

Agenda Item 3.2

<b>ACTION LO</b>	G - AUDIT &	RISK COMMITTEE	<b> </b>	da Item 5.2	
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.	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 Now February 2023 Now April 2023	matter during February 2023 and has therefore requested that this item is deferred from the February
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.	People	October 2022	In progress The Medical Director has agreed to discuss this matter further with the Director for People. An update on the outcome of the discussions held will be provided to Committee members in due course.



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5.2	24/10/2022	Audit Recommendations Tracker - Director of Corporate Governance to liaise with Audit Wales on the closure of the recommendations captured in the Clinical Coding Follow Up Review 03 audit.	Governance	Now April 2023	In Progress Recommendation has been added back onto the tracker and would not be removed until Audit Wales colleagues were comfortable that processes were in place. Audit Wales to meet with the Director of Digital to discuss this matter further. Meeting to take place following February meeting and therefore outcome will be reported to April 2023.
4.6	12/12/2022	Medical Rostering - Discussion to be held with the Medical Director outside the meeting in relation to when and who made the decision to not use the Health Roster System within Anaesthetics and the Emergency Department. Discussion also required as to whether the system had been tested within these areas.	Director for People	April 2023	In progress Discussion has not yet taken place due to winter pressures. Update to be provided at the April 2023 meeting.
5.3.5	12/12/2022	Internal Audit Review – Wellbeing - Further discussion to take place outside the meeting in relation to the outcome of the review. Verbal update to be provided to the February Audit & Risk	Audit/Directo r of Finance	February 2023	On agenda Director of Finance and Head of Internal Audit met to discuss the outcome of the review. Revised report being presented to the



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		Committee regarding the outcome of the discussions held.			February 2023 meeting of the Committee
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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)
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.	Operating	July 2022 Now September 2022 Now November 2022	Completed Update included in the Chief Operating Officers report presented to the Quality & Safety Committee held on 24 January 2023.
5.3.2	24/10/2022	Internal Audit Review – Digital Operating Model. Committee referral to the Digital and Data Committee to provide the scrutiny on the management responses to ensure that they provide the assurance that the actions agreed will address the issues which have been identified.	Director of Digital	February 2023	Report discussed at the December meeting of the Digital & Data Committee and the Management Responses were considered to be appropriate and had been refined to ensure they would address the

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					improvements recognised within the Internal Audit Review. Progress being made against the recommendations to continue to be monitored by the Audit & Risk Committee.
5.3.3	24/10/2022	Internal Audit Review – Medical Records Management. Committee referral to the Digital and Data Committee to provide the scrutiny on the management responses to ensure that they provide the assurance that the actions agreed will address the issues which have been identified.	Director of Digital	February 2023	Completed Report discussed at the December meeting of the Digital & Data Committee and the Management Responses were considered to be appropriate and had been refined to ensure they would address the improvements recognised within the Internal Audit Review. Progress being made against the recommendations to continue to be monitored by the Audit & Risk Committee.
4.4	12/12/2022	Losses and Special Payment Report - Review to be undertaken of the reasons	Head of Corporate Finance	February 2023	Completed



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		behind the increase in permanent injury benefits compared to previous years.			Response shared with Members by email on 14 December 2022
5.1	12/12/2022	Organisational Risk Register - Confirmation to be provided outside the meeting as to the nature of the emerging risk relating to Digital and Data and what this was referring to.	Assistant Director of Governance & Risk	February 2023	A detailed update was provided at the Digital & Data Committee on the 19th December, on the emerging risks in relation to:  • Microsoft Sustainability • Unsupported server operating systems The minutes of the Digital & Data Committee can be shared upon request.
5.1	12/12/2022	Organisational Risk Register - Number of generic issues identified by C Donoghue in relation to the risk register to be discussed with the Executive Team at the Risk Workshop being held in January 2023.	Assistant Director of Governance & Risk	February 2023	Completed The following feedback has been incorporated into the slides for the workshop with Executive Leads in January 2023 and will continue to be raised with risk leads in updating and reviewing risks and in training sessions.  Repeating Themes: Reference to Business Cases to be supported



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					with other mitigating action should business cases not be supported.  • Where appointments to roles are referenced include timeframes.  • Review dates updated  • Actions updated with robust progress – avoid repeating previous action updates.  • Target Scores revisited to ensure consistent approach to risk scoring.
5.2	12/12/2022	Audit Recommendations Tracker - Review to be undertaken of the External Audit Recommendations Tracker to determine why five recommendations relating to the Audit of the Accounts Addendum had been removed from the tracker.	Corporate Governance Manager	February 2023	Review undertaken. Confirmation provided to Audit Wales that recommendations had been removed from the tracker as they had been marked as completed. Audit Wales confirmed that progress would be checked as part of the 2022/2023 audit which takes place in 2023.
5.4.2	12/12/2022	Audit Wales Review - Making Equality Impact Assessments more than just a tick box exercise - Report to be shared with all Independent Members	Corporate Governance Manager	December 2022	Completed Report uploaded to the IM Portal on Admincontrol



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4.6	12/12/2022	via the Independent Members portal on Admincontrol.	Composite	Fobmuom ( 2022	Commissed
4.6	12/12/2022	Medical Rostering - Correlation to be undertaken in relation to the updates included within the Medical Rostering report compared to the updates contained within the Audit Recommendations Tracker.	Corporate Governance Manager	February 2023	The Medical Rostering Report largely correlated with the Audit Recommendations Tracker with the exception of recommendation 4.1 where the update differed. The audit tracker has now been amended to reflect the update included within the report. A further update on progress has been included in the latest iteration of the tracker.
5.2	12/12/2022	Audit Recommendations Tracker - Future iterations of the cover report to include the same commentary provided for Internal Audit for External Audit also.		February 2023	Completed Same commentary has now been included within the report.