

AUDIT & RISK COMMITTEE ACTION LOG
FOLLOWING MEETINGS HELD ON 4 OCTOBER 2021

NO.	MEETING DATE	SUBJECT	ACTION	TIMESCALE	RESPONSIBLE OFFICER	STATUS AS AT December 2021
18/099	8/10/2018	Endoscopy JAG Accreditation	Closure report to be presented to a future meeting.	<p>January 2019</p> <p>Revised to: October 2020</p> <p>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</p> <p>Now October 2021</p>	Interim Chief Operating Officer	<p>In progress</p> <p>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 was received at the October 2021 meeting. Conformation required as to when a closure report would be available.</p>
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.	<p>October 2020</p> <p>Revised to: April 2021 Now October 2021 Now December 2021</p>	Director for People	<p>On agenda</p> <p>Report to be presented to the December 2021 meeting</p>
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.	<p>October 2021 Now December 2021</p>	Director of Corporate Governance	<p>On agenda</p> <p>Report to be presented to the December 2021 meeting.</p>

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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 Now December 2021 Now February 2022	Director of Corporate Governance	In progress Meetings with Internal Audit & Audit Wales complete and each have assisted in a review of all historical recommendations. Whilst many of the recommendations have been reviewed and addressed, some more complex historical recommendations remain unresolved and work is continuing with the support of auditors to ensure appropriate relevance to current factors. This will be prioritised in the new year.
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 CTM secured legal advice on the insurance requirements before formal arrangements were entered into. CTM has also sought and received confirmation from WRP that appropriate indemnity is in place.
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 Revised Timescale for completion to be identified	Director for People	In progress Workforce & OD will look to implement regular audits of agencies on their PECs. A yearly schedule is being developed to capture this.
2.1.4	04/10/2021	Procurements and Scheme of Delegation Report	Future Procurements and Scheme of Delegation Reports to be placed on the main agenda for discussion moving forwards.	December 2021	Director of Corporate Governance	Completed Placed on the main agenda for discussion
2.2.2	04/10/2021	Six Monthly Progress report on Consultant Job Planning and Medical Rostering	Six Monthly Progress Reports on Consultant Job Planning and Medical Rostering to continue to be presented to the Committee as substantive items.	April 2022	Medical Director	In progress To be added to the annual cycle of business/forward work programme
4.1	04/10/2021	Integrated Locality Group Risk Register Discussion	Committees thanks to be extended to colleagues for the work undertaken in this area.	Immediate	Bridgend ILG Nurse Director	Completed

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4.2	04/10/2021	Organisational Risk Register	Confirmation to be sought from the risk owner as to whether the risk relating to medicines management and pharmacy support to Maternity had now been resolved.	Immediate	Assistant Director of Governance & Risk	Complete Email communication with the Chair of the Committee on the 4 th October providing the following update on this risk "Funding has been identified for a maternity and neonate lead pharmacist, recruitment underway with interview planned for early November. The risk score remains unchanged and will be reviewed when appointment is made."
4.2	04/10/2021	Organisational Risk Register	Review to be undertaken outside the meeting regarding the comments made regarding closed risks.	Immediate	Assistant Director of Governance & Risk	Complete Email communication with the Chair and Members of the Committee on the 4 th October 2021, advising of an error in including the incorrect cover paper at the last meeting hence the reference to closed risks did not correlate with the risk register presented. For completeness and assurance purposes the rationale for the closed risks referred to was shared again with members.
4.3	04/10/2021	Audit Recommendations Tracker	Discussion to be held with Executive colleagues on the need to ensure realistic timescales were being set in future audit reviews.	Immediate	Director of Corporate Governance	Completed Discussion held with Executive colleagues
5.2	04/20/2021	Post Payment Verification Report – Mid Year Update	Additional report in relation to Post Payment Verification progress for Primary Care Service to be shared with Members outside the meeting.	Immediate	Director of Corporate Governance	Completed Report shared by email with Members on 26 October 2021