	Health Protection and Screening Services – Performance metrics
Date reported to ACGC:	10 March 2025
Original date:	30 June 2025
Summary of changes:	None
Previous Comments:	None
Lead Comments:	<p>March 2025 Update:</p> <p>EPRR metrics have been reviewed, additional data sources have been identified as suitable, and fine-tuning of indicator parameters has been undertaken. Initial meeting with OMD has been scheduled.</p>
Proposed action:	Action on track to be completed by due date.
LT Comments:	LT noted the update provided and the progress with this action.

3.4 Health Protection and Screening

Action 647: (Internal Audit)	<p>Infection Division metrics reporting: The metrics for the Infection Division do not feature as a standing agenda item at these meetings of the senior management team.</p> <p>Agreed Action: Infection division metrics be included as a standing agenda item to the divisional Senior Management Team meetings</p>
Report:	Health Protection and Screening Services – Performance metrics
Date reported to ACGC:	10 March 2025
Original date:	30 June 2025
Summary of changes:	None
Previous Comments:	None
Lead Comments:	<p>March 2025 Update:</p> <p>Infection Division metrics has now been included as a standing agenda item on week 2 SMT. Recommendation to close the action.</p>
Proposed action:	Request Action is closed.
LT Comments:	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 648: (Internal Audit)	<p>Metrics alignment with Directorate/Divisional objectives: Following our review of the HPSS metrics dashboard and discussions with staff from the directorate, we were unable to confirm how the directorate’s metrics clearly link to the three overarching directorate objectives or the IMTP.</p> <p>Agreed Action: Undertake an exercise to clearly link directorate and divisional metrics to the three overarching directorate objectives and the IMTP. Further work to build a directorate plan that includes information on how performance against the strategy will be monitored and how the metrics link to these.</p>
Report:	Health Protection and Screening Services – Performance metrics
Date reported to ACGC:	10 March 2025
Original date:	30 June 2025
Summary of changes:	None
Previous Comments:	None
Lead Comments:	<p>March 2025 Update:</p> <p>Exercise to be scoped.</p>
Proposed action:	<p>Action on track to be completed by due date.</p>
LT Comments:	<p>LT noted the update provided and the progress with this action.</p>

3.4 Health Protection and Screening

Action 649: (Internal Audit)	<p>Reporting timescales: The reporting deadlines for submitting information for inclusion in the performance and insight report does not align with the dates for which screening services data is available. As such, there is limited time for appropriate scrutiny and analysis by the divisions and wider directorate.</p> <p>We saw instances where heads of programmes had limited time to extract, collate and summarise the data for inclusion within the performance and insight report. For example, the January 2024 screening services metrics data was not available for scrutiny until the reporting deadline day.</p> <p>Agreed Action: The Directorate needs to consider the impact of reporting time lags being experienced with some of the metrics, more specifically within Screening. Amendments to the current process need to allow for comprehensive and timely scrutiny of the metrics data at divisional and directorate level prior to being reported to BET/Committees and Board.</p>
Report:	Health Protection and Screening Services – Performance metrics
Date reported to ACGC:	10 March 2025
Original date:	30 June 2025
Summary of changes:	None
Previous Comments:	None
Lead Comments:	<p>March 2025 Update:</p> <p>Discussion have been undertaken by the Executive Director in conjunction with the Director of Screening, PHW Head of Performance, Screening Informatics Manager and members of the Directorate Operations Team. Options have been discussed and a paper will be created for submission to BET with recommendations to address the outstanding concerns.</p>
Proposed action:	<p>Action on track to be completed by due date.</p>
LT Comments:	<p>LT noted the update provided and the progress with this action.</p>

