

Y Pwyllgor Archwilio a Sicrwydd

Wed 21 July 2021, 12:20 - 14:20

Microsoft Teams

Agenda

12:20 - 12:30

10 min

1. MATERION RHAGARWEINIOL

1.1 Croeso a Chyflwyniadau

Cyflwynydd: Cadeirydd/Llafar

1.2 Ymddiheuriadau am Absenoldeb

Cyflwynydd: Cadeirydd/Llafar

1.3 Datganiadau Diddordeb

Cyflwynydd: Cadeirydd/Llafar

1.4 Cofnodion Drafft cyfarfod y Pwyllgor Archwilio a Sicrwydd a gynhaliwyd ar 9 Mehefin 2021

Cyflwynydd: Cadeirydd/Atodiad

1.4 - Unconfirmed Minutes AAC 090621 (Open)-en-cy-C.docx cym.pdf (6 pages)

1.5 Cofnod Camau Gweithredu o gyfarfod y Pwyllgor Archwilio a Sicrwydd a gynhaliwyd ar 9 Mehefin 2021

Cyflwynydd: Cadeirydd/Atodiad

1.5 - Action Log AAC 090621 (Open)-en-cy-C.docx cym.pdf (3 pages)

1.6 Materion yn Codi

Cyflwynydd: Cadeirydd/Atodiad

12:30 - 14:00

90 min

2. MATERION I'W HYSTYRIED

2.1 Cyflwyniad Pecyn Llywodraethu Gwybodaeth AaGIC a Chynllun Darparu a Gweithredu Llywodraethu Gwybodaeth 2021/2022

Cyfarwyddwr Digidol /

Ymlyniad

2.1 - Cyflwyniad Pecyn Llywodraethu Gwybodaeth AaGIC .pdf (9 pages)

2.2 Adolygiad o Systemau a Phrosesau CaffaelAaGIC - Cynllun Gweithredu

Cyfarwyddwr Cyllid /

Pennaeth Caffael

(NWSSP) /

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Ymlyniad

- 2.2b - Appendix 1 - Process Review Actions v2.pdf (2 pages)
- 2.2 - Adolygiad o Systemau a Phrosesau Caffael AaGIC - Cynllun Gweithredu.pdf (4 pages)

2.3 Adrodd ar Gydymffurfiaeth Caffael

Cyflwynydd: Cyfarwyddwr Cyllid /
Ymlyniad

- 2.3 - Adrodd ar Gydymffurfiaeth Caffael .pdf (3 pages)
- 2.3b - Procurement Compliance Appendix 1.pdf (2 pages)

2.4 Archwiliad Mewnol

Cyflwynydd: Archwilio Mewnol /
Atodiadau

2.4a - Adroddiad Cynnydd

- 2.4.1 - Archwiliad Mewnol – Adroddiad Cynnydd .pdf (1 pages)

2.4b - Adroddiad Archwilio Mewnol Fferyllfa cyn-gofrestru

- 2.4b - Internal Audit Progress Report (July 21).pdf (4 pages)

2.4c - Adroddiad Archwilio Mewnol Trefniadau Llywodraethu

- 2.4c - Pre-Registration Pharmacy Internal Audit Report.pdf (14 pages)

2.4d - Adroddiad Archwilio Mewnol Pecyn Cymorth Llywodraethu Gwybodaeth

- 2.4d - Governance Arrangements Internal Audit Report.pdf (16 pages)

2.4e IG Toolkit Final Internal Audit Report

- 2.4e - Information Governance Toolkit IA Report - Final.pdf (14 pages)

2.5 Archwilio Cymru

Archwilio Cymru /
Atodiadau

2.5.1 - Adroddiad Cynnydd

- 2.5.1 - Archwilio Cymru – Adroddiad Cynnydd .pdf (1 pages)
- 2.5.1b - Audit Wales Progress Report (July 21).pdf (10 pages)

2.5.2 - Adroddiad Cam 1 yr Asesiad Strwythurol

- 2.5.2 - Adroddiad Cam 1 yr Asesiad Strwythurol.pdf (2 pages)
- 2.5.2b - Structured_Assessment_Phase 1 Report (English).pdf (10 pages)

2.6 Gwrth-Dwyll

Cyflwynydd: Rheolwr Gwrth-Dwyll /
Atodiadau

2.6.1 - Adroddiad Cynnydd gan gynnwys diweddariad ar y Fenter Twyll Cenedlaethol 2020/21

- 2.6.1 - Adroddiad Cynnydd Gwrth-Dwyll – am y cyfnod rhwng 1 Ebrill 2021 a 30 Mehefin 2021.pdf (4 pages)

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2.6.2 - Adroddiad Blynyddol 2020/21

📄 2.6.2 - Adroddiad Gwrth-Dwyll Blynyddol – am y cyfnod rhwng 1 Ebrill 2020 a 31 Mawrth 2021.pdf (4 pages)

2.7 Cyfarwyddiadau Ariannol Sefydlog wedi'u diweddaru

Cyflwynydd: Cyfarwyddwr Cyllid/Ymlyniad

📄 2.7b - Appendix 1 - HEIW Model SFIs 25 March 2021 v2 Final 12.5.5. amended.pdf (81 pages)

📄 2.7c - Appendix 2 - Model SFIs - Table of Amendments.pdf (7 pages)

📄 2.7a - Update to Standing Financial Instructions (Cover Paper)-en-cy-C.docx CYM.pdf (3 pages)

2.8 Rheolau Sefydlog wedi'u Diweddaru

Cyflwynydd: Ysgrifennydd y Bwrdd / Ymlyniad

📄 2.8b - Appendix 1 - Revised HEIW Standing Orders JULY 2021.(tracked)(F)doc.pdf (77 pages)

📄 2.8a - Amended Standing Orders (AAC210721)(CP F 14.7.21)-en-cy-C.docx CYM.pdf (8 pages)

2.9 Diwygiadau Arfaethedig i Derfynau Ariannol Dirprwyedig

Cyflwynydd: Cyfarwyddwr Cyllid /

Ymlyniad

📄 2.9 - Diwygiadau Arfaethedig i Derfynau Ariannol Dirprwyedig.pdf (5 pages)

2.10 Adolygiad Blynyddol o Gylch Gorchwyl y Pwyllgor Archwilio a Sicrwydd

Cyflwynydd: Ysgrifennydd y Bwrdd /

Ymlyniad

📄 2.10 - Adolygiad Blynyddol o Gylch Gorchwyl y Pwyllgor Archwilio a Sicrwydd.pdf (3 pages)

📄 2.10b - Appendix 1 - Terms of Reference AAC.pdf (6 pages)

2.11 Adroddiad Llywodraethu Gwybodaeth a Rheoli Gwybodaeth

Cyflwynydd: Ysgrifennydd y Bwrdd / Ymlyniad

📄 2.11 Adroddiad Llywodraethu Gwybodaeth a Rheoli Gwybodaeth AaGIC .pdf (5 pages)

2.12 Fframwaith Sicrwydd y Bwrdd (Lliniaru Risgiau Strategol)

Cyflwynydd: Ysgrifennydd y Bwrdd / Ymlyniad

📄 2.12a - Board Assurance Framework - Strategic Risks Control Framework (Cover Paper)-en-cy-Cym.pdf (4 pages)

📄 2.12b - Appendix 1 - HEIW Strategic Risks Control Framework 2021(Clean)(13.07.21) (F).pdf (7 pages)

2.13 Cofrestr Risg Gorfforaethol

Cyflwynydd: Ysgrifennydd y Bwrdd / Ymlyniad

📄 2.13b - Appendix 1 - Corporate Risk Register.pdf (11 pages)

📄 2.13a - Corporate Risk Register (Cover paper)-en-cy-C.docx cym.pdf (6 pages)

2.14 Olrhain Argymhellion Archwilio

Cyflwynydd: Ysgrifennydd y Bwrdd / Ymlyniad

📄 2.14 Traciwr Argymhellion Archwilio.pdf (6 pages)

📄 2.14b - Appendix 1 - Audit Recommendations Tracker (July 21).pdf (8 pages)

2.15 Memorandwm Cyd-ddealltwriaeth y Weinyddiaeth Amddiffyn (MoD) gydag AaGIC ar gyfer Hyfforddeion Arbenigol Ôl-raddedig

Cyflwynydd: Cyfarwyddiaeth Feddygol

📄 2.15 - Memorandwm Cyd-ddealltwriaeth y Weinyddiaeth Amddiffyn (MoD) gydag AaGIC .pdf (14 pages)

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14:00 - 14:00
0 min

RHAN 3 ER GWYBODAETH

3.1 Adroddiad Blynyddol y Pwyllgor Comisiynu Addysg ac Ansawdd 2020/21

Cyflwynydd: Ysgrifennydd y Bwrdd / Ymlyniad

- 3.1-Adroddiad Blynyddol y Pwyllgor Comisiynu Addysg ac Ansawdd 202021.pdf (3 pages)
- 3.1b - ECQC Annual Report 2020 2021 (AAC210721).pdf (6 pages)

14:00 - 14:05
5 min

4. CAU

4.1 Unrhyw Fater Arall

Cyflwynydd: Cadeirydd/Llafar

4.2 Dyddiad y Cyfarfod Nesaf

Cyflwynydd: Cadeirydd/Llafar

Dydd Iau 21 Hydref 2021 am 10am i'w gadarnhau naill ai trwy Microsoft Teams neu Ystafell Gyfarfod 1 AaGIC, Tŷ Dysgu

Tomkinson Elizabeth
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Cofnodion **Drafft heb eu cadarnhau o'r Pwyllgor Archwilio a Sicrwydd
gynhaliwyd ar 9 Mehefin 2021 am 13:00 – 14:30
Drwy Microsoft Teams/Telegynhadledda (drwy Dŷ Dysgu)**

Yn bresennol:

Gill Lewis	Aelod Annibynnol (Cadeirydd)
John Hill Tout	Aelod Annibynnol (Is-gadeirydd)
Dr Ruth Hall	Aelod Annibynnol
Dr Heidi Phillips	Aelod Annibynnol

Yn Bresennol:

Dafydd Bebb	Ysgrifennydd y Bwrdd
Alex Howells	Prif Weithredwr
Eifion Williams	Cyfarwyddwr Cyllid
Martyn Pennell	Pennaeth Cyfrifyddu Ariannol
Paul Dalton	Pennaeth Archwilio Mewnol (NWSSP)
Helen Goddard	Rheolwr Archwilio (Archwilio Cymru)
Helen Williams	Arweinydd Archwilio (Archwilio Cymru)
Clare James	Archwilio Cymru
Elizabeth Tomkinson	Swyddog Gweinyddol Iaith Gymraeg a Llywodraethu Corfforaethol AaGIC
Catherine English	Rheolwr Llywodraethu Corfforaethol (Ysgrifenyddiaeth)

RHAN 1	MATERION RHAGARWEINIOL	Gweithredu
AAC: 0906/1.1	Croeso a Chyflwyniadau	
	Croesawodd y Cadeirydd bawb, a chadarnhawyd bod cworwm yn y cyfarfod.	
AAC: 0906/1.2	Ymddiheuriadau am Absenoldeb	
	Cafwyd ymddiheuriadau gan Paul Thomas Rheolwr Busnes Caffael (NWSSP).	
AAC: 0906/1.3	Datganiadau o Fuddiant	
	Ni chafwyd unrhyw ddatganiadau o fuddiant.	
AAC: 0906/1.4	Cofnodion y Cyfarfod a gynhaliwyd ar 6 Mai 2021	
	Derbyniwyd cofnodion y cyfarfod a gynhaliwyd ar 6 Mai 2021 a'u cymeradwyo fel cofnod cywir o'r cyfarfod.	
AAC: 0906/1.5	Cofnod Gweithredu o'r Cyfarfod a gynhaliwyd ar 6 Mai 2021	
	Derbyniodd y Pwyllgor y cofnod gweithredu a nododd fod y camau gweithredu naill ai wedi'u cwblhau, materion i'w hystyried ar agenda heddiw neu wedi'u trefnu ar gyfer cyfarfod y Pwyllgor ym mis Gorffennaf. Fodd bynnag, byddai'r eitemau hynny a oedd yn weddill yn cael eu cadw ar y Log Gweithredu nes eu bod wedi'u cwblhau. Cafodd y Pwyllgor y wybodaeth ddiweddaraf ganlynol:	

