

**AUDIT & RISK COMMITTEE ACTION LOG
FOLLOWING MEETINGS HELD ON 17 AUGUST 2021**

NO.	MEETING DATE	SUBJECT	ACTION	TIMESCALE	RESPONSIBLE OFFICER	STATUS AS AT October 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 Now October 2021	Interim Chief Operating Officer	Completed Committee requested that a progress report on JAG Accreditation was presented to the October 2021 meeting for further discussion. Report to identify the complexities and the barriers in place to achieving accreditation and the funding required to enable the works required in obtaining accreditation. Added to the forward work programme.
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 October 2021	Director for People	Completed Added to the forward work programme for October 2021
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 Public Health	Completed Discussion held at the July 2021 Digital & Data Committee
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	Complete A review of the Audit tracker is addressing omissions and lack of detail in management responses. A process is now in place for IA to

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						escalate any 'non responses' to audit reports to ensure management actions are appropriately addressing each recommendation.
6.1	09/06/2021	Internal Audit Progress Report	Completion date identified in the action log in relation to the Fire Safety Management Review to be aligned with the date identified within the report.	October 2021	Director of Corporate Governance	Completed Added to the Forward Work Programme for October 2021
8.1	09/06/2021	Audit Recommendations Tracker	Review to be undertaken of the recommendations which had drifted and the recommendations in which responsibility had been placed on another department to action.	October 2021	Director of Corporate Governance	Complete Meetings with Internal Audit & Audit Wales complete and each have assisted in a review of all historical recommendations. Revised actions will be reported to the Dec ARC meeting following the agreement of revised, relevant actions.
2.1 In Committee	09/06/2021	Medical Variable Pay – Summary of Authorised Breaches	Executive Team discussion to be held to determine the most appropriate environment in which scrutiny of this issue could be undertaken.	August 2021	Director of Corporate Governance/ Director of Finance	Completed Report continues to be presented to Audit & Risk Committee for scrutiny and assurance
4.2	17/08/2021	Internal Audit Review – Clinical Audit	Discussion to be held with the Clinical Audit Team as to how the Team escalate risks identified through their audit programmes which are not directly managed by the Clinical Audit function.	August 2021	Assistant Director of Governance & Risk	Complete Meeting with Clinical Audit and Assistant Director of Governance and Risk scheduled for the 22 nd September.
4.3	17/08/2021	Internal Audit Follow Up Review – Facilities	Confirmation to be sought as to what was preventing Facilities staff from accessing ESR systems.	August 2021	Director for People	Complete Integrated Locality Group Heads of Workforce and OD are addressing locally and encouraging staff to access ESR via smartphone applications
4.3	17/08/2021	Internal Audit Follow Up Review – Facilities	Confirmation to be sought at the Executive Away Day as to whether there was any lack of consistency in place amongst portering groups now that ILG structures were in place.	August 2021	Director for People	Completed This is being progressed as part of the ILG review
4.3	17/08/2021	Internal Audit Follow Up Review – Facilities	Update to be sought outside of the meeting to determine whether the previous grievance had been reviewed and had provided long term satisfaction.	August 2021	Director for People	Complete This case was the subject of an independent case review. The outcome has been communicated to both parties 21.06.21 i.e. no further action taken as there is no evidence to

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						support the allegations made by either party.
4.4	17/08/2021	Internal Audit Review – Mass Vaccinations	Letter to be drafted on behalf of the Committee conveying their thanks to everyone involved in the mass vaccination project.	August 2021	Director of Corporate Governance	Completed Letter has been sent to everyone involved in the project
4.5	17/08/2021	Internal Audit Review – Sunnyside	Confirmation to be sought outside the meeting as to whether the Health Board would still be covered by the Welsh Risk Pool should there be any building related incident given the third party contractor arrangements that were in place.	August 2021	Director of Finance	Completed The contract is such that until handover the property remains the responsibility of Linc and under their insuring obligations. Once construction complete and handover takes place, the property becomes UHB property and therefore covered by the WRP.
4.6	17/08/2021	Internal Audit Review – Single Cancer Pathway Data Integrity	Example of what had been identified within the Delivery Unit Review of NHS Cancer Services to be included in the next iteration of the report.	October 2021	Head of Internal Audit	Completed Report on the October agenda for discussion
6.2	17/08/2021	Local Counter Fraud Update	Content of the report to be considered further particularly in relation to the issues regarding off contract agencies undertaking pre-employment checks. Further update to be provided to the Committee at its next meeting.	October 2021	Director for People	Complete Workforce & OD will look to implement regular audits of agencies on their PECs. A yearly schedule is being developed to capture this.
6.4	17/08/2021	AW/HIW Follow-Up Review of Quality Governance (May 2021) – Management Action Plan	Recommendations to be added to the Audit Recommendations Tracker in order to track progress.	August 2021	Director of Corporate Governance	Completed Recommendations added to the tracker
6.5	17/08/2021	Audit Recommendations Tracker	ILG Risk Register, the Organisational Risk Register and Audit Recommendations Tracker to be placed at the start of the agenda at the October meeting to ensure detailed discussions were being held.	October 2021	Director of Corporate Governance	Completed Items placed at the start of the agenda for discussion