

**AUDIT & RISK COMMITTEE ACTION LOG
FOLLOWING MEETINGS HELD ON 13 APRIL 2021**

NO.	MEETING DATE	SUBJECT	ACTION	TIMESCALE	RESPONSIBLE OFFICER	STATUS AS AT June 2021
18/099	8/10/2018	Endoscopy JAG Accreditation	Closure report to be presented to a future meeting.	January 2019 Revised to: October 2020 Ongoing - Action being led by Director of Operations. This matter is linked to JAG accreditation and updates will be provided to the Committee through the action log at each meeting	Interim Chief Operating Officer	In progress One of the key reasons for not obtaining JAG Accreditation related to capacity issues. A proposal looking to address the capacity issues has been submitted to Welsh Government. JAG were due to undertake a revisit again this year but have not been able to as a result of COVID. The other issue where JAG accreditation cannot be provided is associated with the ingress and egress and as such we do not have a definitive position from JAG. We are actively pursuing acquiring more capacity and are awaiting JAG dialogue in regard to the built environment, with a date yet to be received from JAG.
20/070	16/06/2020	Internal Audit Review – Princess of Wales Hospital Fire Safety – Follow Up Review	Executive Lead to be invited to attend a future meeting to discuss the content of the report. Committee Chair to consider the most appropriate time for a discussion to take place.	October 2020 Revised to: April 2021 Now August 2021	Director for People	In progress Fieldwork has now commenced. It is hoped that a report will be available for the August 2021 meeting of the Committee
6.5.0	08/02/2021	Consultant Job Planning	Review to be undertaken of whether any key risks needed to be highlighted to the Committee for escalation to the Board	Ongoing	Deputy Medical Director	Completed but ongoing Job Planning has recommenced across CTM after the process was virtually on hold for the past year. <ul style="list-style-type: none"> Linking Job Planning sessions with HR agreement and releasing pay has been implemented and is likely to have a significant drive to improve Job Planning occurrence. Job Planning is hampered by Elective Care restarting and new ways of working in that colleagues are not as yet fully into regular

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						<p>working patterns and as services are moved around acute sites will impact again on Job Planning compliance.</p> <ul style="list-style-type: none"> • We will of course be monitoring this closely and encouraging Job Planning process amongst our colleagues. • Will return a fuller report in 6 months' time when the clinical picture has, hopefully, settled somewhat. • It is currently improving very slowly, at around 1 to 2% a month, from a low of around 7% to currently 12%.
6.6.0	08/02/2021	Clinical Audit Update	Consideration to be given outside of the meeting to determine which Committee needed to consider the clinical coding issues that had been identified within the report	April 2021	Director of Corporate Governance	<p>Completed</p> <p>The Director of Corporate Governance has suggested that this issue needs to be considered further by the Audit & Risk Committee</p>
4.2	13/04/2021	Internal Audit Review – IT Service Management	Position in relation to finding 8 to be reviewed and reported back to the Digital & Data Committee as to how widespread the systematic issues were and whether any learning needed to be shared across Wales.	July 2021	Director of Planning & Performance	<p>In progress</p> <p>This will be discussed and reviewed at the July meeting of the Digital & Data Committee</p>
4.2	13/04/2021	Internal Audit Review – IT Service Management	In relation to finding 11, recommendation to be added to the tracker and marked as completed	June 2021	Director of Corporate Governance	<p>Completed</p>
6.1	13/04/2021	Post Payment Verification Annual Report	Interim Post Payment Verification report to be presented to the Committee if required prior to the next planned update.	August 2021	Director of Finance	<p>Completed</p> <p>Added to the Forward Work Programme for August 2021</p>
4.3	13/04/2021	Internal Audit Review – Estates Directorate Management Arrangements	Recommendations contained within the report relating to workforce to be shared responsibly between the Estates and Workforce team from an audit tracker perspective.	June 2021	Director of Finance/Director for People	<p>Completed</p> <p>Audit Tracker has been updated to reflect joint responsibility between the Director of Finance & Director for People</p>
4.3	13//04/2021	Internal Audit Review – Estates Directorate Management Arrangements	Director for People to undertake some further work with his Team in relation to cascading messages in relation to the ability to access ESR from mobile phone devices.	TBC	Director for People	<p>Completed</p> <p>A Frequently Asked Questions document has been produced by the workforce team which explains how to</p>

