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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.	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 Now July 2023	In progress Review of each site is progressing. Capacity of operational team has been redirected to Planned Care Recovery activity and therefore pace of progress has been impacted. Timeframe readjusted and review date now set for July 2023.
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/ Medical Director	October 2022 Now July 2023	In progress Due to unforeseen circumstances the meeting between the Medical Director, Executive Director for People, Head of workforce productivity and e-systems had to be rearranged and is in the process of being rescheduled. The Medical



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					Director has suggested a review date of July 2023
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.	Director of Corporate Governance	December 2022 Now April 2023	In Progress Meeting held between Audit Wales and the Director of Digital. Further update on progress to be included in the next iteration of the audit recommendations tracker.
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/ Medical Director	April 2023 Now July 2023	In progress Due to unforeseen circumstances the meeting between the Medical Director, Executive Director for People, Head of workforce productivity and e-systems had to be rearranged and is in the process of being rescheduled. The Medical Director has suggested a review date of July 2023
5.3.4	13/02/2023	Internal Audit Review - Medical Variable Pay - Reports outlining the rates that had been agreed above cap to be reinstated and presented to future meetings of the Audit & Risk Committee.	Medical Director	August 2023	In progress Due to unforeseen circumstances the meeting between the Medical Director, Executive Director for People, Head of workforce productivity and e-systems had to be rearranged and is in the



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					process of being rescheduled. The Medical Director has suggested a review date of July 2023
completed Actions					
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	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 Committee regarding the outcome of the discussions held.	Head of Internal Audit/Director of Finance	February 2023	Completed Revised report and management response presented to the February Audit & Risk Committee meeting.
2.1.2	13/02/2023	Annual Cycle of Business for 2023 - Annual Cycle of Business to be amended to reflect the comments made regarding discussion of the draft accounts and approval of the final accounts.	Corporate Governance Manager	April 2023	Completed Annual Cycle of Business has been updated.
4.2	13/02/2023	Losses & Special Payments Report - Review to be undertaken outside the	Deputy Director of Nursing	April 2023	Completed/Ongoing The process to address the backlog (pre 6 April 2023)



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		meeting in relation to the 42 Red/Amber deferred cases that were due to hit the six month deadline to determine whether the deadline was imminent or whether these related to the need to submit a blank LFER in order to obtain a further six month extension.			and current (post 6 April 2023) has now been agreed and a report has been presented to the Executive Leadership Group. A workshop with Heads of Quality took place on 4 April 2023 to ensure alignment to Care Group activity. Weekly performance will be reported through the Executive patient safety weekly meeting. Assistant Director for Concerns/Compliance to work with the corporate Head of Finance on reporting mechanisms for potential financial risks consequences.
5.1	13/02/2023	Organisational Risk Register - Response to be provided outside the meeting in relation to a number of queries raised by Independent Members regarding risks contained within the risk register.	Assistant Director of Governance & Risk	April 2023	Completed Risk updates have been added to the March iteration of the Organisational Risk Register to respond to the



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					feedback raised at the ARC in February 2023
5.2	13/02/2023	<p>Audit Recommendations Tracker - Discussions to be held with lead officers in relation to the points highlighted below:</p> <ul style="list-style-type: none">• Concerns recommendations – Realistic timeframes to be identified against these recommendations as deadline is being extended by one month at a time;• Princess of Wales Theatres – The update provided seemed to be generic for all recommendations and did not seem to address the specific recommendation made;• Digital recommendations – Revised implementation dates needed to be identified for these recommendations	Corporate Governance Manager	April 2023	Completed Email circulated to Lead Officers who have taken steps to address the points highlighted at the February meeting.



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5.4.2	13/02/2023	Audit Wales Review – Ysbyty Cwm Cynon Minor Injuries Unit - Review to be undertaken of the response provided against recommendation 3 to ensure it covered the Health Board position and not just the position related to Ysbyty Cwm Cynon.	Deputy Director of Nursing	April 2023	Completed The MIU/ENP team were declared as compliant against the audit recommendation. Recommendation by Deputy Executive Director of Nursing for closure of action to be considered with the broader CTM-wide elements of compliance being considered through care group performance mechanism as well as through committees such as People and Culture.
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