	<ul style="list-style-type: none"> • 2710/2.10 – Datganiadau o Fuddiant – Adolygiad o Arferion o fewn sefydliadau eraill –cadarnhaodd Martyn Pennell, ar ôl adolygu'r gofrestr fuddiannau, nad oedd unrhyw wrthdaro rhwng yr eitemau hynny a amlygwyd. Gofynnodd y Pwyllgor i'r cofnod gweithredu gael ei ddiweddarau i egluro'n glir y gwaith sy'n digwydd a'r cynnydd sy'n cael ei wneud. • 0104/3.1 – Disgwyliadau o ran Gafael a Rheoli Llywodraeth Cymru – Cadarnhawyd bod AaGIC yn dal i weithio drwy'r awgrymiadau a amlygwyd gan y ddogfen ac y byddai diweddariad pellach yn cael ei ddarparu yng nghyfarfod y Pwyllgor ym mis Gorffennaf. • 0704/2.1.1 - Adroddiad Cynnydd Gwrth Dwyll- Cadarnhaodd Martyn Pennell ei fod wedi siarad â Gwrth Dwyll a bod y rhan fwyaf o'r gemau bellach wedi'u hymchwilio. Byddai diweddariad pellach yn cael ei ddarparu yng nghyfarfod y Pwyllgor ym mis Gorffennaf. 	
Penderfynwyd	<p>Y Pwyllgor:</p> <ul style="list-style-type: none"> • nodi'r Log Gweithredu a'r diweddariadau a dderbyniwyd. • Gofyn i'r Log Gweithredu gael ei ddiweddarau i ddangos yn glir y cynnydd a wnaed mewn perthynas â gweithredu 2710/2.10 (Datganiadau o Fuddiant – Adolygu Arferion o fewn sefydliadau eraill). 	Cyfarwyddwr Cyllid
AAC: 0906/1.6	Materion yn Codi	
	Nid oedd unrhyw faterion yn codi.	
RHAN 2	MATERION AR GYFER YSTYRIAETH	
AAC: 0906/2.1	Cyflwyno Cyfrifon Blynyddol 2020/21	
AAC: 0906/2.1.1	Datganiadau Ariannol 2020/21	
	<p>Derbyniodd y Pwyllgor y Cyfrifon Blynyddol Terfynol ar gyfer 2020/21.</p> <p>Wrth gyflwyno'r Cyfrifon Terfynol, dywedodd Eifion Williams fod AaGIC wedi cadw at amserlen gyflwyno cyfrifon gwreiddiol Llywodraeth Cymru gan nodi:</p> <ul style="list-style-type: none"> • Costau gweithredu yn 2021 oedd £254.7m, cynnydd o £21.7m ar y flwyddyn flaenorol. Roedd y cynnydd mwyaf mewn gwariant hyfforddiant Meddygol, Deintyddol a Fferylliaeth fel y nodir yn nodyn 3.2 o'r Cyfrifon. • Cynyddodd gwariant Cofrestrydd Meddygon Teulu £7.2m a chynyddodd gwariant meddygon dan hyfforddiant £2.1m. • Cafodd hyfforddiant deintyddol ei gynnwys yn y Cyfrifon am y tro cyntaf ers iddo gael ei drosglwyddo o gyllid Llywodraeth Cymru a chynyddu gwariant AaGIC £4.3m. <p>Tynnwyd sylw at y ffaith bod AaGIC wedi cyflawni ei ddyletswyddau statudol yn 2020/21 drwy:</p>	

	<ul style="list-style-type: none"> • fantoli'r gyllideb yn erbyn y Terfyn Adnoddau Refeniw ar gyfer y cyfnod gyda thanwariant o £95,000, • mantoli'r gyllideb yn erbyn y Terfyn Adnoddau Cyfalaf ar gyfer y cyfnod cyfrifyddu gyda thanwariant o £21,000; a • setlo 95.9% o anfonebau nad ydynt yn anfonebau'r GIG o fewn tri deg diwrnod i'w derbyn yn erbyn y targed o 95%. <p>Llongyfarchodd y Pwyllgor y Tîm Cyllid ac Archwilio Cymru am ddarparu set ardderchog o gyfrifon terfynol a chyflawni amserlen gytûn Llywodraeth Cymru yn ystod cyfnod heriol.</p> <p>Gohiriodd y Pwyllgor benderfyniad i dderbyn Adroddiad Atebolrwydd 2020/21 ac Adroddiad Perfformiad 2020/21.</p>	
	<p>Y Pwyllgor:</p> <ul style="list-style-type: none"> • Nodwyd y cyfrifon archwiliedig 2020/21; 	
AAC: 0906/2.1.2	Adroddiad Archwilio Datganiadau Ariannol (ISA 260) a Llythyr o Gynrychiolaeth	
	<p>Derbyniodd y Pwyllgor yr adroddiad.</p> <p>Wrth gyflwyno'r ISA 260, cadarnhaodd Helen Goddard fod yr archwiliad o'r datganiadau ariannol wedi rhedeg yn ddidrafferth er gwaethaf heriau sy'n gysylltiedig â pandemig COVID-19 a bod Archwilio Cymru yn bwriadu cyhoeddi barn archwilio ddiamod ar gyfrifon 2020/21. Ar ran Archwilio Cymru, diolchodd yn ffurfiol i'r holl staff dan sylw am eu proffesiynoldeb a pha mor brydlon yr oeddent yn ateb ymholiadau.</p> <p>Rhoddodd Helen Goddard grynodedd byr o'r pwyntiau amlwg yn yr ISA 260, a oedd hefyd yn ymgorffori'r Llythyr Cynrychiolaeth drafft. Eglurodd effaith COVID 19 ar y gwaith archwilio eleni a chadarnhaodd fod Archwilio Cymru wedi cwblhau'r archwiliad yn sylweddol.</p> <p>Nododd y Pwyllgor nad oedd unrhyw gamddatganiadau dibwys wedi'u nodi yn y cyfrifon nad oeddent wedi'u cywiro o hyd, ac nad oedd unrhyw gywiriadau i'r Datganiadau Ariannol yn unig yn datgelu gwelliannau fel y nodir yn Atodiad 3.</p> <p>Esboniwyd bod Archwiliad Cymru, yn ystod yr archwiliad, wedi ystyried nifer o faterion yn ymwneud â'r cyfrifon gyda'r bwriad o adrodd am unrhyw faterion arwyddocaol sy'n codi. Roedd un mater a nodwyd yn ymwneud â Chyfarwyddyd y Gweinidog yn ymwneud ag Atebolrwydd Treth Bensiwn Clinigwyr, y crynhoir ei oblygiadau yn Arddangosyn 2 o'r adroddiad. Eglurwyd, oni bai bod tystiolaeth yn cael ei darparu yn cadarnhau nad oedd unrhyw glinigwyr cymwys o fewn AaGIC a all wneud cais am ryddhad o dan Gyfarwyddyd y Gweinidog, bod yn rhaid datgelu bodolaeth rhwymedigaeth amodol heb ei meintoli yn adran 21.1 o'r Datganiadau Ariannol.</p>	

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	<p>Cadarnhaodd Clare James nad oedd disgwyl i Gyfarwyddyd y Gweinidog effeithio ar AaGIC ac nad oedd unrhyw beth y gallai cyrff y GIG fod wedi'i wneud i atal cynnwys atebolrwydd amodol ar faterion ac adrodd ar eu cyfrifon eleni.</p> <p>Wrth gloi, cadarnhaodd Helen Goddard na wnaeth Archwiliad Cymru unrhyw argymhellion eleni. Cynhyrchodd y tîm cyfrifon gyfrif drafft o ansawdd uchel ac ni nododd Archwilio Cymru unrhyw wendid sylweddol o fewn y systemau a'r rheolaethau sy'n cynhyrchu'r wybodaeth ariannol.</p> <p>Yr oedd y Pwyllgor yn falch o dderbyn y farn ddiamod gyffredinol a diolchodd i Archwilio Cymru am eu cefnogaeth yn y cyflawniad hwn.</p>	
Penderfynwyd	<p>Y Pwyllgor:</p> <ul style="list-style-type: none"> • nodi'r adroddiad; • Mae'r ISA 260 a'r Llythyr Cynrychiolaeth terfynol yn cael eu hystyried gan y Bwrdd ar 10 Mehefin 2021. 	
AAC: 0906/2.2	Adroddiad Atebolrwydd 2020/21	
	<p>Derbyniodd y Pwyllgor yr adroddiad.</p> <p>Wrth gyflwyno'r adroddiad eglurodd Dafydd Bebb fod yr Adroddiad Atebolrwydd yn rhoi amlinelliad o raglen AaGIC mewn perthynas â threfniadau llywodraethu'r Bwrdd ac yn cynnwys tair dogfen allweddol: y Datganiad Llywodraethu Blynnyddol, yr Adroddiad ar Daliadau Staff ac Adroddiad Atebolrwydd ac Archwilio Cynulliad Cenedlaethol Cymru.</p> <p>Cafodd fersiwn drafft o'r Datganiad Llywodraethu Blynnyddol ei ystyried gan y Pwyllgor ar 7 Ebrill 2021 a datblygwyd y ddogfen derfynol ar ôl derbyn sylwadau gan aelodau'r pwyllgor, Llywodraeth Cymru, Archwilio Cymru, ac Archwilwyr Mewnol.</p> <p>Mewn perthynas â'r Adroddiad Taliadau Staff, cwestiynodd y Cadeirydd arwyddocâd blynnyddoedd staff a chytunodd Martyn Pennell i roi esboniad y tu allan i'r cyfarfod. Nododd y Cadeirydd hefyd y gwahaniaeth sylweddol mewn pensiynau flwyddyn ar ôl blwyddyn a gofynnodd i AaGIC ystyried a oedd angen eglurhad pellach o hyn.</p> <p>Nododd y Pwyllgor y byddai'r adroddiad yn cael ei fformatio'n llawn cyn ei gyhoeddi ac awgrymodd y dylid diwygio'r Datganiad Llywodraethu Blynnyddol i gynnwys yr Adolygiad Llywodraethu Corfforaethol a gynhaliwyd yn ddiweddar.</p>	
Penderfynwyd	<p>Y Pwyllgor:</p> <ul style="list-style-type: none"> • nodi'r adroddiad; • argymhellwyd, yn amodol ar y sylwadau a wnaed, fod Adroddiad Atebolrwydd Blynnyddol 2020/21 wedi'i gymeradwyo gan y Bwrdd i'w gyflwyno i Lywodraeth Cymru erbyn 11 Mehefin. 	

AAC: 0906/2.3	Adroddiad Perfformiad 2020/21	
	<p>Derbyniodd y Pwyllgor yr adroddiad,</p> <p>Wrth gyflwyno'r adroddiad, eglurodd Dafydd Bebb mai diben yr Adroddiad Perfformiad oedd rhoi'r wybodaeth ddiweddaraf am berfformiad y sefydliad yn 2020/21, gan gynnwys cynnydd o ran cyflawni yn erbyn ein Nodau Strategol a pherfformiad ein gweithgareddau busnes.</p> <p>Yn 11, dylid cwblhau'r Adroddiad Blynyddol gan gynnwys yr Adroddiad Perfformiad, yr Adroddiad Atebolrwydd a'r Datganiadau Ariannol (Cyfrifon Blynyddol) a'i gyflwyno i Lywodraeth Cymru fel un ddogfen PDF unedig erbyn 11eg o Fehefin.</p> <p>Nododd y Pwyllgor y dylid diwygio cyfradd cydymffurfio PADR ar dudalen naw o'r adroddiad i'r gyfradd gywir o 61.8%.</p>	
Penderfynwyd	<p>Y Pwyllgor:</p> <ul style="list-style-type: none"> • nodi'r adroddiad; • argymhellwyd, yn amodol ar y sylwadau a wnaed, fod Adroddiad Perfformiad 2020/21 wedi'i gymeradwyo gan y Bwrdd i'w gyflwyno i Lywodraeth Cymru erbyn 11 Mehefin. 	
AAC: 0906/2.4	Archwiliad Mewnol	
AAC: 0906/2.4.1	Adroddiad Cynnydd yr Archwiliad Mewnol	
Penderfynwyd	Derbyniodd y Pwyllgor yr adroddiad a nododd y wybodaeth ddiweddaraf am weithgarwch Archwilio Mewnol er gwybodaeth .	
AAC: 0906/2.4.2	Pennaeth Barn Archwilio Mewnol ac Adroddiad Blynyddol 2020/21	
	Derbyniodd y Pwyllgor yr adroddiad terfynol a diolchodd yn ffurfiol i'r holl staff a oedd yn gysylltiedig am gynorthwyo AaGIC i gael sicrwydd rhesymol am ei Gynllun Archwilio Mewnol ar gyfer 2020/21.	
Penderfynwyd	<p>Y Pwyllgor:</p> <ul style="list-style-type: none"> • nodi Adroddiad Blynyddol yr Archwiliad Mewnol a Phennaeth y Farn Archwilio Mewnol i gael sicrwydd. 	
2.5	Cyfrifon Blynyddol Terfynol ar gyfer 2020/21	
Penderfynwyd	<p>Y Pwyllgor:</p> <ul style="list-style-type: none"> • argymell y dylid cymeradwyo'r cyfrifon archwiliedig ar gyfer 2020/21 gan y Bwrdd ar 10 Mehefin 2021. 	
RHAN 3	DIWEDDGLO	
AAC: 0906/3.1	Unrhyw Fater Arall	
	Nid oedd unrhyw fusnes brys arall.	
AAC: 0906/3.2	Dyddiad y Cyfarfod Nesaf	
	Dyddiad y cyfarfod nesaf i'w gynnal ddydd Iau 1 Gorffennaf 2021 am 10am drwy Microsoft Teams/Ystafell Gyfarfod AaGIC 1, Tŷ Dysgu, Nantgarw.	