3.4 Health Protection and Screening

Action 650: (Internal Audit)	<p>Engagement with NWSSP Procurement An overview of procurement contracts is managed and coordinated by the HPSS directorate’s central operations team. This is supported by divisional operational management who review the individual contracts along with specialist support provided by NWSSP Procurement. At the time of our fieldwork, separate meetings were held between HPSS Directorate and Divisional Management and NWSSP Procurement:</p> <ul style="list-style-type: none"> • Directorate procurement meetings were held in January and June 2024. A third meeting had been scheduled in November 2024 but was cancelled due to snow. • Screening Division and Health Protection Division procurement meetings have recently started, but at the time of our fieldwork the timing of future meeting had not been agreed. • Infection Division has an established meetings programme in place with the latest being in November 2024. Meetings with NWSSP Procurement were not fully established and embedded in some areas of HPSS. <p>Agreed Action: An agreed schedule of contact management meetings be put in place between HPSS Directorate and NWSSP.</p>
Report:	Health Protection and Screening Services – Performance metrics
Date reported to ACGC:	10 March 2025
Original date:	30 June 2025
Summary of changes:	None
Previous Comments:	None
Lead Comments:	<p>March 2025 Update:</p> <p>Monthly Directorate and NWSSP Procurement meetings are now set up for the third Wednesday each month. Monthly Divisional and NWSSP Procurement meetings with the Health Protection Division and Screening Services Division have also been set up for the second Thursday of each month with the first set of meetings being held in March. Infection Division already have meetings in place (third Tuesday of each month). Recommendation to close the action.</p>
Proposed action:	<p>Request Action is closed.</p>
LT Comments:	<p>LT noted the update and were assured that the action was complete and approved the closure of the action.</p>

3.4 Health Protection and Screening

Action 651: (Internal Audit)	<p>Reporting and monitoring improvement: The information recorded in the monitoring spreadsheets is not used to clearly identify improvements to the procurement monitoring process within the HPSS directorate.</p> <p>Agreed Action: Snapshot dashboards, which summarise information in the Procurement Forward Look and the Waiver Tracker spreadsheets, would aid understanding the current position and future trends over time.</p>
Report:	Health Protection and Screening Services – Performance metrics
Date reported to ACGC:	10 March 2025
Original date:	30 June 2025
Summary of changes:	None
Previous Comments:	None
Lead Comments:	<p>March 2025 Update:</p> <p>Project group set up with the aim of improving current trackers and build a dashboard. Work is underway and timescales on track for June implementation.</p>
Proposed action:	Action on track to be completed by due date.
LT Comments:	LT noted the update provided and the progress with this action.

3.5 - People and Organisational Development

3.5 - People and Organisational Development

2 Actions to review: 564 and 565

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:	30 June 2025
Summary of changes:	Extension granted to 31 March 2025 in July 2024 and to 30 June 2025 in January 2025

3.5 - People and Organisational Development

Previous Comments:	<p>January 2025 Update:</p> <p>Whilst progress with the refreshed People Strategy is at an advanced stage, conversations with Business Executive Team have resulted in a decision to delay publication by one quarter to enable it to be launched with greater engagement from colleagues across the organisation.</p> <p>Request extension to 30 June 2026.</p> <p>November 2024 Update:</p> <p>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> <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.</p> <p>This action is reflected in the following IMTP commitment for 2024-25: 'Publish an updated People Strategy.' Following the refresh of the Long Term Strategy in 2023-2024, work was undertaken to assess the impact on the People Strategy and a decision was made to update it. Developing clear mechanisms to report progress against outcomes will be integrated with that update.</p> <p>February 2024 Update: In Progress, not yet due</p>
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3.5 - People and Organisational Development

Lead Comments:	March 2025 Update: In progress and on track. A programme of engagement activity is being progressed which includes: <ul style="list-style-type: none">• Intranet content including a feedback form• A series of drop in sessions 'Time with Tracy' session (28 April). The final draft of the People Strategy will be scheduled for approval at the Board meeting on the 29 May 2025. The following IMTP commitment has been approved for 2025-26 to take this action forward in future years: Develop the People Strategy 2035 implementation plan, map delivery to years 2 and 3 of the IMTP, establish a baseline for future evaluation.
Proposed action:	Action on track to be completed by due date.
LT Comments:	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

