

Remit Committee: QSiC Open/Private?: Open	Action No. ↑	Origin	Report	Report Assura...	Open/Private? ▾	Exec Lead	Date added	Recommendation	Current Imple...	Management Action Agreed	Original Imple...	Remit Co... ▾	Management Lead	Quarterly Progress Report	Financial Year	Action for LT	Themes	Risk Types	+ Add column
	477	Audit Wales	Review of Quality Governance Arrangements	N/A	Open	National Dir...	01/08/2022	Refer 472	30/09/2025	Agree with the recommendation.	31/03/2023	QSiC	Iain Bell	<p>August 2025 Update: User research and engagement leads restarted work around the DDDA submission (an update with suggested next steps). A follow-up is needed as the initial proposal is quite light and may need further development and more strategic steer from the engagement team perspective (dependency from the engagement team who are working now on the shape of PHW engagement strategy which may pave the way for the solution and the way for its adoption). We're currently waiting for a meeting to be scheduled to discuss next steps. Request extension to 31 December 2025.</p> <p>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. ...</p>	2021/22	Request Change of Date			
	516	Internal Audit	Health and Safety	Reasonable assurance	Open	Deputy Chie...	01/05/2023	Management should ensure that all policies and procedures that relate to health and safety arrangements, are updated as soon as possible to ensure that they outline the current processes in place, whilst providing the latest guidance to staff should it be required.	24/02/2026	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.	30/06/2023	QSiC	Chris Orr	<p>August 2025 Update: There remains four policy / procedures to be published further to their review and updates as required - namely: DSE Procedure - This has been concluded and completed the consultation phase and is now published. Waste Management Policy & Procedure - This will be finalised by 31 July and issued for consultation. Bomb Threat and Suspicious Packages Procedure - This will be finalised by 31 July and issued for consultation. Security procedure - This will be finalised by 31 July and issued for consultation.</p> <p>March 2025 Update: There remains 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. ...</p>	2022/23	None - Action in Date			
	624	Internal Audit	Duty of Candour	Reasonable assurance	Open	Executive Di...	14/01/2025	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.	31/07/2025	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.	31/01/2025	QSiC	Jacqui Westmoreland - Quality and Safety and Putting Things Right Manager	<p>August 2025 Update: Guide has been completed and training is being delivered to areas on harm grading and with incident managers for reviewing the initial levels of harm. The incident investigation procedure is currently being updated to reflect the required discussions between service area and the Concerns team surrounding the reporting of a Moderate or above procedure. Request an extension to 30th September 2025.</p> <p>March 2025 Update: Discussions undertaken with the Legal Support manager and changes are being made to the procedure and accessibility of the procedure. The next Candour Network Meeting is on the 21st April 2025. Following that meeting, further work will be required to address this action. Therefore, an extension to 31/07/2025 is requested.</p> <p>January 2025 Update: Meeting with Legal Support Manager delayed and rescheduled to ...</p>	2024/25	Request Change of Date			
	625	Internal Audit	Duty of Candour	Reasonable assurance	Open	Executive Di...	14/01/2025	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.	31/07/2025	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.	31/01/2025	QSiC	Jacqui Westmoreland - Quality and Safety and Putting Things Right Manager	<p>August 2025 Update: Review of guidance has been undertaken with minor amendments. All Wales guidance being followed. Action completed and can be closed.</p> <p>March 2025 Update: Discussions undertaken with the Legal Support manager and changes are being made to the procedure and accessibility of the procedure. The next Candour Network Meeting is on the 21st April 2025. Following that meeting, further work will be required to address this action. Therefore, an extension to 31/07/2025 is requested.</p> <p>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.</p>	2024/25	Request Action is Closed			
	626	Internal Audit	Duty of Candour	Reasonable assurance	Open	Executive Di...	14/01/2025	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.	31/07/2025	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.	31/03/2025	QSiC	Jacqui Westmoreland - Quality and Safety and Putting Things Right Manager	<p>August 2025 Update: An All Wales Datix module is being developed. The OFWCM team are developing a module that will support all NHS Health Boards and Trusts to share and update joint incident investigations, including incidents that have a DoC. There has been no timeframe given for when this module will be completed. PHW have worked with Velindre NHS Trust to develop an internal document that can be used to document joint DoC investigations. The purpose of the document is to provide clear guidance of roles and responsibility when conducting a joint DoC investigation. The document has been sent to the HOPE network for sign off. Request an extension to 30th September 2025 to allow time for the HOPE Network to approve the internal document.</p> <p>March 2025 Update: Meeting held on 14.02.25 with other Trusts and a joint investigation procedure developed with has been shared with HOPE network on 12/03/25. Joint investigation module continue to be developed by the Once for Wales team. ...</p>	2024/25	Request Change of Date			