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Gill Lewis (Cadeirydd)

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Dyddiad:

DRAFT

Tomkinson, Elizabeth
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Y Pwyllgor Archwilio a Sicrwydd (Agored)
9 Mehefin 2021
Log Gweithredu

(Mae'r Daflen Weithredu hefyd yn cynnwys camau y cytunwyd arnynt yng nghyfarfodydd blaenorol y Bwrdd AaGIC Agored ac yn aros i'w cwblhau neu wedi'u hamserlennu i'w hystyried yn y dyfodol gan y Bwrdd. Mae'r rhain wedi'u huwch-oleuo yn yr adran gyntaf. Pan gaiff ei gymeradwyo gan y Pwyllgor Archwilio a Sicrwydd, bydd y camau hyn yn cael eu cymryd oddi ar y daflen weithredu dreigl.)

Cyfeirnod Cofnodion	Gweithredu Cytûn	Arweinydd	Dyddiad Targed	Cynnydd / Wedi'i gwblhau
AAC: 27/10/2.10	Datganiadau o Fuddiant – Adolygiad o Arferion o fewn sefydliadau eraill			
	<ul style="list-style-type: none"> Y Pwyllgor i gael adborth o'r adolygiad 'ôl-weithredol' o'r eitemau hynny a adroddwyd yn yr Adroddiad Cydymffurfio â Chaffael fel rhai 'heb eu cymeradwyo' mewn perthynas ag unrhyw wrthdaro buddiannau. 	Pennaeth Caffael	Gorffennaf	Yng ngoleuni Pandemig y Coronafeirws, cynhelir yr adolygiad hwn unwaith y bydd 'busnes fel arfer' wedi ailddechrau. Y Pwyllgor i gael y wybodaeth ddiweddaraf yn ei gyfarfod ym mis Gorffennaf.
AAC: 01/04/3.1	Disgwyliadau Gafael a Rheoli Llywodraeth Cymru			
	<ul style="list-style-type: none"> Cyflwynir unrhyw gynigion arfer da i'w mabwysiadu gan AaGIC mewn cyfarfod o'r Pwyllgor yn y dyfodol. 	Cyfarwyddwr Cyllid	I'W GADARNH AU	Mae'r Cynigion Arfer Da yn cael eu hadolygu. Bydd unrhyw un y mae angen ei fabwysiadu yn cael ei ychwanegu at flaen raglen Waith y Pwyllgor fel sy'n ofynnol i'w hystyried.
AAC: 07/04/2.1.1	Adroddiad Cynnydd Gwrth Dwyll			
	<ul style="list-style-type: none"> Y Pwyllgor i gael y wybodaeth ddiweddaraf am yr amserlenni ar gyfer cwblhau gwaith paru data â blaenoriaethau 2020/21 a'r rhwystrau i hynny. 	Cyfarwyddwr Cyllid / Rheolwr Gwrth Dwyll	Gorffennaf 2021	Mae 18 o'r 26 o eitemau risg uchel ar gyfer AaGIC bellach wedi'u cau ac mae 8 yn aros am ymatebion gan 3 ^{ydd} parti. Bydd diweddariad llafar yn cael ei roi i'r Pwyllgor yn ei gyfarfod ym mis Gorffennaf.

Cyfeirnod Cofnodion	Gweithredu Cytûn	Arweinydd	Dyddiad Targed	Cynnydd / Wedi'i gwblhau
AAC: 0704/2.3.1	Adroddiad Cynnydd Archwilio Cymru			
	<ul style="list-style-type: none"> Y Pwyllgor i dderbyn adroddiad yn amlinellu canfyddiadau Cam 1 Asesiadau Strwythur 2021 yn ei gyfarfod nesaf. 	Archwilio Cymru	Gorffennaf 2021	Ar agenda cyfarfod y Pwyllgor ar 1 Gorffennaf.
AAC: 0605/2.1.1	Pennaeth Barn Archwilio Mewnol ac Adroddiad Blynyddol 2020/21			
	<ul style="list-style-type: none"> Y traciwr argymhellion archwilio i'w ystyried gan y Pwyllgor yn ei gyfarfod ym mis Gorffennaf i sicrhau bod unrhyw argymhellion sy'n weddill yn cael eu datblygu. 	Ysgrifennydd y Bwrdd	Gorffennaf 2021	Ar agenda cyfarfod y Pwyllgor ar 1 Gorffennaf.
AAC: 0605/2.5	Adroddiad Llywodraethu Gwybodaeth			
	<ul style="list-style-type: none"> Y Pwyllgor i dderbyn cynllun gweithredu yn ymwneud â'r Pecyn Cymorth Llywodraethu Gwybodaeth yn ei gyfarfod ar 1 Gorffennaf. 	Cyfarwyddwr Digidol	Gorffennaf 2021	Ar agenda cyfarfod y Pwyllgor ar 1 Gorffennaf.
AAC: 0605/2.7	Adolygiad o Systemau a Phrosesau Caffael AaGIC			
	<ul style="list-style-type: none"> Pwyllgor i dderbyn y cynllun gweithredu caffael yn ei gyfarfod ym mis Gorffennaf. 	Cyfarwyddwr Cyllid/Pennaeth Caffael (NWSSP)	Gorffennaf 2021	Ar agenda cyfarfod y Pwyllgor ar 1 Gorffennaf.
AAC 0906/2.1.1	Datganiadau Ariannol 2020/21			

	Datganiadau Ariannol 2020/21 i'w cyflwyno i'r Bwrdd i'w cymeradwyo ar 10 Mehefin 2021.	Cyfarwyddwr Cyllid	Mehefin 2021	Wedi'i gwblhau
Cyfeirnod Cofnodion	Gweithredu Cytûn	Arweinydd	Dyddiad Targed	Cynnydd / Wedi'i gwblhau
AAC 0906/2.1.2	Adroddiad Archwilio Datganiadau Ariannol (ISA 260) a Llythyr Cynrychiolaeth			
	Mae'r ISA 260 a'r Llythyr Cynrychiolaeth terfynol yn cael eu hystyried gan y Bwrdd ar 10 Mehefin 2021.	Cyfarwyddwr Cyllid	Mehefin 2021	Wedi'i gwblhau
AAC 0906/2.2	Adroddiad Atebolrwydd 2020/21			
	Yn amodol ar y sylwadau a wnaed gan y Pwyllgor, bydd Adroddiad Atebolrwydd Blynnyddol 2020/21 yn cael ei gyflwyno i'r Bwrdd i'w ystyried ar 10 ^{fed} Mehefin 2021 gyda'r argymhelliad y'i cyflwynir i Lywodraeth Cymru erbyn 11 Mehefin.	Ysgrifennydd y Bwrdd	Mehefin 2021	Wedi'i gwblhau
AAC 0906/2/3	Adroddiad Perfformiad 2020/21			
	Yn amodol ar y sylwadau a wnaed gan y Pwyllgor, bydd Adroddiad Perfformiad 2020/21 yn cael ei gyflwyno i'r Bwrdd i'w ystyried ar 10 ^{fed} Mehefin 2021 gyda'r argymhelliad y'i cyflwynir i Lywodraeth Cymru erbyn 11 Mehefin.	Ysgrifennydd y Bwrdd	Mehefin 2021	Wedi'i gwblhau

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Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Dyddiad y Cyfarfod	21 Gorffennaf 2021	Eitem Agenda	2.1
Teitl yr Adroddiad	Cyflwyniad Pecyn Llywodraethu Gwybodaeth AaGIC a Chynllun Darparu a Gweithredu Llywodraethu Gwybodaeth 2021/2022		
Awdur yr Adroddiad	Emma Garland, Swyddog Llywodraethu Gwybodaeth		
Noddwr yr Adroddiad	Sian Richards, Cyfarwyddwr Datblygu Digidol		
Cyflwynwyd gan	Sian Richards, Cyfarwyddwr Datblygu Digidol		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Diweddaru'r Pwyllgor ar y cyflwyniad i'r Pecyn Llywodraethu Gwybodaeth a'r Cynllun Darparu Llywodraethu Gwybodaeth. Nod y cynllun yw sicrhau cydymffurfio gwell â'r Pecyn Llywodraethu Gwybodaeth pan wneir cyflwyniad gorfodol ym mis Mawrth 2022.		
Materion Allweddol	<p>Mae GIG Cymru wedi mabwysiadu Pecyn Llywodraethu Gwybodaeth Cymru ar gyfer cyrff y GIG. System ar-lein fanwl a chynhwysfawr yw'r Pecyn sy'n cynnwys offeryn hunanasesu ac adrodd fel bod sefydliadau'n gallu mesur a ydynt yn cydymffurfio â'r gyfraith a pholisïau a safonau cydnabyddedig, a chadarnhau a yw gwybodaeth yn cael ei thrin yn briodol a'i diogelu rhag mynediad diawdurdod, difrod, dinistrio a chael ei cholli.</p> <p>Yn dilyn sgôr cydymffurfio isel gyda'r cyflwyniad gwirfoddol ym mis Mawrth 2021, mae cynllun darparu gwelliannau wedi cael ei ddatblygu. Mae'n gynllun sy'n disgrifio'r rhaglen waith am y flwyddyn i ddod.</p> <p>Mae'r cynllun wedi'i ddyfeisio i sicrhau, pan wneir cyflwyniad i'r Pecyn ym mis Mawrth 2022, y bydd swm sylweddol o waith wedi'i gwblhau tuag at gyflawni Lefel 2 gan felly gynyddu'r sgôr cydymffurfio. Mae'r gweithredu'n canolbwyntio ar ddatblygu dogfennau cynhwysfawr a chreu prosesau i gynorthwyo'r gwaith llywodraethu gwybodaeth. Mae llawer iawn o waith sydd angen ei wneud.</p> <p>Mae'r cynllun darparu wedi'i gytuno gan y Tîm Gweithredol a bydd yn cael ei fonitro gan IGIM (Llywodraethu a Rheoli Gwybodaeth) gyda diweddariadau i'r Pwyllgor Archwilio.</p>		

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	Yn dilyn archwiliad mewnol o broses y Pecyn Llywodraethu Gwybodaeth a datblygu'r cynllun gweithredu, cafwyd bod lefel y sicrwydd yn rhoi sicrwydd sylweddol.			
Gweithredu Penodol sydd ei angen (<i>un ✓ yn unig</i>)	Gwybodaeth	Trafod	Sicrwydd	Cymeradwyo
			✓	
Argymhellion	<p>Gofynnir i'r aelodau:</p> <ul style="list-style-type: none"> • Nodi cyflwyniad y Pecyn Llywodraethu Gwybodaeth i DHCW. • Nodi bod y sefydliad wedi'i adnabod fel bod yn gweithio tuag at gydymffurfio Lefel Un. • Nodi cynnwys y cynllun darparu a gweithredu helaeth, a'r swm sylweddol o waith sydd angen ei wneud ar draws nifer o feysydd pwnc. • Nodi Adroddiad yr Archwilwyr ar y Pecyn Llywodraethu Gwybodaeth. 			

Cyflwyniad Pecyn Llywodraethu Gwybodaeth AaGIC a Chynllun Darparu a Gweithredu Llywodraethu Gwybodaeth 2021/2022

1. RHAGARWEINIAD

Pwrpas y papur hwn yw diweddarw'r Pwyllgor ar y cyflwyniad gwirfoddol i'r Pecyn Llywodraethu Gwybodaeth a'r Cynllun Llywodraethu Gwybodaeth a Darparu.

