



GIG
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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Audit Committee Action Log

Open Actions						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1.	127/21	14/09/2021	<p>WHSSC governance review and management</p> <p>An update to be brought to January's Audit Committee meeting for the delivery of recommendations.</p>	PW/HL	January 2022	On agenda
2.	131/21	14/09/2021	<p>Counter Fraud Progress Report</p> <p>The next iteration of the report to include an update on the outcome following meetings with GP's to establish themes and gaps at the point of registration.</p>	ME	March 2022	To be included in the next iteration of the report in March 2022 as per work programme.
3.	90/21	13/07/2021	<p>Audit Register</p> <p>Pam Wenger to query whether the Quality and Safety Committee have</p>	PW/HL	September 2021	A Discharge Planning Report is to be received at the Quality and Safety Governance Group in

			received an update for assurance surrounding discharge planning recommendations, mitigating risks, and whether the risks could be managed better.			autumn 2021. The discussion will then be reported to the Quality and Safety Committee in-line with normal processes which will enable any issues to be escalated. Report expected to be received at December's Quality and Safety committee.
4.	154/21	09/11/2021	Board Effectiveness Action Plan Board effectiveness action plan be taken through January's Audit Committee.	LC	January 2022	On agenda.
5.	154/21 159/21	09/11/2021	Child and adolescent mental health services (CAMHS) internal audit report An update report following the 'limited' assurance internal audit report be taken through January's Audit Committee.	SHG/JAD	March 2022	To be added to March 2022 agenda and CAMHS colleagues to attend.

Audit Committee Action Log

Closed Actions						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
6.	121/21	14/09/2021	Audit Register An update report on the estates recommendations to be received at November's Audit Committee meeting to highlight the next steps.	PW/DK	November 2021	Completed.
7.	35/21 154/21	09/03/2021 09/11/2021	Audit Register Director of Workforce and OD to be invited to committee to discuss outstanding recommendations.	Chair	January 2022	Director of Workforce and OD invited to attend committee.
8.	154/21	09/11/2021	Clinical Audit Plan Clinical Audit Plan to be added to work programme for March 2022.	RE	March 2022	Completed. Added to work programme.
9.	161/21	09/11/2021	Items to refer to other committees Taking care of carers' to be referred to Workforce and OD Committee	NZ	November 2021	Completed

10.	159/21	09/11/2021	<p>Items to refer to other committees</p> <p>Child and adolescent mental health services (CAHMS) internal audit 'limited' assurance report to be referred to Quality and Safety Committee</p>	NZ	November 2021	Completed
11.	154/21	09/11/2021	<p>Board Effectiveness Action Plan</p> <p>Board effectiveness action plan be taken through January's Audit Committee.</p>	LC	January 2022	On agenda – completed.
12.	90/21	13/07/2021	<p>Audit Register</p> <p>Pam Wenger to query whether the Quality and Safety Committee have received an update for assurance surrounding discharge planning recommendations, mitigating risks, and whether the risks could be managed better.</p>	PW/HL	September 2021	A Discharge Planning Report is to be received at the Quality and Safety Governance Group (QSGG) in spring 2022, for inclusion in the next iteration of the QSGG highlight report at the following Quality and Safety Committee.