3.5 - People and Organisational Development

<p>Previous Comments:</p>	<p>January 2025 Update: The first element of the action has been completed (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.). The 2nd element is on track for due date (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>November 2024 Update: In progress and on track. Work on the refresh of the People Strategy is progressing to plan.</p> <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>
<p>Lead Comments:</p>	<p>March 2025 Update:</p> <p>The 2nd element of the action ('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.') has been completed.</p> <p>Approval sought to close action.</p>
<p>Proposed action:</p>	<p>Request Action is Closed.</p>
<p>LT Comments:</p>	<p>LT noted the update and were assured that the action was complete and approved the closure of the action.</p>

3.6 - Health and Wellbeing

3.6 - Health and Wellbeing

4 Actions to review: 586, 628, 629 and 631

3.6 - Health and Wellbeing

Action 586: (Internal Audit)	<p>The Executive leadership within the Health and Wellbeing Directorate has had a number of changes over the last 24 months. Frequent leadership changes can have an unfavourable impact on the strategic direction and smooth functioning of business processes. In addition, responsibilities and delegation can either become more concentrated, which can reduce the level of resilience within a process, or can regularly change, resulting in a loss of consistency, which can impact on the overall strategic direction of travel. Following the permanent appointment of the National Director of Health and Wellbeing, a review of existing work processes and practices should be undertaken to ensure that the directorate and its divisions/programme teams are all adequately aligned, able to operate effectively and efficiently, have plans and arrangements in place to ensure resilience and that roles and responsibilities are adequately assigned. This should include mechanisms to ensure programme management, progress, milestone achievements, risk and budget allocations and management are transparent at Directorate and not just at Divisional or sub-unit level.</p>
Report:	Work Programmes
Date reported to ACGC:	19 March 2024
Original date:	30 September 2024
Current date:	31 March 2025
Summary of changes:	One change, November 2024 extension granted to March 2025.

3.6 - Health and Wellbeing

<p>Previous Comments:</p>	<p>January 2025 Update: On track however is dependent on Leadership Model being agreed to ensure arrangements we establish support the new model going forward.</p> <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. 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. Suggest revised implementation date of 31 March 2025.</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>
<p>Lead Comments:</p>	<p>March 2025 Update:</p> <p>Two new lead consultants have been appointed in the Health Improvement Division. Areas for improvement have been identified which includes look at how we centralise resources to support the wider Directorate, make improvements and efficiencies to our workforce allocation system, automate where possible including how we use SharePoint to share and communicate information, improve the grants administration process and how we undertake recruitment and manage procurements and expenditure. Action complete, request closure.</p>
<p>Proposed action:</p>	<p>Request Action is Closed.</p>
<p>LT Comments:</p>	<p>LT noted the update and were assured that the action was complete and approved the closure of the action.</p>

3.6 - Health and Wellbeing

Action 628: (Internal Audit)	Directorate and Divisional management should liaise with Finance Business Partners to ensure that their Programme budget holders receive budgetary management training and are made aware or have access to the Budgetary Control Procedure (PHW - STP11) and Finance Budget Holder Report Guide. Finance Business Partner to circulate the Budgetary Control Procedure (PHW - STP11) and Finance Budget Holder Report Guide to all Budget Holders within Health and Wellbeing Directorate. Training dates to be circulated for Health and Wellbeing budget holders to attend.
Report:	Health and Wellbeing Directorate – Financial Planning
Date reported to ACGC:	14 January 2025
Original date:	31 December 2024
Current Date:	31 March 2025
Summary of changes:	One extension to March 2025 in January 2025
Previous Comments:	<p>January 2025 Update:</p> <p>In light of potential changes within the Directorate, budget holders will be reviewed and procedures and training dates shared.</p> <p>Request date change to 31 March 2025.</p>
Lead Comments:	<p>March 2025 Update:</p> <p>Complete. Budgetary Control Procedure (PHW - STP11) and Finance Budget Holder Report Guide has been circulated.</p> <p>Request Action is closed.</p>
Proposed action:	Request Action is Closed.
LT Comments:	LT noted the update and were assured that the action was complete and approved the closure of the action.