2. CEFNDIR

Mae Llywodraethu Gwybodaeth yn ymwneud â gosod safon uchel wrth drin gwybodaeth a rhoi'r adnoddau i sefydliadau gael cyrraedd y safon honno. Y nod yn y pen draw yw dangos y gellir dibynnu ar sefydliad i gadw gwybodaeth bersonol yn ddiogel a chyfrinachol drwy helpu unigolion i arfer llywodraethu gwybodaeth da a bod yn gyson wrth ddelio â gwybodaeth bersonol a chorfforaethol.

Mae GIG Cymru wedi mabwysiadu Pecyn Llywodraethu Gwybodaeth Cymru ar gyfer cyrff y GIG. System ar-lein fanwl a chynhwysfawr yw'r Pecyn sy'n cynnwys offeryn hunan-asesu ac adrodd fel bod sefydliadau'n gallu mesur a ydynt yn cydymffurfio â'r gyfraith a pholisïau a safonau cydnabyddedig, a chadarnhau a yw gwybodaeth yn cael ei thrin yn briodol a'i diogelu rhag mynediad diawdurdod, difrod, dinistrio a chael ei cholli. Yn 2021 mae'r asesiadau'n rhai gwirfoddol er mwyn asesu, o fesur y sefyllfa gychwynnol, pa feysydd sydd angen eu gwella. Daw'r asesiadau'n orfodol yn 2022/23. Ar ôl eu cwblhau, cyflwynir yr asesiadau i Wasanaeth Gwybodeg GIG Cymru i'w hadolygu a'u derbyn.

Noda'r Pecyn fod cysylltiad agos rhwng Llywodraethu Gwybodaeth a Seiber-Ddiogelwch. Mae nifer o ofynion o dan yr agenda llywodraethu gwybodaeth sydd eisoes yn cael eu hasesu drwy Broses Seiber-Asesu orfodol Cymru (WCAP) ac felly nid yw'r rhain yn cael eu hail-gwblhau drwy'r Pecyn, i osgoi dyblygu. Drwy gwblhau'r ddau asesiad, gall cyrff y GIG fewnbynnu lefel eu cydymffurfio a dangos tystiolaeth i gefnogi'r gofynion asesu, a thrwy wneud hyn, yn gallu cynllunio gwaith gwella.

Fe wnaeth AaGIC gyflwyniad gwirfoddol i'r Pecyn Llywodraethu Gwybodaeth ym mis Mawrth 2021 yn dilyn gwaith cychwynnol gan y Swyddog Llywodraethu Gwybodaeth a chymeradwyaeth gan y Cyfarwyddwr Digidol a'r Tîm Gweithredol. Yn dilyn sgôr cydymffurfio isel gyda'r cyflwyniad hwn, mae cynllun darparu gwelliannau wedi cael ei ddatblygu. Mae'n gynllun sy'n disgrifio'r rhaglen waith am y flwyddyn i ddod.

3. Cyflwyniad y Pecyn Llywodraethu Gwybodaeth

Mae'r Pecyn mewn wyth rhan. Mae'r cyrhaeddiad ar gyfer adrannau'n cael ei sgorio rhwng Lefel 0 a Lefel 3. Byddai Lefel 1 yn awgrymu lefel gydymffurfio fwy sylfaenol a byddai Lefel 3 yn nodi diwylliant mwy aeddfed o ran yr arferion diogelu data a llywodraethu gwybodaeth yn y sefydliad.

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Mae gan y Pecyn 84 maes cydymffurfio posib (ac eithrio WCAP). Oherwydd natur busnes AaGIC, mae rhai meysydd cydymffurfio nad ydynt yn berthnasol, e.e. rheoli cofnodion aciwt. Ar ôl tynnu'r rhain allan, mae 66 o feysydd sy'n berthnasol i AaGIC. O'r 66 maes hwn, mae hunanasesiad eleni wedi adnabod bod 18 wedi eu cwblhau sy'n **gyfradd gydymffurfio o 32% ar ôl pwysoli'r sgôr**. Dadansoddir y sgôr hwn yn nhabl 1. Nodir mai hunanasesiad yw hwn ac y gallai newid yn dilyn ei gyflwyno a'i adolygu.

Dengys y tabl isod y lefelau ar gyfer pob adran.

[Tabl 1 - Pecyn Llywodraethu Gwybodaeth - Sgoriau hunanasesiad AaGIC 2021/22](#)

[Adran 1](#) – dyma'r dudalen flaen ar gyfer pwy bynnag sy'n cwblhau'r asesiad.

[Adran 2 – Cyfrifoldebau Busnes](#)

2.1 – Strwythur Rheoli Llywodraethu Gwybodaeth:	Lefel 3
2.2 – Polisiâu a Gweithdrefnau:	Lefel 2
2.3 - Rhannu Gwybodaeth:	Lefel 0
2.4 – Contractau a Chytundebau:	Lefel 2
2.5 – Asesiadau Effaith Diogelu Data:	Lefel 1
2.6 – Y Ddeddf Rhyddid Gwybodaeth a'r Rheoliadau Gwybodaeth Amgylcheddol:	Lefel 3
2.7 – Rheoliadau Preifatrwydd a Chyfathrebu Electronig:	Lefel 0

[Adran 3 – Rheoli Busnes](#)

3.1 – Cynllun Parhad Busnes:	WCAP
3.2 – Y Gofrestr Risg Llywodraethu Gwybodaeth:	Lefel 1
3.3 – Archwilio:	Lefel 0

[Adran 4 – Hawliau Unigolion](#)

4.1 – Hawl i Gael Gweld:	Lefel 0
4.2 – Hawl i Gael Gwybod:	Lefel 1
4.3 – Hawl i wrthwynebu i brosesu ac i ddileu, cywiro a symud data:	Lefel 0
4.4 – Hawliau'n ymwneud â phroffilio a gwneud penderfyniadau awtomatig:	Lefel 0

[Adran 5 – Rheoli a Diogelu Cofnodion](#)

5.1 – Rheoli Cofnodion	
5.1.1 – Cofnodion Iechyd	
5.1.1.1 – Cofnodion Aciwt :	Ddim yn berthnasol i AaGIC
5.1.1.2 – Cofnodion Cymunedol:	Ddim yn berthnasol i AaGIC
5.1.1.3 – Cofnodion Iechyd Meddwl:	Ddim yn berthnasol i AaGIC
5.1.2 – Cofnodion Corfforaethol:	Lefel 1
5.2 – Y Gofrestr Asedau Gwybodaeth:	Lefel 1
5.3 – Cywirdeb Data	
5.3.1 – Cofnodion Iechyd	
5.3.1.1 – Cofnodion Aciwt :	Ddim yn berthnasol i AaGIC

5.3.1.2 – Cofnodion Cymunedol:	Ddim yn berthnasol i AaGIC
5.3.1.3 – Cofnodion Iechyd Meddwl:	Ddim yn berthnasol i AaGIC
5.3.2 – Cofnodion Corfforaethol:	Lefel 1
5.4 – Amserlen Cadw, Dinistrio a Gwaredu Data’n Ddiogel:	Lefel 1
<u>Adran 6 – Mesurau Diogelwch Technegol, Diogelwch Ffisegol a Sefydliadol</u>	
6.1 – Mesurau Diogelwch Ffisegol:	Lefel 0
6.2 – Mesurau Diogelwch Technegol:	Lefel 0
6.3 – Mesurau Sefydliadol (Hyfforddiant ac Ymwybyddiaeth):	Lefel 0
6.4 – Gweithio Symudol a Mynediad o Bell:	WCAP
6.5 – Dinistrio a Gwaredu Cyfarpar TG yn Ddiogel:	WCAP
6.6 – Systemau Cudd-wyllo:	Lefel 0
<u>Adran 7 – Seiber-Ddiogelwch</u>	
7.1 – Seiber-Ddiogelwch:	WCAP
<u>Adran 8 – Rheoli Digwyddiadau Llywodraethu Gwybodaeth</u>	
8.1 – Adrodd Achosion Torri Data:	Lefel 1
** Wedi ei fynegi fel sgôr, ein cyrhaeddiad oedd 18 allan o 66 posib (ac eithrio WCAP) sy’n cyfateb i sgôr canran o 27% .	

4. Cynllun Darparu a Gweithredu Llywodraethu Gwybodaeth

Ar ôl cwblhau cyflwyniad y Pecyn, paratowyd cynllun darparu a gweithredu fel bo’r sefydliad yn gallu gweithio tuag at ennill lefel uwch o gydymffurfio.

Mae’r cynllun wedi’i ddyfeisio i sicrhau, pan wneir cyflwyniad i’r Pecyn ym mis Mawrth 2022, y bydd swm sylweddol o waith wedi’i gwblhau tuag at gyflawni Lefel 2 gan felly gynyddu’r sgôr cydymffurfio. Mae’r gweithredu’n canolbwyntio ar ddatblygu dogfennau cynhwysfawr a chreu prosesau i gynorthwyo’r gwaith llywodraethu gwybodaeth. Mae llawer iawn o waith sydd angen ei wneud.

Bydd cyflawni prif ddisgwyliadau darparu’r Cynllun yn cael ei fonitro gan y Cyfarwyddwr Datblygu Digidol a’r Tîm Gweithredol, gydag adroddiadau hefyd i IGIMG a’r Pwyllgor Archwilio a Sicrwydd.

5. Archwiliad Mewnol o’r Pecyn Llywodraethu Gwybodaeth

Yn unol â Chynllun Archwilio Mewnol 2021/22 ar gyfer Addysg a Gwella Iechyd Cymru, adolygwyd y trefniadau ar gyfer cwblhau’r Pecyn Llywodraethu Gwybodaeth.

Er bod y lefelau cydymffurfio cychwynnol yn isel, canfuwyd bod proses gadarn wedi cael ei datblygu i gwblhau’r pecyn hunan-asesu gan sicrhau bod sgoriau’r Pecyn, at ei gilydd, yn adlewyrchu’r sefyllfa bresennol o ran Llywodraethu Gwybodaeth,

cydymffurfio â'r Safonau Cenedlaethol ar Lywodraethu Gwybodaeth, a gyda deddfwriaeth diogelu data, yn gywir. Rhoddwyd dyfarniad felly o Sicrwydd Sylweddol.

Roedd yr Archwiliad wedi canfod y gellid gwneud gwelliannau drwy sicrhau bod y Swyddog Diogelu Data (DPO), yr Uwch-Berchennog Risg Gwybodaeth (SIRO) a rolau a chyfrifoldebau'r Gwarcheidwad Caldicott wedi eu nodi'n glir, a bod staff newydd yn y swyddi hyn yn derbyn hyfforddiant priodol. Gellid hefyd gwella'r defnydd o hysbysiadau preifatrwydd ac wrth adrodd cynnydd gyda chamau gweithredu Lefel 3 yn y cynllun darparu a gweithredu Llywodraethu Gwybodaeth.

Mae'r Cynllun Gweithredu wedi'i ddiweddarau i gynnwys camau gweithredu oedd wedi eu hadnabod yn yr Archwiliad o'r Pecyn Llywodraethu Gwybodaeth.

6. MATERION ARIANNOL A RISG LLYWODRAETHU

O dan y GDPR, mae gan yr ICO bŵer i roi cosb ariannol am dorri'r gofynion a'r gosb uchaf am wneud hyn yw £17.5m neu 4% o gyfanswm y trosiant blyneddol ar draws y byd yn y flwyddyn ariannol flaenorol, pa un bynnag sydd fwyaf. Er bod AaGIC yn annhebygol o gael cosb ariannol yn y lle cyntaf, gallai'r niwed i enw da'r corff o ran arferion Llywodraethu Gwybodaeth gwael fod yn andwyol iawn. Nodir hefyd bod archwiliad mewnol wedi'i gynllunio yn 2021/22 i adolygu safonau Llywodraethu Gwybodaeth a bwriad hefyd i fwrw golwg allanol ar y cynnydd a'r cynlluniau.

Nodir mai un person sy'n gyfrifol am yr holl dasgau Llywodraethu Gwybodaeth yn y Cynllun ac am barhau i gyflawni'r rôl busnes fel arfer ar gyfer AaGIC. O ystyried lefel yr adnoddau, mae meysydd gwaith coch wedi eu nodi yn y Cynllun sy'n cynnwys sefydlu swyddogaeth archwilio, yr hawl i gael gwybod a'r hawl i ddileu a symud data.

