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Action No. ↑	Origin	Report	Report Ass...	Open/...	Exec Lead	Date added	Recommendation	Management Action Agreed	Original I...	Remit ...	Financial Y...	Management ...
477	Audit Wales	Review of Quality Governance Arrangements	N/A	Open	National Dire...	01/08/2022	Refer 472	Agree with the recommendation.  • Using gathered intelligence to develop corporate resource (e.g. central stakeholder database) to facilitate shared relationships with external stakeholders and to identify and fill gaps so that we reach all sectors of the Welsh population	31/03/2023	QSIC	2021/22	Iain Bell
516	Internal Audit	Health and Safety	Reasonable assurance	Open	Deputy Chief ...	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.	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	2022/23	Chris Orr
624	Internal Audit	Duty of Candour	Reasonable assurance	Open	Executive Dire...	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.	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	2024/25	Jacqui Westmoreland - Quality and Safety and Putting Things Right Manager
625	Internal Audit	Duty of Candour	Reasonable assurance	Open	Executive Dire...	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.	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	2024/25	Jacqui Westmoreland - Quality and Safety and Putting Things Right Manager
626	Internal Audit	Duty of Candour	Reasonable assurance	Open	Executive Dire...	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.	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	2024/25	Jacqui Westmoreland - Quality and Safety and Putting Things Right Manager
627	Internal Audit	Duty of Candour	Reasonable assurance	Open	Executive Dire...	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.	The Trust will work with the OFWCMS team to review the highlighted fields to support the identified issues.	31/03/2025	QSIC	2024/25	Jacqui Westmoreland - Quality and Safety and Putting Things Right Manager
644	Internal Audit	Health Protection and Screening Services – Performance metrics	Reasonable assurance	Open	National Dire...	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.	Management will ensure that the reporting lag field is completed in the HPSS metrics dashboard.	30/06/2025	ACGC QSIC	2024/25	Tom Fowler
645	Internal Audit	Health Protection and Screening Services – Performance metrics	Reasonable assurance	Open	National Dire...	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.	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	2024/25	Tom Fowler
646	Internal Audit	Health Protection and Screening Services – Performance metrics	Reasonable assurance	Open	National Dire...	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.	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	2024/25	Tom Fowler

648	Internal Audit	Health Protection and Screening Services – Performance metrics	Reasonable assurance	Open	National Dire...	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.	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	2024/25	Tom Fowler
649	Internal Audit	Health Protection and Screening Services – Performance metrics	Reasonable assurance	Open	National Dire...	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.	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	2024/25	Tom Fowler
651	Internal Audit	Health Protection and Screening Services – Procurement Improvement Plan	Substantial assurance	Open	National Dire...	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.	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	2024/25	Gemma Bloomfield
652	Internal Audit	Duty of Quality	Substantial assurance	Open	Executive Dire... National Dire...	08/05/2025	Terms of reference of the Quality Oversight Group (QuOG) The QuOG has a draft ToR. We read the draft ToR and note that the group operates as a structured discussion, oversight, and learning group, with no decision-making or delegated responsibilities. Attendance is not mandatory and so there is no quoracy. There is a risk that without an agreed term of reference, setting out quoracy, the group could experience reduced participation, limiting its ability to meet its objectives. One objective of the group is to ensure active engagement from all directorates/divisions. Furthermore, the draft ToR is not clear on the distinction between 'core' and 'member' attendees. Also, there appears to be a lack of clarity in terms of group oversight, such as through the Business Executive Team (BET) or quality Safety and Improvement Committee. (QSIC).  The group does not have an agreed terms of reference which could result in the group not meeting its objectives. Attendees are unsure of their responsibilities under the ToR Actions Are not undertaken in a timely manner and senior management are unaware of the risk.	The QuOG draft ToR will be reviewed and revised to include an agreed quoracy, and to define the responsibilities of core and member attendees as appropriate. We will then appropriately finalise the ToR.	30/06/2025	QSIC	2024/25	
653	Internal Audit	Duty of Quality	Substantial assurance	Open	Executive Dire...	08/05/2025	QuOG action log governance An action log spreadsheet is maintained by the QuOG. Our review of the QuOG action log for February 2025 identified a number of issues with the recordkeeping: • Actions arising from previous meetings had been marked as closed/completed however had limited narrative to substantiate what had been done for the action to be closed. • Narrative for closure of actions was not always consistent with the closure comments noted within the meeting minutes. • Actions marked as closed/completed did not always have a closure date. • Actions raised in the meetings were not always recorded within the action log.	The Action Log will be updated to accurately reflect their status. Action owners will be named in full. Clear auditable records will be maintained.	30/06/2025	QSIC	2024/25	
654	Internal Audit	Duty of Quality	Substantial assurance	Open	Executive Dire... National Dire...	08/05/2025	QuOG remit - Lessons learnt and shared learning Part of the QuOG's remit is to share learning on quality matters. This includes: • Considering relevant quality updates from directorates, divisions, and functions to support improvement and learning. • Identifying and acting on learning from patient safety incidents, concerns, complaints, and claims which, together with good practice are shared across the organisation. • Facilitate the thematic analysis and triangulation of learning from patient safety incidents, feedback from patients and staff, concerns, complaints, and claims. While we acknowledge that the QuOG is a relatively new group, we did not see evidence of lessons	The QuOG will fulfil its remit to identify, monitor and share lessons learnt across the directorates, divisions and teams of the Trust as mandated within its terms of reference.	30/06/2025	QSIC	2024/25	

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