3.6 - Health and Wellbeing

Action 629: (Internal Audit)	To ensure transparent, precise and specific recording and reporting of activity, budgets within the centralised cost centre should be disaggregated. As part of the development of the financial plans for 2025/26 that will be developed in December 2024 an exercise will be undertaken to disaggregate PH11 in line with our forecasted expenditure to improve clarity of spend within specific areas. This will be in place for 2025/26.
Report:	Health and Wellbeing Directorate – Financial Planning
Date reported to ACGC:	14 January 2025
Original date:	31 March 2025
Summary of changes:	None
Previous Comments:	January 2025 Update: On track. Agreed to allocate cost centres to each programme to split out funding from PH11. Will be reviewed in light of future leadership model.
Lead Comments:	March 2025 Update: Complete. Following the appointment of the two new lead consultants and as part of budget setting process, PH11 has been disaggregated for 2025/26 to reflect spending plans.
Proposed action:	On track for completion on due date.
LT Comments:	LT noted the update provided and the progress with this action.

3.6 - Health and Wellbeing

Action 631: (Internal Audit)	<p>Refresher training should be provided to all Directorate budget holders on the use of Qlikview as means of 'at a glance' and real time review of their respective Programme Cost Centres.</p> <p>QlikSense has subsequently replaced Qlikview and is currently being rolled out across Public Health Wales. Training dates for budget holders to be circulated.</p>
Report:	Health and Wellbeing Directorate – Financial Planning
Date reported to ACGC:	14 January 2025
Original date:	31 December 2024
Summary of changes:	One extension to March 2025 in January 2025
Previous Comments:	<p>January 2025 Update:</p> <p>Systems team in Finance to arrange session for relevant budget holders who require training.</p> <p>Request date change for 31 March 2025.</p>
Lead Comments:	<p>March 2025 Update:</p> <p>LT reviewed the request for change of date. LT asked for assurance as part of the next update (prior to closing the action) of the numbers of budget holders that had received the training vs the total number of those who required the training.</p> <p>Complete. Training dates circulated.</p>
Proposed action:	Request Action is Closed.
LT Comments:	A verbal update will be provided at the meeting.

3.7 - Knowledge

5 Actions to review: 477, 545, 559, 622 and 623

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:	30 September 2025
Summary of changes:	Extensions have been granted four times previously. October 2023 to January 2024 and at LT in December 2023 to March 2024. LT in April 2024 to 31 October 2024 and in December 2024 to September 2025.

3.7 - Knowledge

Previous Comments:	<p>January 2025 Update: Following the previous research that has been undertaken it was decided that it would be invaluable to speak to some of PHW's contacts to establish if their needs and goals were being met by PHW and if PHW's awareness of those goals was in line with expectation. After an initial recruitment screener prior to Christmas which did not yield a positive response, it was decided that recruitment of user group would pause to allow for a more concerted effort when other lines of work had been cleared away in the new year. It is the teams intention that we speak to at least 5 of PHW's contact group to validate some of the findings and conclusions that have come out of our own internal users. Next review end of Q1 2025.</p> <p>November 2024 Update: Request extension to 30 September 2025 for the cross organisational group to complete the review and prepare business cases/proposals. The cross-organisational group have completed the 1st round of research on the potential of a Customer Relationship Management system (CRM). This included a Kick-off session with interested stakeholders and then a re-alignment as we found that engagement was quite low. 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. There is a plan in place for a second phase of the review.</p> <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.
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3.7 - Knowledge

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.

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.

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 31 March-24.

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.

3.7 - Knowledge

Lead Comments:	March 2025 Update: This workstream has now re-started with added project support and Leadership. The intention is to submit to DDDA a revised plan requesting a more official project timeline with the anticipated work required to further explore this area. We will then review early adopters from recent engagement work and resume research with these teams. We intend to engage senior leadership in order to raise the profile of the project. We will need to explore the current market of suitable tools and arrange Demos of these so that it can be established the feasibility of adopting a tool that would work for multiple teams in PHW.
Proposed action:	Action on track for completion by due date.
LT Comments:	LT noted the update provided and the progress with this action.