Pan gyflwynwyd y Cynllun i'r Tîm Gweithredol, nodwyd y byddai adnoddau ychwanegol yn lliniaru yn erbyn rhai o'r meysydd coch hyn. Penderfynwyd felly cymeradwyo cyflogi swydd gymorth asiantaeth band 5 tan ddiwedd y flwyddyn ariannol. Bydd y swydd gymorth yn gyfrifol am ddisgwyliadau penodol yn y Cynllun a hefyd yn darparu cymorth gweinyddol cyffredinol. Bydd hyn yn lliniaru yn erbyn y risg o beidio â darparu meysydd allweddol. Mae proses ar y gweill i recriwtio i'r swydd ar hyn o bryd.

Hefyd, ers symud i'r Gyfarwyddiaeth Ddigidol, mae rôl a chyfrifoldebau'r Swyddog Llywodraethu Gwybodaeth wedi newid. Ar ôl adolygu'r swydd-ddisgrifiad, mae enghreifftiau clir lle mae nawr angen i'r Swyddog Llywodraethu Gwybodaeth weithio uwchlaw'r swydd band 6 i gynorthwyo gyda datblygu a darparu'r Cynllun a darparu'r gwasanaeth Llywodraethu Gwybodaeth. O ganlyniad, mae'r swydd-ddisgrifiad wedi'i ddiweddarau ac yn debygol o arwain at fand diwygiedig o fand 6 i fand 7. Mae'n bwysig bod tâl teg yn cael ei roi am y gwaith ac roedd y Tîm Gweithredol felly o blaid hyn.

7. ARGYMHELLIAD

Gofynnir i'r Pwyllgor nodi'r cyflwyniad gwirfoddol i'r Pecyn Llywodraethu Gwybodaeth, a'r Cynllun Darparu a Gweithredu Llywodraethu Gwybodaeth a fydd yn gwella

cydymffurfio â'r Pecyn pan wneir cyflwyniad eto ym mis Mawrth 2022. Rhoddir diweddariad cynnydd pob chwarter i'r Pwyllgor Archwilio.

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Llywodraethu a Sicrwydd			
Cysylltiad i'r amcanion strategol yn yr IMTP <i>(✓os gwelwch yn dda)</i>	Nod Strategol 1: Arwain ar gynllunio, datblygu a lles gweithlu cymwys, cynaliadwy a hyblyg er mwyn cynorthwyo i ddarparu 'Cymru Iachach'.	Nod Strategol 2: Gwellu ansawdd a hygyrchedd addysg a hyfforddiant i'r holl staff gofal iechyd gan sicrhau eu bod yn ateb anghenion yn y dyfodol.	Nod Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliant yn GIG Cymru drwy greu capasiti arweinyddiaeth tosturiol a chyfunol ar bob lefel.
	Nod Strategol 4: Datblygu'r gweithlu er mwyn cynorthwyo darparu diogelwch ac ansawdd.	Nod Strategol 5: Bod yn gyflogwr enghreifftiol a lle gwyh i weithio.	Nod Strategol 6: Cael ein cydnabod fel partner, corff dylanwadol ac arweinydd rhagorol.
		✓	✓
Ansawdd, Diogelwch a Phrofiad y Claf Ddim yn berthnasol.			
Y Goblygiadau Ariannol Un swydd asiantaeth Band 5 wedi'i chymeradwyo gan y Tîm Gweithredol.			
Y Goblygiadau Cyfreithiol (gan gynnwys asesiad cydraddoldeb ac amrywiaeth) <ul style="list-style-type: none"> • Cydymffurfio â'r Rheoliadau Diogelu Data Cyffredinol (2016) • Deddf Diogelu Data (2018) • Deddf Cofnodion Cyhoeddus (1958) • Deddf Mynediad at Gofnodion Iechyd (1990) • Deddf Rhyddid Gwybodaeth (2000) • Deddf Camddefnyddio Cyfrifiaduron (2000) • Rheoliadau Gwybodaeth Amgylcheddol (2004) • Dyletswydd o dan y Gyfraith Gyffredin ar Gyfrinachedd • Cytundeb Cymru ar Rannu Gwybodaeth Bersonol (WASPI) • Safonau Ansawdd Data a WHC • Sicrwydd Diogelwch Gwybodaeth - ISO 27001:2005 & 2013 Rheoli Diogelwch Gwybodaeth (BS7799 o'r blaen) • Y Gyfarwydddeb Rhwydweithiau a Systemau Gwybodaeth (NIS) • Rheoli Cofnodion, Cod Ymarfer y GIG • Deddfwriaeth berthnasol arall. 			
Y Goblygiadau Staffio Uwchraddio o fand 6 i fand 7 yn dilyn bandio JD. Swydd gymorth asiantaeth band 5.			
Y Goblygiadau Hirdymor (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015) Ddim yn berthnasol.			
Hanes Adroddiadau	Mae hwn yn dilyn y papur ar y Pecyn Llywodraethu Gwybodaeth a gyflwynwyd i'r Tîm Gweithredol yn Chwefror 2021 a'r papur yn cyflwyno'r Cynllun Darparu Llywodraethu Gwybodaeth ym mis Mai 2021.		
Atodiadau	Atodiad 1 – Y Cynllun Darparu a Gweithredu Llywodraethu Gwybodaeth.		

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No.	Action	Proposed Deadline	Responsible Area
1	Internal Procurement refresher training for purchase order processing.	16.08.2021	NWSSP Procurement
2	Increase site presence at Ty Dysgu	Complete	NWSSP Procurement
3	Understanding of HEIW colleagues actual expectations from procurement services and senior management engagement.	Complete	NWSSP Procurement & HEIW Finance
4	Procurement Business Manager to be added to finance attendance sheet for office rota.	Complete	HEIW Finance
5	Share Performance Data from Procurement Process Presentation	30.07.2021	NWSSP Procurement
6	Reinstate highlight report, format to be agreed HEIW to ensure relevant detail covered	Complete - Ongoing review of content & requirements	NWSSP Procurement
7	List of Finance Business Partners required along with their designated areas.	15.07.2021	HEIW Finance
8	Procurement Dashboard to be presented within P2P meetings	Ongoing	NWSSP Procurement
9	Analysis of data to be completed to understand orders raised and where catalogues can be established. However, noted and agreed due to HEIW being a Special Health Authority and due to the requirements, it will be difficult to achieve a high volume of items onto a catalogue.	17.09.2021	NWSSP Procurement
10	Share performance data and undertake quarterly reviews	30.07.2021	NWSSP Procurement
11	Review of approval mechanism to ensure correct approvals in place before proceeding with tender activity.	31.08.2021	NWSSP Procurement & HEIW Finance
12	Procurement Manual Seminar (Lunch & Learn session 22.06.21 - Recording available)	Complete	NWSSP Procurement
13	Engagement required before submission of single tender requirements and before detail submitted to service desk. Agreed the service desk focus on completion of transactional process and not the provision of professional procurement advice.	16.08.2021	HEIW Finance
14	Share data of single tenders and file notes per department within HEIW.	06.08.2021	NWSSP Procurement
15	Create Procurement awareness sessions for HEIW colleagues	31.08.2021	NWSSP Procurement
16	Procurement workplan to be shared with Executive Team to help with planning and prioritising of work; to be discussed in bimonthly IMTP Integration group. Confirm if Procurement representative is needed at this meeting.	30.09.2021	HEIW Finance & NWSSP Procurement
17	NWSSP Procurement services to provide a full level of service and will continue to do so.	Complete	NWSSP Procurement

18	Introduction of advice shop where member of HEIW can 'drop in' and speak with procurement	16.08.2021	NWSSP Procurement
19	Implement savings activity and high level procurement dashboard to audit committee paper to share positive activity	Available for next meeting	NWSSP Procurement

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Dyddiad y Cyfarfod	21 Gorffennaf 2021	Eitem ar yr Agenda	X.X
Teitl yr Adroddiad	Adroddiad Gwella Proses Gaffael AaGIC		
Awdur yr Adroddiad	Rhian Sadler, Rheolwr Busnes Cafael, NWSSP		
Noddwr yr Adroddiad	Eifion Williams		
Cyflwynir gan	Paul Thomas, NWSSP - Gwasanaethau Caffael a Martyn Pennell, AaGIC		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Pwrpas yr adroddiad hwn yw darparu diweddariad ar adolygiad proses gaffael AaGIC ac amlinellu'r Cynllun Gweithredu cytunedig sy'n deillio o'r argymhellion o fewn yr adolygiad.		
Materion Allweddol	Mae Cynllun Gweithredu wedi'i baratoi i roi mewn grym ganfyddiadau adolygiad y broses gaffael a bydd yr holl gamau wedi'u cwblhau erbyn diwedd Medi 2021. Mae elfennau allweddol y Cynllun Gweithredu wedi'u cynnwys yn Atodiad 1 er gwybodaeth.		
Cam Penodol a Fynnir (✓ un yn unig)	Gwybodaeth	Trafodaeth	Sicrwydd
	✓		
Argymhellion	Gofynnir i'r Aelodau: <ul style="list-style-type: none"> Nodi'r adroddiad er gwybodaeth. 		

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ADRODDIAD GWELLA PROSES GAFFAEL AaGIC

1. CYFLWYNIAD

Pwrpas yr adroddiad hwn yw darparu diweddariad ar adolygiad proses gaffael AaGIC ac amlinellu'r Cynllun Gweithredu Cytunedig mewn perthynas â'r argymhelliad sy'n codi o'r adolygiad.

2. CEFNDIR

Ar 7^{fed} Ebrill 2021 derbyniodd y Pwyllgor Archwilio a Sicrwydd (sesiwn gaeedig) adroddiad a oedd yn dwyn y teitl 'Adolygiad Annibynnol o Systemau a Phrosesau Caffael AaGIC'. Cynhaliwyd yr adolygiad hwn i ddadansoddi'r prosesau caffael, systemau, hyfforddiant, ac ymlyniad/ cydymffurfiaeth o fewn AaGIC ers ei ffurfiad yn 2018.

Nododd yr adroddiad nifer o amcanion adolygu allweddol at ddiben gwerthuso'r gwasanaeth a ddarperir, sef:

- Trefniadau Staff a Rheolaeth
- Ymdriniaeth Bresennol ynghyd â Gofynion a Chymeradwyaethau
- Effeithloneddau Archebu trwy gyfrwng Catalog
- Proses Dyfynbrisiau
- Proses Gymeradwyo Gweithrediad Dyfynbrisiau Sengl/ Gweithrediad Tendrau Sengl
- Canfyddiadau/ Adborth Gwasanaeth Cwsmeriaid.

3. CYNNIG

Mae'r Gwasanaethau Caffael wedi adolygu canfyddiadau'r adroddiad yn fewnol ac wedi paratoi camau gweithredu i'r dyfodol ynghyd ag amserlenni'n datgan pa bryd y bydd angen i bob gweithred fod wedi'i chyflawni. Meysydd ffocws allweddol yn cynnwys;

- Rheolaeth Gaffael - sicrhau bod strwythur pwrpasol ar waith, deall anghenion y cwsmeriaid a sicrhau bod gallu priodol ar gael i gefnogi'r sefydliad.
- Adnoddau caffael i fod yn hygyrch ac yn weladwy, datblygwyd canllaw hyfforddi a fydd yn darparu meysydd allweddol ac yn caniatáu gwell dealltwriaeth ar gyfer cwsmeriaid parthed 'sut i'.
- Cyflawni'n amserol, gan sicrhau bod yr holl ddisgwyliadau'n cael eu bodloni mewn modd amserol a bod yr holl anghenion yn cael eu diwallu yn dilyn proses effeithlon ac effeithiol tra'n sicrhau gwerth am arian parhaus a chynaliadwy.

Cynhaliwyd cyfarfod ar 25^{ain} Mai 2021 rhwng AaGIC a'r Gwasanaethau Caffael i drafod yr argymhellion a'r camau arfaethedig. Mae'r camau cytunedig a blaenoriaethol hyn, ynghyd â'r dyddiadau cau arfaethedig wedi'u cynnwys yn y Cynllun Gweithredu yn Atodiad 1. Mae'r ddau dîm yn gweithio gyda'i gilydd i

gyflawni'r gweithredoedd, a bydd disgwyl iddynt oll fod yn gyflawnedig erbyn diwedd mis Medi. Dylid nodi, er y bydd yr holl gamau gweithredu wedi'u cwblhau erbyn y pwynt hwn, bydd yn cymryd mwy o amser i'r newidiadau gael effaith a dod yn wreiddiedig o fewn yn y sefydliad.