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						access online payslips from mobile phone devices.
4.6	13/04/2021	Internal Audit Review – Financial Systems	Management Response to be updated to reflect the update provided by the Director of Finance in relation to Charitable fund holders.	June 2021	Director of Finance	Completed Management response will be updated for the June meeting to reflect update provided. Further information has been provided in relation to Covid Charitable Funds and the priorities and responsibilities for these going forward.
4.6	13/04/2021	Internal Audit Review – Financial Systems	Discussion to be held with Internal Audit to determine whether the recommendation relation to finding 2 could be addressed and closed in future.	June 2021	Director of Finance/Internal Audit	Completed Discussions have taken place with IA, and agreement has been made on action required to address the finding and close off in the future.
4.7	13/04/2021	Internal Audit Review – Governance Arrangements During Covid 19 Follow Up – Advisory Review	Closure report for the Gold, Silver, Bronze Command Decisions Log to be shared with Committee members if required.	June 2021	Director of Corporate Governance	In progress Closure report due to be received at June Management Board, after which time, will be shared with Committee colleagues.
4.10	13/04/2021	Internal Audit Review – Prince Charles Hospital Redevelopment Covid 19 Site Safety	On behalf of P Roseblade, thanks to be extended to the Estates Team for the excellent work that had been undertaken.	June 2021	Director of Finance	Completed
4.11	13/04/2021	Internal Audit Review – Prince Charles Hospital Technical Compliance	Explanation to be given in future management responses as to why a recommendation had been agreed and what action was to be taken, as opposed to simply stating 'agreed'.	June 2021	Executive Directors	In progress This will be taken forward by the Executive Directors
4.12	13/04/2021	Internal Audit Review – Prince Charles Hospital Development Agreed Internal Audit Plan 2021/2022	Fire Service Engagement to be referenced within the report.	June 2021	Internal Audit	Completed We will ensure that this is included within the scope of the planned PCH Redevelopment Governance Audit for 2021/22 - specifically the engagement of wider stakeholders
6.5	13/04/2021	Procurements and Scheme of Delegation Report	Review to be undertaken of Appendix C outside of the meeting to determine what had replaced the areas that had been crossed out of the report.	June 2021	Director of Finance	Completed It has been clarified that the section replacing the crossed out text was above the crossed out text, rather than below it.

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6.5	13/04/2021	Procurements and Scheme of Delegation Report	Capital Monitoring Financial Control Procedure to be amended - the following statement 'groups of variation should be managed within a monthly limit of delegate's authority, which shall be a maximum of £100k to read 'up to maximum of 20% or 100k, whichever is lower'.	June 2021	Director of Finance	Completed Following further review, and agreement with the Chair of the Committee, the procedure will remain as submitted to the previous meeting without amendment. This is because the relevant section related to major schemes, and as these all have a value in excess of £1m, the amendment is not needed.
4.13	13/04/2021	Internal Audit Plan 2021/2022	Future changes made to the Charter to be highlighted in red moving forwards	March/April 2022	Internal Audit	Completed and Ongoing Will take on board, but next plan to go to the committee will be March /April 2022.
4.13	13/04/2021	Internal Audit Plan 2021/2022	Discussion to be held outside of the meeting in relation to Controlled Drugs audit and ensuring the consistency of ratings between audit reports	June 2021	Committee Chair/Internal Audit	Completed Meeting held.
6.2	13/04/2021	Audit Recommendations Tracker	Superseded recommendations to be marked as closed on the audit tracker moving forwards as opposed to completed.	June 2021	Director of Corporate Governance	Completed Audit tracker has been updated.
6.3	13/04/2021	Organisational Risk Register	Discussion to be held with Independent Member outside of the meeting in relation to de-escalated risks 2725 and 4418.	June 2021	Director of Corporate Governance	Completed Chief Information Officer discussed with Independent Member outside of meeting.
6.4	13/04/2021	Local Counter Fraud Update	Analysis of the number of people visiting the Counter Fraud Sharepoint page to be analysed and presented to a future meeting.	June 2021	Head of Local Counter Fraud	Completed A report of visitor numbers to counter fraud SharePoint pages has been gained from the Communications Dept. This will be included in the Local Counter Fraud Update papers submitted to Committee as part of Agenda.
6.4	13/04/2021	Local Counter Fraud Update	Discussion to be held with the Director of Finance in relation to nominations for a Counter Fraud Champion.	June 2021	Head of Local Counter Fraud	Completed NHS CFA have confirmed that Standards require the nomination of an officer other than DoF. Following internal discussions the Director of Corporate Governance will be nominated as the Health Board's Counter Fraud Champion.