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:	31 March 2025.
Summary of changes:	Extension granted in April 2024 to September 2024 and in December 2024 to 31 March 2025
Previous comments:	<p>January 2025 Update: The Publication Standards principles have been embedded within the Content Design standards and the SharePoint pages are currently being revised. Content creation checklists and document templates are being developed to further facilitated the adoption of this organisational approach.</p> <p>November 2024 Update: Extension requested to March 2025. 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 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> <p>July 2024 update: annual survey undertaken June 2024; Full Annual Impact report presented to Business Executive Team 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>

3.7 - Knowledge

	<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>
<p>Lead Comments:</p>	<p>March 2025 Update:</p> <p>ACTION Complete. Templates are being uploaded to the Branding Page of the PHW website. An agreement has been made that all new reports to be published on the new website should follow the Content Design standards (including the publication standards) and use the template. The User Centred Design pages, are clearly linked to through these pages and contain all organisational personas. Organisational Comms announcing this and providing further links and encouraging further engagement with the standards and template will go out shortly. It is anticipated that both will be living documents and will be update and added to as the need arises.</p> <p>Request Action is closed.</p>
<p>Proposed action:</p>	<p>Request Action is Closed.</p>
<p>LT Comments:</p>	<p>LT noted the update and were assured that the action was complete and approved the closure of the action.</p>

3.7 - Knowledge

Action 559: (Audit Wales)	<p>R2 The Trust is developing a comprehensive picture of current workforce capacity via its workforce toolkit but must ensure its workforce information is correct. In particular, the Trust needs accurate figures on its current establishment and vacancies. It also needs to understand future service demand and model the impact on future workforce requirements. The Trust should:</p> <p>2.1. Develop an approach to ensure the accuracy of data in the workforce toolkit and other internal workforce datasets by the end of quarter 1 2024-25. In particular, the Trust must have an accurate picture of its current establishment and vacancy levels (high priority)</p>
Report:	<i>Workforce Planning</i>
Date reported to ACGC:	January 2024
Original date:	30 June 2024
Current date:	31 March 2025
Summary of changes:	At LT August 2024 change of date approved to 31 March 2025
Previous Comments:	<p>January 2025 Update: Scoping of these requirements by RDDD need to be progressed and aligned to the strategic route maps and IMTP milestones. It is noticed that there are significant dependencies on Research, Data and Digital Directorate and the work will require prioritisation, phasing and sequencing to optimise resource/financial constraints.</p> <p>November 2024 Update: This action is complete, with the Annual Impact Survey presented to, and approved, by the 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 that 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.</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>
Lead Comments:	March 2025 Update:

3.7 - Knowledge

	<p>Following a review of the IMTP dependencies on RDDD, significant investment money has been made available to support the recruitment of key technical specialist roles. These roles were identified in the workforce plan and this welcome investment is the beginning of bolstering these specialities. However, prioritisation, phasing and sequencing are still required to meet the significant demands on RDDD. Due to the identified dependencies, a request to review this action again in September 2025 to clearly identify progress, and highlight concerns.</p> <p>Request extension to 31 October 2025.</p>
Proposed action:	Request change of date.
LT Comments:	LT discussed the update and agreed to issue extension to 31 October 2025

