

RAG Rating/Status

At risk	Red - Action date passed or revised date needed
On track	Yellow - Action on target to be completed by agreed/revised date
Complete	Green- Action complete
No longer needed	Blue - Action to be removed and/or replaced by new action

QUALITY, SAFETY AND IMPROVEMENT COMMITTEE								
Meeting Item Reference	Action Reference	Lead	Meeting Item Title	Details of action	Update on progress	Original target date	Revised target date	RAG rating/Status
OPEN ACTIONS								
None								
OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE								
None								
ACTIONS RECOMMENDED TO BE CLOSED AT 04 JUNE 2026 MEETING								
QSIC 2026_02_24/5.2.1	QSIC 2026/01	DG	Strategic Risk Register	The Committee recommended referencing oversight of the report by senior leadership or executive teams before reaching the Committee.	June update: This point will be reflected in the revised version of the SRR cover report, therefore, recommended for closure.	04/06/2026		Complete
QSIC 2026_02_24/5.2.1	QSIC 2026/02	DG	Strategic Risk Register	The Committee noted that the risk register referenced the sexual health incident but lacked a risk entry about testing for similar risks elsewhere in the Organisation. DG confirmed that the issue of testing for similar risks had been discussed as part of the incident management teams and offered verbal assurance that the organisation was cognisant of this need. NE emphasised the importance of capturing this in the risk register to avoid losing sight of it and to support ongoing governance improvements.	June update: This point will be shared with Meng and the Screening Division and will be reflected in the next iteration of SR3. Recommended for closure.	04/06/2026		Complete
QSIC 2026_02_24/6	QSIC 2026/03	CJ/LB	Deep Dive-Screening Services	The Committee acknowledged that the Organisation had maximised the levers within its control and would highlight the need for Board level oversight regarding colonoscopy capacity and North Wales breast assessment with the Board.	June update: Following discussion at a recent Board Development session, issues relating to colonoscopy capacity and North Wales breast assessment will be incorporated into the Screening Improvement Programme. This programme consolidates improvement activity and focuses on strengthening performance oversight, including ensuring robust data is available to support Board assurance on screening pathways. Recommended for closure.	04/06/2026		Complete
QSIC 2026_02_24/9	QSIC 2026/04	KM/SF	NHS Wales P&I Quarterly Governance Performance Report Q3	The Committee queried whether any of the P&I staff should complete level 2 safeguarding training and if so required, recommended including this compliance in future reports.	June update:: Our new Safeguarding lead within P&I is undertaking an analysis of Safeguarding requirements currently to establish if L2 is required. Chief of Staff will report in future reports if required after mapping is complete. Recommended for closure.	04/06/2026		Complete