Er mwyn monitro cynnydd parhaus, bydd y Tîm Caffael yn paratoi adroddiad prif bwyntiau misol yn tynnu sylw at y dangosyddion perfformiad allweddol ynghyd ag unrhyw eithriadau y gallent fod angen eu hystyried. Yn ogystal, bydd cyfarfod bob yn ail fis yn cael ei gynnal gyda'r ddau dîm a bydd adborth rheolaidd yn cael ei ddarparu i'r Pwyllgor Archwilio a Sicrwydd.

4. MATERION LLYWODRAETHU A RISG

Nid oes unrhyw faterion llywodraethu uniongyrchol o ganlyniad i'r papur hwn. Bydd gweithredu'r Cynllun Gweithredu yn helpu AaGIC i gyflawni'r gofynion a nodir yn ei Reolau Sefydlog a'i Gyfarwyddiadau Ariannol Sefydlog.

5. GOBLYGIADAU ARIANNOL

Nid oes unrhyw oblygiadau ariannol uniongyrchol o ganlyniad i'r papur hwn.

6. ARGYMHELLIAD

Gofynnir i'r Aelodau:

- Nodi'r papur er gwybodaeth.

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Llywodraethu a Sicrwydd			
Cyswllt â nodau strategol y Cynllun Tymor Canolig Integredig <i>(✓ os gwelwch yn dda)</i>	Nod Strategol 1: Arwain cynlluniad, datblygiad a lles gweithlu cymwys, cynaliadwy a hyblyg i gefnogi'r broses o gyflawni 'Cymru Iachach'	Nod Strategol 2: Gwella ansawdd a hygyrchedd addysg a hyfforddiant i holl staff gofal iechyd gan sicrhau ei fod yn bodloni anghenion y dyfodol	Nod Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru trwy feithrin arweinyddiaeth dosturiol a chyfunol ar bob lefel
	Nod Strategol 4: Datblygu'r gweithlu i gefnogi cyflawniad diogelwch ac ansawdd	Nod Strategol 5: Bod yn esiampl-gyflogwr ac yn lle gwych i weithio	Nod Strategol 6: Cael ein cydnabod fel partner, dylanwadwr ac arweinydd rhagorol.
Ansawdd, Diogelwch a Phrofiad y Claf Nid oes unrhyw effaith ar ansawdd, diogelwch a phrofiad y claf.			
Goblygiadau Ariannol Nid oes unrhyw oblygiadau ariannol uniongyrchol.			
Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth) Nid oes unrhyw oblygiadau cyfreithiol.			
Goblygiadau Staffio Nid oes unrhyw oblygiadau staffio uniongyrchol.			
Goblygiadau Hirdymor (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015) Nid oes unrhyw oblygiadau tymor hir.			
Hanes yr Adroddiad			
Atodiadau			
Atodiad 1 - Camau'r Broses Adolygu			

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Dyddiad y Cyfarfod	1^{af} Gorffennaf 2021	Eitem ar yr Agenda	2.3
Teitl yr Adroddiad	Adroddiad ar Gydymffurfiad AaGIC ym maes Caffael		
Awdur yr Adroddiad	Rhian Sadler, Rheolwr Busnes Caffael, Partneriaeth Cydwasanaethau GIG Cymru		
Noddwr yr Adroddiad	Eifion Williams, Cyfarwyddwr Cyllid		
Cyflwynwyd gan	Eifion Williams, Cyfarwyddwr Cyllid		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Pwrpas yr adroddiad hwn yw rhoi'r wybodaeth ddiweddaraf i'r Pwyllgor Archwilio a Sicrwydd ynghylch gweithgarwch caffael yn ystod y cyfnod rhwng 1 Ebrill 2021 a 15 Mehefin 2021, ac yn unol â chyfeirnod 1.2 (Atodlen 2.1.2 Cod Caffael a Chontractau ar gyfer Gwaith Adeiladu a Pheirianeg) y Cyfarwyddiadau Ariannol Sefydlog.		
Materion Allweddol	Mae eglurhad o'r rhesymau a'r amgylchiadau, a manylion ynghylch unrhyw gamau pellach a gymerwyd, hefyd wedi eu cynnwys yn yr atodiadau i'r adroddiad.		
Cam Penodol i'w Gymryd (un ✓ yn unig)	Gwybodaeth	Trafodaeth	Sicrwydd
			✓
Argymhellion	Gofynnir i'r Aelodau nod i'r adroddiad er sicrwydd		

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ADRODDIAD ADDYSG A GWELLA IECHYD CYMRU AR WELLA'R BROSES GAFFAEL

1. CYFLWYNIAD

Un o ofynion Cyfarwyddiadau Ariannol Sefydlog AaGIC yw bod y Pwyllgor Archwilio a Sicrwydd yn cael gwybod am bob cais am Weithredu Dyfynbris Sengl (SQA), Gweithredu Tendrau Sengl (STA), Tendrau Sengl i'w hystyried yn dilyn galwad am Gystadleuaeth OJEU, Estyniadau i Gontractau a Dyfarnu cyllid ychwanegol y tu allan i delerau'r contract (a weithredir drwy Nodyn Newid Contract (CCN) neu Amrywio Telerau).

2. CEFNDIR

Pwrpas yr adroddiad hwn yw rhoi'r wybodaeth ddiweddaraf i'r Pwyllgor Archwilio ynghylch gweithgarwch caffael yn ystod y cyfnod rhwng 1 Ebrill 2021 a 15 Mehefin 2021, ac yn unol â chyfeirnod 1.2 (Atodlen 2.1.2 Cod Caffael a Chontractau ar gyfer Gwaith Adeiladu a Pheirianeg) y Cyfarwyddiadau Ariannol Sefydlog.

Mae esboniad o'r rhesymau, yr amgylchiadau a manylion unrhyw gamau eraill a gymerwyd hefyd wedi'u cynnwys.

Cyfeirnod SFI	Disgrifiad	Eitemau
3.5	Gweithredoedd Dyfynbris Sengl	1
4.2	Gweithredoedd Tendro Sengl	1
5.3	Tendrau Sengl er ystyriaeth yn dilyn cais am Gystadleuaeth OJEU	0
10.8	Estyniadau i Gontractau	0
14.2	Dyfarnu cyllid ychwanegol y tu allan i delerau'r contract (a weithredir drwy Nodyn Newid Contract (CCN) neu Amrywio Telerau)	1

3. GOBLYGIADAU I FATERION LLYWODRAETHU AC ARIANNOL

Dylai'r Pwyllgor Archwilio a Sicrwydd nodi manylion yr Atodiadau sydd ynghlwm a monitro faint o fusnes, a gwerth y busnes, sy'n cael ei gyflwyno er cymeradwyaeth ar gyfer Tendr Sengl neu Ddyfynbris Sengl. Yn ôl y canllawiau cyffredinol ar wario arian cyhoeddus, dylid cyflawni hyn mewn ffordd deg, dryloyw ac agored, gan sicrhau y ceisir cystadleuaeth lle bynnag y bo modd. Felly, dylid cael cyn lleied â phosib o geisiadau am weithredoedd sengl.

4. ARGYMHELLIAD

Gofynnir i'r Pwyllgor:

- **nod**i'r adroddiad er sicrwydd.

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Llywodraethu a Sicrwydd				
Cysylltu ag amcanion corfforaethol (rhowch ✓)	Fel sefydliad newydd, sefydlu AaGIC fel partner dibynadwy a gwerthfawr, cyflogwr ardderchog a brand arbenigol ag enw da.	Adeiladu gweithlu iechyd a gofal cynaliadwy a hyblyg i'r dyfodol.	Gyda Gofal Cymdeithasol Cymru, siapio'r gweithlu i ddarparu gofal yn nes at y cartref ac i gysoni darpariaeth gwasanaethau'n well.	Gwella ansawdd a diogelwch drwy gefnogi sefydliadau'r GIG i ddod o hyd i atebion cyflymach a mwy cynaliadwy o ran y gweithlu ar gyfer yr heriau darparu gwasanaethau sy'n cael eu blaenoriaethu.
	✓			
	Gwella'r cyfleoedd ar gyfer defnyddio technoleg a digideiddio wrth ddarparu addysg a gofal.	Rhoi hwb i ddatblygiad arweinyddiaeth a chynllunio ar gyfer olyniaeth ar draws iechyd a gofal cymdeithasol mewn partneriaeth â Gofal Cymdeithasol Cymru ac Academi Wales.	Dangos gwerth buddsoddiadau yn y gweithlu a'r sefydliad.	
Ansawdd, Diogelwch a Phrofiad Cleifion				
Does dim goblygiadau penodol o ran ansawdd a diogelwch yn gysylltiedig â'r gweithgarwch a nodwyd yn yr adroddiad hwn.				
Goblygiadau Ariannol				
Mae cyfarwyddiadau ariannol sefydlog, rheolau sefydlog, mesurau rheoli ariannol a systemau cyfrifyddu yn rhoi sylfaen i nifer o fesurau rheoli sefydliadol, sy'n rhan o'r gwaith o gyflawni targedau ariannol a rheolaeth dda. Yn ôl y canllawiau cyffredinol ar wario arian cyhoeddus, dylid cyflawni hyn mewn ffordd deg, dryloyw ac agored, gan sicrhau y ceisir cystadleuaeth lle bynnag y bo modd. Felly, dylid cael cyn lleied â phosib o geisiadau am weithredoedd sengl.				
Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth)				
Does dim goblygiadau cyfreithiol penodol yn gysylltiedig â'r gweithgarwch a nodir yn yr adroddiad hwn.				
Goblygiadau Staffio				
Does dim goblygiadau staffio penodol yn gysylltiedig â'r gweithgarwch a nodir yn yr adroddiad hwn.				
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)				
Ddim yn berthnasol i'r adroddiad hwn				
Hanes yr Adroddiad				
Atodiadau	Atodiad 1 – Gwybodaeth Gryno			

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Health Education Improvement Wales - Audit Committee Report – July 2021

Appendix 1 – Summary Information

Trust	Division	Procurement Ref No	Period of Agreement/Delivery Date	SFI Reference	Agreement Title/Description	Supplier	Anticipated Agreement Value (ex VAT)	Reason/Circumstance and Issue	Compliance Comment	Procurement Action Required	First Submission or repeat
HEIW	Organisational Development	HEIW-SQA-572	01/08/2021 – 31/08/2023	Single Quotation	Introductory course for the Pre-Hospital Emergency Medicine Sub-Specialty Training Programme	The Royal College of Surgeons of Edinburgh	£17,500	Supplier only provider to deliver course which is a mandatory requirement for trainees.	Endorsed	No further action required as unique requirement which can only be fulfilled by single tender process.	First Submission
HEIW	Workforce and Organisational Development	HEIW-STA-574	17/05/2021 – 16/05/2022	Single Tender Action	Support of the Compassionate Leadership Principles for Health and Social Care	Michael West and Associates	£30,000	Co-founder of the Compassionate and Inclusive Leadership and previous work conducted which will a cost and time saving.	Endorsed	Procurement exercise needed before proceeding with new compassionate leadership requirement .	Repeat submission 2 pervious file notes.