3.7 - Knowledge

Action 622: (Audit Wales)	<p><i>There is no separate digital risk register, and no explicit risk within the corporate risk register that clearly articulates the risks relating to the delivery of the digital and data strategy.</i></p> <p><i>There is an existing Corporate risk on failure to maximise the use of digital and data to maximise public health outcomes. We will review our management of this risk and align risks from our major digital projects and operational digital risks into an aligned section of our risk management process.</i></p>
Report:	<i>Data and Digital Strategy</i>
Date reported to ACGC:	14 January 2025
Original date:	30 April 2025
Current date:	30 April 2025
Summary of changes:	None
Previous Comments:	January 2025 Update: Meeting held to coordinate operational risk management across key directorates, reviewing mitigations and actions for digital and data teams. Further work required to progress alignment of digital and data risks across projects.
Lead Comments:	<p>March 2025 Update:</p> <p>Discussions held with the Datix team to enable reporting of digital risks. This will result in the Datix architecture being amended to enable this and this is currently being explored as to what is possible. Further discussions are scheduled for beginning April 2025.</p> <p>Request date extension to 31 July 2025 due to current change options unknown.</p>
Proposed action:	Request change of date.
LT Comments:	LT discussed the update and agreed to issue extension to 31 July 2025

3.7 - Knowledge

Action 623: (Audit Wales)	<p><i>We note some areas of slippage within the Strategy which may impact on overall delivery, result in suboptimal decisions, or decisions made for quick (tactical) fixes as opposed to strategic, systemic improvements.</i></p> <p><i>We have strengthened programme management to ensure that slippage is minimised. We will also strengthen DDDA monitoring of the portfolio to minimise the risk of tactical solutions.</i></p>
Report:	<i>Data and Digital Strategy</i>
Date reported to ACGC:	14 January 2025
Original date:	30 April 2025
Current date:	30 April 2025
Summary of changes:	None
Previous Comments:	January 2025 Update: Quarterly paper provided to Business Executive Team that the Digital and Data Design Authority (DDDA) is providing appropriate governance and support to Public Health Wales to deliver on the vision and aims of the Digital and Data Strategy. DDDA held a special workshop in January 2025 to assess the digital and data resource impacts of the IMTP.
Lead Comments:	<p>March 2025 Update:</p> <p>Assurance paper submitted to BET and a further update is scheduled for June 2025. Due to the significant demands on digital and data agenda discussions are ongoing, to manage delivery expectations/capacity.</p> <p>As this is ongoing work and oversight, a request extension is requested until July 2025, which will enable a further assurance report will go to BET and for BET to confirm their confidence assessment.</p> <p>Request extension to 31 July 2025.</p>
Proposed action:	Request change of date.
LT Comments:	LT discussed the update and agreed to issue extension to 31 July 2025

Summary

3.8 - Operations and Finance

6 Actions to review: 516, 569a, 572, 612, 613 and 614

Summary

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:	24 February 2026
Summary of changes:	<p>Four 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.</p> <p>The November 2024 update requested an extension to March 2025. LT asked if this was realistic and achievable given the approval body meetings schedule of meetings and 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>

Summary

Previous Reviews:	<p>January 2025 Update:</p> <p>DSE Procedure - Has now been fully translated and it is intended that it will be available for approval from February 24 2025. It is proposed that the procedure will go to the June meeting of QSIC. Waste Policy - being finalised for and consultation from February 2025. Post consultation completion the policy and procedure will go to June Meeting of QSIC.</p> <p>November 2024 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 - 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>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</p>
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Summary

	<p>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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Summary

Lead Comments:	March 2025 Update: There remain four policy/procedures to be published further to their review and updates as required - namely: DSE Procedure - Currently Board Business Unit for publication as QSIC do not need to approve a procedure. Approved by Health and Safety Group on 18 April 2024. Waste Management Policy and Procedure - Delays have been experienced in finalising the policy and procedure - final draft for translation will be concluded 30th April 2025 for consultation during May 2025. Bomb Threat and Suspicious Packages Procedure - Drafting remains to be completed, but it is anticipated that it will be completed by April 30th 2025. Security procedure - Drafting remains to be completed, but it is anticipated that it will be completed by April 30th 2025.
Proposed action:	On track for completion by due date.
LT Comments:	LT noted the update provided and the progress with this action.

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>

Summary

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>

Action 612: (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:	IT infrastructure and network management Final Internal

Action 613: (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:	IT infrastructure and network management Final Internal

Action 614: (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:	IT infrastructure and network management Final Internal