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Agenda Item 3.1

• ACTION LOG – AUDIT & RISK COMMITTEE

Minute Reference	Date of Meeting Action Originated	Issue	Lead Officer	Timescale for Action to be completed	Status of Action (as at date papers where circulated)
18/099	8/10/2018	Endoscopy JAG Accreditation Closure report to be presented to a future meeting.	Interim Chief Operating Officer	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	In progress Given the on-going issues and the update provided at the last meeting, we have added to the forward work programme for the committee to receive a formal (written) update on progress and associated risk mitigation at the February 2023 meeting



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Agenda Item 3.1

				Now February 2023	
4.3	28/04/2022	End of Year Post Payment Verification Report to be developed and presented to a future meeting of the Committee.	All Wales Post Payment Verification Manager	October 2022	On agenda
5.3.5	23/06/2022	Regular updates to be included in the Chief Operating Officers report to Quality & Safety Committee on the work being undertaken to address the issues highlighted within the Internal Audit Follow Up Review – Patient Pathway Appointment Management Process report.	Chief Operating Officer	July 2022 Now September 2022 Now November 2022	In progress Update not included in the September report to the Quality & Safety Committee. Steps would be taken to ensure an update was provided from November onwards.
5.1	23/06/2022	Committee members to reflect as to whether they feel the level of detail contained within the final column of the tracker helpful or distracting.	Committee Members	August 2022	In progress Members to feedback their views at the August 2022 meeting.
5.1	23/06/2022	Consideration to be given to holding a separate workshop with Executive Directors to discuss the older	Committee Members	September 2022 Now October 2022	Completed Workshop held on 6 October 2022



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		recommendations contained within the Tracker.			
5.3.4	23/06/2022	Internal Audit Follow Up Review – Medical & Dental Rostering report to be presented back to next meeting with strengthened management response.	Medical Director	August 2022	Completed and Ongoing Report received at the August 2022 – further assurance was requested by Members in relation to the management response outside the meeting (see action log entry 5.4.5)
4.2	22/08/2022	Losses and Special Payments Report - Detail to be shared with the Committee Chair outside the meeting regarding the cash write off contained on page 7 of the report.	Director of Finance	October 2022	In progress A verbal update will be provided at the meeting
5.2	22/08/2022	Organisational Risk Register - Response to be provided to I Wells outside the meeting in relation to the queries raised regarding Risks 3267, 3638 and 3337.	Assistant Director of Governance & Risk	October 2022	Completed Response shared with Members by email on 9 September 2022
5.4.1	22/08/2022	Internal Audit Progress Report - Consideration to be given to the suggestion made to separate out the	Head of Internal Audit	October 2022	Completed Response received from the Head of Internal Audit to advise that the information contained



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		Prince Charles Hospital audit activity from the core plan.			within the Business Intelligence appendix was a demonstration and was for information only. Internal Audit would be looking to provide more detailed analytics in the future, with the format to be confirmed.
5.4.5	22/08/2022	Internal Audit Review Medical & Dental Rostering - Discussion to be held with the Medical Director outside the meeting in relation to the concerns raised by Members regarding the management response provided.	Director for People	October 2022	In progress A verbal update will be provided at the meeting