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Health Education Improvement Wales - Audit Committee Report – March 2021

Trust	Division	Procurement Ref No	Period	SFI Reference	Agreement Title/Description	Supplier	Anticipated Agreement Value (ex VAT)	Reason/Circumstance and Issue	Compliance Comment	Procurement Action Required	First Submission or repeat
HEIW	Workforce and Organisational Development 0074	HEIW-FN-089	N/A	File Note	Michael West Book Fees	Michael West and Associates	£8,000	Delivery of book not in scope of original requirements.	Endorsed	All requirements need to be captured within original procurement process. Meeting has been held to understand requirements within workforce to ensure all future needs are captured appropriately.	Repeat Submission 1 Single Tender Action & 1 File Note

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Dyddiad y Cyfarfod	1 ^{af} Gorffennaf 2021	Eitem ar yr Agenda	2.4.1
Teitl yr Adroddiad	Archwiliad Mewnol – Adroddiad Cynnydd		
Awdur yr Adroddiad	Archwilio Mewnol		
Noddwr yr Adroddiad	Pennaeth Archwilio Mewnol		
Cyflwynwyd gan	Archwilio Mewnol		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Pwrpas yr Adroddiad ar Gynnydd yr Archwiliad Mewnol yw rhoi'r sefyllfa bresennol i'r Pwyllgor Archwilio a Sicrwydd ynghylch gwaith yr Archwilwyr Mewnol ar 18 Mehefin 2021. Mae'r adroddiad yn rhoi gwybodaeth am statws cynnydd adolygiadau Archwilio Mewnol.		
Materion Allweddol	<ul style="list-style-type: none"> Ers cyfarfod y Pwyllgor ym mis Mehefin, mae un adroddiad Archwilio Mewnol wedi'i gwblhau'n derfynol, mae un ar ffurf drafft o hyd, ac mae gwaith maes yn mynd rhagddo mewn maes arall. Mae crynodeb o'r adolygiadau hyn i'w gweld yn yr adroddiad. Mae'r Archwilwyr Mewnol wedi cwblhau rhaglen waith 2020/21 ac mae ganddynt waith i'w wneud ar gyfer 2021/22. Mae manylion am yr amserlen, a sut mae'r gwaith archwilio'n mynd yn ei flaen, i'w gweld yn yr amserlen sy'n dangos statws yr aseiniad yn yr adroddiad. 		
Cam Penodol i'w Gymryd (un ✓ yn unig)	Gwybodaeth	Trafodaeth	Sicrwydd
	✓		
Argymhellion	Gofynnir i'r Pwyllgor nodi'r adroddiad.		
Atodiadau	Adroddiad ar Gynnydd yr Archwiliad Mewnol Adroddiad Archwilio Mewnol Cyn Cofrestru – Fferylliaeth Adroddiad Archwilio Mewnol – Trefniadau Llywodraethu		

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Health Education and Improvement Wales

Audit & Assurance Committee Internal Audit Progress Report

July 2021

NWSSP Audit and Assurance Services

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Audit and Assurance Services

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Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors

Acknowledgement

NHS Wales Audit & Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Disclaimer notice - please note

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Audit reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit and Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of Health Education and Improvement Wales and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

Tomkinson Elizabeth
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1 Introduction

- 1.1 This progress report provides the Audit & Assurance Committee (the 'Committee') with the current position regarding the work undertaken by Internal Audit as at **14 July 2021**. This report provides information on the status of progress of our reviews.
- 1.2 We report the progress made to date against individual assignments along with details regarding the delivery of the plans and any required updates.

2 Reports Issued

- 2.1 Since the June meeting of the Committee one report has been finalised, one remains in draft, and we have ongoing fieldwork in one area. A summary of these reviews is provided below in Table 1.

Table 1 – Summary of reports issued

Assignment	Assurance rating	High	Medium	Low	Total recommendations
Pharmacy pre-registration 20/21	Reasonable	-	2	1	3
Governance arrangements 20/21	Reasonable	-	2	1	3
Information Governance Toolkit	Substantial	-	2	1	3

3 Delivering the Plans

- 3.1 We have completed our programme of work for 2020/21 and have ongoing work for the 2021/22 plan. The detail of the scheduling and progress of the audit work is outlined in the assignment status schedule, which is included at Appendix A.

Table 2 – Plan 2021-22

Assignment	Status	Assurance	Timing	Notes
Annual Governance Statement	Complete	N/A	Q1	-
IG Toolkit	Final	Substantial	Q1	-
Recruitment	WIP	-	Q1	Met with Executive lead and terms of reference issued on 11.06.21. Fieldwork ongoing.
Integrated planning arrangements	Planning	-	Q2	Planning meeting held with Director of planning, performance and corporate services on 24.06.21.
MARS Appraisal system	Planning	-	Q2	Initial planning meeting with Medical Director held on 11.06.21 and second planning meeting on 23.06.21. Drafting brief.
Financial planning within the IMTP	Planning	-	Q2	Planning meeting held with Director of Finance on 01.07.21. Drafting brief.

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Pharmacy Pre-Registration Review

Revised Draft Internal Audit Report

HEIW 2020/21

July 2021

NHS Wales Shared Services Partnership

Audit and Assurance Services

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Review reference:	HEIW-2021-10
Report status:	Draft Internal Audit Report
Fieldwork commencement:	22 April 2021
Fieldwork completion:	20 May 2021
Draft report issued:	27 May 2021
Management response received:	TBC
Final report issued:	TBC
Auditors:	Ken Hughes, Audit Manager Emma Samways, Deputy Head of Internal Audit
Executive sign off:	Pushpinder Mangat, Medical Director
Distribution:	Margaret Allen, Pharmacy Dean Laura Doyle, Head of Undergraduate & Pre-Foundation Christian Favager, Project Manager, Pharmacy
Committee:	Audit and Assurance Committee



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ACKNOWLEDGEMENT

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1. Introduction and Background

In line with the 2020/21 Internal Audit Plan for Health Education and Improvement Wales ('HEIW' or 'the organisation') a review of the implementation of the Pharmacy Pre-Registration business case was undertaken. The review sought to provide assurance to the Audit and Assurance Committee that there are effective processes in place to manage any implementation risks.

The pharmacy pre-registration scheme is a training placement whereby trainees, under the supervision of a tutor, spend at least 52 weeks at an approved training site, developing their skills to meet a range of performance standards.

In 2019 the Welsh Government (WG) announced funding and plans to transform the training it offered to pre-registration pharmacists boosting the number of pre-registration places in Wales to almost double the existing levels. The plans also sought to place trainees in a wider range of settings, with placements in GP practices and other areas in addition to hospital and community pharmacies.

HEIW prepared a business case setting out a number of options for WG to consider. The approved proposal described plans to move at pace to implement a previously piloted and evaluated transformational model for a centralised pre-registration pharmacy training programme in Wales.

The agreed business case option aimed to deliver the vision for a one-year pre-registration pharmacy training programme with meaningful multi-sector experience delivered through quality assured training sites. Key changes included the introduction of a centralised recruitment process, central employment of trainees, a centralised training programme and enhanced quality management processes. This was the first phase of a change strategy to move towards a five-year integrated MPharm undergraduate degree programme designed to transform the pharmacy workforce in Wales.

HEIW engaged a project manager to oversee the implementation of the business case and the first cohort of students took up their roles in August 2020. Our audit sought to provide assurance that the benefits as described in the business case have been realised.

The relevant lead for the review is the Medical Director.

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2. Scope and Objectives

The overall objective of the audit was to evaluate and determine the adequacy of the systems and controls in place in relation to the organisation's implementation of the approved option from the pharmacy pre-registration business case. The review sought to provide assurance to the Audit and Assurance Committee that risks material to the system's objectives are managed appropriately.

The areas that the review sought to provide assurance on were:

- Appropriate governance arrangements were put in place for the project.
- The project budget was appropriately managed with projected costs brought into HEIWs' budgeting and reporting processes.
- There is evidence that the objectives of the project and its anticipated short-term benefits, as set out in section 3.4 of the business case have been realised, with mechanisms in place to measure the success of the project in the longer term.
- New work streams arising from the project have been agreed and taken forward as new projects.
- An appropriate post implementation review of the project has been undertaken, including a review of the development of the project and capturing and reporting lessons learned.

3. Associated Risks

The potential risks considered in the review were as follows:

- Failure to achieve the benefits detailed with the business case.
- The cost of the change outweighs the benefits.


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OPINION AND KEY FINDINGS

4. Overall Assurance Opinion

We are required to provide an opinion as to the adequacy and effectiveness of the system of internal control under review. The opinion is based on the work performed as set out in the scope and objectives within this report. An overall assurance rating is provided describing the effectiveness of the system of internal control in place to manage the identified risks associated with the objectives covered in this review.

The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with established controls within the **Pharmacy Pre-Registration Review** is Reasonable Assurance.

RATING	INDICATOR	DEFINITION
Reasonable Assurance		The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.

The pharmacy pre-registration project represents a significant investment by the Welsh Government in pre-registration training for pharmacists in Wales, providing an additional £3.6m in 2020/21, rising to £4.9m in 2023/24.

Our review of the project, which was described by the Project Manager as *"a complex programme of change with numerous workstreams that iterated throughout the delivery cycle"* has concluded that the project successfully delivered the benefits set out in the business case, despite HEIW not having an established project management framework or defined project management processes in place at the start of the project.

A Project Initiation Document (PID) had been drawn up prior to the commencement of the project in June 2019, and this set out the project's objectives, risk assessment scoring matrix, key deliverables and workstreams. Regular progress reports were provided to the Project Management Board throughout the life of the project, and a number of new workstreams arising from the project were taken forward within the Pre-Registration team as part of their 'business as usual'.

While the project has achieved its objectives, the PID was brief and lacked detail, and some key elements were missing. In particular, it did not include clearly defined project roles and responsibilities or the project review and

decision-making process. Consequently, the project lacked a structured approach to the design and implementation of its governance framework, resulting in inadequate project governance practices that could be used for future projects needing similar management arrangements.

In October 2020, a 'gateway' review meeting was held between the Pharmacy Dean, the Head of Undergraduate and Pre-Registration Pharmacist, the project manager and the administration co-ordinator. This was to assess the progress of each workstream and to determine whether it should be closed down or carried forward, and to reflect on the lessons learned from the project. However, the output from the 'gateway' review meeting was brief and lacked substance and did not clearly capture if there were any lessons to be learnt for future projects.

The overall level of assurance that can be assigned to a review is dependent on the severity of the findings as applied against the specific review objectives and should therefore be considered in that context.

5. Assurance Summary

The summary of assurance given against the individual objectives is described in the table below:

Assurance Summary					
1	Project governance arrangements			✓	
2	Project budget management				✓
3	Realisation of project objectives				✓
4	Agreed new work streams				✓
5	Post implementation review			✓	

* The above ratings are not necessarily given equal weighting when generating the audit opinion.

Design of Systems/Controls

The findings from the review did not highlight any issues that are classified as weaknesses in the system control / design for Pharmacy Pre-Registration.

Operation of System/Controls

The findings from the review have highlighted three issues that are classified as weaknesses in the operation of the designed system / control for Pharmacy Pre-Registration.

6. Summary of Audit Findings

In this section, we highlight areas of good practice that we identified during our review. We also summarise the findings made during our audit fieldwork. The detailed findings are reported in the Management Action Plan (Appendix A).

Objective 1: Appropriate governance arrangements were put in place for the project.

We note the following areas of good practice:

- A Project Initiation Document (PID) had been drawn up prior to the commencement of the project in June 2019.
- A project risk register was drawn up and maintained through the life of the project.
- A People Change Brief had been drawn up to identify the additional posts that HEIW would require to support the new Pharmacy Pre-Registration Programme.
- Regular progress reports were provided to the Project Management Board throughout the life of the project.

We identified the following findings:

- The PID for this project was brief, lacked detail, and some key elements were missing. For future projects more developed PIDs should be in place. (Finding 1 - Medium)
- Membership of the project board was restricted to the Pharmacy Dean and the Head of Undergraduate and Pre-Registration Pharmacist. (Finding 3 - Low)

Objective 2: The project budget was appropriately managed with projected costs brought into HEIW's budgeting and reporting processes.

We noted the following areas of good practice:

- Costs were assessed prior to the start of the project and were limited to the project manager's salary costs which were included in HEIW's departmental salary budgets.

We did not identify any findings under this objective.

Objective 3: There is evidence that the objectives of the project and its anticipated short-term benefits, as set out in section 3.4 of the business case have been realised, with mechanisms in place to measure the success of the project in the longer term.

We note the following areas of good practice:

- The successful completion of the project has resulted in the benefits identified in the business case being realised.
- HEIW has well established quality monitoring processes in place to monitor the long-term success of the project.

We did not identify any findings under this objective.

Objective 4: New work streams arising from the project have been agreed and taken forward as new projects.

We note the following areas of good practice:

- New workstreams arising from the project were taken forward within the pre-registration team as part of their 'business as usual'.

We did not identify any findings under this objective.

Objective 5: An appropriate post implementation review of the project has been undertaken, including a review of the development of the project and capturing and reporting lessons learned.

We identified the following findings:

- The output from the 'Gateway' review meeting was brief and lacked substance and did not clearly detail the lessons learned (Finding 2 - Medium).

7. Summary of Recommendations

The audit findings and recommendations are detailed in Appendix A together with the management action plan and implementation timetable.

A summary of these recommendations by priority is outlined below.