627	Internal Audit	Duty of Candour	Reasonable assurance	Open	Executive Di...	14/01/2025	We acknowledge that the Trust cannot directly change the Datix system. The Trust should raise the identified matters with the Datix system owner.	31/07/2025	The Trust will work with the OFWCMS team to review the highlighted fields to support the identified issues.	31/03/2025	QSiC	Jacqui Westmoreland - Quality and Safety and Putting Things Right Manager	August 2025 Update: Work is ongoing on the OFWCMS to review and amend the DoC fields. PHW are unable to take responsibility for this action as it sits with the OFWCMS team. Suggest closing this action.	2024/25	Request Action is Closed		
644	Internal Audit	Health Protection and Screening Services – Performance metrics	Reasonable assurance	Open	National Dir...	10/03/2025	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.	30/06/2025	Management will ensure that the reporting lag field is completed in the HPSS metrics dashboard.	30/06/2025	ACGC QSiC	Tom Fowler	August 2025 Update: RECOMMENDATION TO CLOSE. Complete, summary sheet on Directorate Metrics Report reflects lag period between data presented to BET and that presented to DMT. There is still an issue with regard to the data presented to BET and Board not going through formal HPSS governance process due to the timings of when the data is available and the deadline for BET papers. This is audit action 649 and is currently with DDKR to identify if changes to reporting timeframes can be accommodated and has been escalated to Deputy National Director HPSS. March 2025 Update: Discussions being held with colleagues in DDKR on timeframes for data production to align with IPR reporting activity reporting.	2024/25	Request Action is Closed	Performance M...	Quality or Safet...
645	Internal Audit	Health Protection and Screening Services – Performance metrics	Reasonable assurance	Open	National Dir...	10/03/2025	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.	30/06/2025	Agreed Action: Metrics setting process undertaken by the divisions would benefit from documenting the following for each metric chosen: • 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). 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.	30/06/2025	ACGC QSiC	Tom Fowler	August 2025 Update: RECOMMENDATION TO CLOSE. Complete, template shared with divisions to complete and will be presented in September DMT to support future development of metrics report. March 2025 Update: 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.	2024/25	Request Action is Closed	Performance M...	Quality or Safet...
646	Internal Audit	Health Protection and Screening Services – Performance metrics	Reasonable assurance	Open	National Dir...	10/03/2025	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.	30/06/2025	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.	30/06/2025	ACGC QSiC	Tom Fowler	August 2025 Update: Metrics developed for EPRR and are now reported via monthly directorate metrics report. Work is continuing with OMD to develop suite of reportable metrics. Request to extend implementation date to 31/10/2025. March 2025 Update: 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.	2024/25	Request Change of Date	Performance M...	Quality or Safet...
648	Internal Audit	Health Protection and Screening Services – Performance metrics	Reasonable assurance	Open	National Dir...	10/03/2025	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.	30/06/2025	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.	30/06/2025	ACGC QSiC	Tom Fowler	August 2025 Update: Work still being scoped to align with IMTP and Routemap objectives. Request to extend implementation date to 31/12/2025. March 2025 Update: Exercise to be scoped.	2024/25	Request Change of Date	Planning, Delive...	Quality or Safet...
649	Internal Audit	Health Protection and Screening Services – Performance metrics	Reasonable assurance	Open	National Dir...	10/03/2025	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. 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.	30/06/2025	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.	30/06/2025	ACGC QSiC	Tom Fowler	August 2025 Update: Options reviewed with RDD leadership team. Of the 3 identified only one is feasible. Implementation has been raised with the RDD and awaiting a response. Awaiting confirmation from RDD colleagues with regard to most feasible option and timeframes for completion. Request to extend implementation date to 31/12/2025 and recommend transferring the action to RDD Directorate as the timeline for data availability is not within HPSS gift. March 2025 Update: 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.	2024/25	Request Change of Date	Information, Dat...	Quality or Safet...
651	Internal Audit	Health Protection and Screening Services – Procurement Improvement Plan	Substantial assurance	Open	National Dir...	10/03/2025	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.	30/06/2025	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.	30/06/2025	ACGC QSiC	Gemma Bloomfield	August 2025 Update: RECOMMENDATION TO CLOSE. Complete, dashboards for the waiver tracker and forward look spreadsheets have both been created. March 2025 Update: 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.	2024/25	Request Action is Closed	Performance M...	Public Perceptio...

