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University Health Board

Agenda Item 3.1.1

• 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	In progress 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. Confirmation required as to when a closure report would be available.

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				Committee through the action log at each meeting	
				Now October 2021	
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.	Director for People	October 2020 Revised to: April 2021 Now October 2021 Now December 2021 Now February 2022	Completed Report presented and discussed at the February 2022 meeting.
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.	Director of Corporate Governance	October 2021 Now December 2021 Now February 2022	Completed Report presented and discussed at the February 2022 meeting.

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2.1.3	24/02/2022	Amendment to the Standards of Behaviour Framework Policy – Declarations of Interest Report to be amended to make reference to the Innovation Team prior to submission to Board for approval.	Director of Corporate Governance	March 2022	Completed Policy amended prior to submission to Board for approval
4.1	24/02/2022	Local Counter Fraud Report Discussion to be held outside the meeting regarding Counter Fraud Awareness raising and whether a more targeted approach was required to certain staff groups/staff grades.	Head of Local Counter Fraud	April 2022	Completed The Head of Counter Fraud met with the Health Board's Learning and Organisational Development Manager and advice was provided on approach to instigating targeted mandatory training to groups of staff. This process will now be followed with an action included in the Counter Fraud Workplan for completion by close of Q2.
4.2	24/02/2022	Losses and Special Payments Report Response to be provided as to whether the Health Board was going to meet the target deadline for the submission of the backlog of LFER cases	Director for Corporate Governance	March 2022	Completed – Following response provide to Members 11/03/2022 The HB has a plan in place to manage the submission of the backlog of LFERs by the deadlines agreed with



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		and the deadline for the submission of current cases. Confirmation would also need to be provided as to whether the delays in submission were as a result of capacity issues, process issues or knowledge issues.			<p>WRP. Progress is being monitored weekly by the AD Claims & Concerns.</p> <p>Delays in submission have been a result of process issues that are now being addressed by a suite of updated SOPs and close monitoring. Resources are a limiting factor in clearing the backlog, but there is a focussed effort to prioritise the outstanding cases to avoid any financial penalties.</p> <p>All outstanding cases are due to be submitted to WRP by 1 June 2022.</p>
5.1	24/02/2022	Audit Recommendations Tracker Review to be undertaken of the recommendation contained within the External Audit Tracker which related to the audit undertaken of the Remuneration report to determine whether this was still outstanding.	Director for People	April 2022	Completed Recommendation has been reviewed and an update on the latest position has been included in the audit tracker.

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5.3.2	24/02/2022	Internal Audit Review Concerns Report to be shared with the Quality & Safety Committee for awareness.	Director of Corporate Governance	March 2022	Completed Report presented to the March meeting of the Quality & Safety Committee.
5.3.4	24/02/2022	Internal Audit Review Continuing Healthcare and Funded Nursing Care Referral to be made to the Quality & Safety Committee regarding Objective 7 asking for the Committee to seek assurance on the Health Board's plan to improve monitoring and reporting in relation to CHC and FNC activity.	Director of Corporate Governance/Director of Nursing	February 2022	Completed Referral made to the Quality & Safety Committee. A report will be received at the July 2022 Quality & Safety Committee.