Priority	H	M	L	Total
Number of recommendations	0	2	1	3

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Finding 1 - Project Initiation Document (Operating effectiveness)	Risk
<p>We were provided with a Project Initiation Document (PID) for the project that had been prepared by the project manager in June 2019. We note that this contained elements that we would expect to see in a PID, such as: the project context and background in the introduction; the project definition and content set out the scope; constraints, relationships, key deliverables and timescales for each workstream; the project organisation structure set out the project structure; and a risk assessment matrix, although no risks were included.</p> <p>However, overall, the document was brief and lacked detail and some key elements were missing. In particular, the PID did not include clearly defined project roles and responsibilities or, the project review and decision-making process.</p>	<p>Failure to achieve all the benefits detailed with the business case.</p>
Recommendation	Priority level
<ol style="list-style-type: none"> 1. A standardised PID should be developed for future projects that includes the requirement to include clearly defined project roles and responsibilities and the project review and decision-making process. 2. Guidance on how to complete a PID should also be drawn up and made available to all staff. 	<p>Medium</p>

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Management Response	Responsible Officer/ Deadline
We accept these findings. Our planning functions have matured since this business case was developed, with the appointment of a Director of Planning and we have an improved approach – an example is the Pharmacy IETP programme which has a programme board, steering group, and 7 workstreams. A Project Management Framework will be agreed by the Executive team which will include a standardised PID template.	Director of Planning

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Finding 2 - Gateway Review (Operating effectiveness)	Risk
<p>A 'gateway' review is a process undertaken at key points during, and at the end of a project to give assurance that the project is achieving its objectives. A gateway review was undertaken in October 2020 and does not appear to follow the format of a best practice post project or gateway reviews. The review document provided was brief and lacked substance, did not clearly highlight good practices or lessons learned, did not accurately record the status of workstreams to be taken forward from the project, did not reference risk and where any residual risks should be recorded.</p>	<p>Failure to accurately identify and document all the lessons learned leads to lack of learning and repeated errors being made in future projects.</p>
Recommendation	Priority level
<p>Management should establish a clear process for conducting and documenting post project or gateway reviews that are in line with best practice. Guidance on undertaking such reviews should be made available to all relevant staff.</p>	<p>Medium</p>
Management Response	Responsible Officer/ Deadline
<p>Again, we recognise this issue and will adopt NHS best practice for Gateway Review processes.</p>	<p>Medical Director Director of Planning</p>


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Finding 3 – Governance Arrangements (Operating effectiveness)	Risk
<p>The PID indicates that there are only two members on the Project Board, namely the Pharmacy Dean and the Head of Undergraduate and Pre-Foundation Pharmacist. Given the importance and complexity of the project, and value of funding, we would have expected to see a wider Board membership that included other key internal stakeholders involved in the project such as finance and IT colleagues.</p>	<p>Failure to achieve all the benefits detailed with the business case.</p>
Recommendation	Priority level
<p>To strengthen governance arrangements in future projects, consideration should be given to having wider project board membership.</p>	<p>Low</p>
Management Response	Responsible Officer/ Deadline
<p>We recognise this recommendation and have already implemented this in our revised IETP programme management arrangements.</p>	<p>Medical Director</p>


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Appendix B - Assurance opinion and action plan risk rating

Audit Assurance Ratings

 **Substantial assurance** - The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.

 **Reasonable assurance** - The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to **moderate impact on residual risk** exposure until resolved.

 **Limited assurance** - The Board can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.

 **No assurance** - The Board can take **no assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **high impact on residual risk** exposure until resolved.

Prioritisation of Recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows.

Priority Level	Explanation	Management action
High	Poor key control design OR widespread non-compliance with key controls. PLUS Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in control design OR limited non-compliance with established controls. PLUS Some risk to achievement of a system objective.	Within One Month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. These are generally issues of good practice for management consideration.	Within Three Months*

* Unless a more appropriate timescale is identified/agreed at the assignment.

Governance Arrangements

Internal Audit Report

July 2021

Health Education and Improvement Wales

NWSSP Audit and Assurance Services

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Appendix A	Management Action Plan
Appendix B	Assurance opinion and action plan risk rating

Review reference:	HEIW-2020/21-03
Report status:	Internal Audit Report
Fieldwork commencement:	6 April 2021
Fieldwork completion:	13 May 2021
Draft report issued:	17 May 2021
Management response received:	2 July 2021
Approval and final report issued:	5 July 2021
Auditors:	Kenneth Hughes, Audit Manager, Cara Vernon, Internal Auditor
Executive sign off:	Dafydd Bebb, Board Secretary
Distribution:	Catherine English, Corporate Governance Manager
Committee:	Audit & Assurance Committee



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1. Introduction and Background

In line with the 2020/21 Internal Audit Plan for Health Education and Improvement Wales ('HEIW' or 'the organisation') a review of the organisation's governance arrangements was undertaken. The review sought to provide assurance to the HEIW Audit and Assurance Committee that there are effective arrangements and processes in place to manage the associated risks.

HEIW was established in October 2018, bringing together three key organisations for health: the Wales Deanery; NHS Wales's Workforce Education and Development Services (WEDS); and the Wales Centre for Pharmacy Professional Education (WCPPE). In our previous years' audit plans we have reviewed the governance arrangements the organisation established, maintaining a high-level focus on the Board and its committees. Our previous audit findings have established that those arrangements are becoming well embedded.

A paper prepared by the Board Secretary in February 2021 was presented to the HEIW Executive team. This lists 36 of the organisation's key groups and committees, mapped them against the eight key functions of the organisation, and outlined the reporting arrangements that each group has into the Executive team. The paper recommended changes to the reporting arrangements. As some of these groups reflected historical arrangements, a second piece of work was commissioned by the CEO to refresh and reshape the committee and meetings structure as part of the governance arrangements.

This second paper prepared by the CEO, assigned each group and committee to one of five broad categories. This year, our review took a more in-depth look at the governance arrangements in place within a sample of those groups and committees categorised as 'Group A'. This category is made up of groups that support Executive Directors to discharge their individual responsibilities and accountabilities. A total of 15 of the 36 listed groups are categorised as Group A.

It is anticipated that our review will sit alongside the Board Secretary's report and the subsequent review by the CEO, and will help inform the organisation on future changes needed to the governance arrangements that are currently in place within the organisation.

The relevant lead for the review is the Board Secretary.

2. Scope and Objectives

The overall objective of the audit was to evaluate and determine the adequacy of the systems and controls in place in relation to the organisation's governance arrangements. The review sought to provide assurance to the Audit and Assurance Committee that risks material to the system's objectives are managed appropriately.

For a sample of eight of the groups that sit within category A, our review sought to provide assurance on:

- Terms of Reference (ToR) for the group are up to date, with the purpose of the group clearly defined including links to strategic aims and functions of the organisation.
- Meetings are taking place in line with regularity stated in the ToR.
- Attendees and quoracy are in line with the ToR.
- Meetings cover the areas of responsibility outlined in their ToR.
- Adequate meeting notes or minutes are maintained that provide a record of the key discussions and decisions made during the meetings.
- The functioning reporting lines of the group are included in the ToR.

3. Associated Risks

The potential risks considered in the review were as follows:

- The objectives of group or committee and ultimately HEIW are not achieved where there are gaps in coverage.
- Issues arise if governance arrangements are not effectively identifying and escalating concerns and if arrangements are not properly discharged.
- Areas of poor performance are not identified and addressed.
- A lack of clear, consistent direction, accountability and leadership with governance arrangements not properly discharged.


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OPINION AND KEY FINDINGS

4. Overall Assurance Opinion

We are required to provide an opinion as to the adequacy and effectiveness of the system of internal control under review. The opinion is based on the work performed as set out in the scope and objectives within this report. An overall assurance rating is provided describing the effectiveness of the system of internal control in place to manage the identified risks associated with the objectives covered in this review.

The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with governance arrangements is Reasonable Assurance.

Rating	Indicator	Definition
REASONABLE ASSURANCE		The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.

Our testing of the eight selected Category A groups established that there was a Terms of Reference in place for each group that clearly defined the group’s function and outlined their areas of responsibility.

However, the control environment could be improved by including a clear link to the organisation’s strategic aims and functions in each of the group’s Terms of Reference. We also note that Terms of Reference were not dated for all the groups tested, and the review period, reporting lines and quoracy requirements were not always stated.




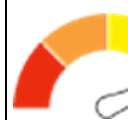
There were meeting notes for all of the groups that we tested which covered key discussions and decisions in line with the group’s outlined responsibilities. However, one of the groups that we tested had not been quorate for any of the four meetings that we looked at, and a further two groups had not been holding meetings in line with their Terms of Reference.

The overall level of assurance that can be assigned to a review is dependent on the severity of the findings as applied against the specific review objectives and should therefore be considered in that context.

Reviewed by Elizabeth
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5. Assurance Summary

The summary of assurance given against the individual objectives is described in the table below:

Assurance Summary					
1	Terms of Reference			✓	
2	Meetings frequency			✓	
3	Attendees and quoracy			✓	
4	Meetings cover areas of responsibilities				✓
5	Meeting notes and minutes				✓
6	Reporting lines of group			✓	

The above ratings are not necessarily given equal weighting when generating the audit opinion.

Design of System/Controls

The findings from the review have not highlighted any issues that are classified as a weakness in the system design / controls.

Operation of System/Controls

The findings from the review have highlighted three issues that are classified as weaknesses in the operation of the designed system / controls.

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6. Summary of Audit Findings

In this section, we highlight areas of good practice that we identified during our review. We also summarise the findings made during our audit fieldwork. The detailed findings are reported in the Management Action Plan (Appendix A).

Objective 1 - Terms of Reference (ToR) for the group are up to date, with the purpose of the group clearly defined including links to strategic aims and functions of the organisation.

We note the following areas of good practice:

- There was a ToR in place for the sample of groups that we reviewed.
- All ToR were found to have their purpose clearly defined.
- All ToR stated the group's required attendees / membership.

We identified the following finding:

- Whilst all of the ToRs outlined the group's purpose, not all had a clear link included to the organisation's strategic aims and functions.

For a number of groups, their ToRs were not dated or, the review period was not stated so we could not determine if they were in date or when they were due for review.

The ToR for the majority of groups did not state quoracy requirements (Finding 1 - Medium).

Objective 2 - Meetings are taking place in line with the regularity stated in the ToR.

We identified the following finding:

- Meetings had not been held in line with their ToR for a small number of the groups tested, and the regularity of meetings was not included in one ToR (Finding 2 - Medium).

Objective 3 - Attendees and quoracy are in line with the ToR.

We identified the following finding:

- Meetings for one of the groups had not been quorate for any of the four meetings that we reviewed (Finding 2 - Medium).

Objective 4 - Meetings cover the areas of responsibility outlined in their ToR.

We note the following areas of good practice:

- Areas of responsibility were outlined in all the ToR provided.
- Discussions held during meetings were found to be in line with outlined responsibilities.

We did not identify any findings under this objective.

Objective 5 - Adequate meeting notes or minutes are maintained that provide a record of the key discussions and decisions made during the meetings.

We note the following area of good practice:

- All of the groups that we tested kept meeting notes or minutes which appeared to be detailed, covering key discussions and decisions. Actions arising from meetings were being recorded in the meeting notes.

We identified the following finding:

- Actions arising from meetings were not always monitored in subsequent meetings (Finding 3 - Low).

Objective 6 - The functioning reporting lines of the group are included in the ToR.

We identified the following finding:

- The ToR for half of the group did not include the reporting lines of the group (Finding 1 - Medium).

7. Summary of Recommendations

The audit findings and recommendations are detailed in Appendix A together with the management action plan and implementation timetable.

A summary of these recommendations by priority is outlined below.

Priority	High	Medium	Low	Total
Number of recommendations	0	2	1	3

Tomkinson Elizabeth
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Appendix A: Management Action Plan

Finding 1 - Terms of Reference (Operating effectiveness)	Risk
<p>Category A groups are defined as those that are required to be in place to support Executive Directors discharge their individual responsibilities and accountabilities. We tested the Terms of Reference (ToR) for a sample of 8 category A groups. Although each group had a documented ToR in place, we note the following:</p> <ul style="list-style-type: none"> • All the ToR reviewed had included the group's purpose, but for 6/8 there was no clear link to the organisation's strategic aims and functions. • The ToR were not dated for 3/8 groups, and the review period was not stated for 6/8 groups. Consequently, for these groups it was not clear whether the ToR were in date or due for review. • The ToR for 5/8 groups did not state quoracy requirements. • The ToR for 4/8 groups did not include the groups reporting lines. • All ToR were in different formats with inconsistent information outlined. 	<p>Groups do not have a clearly defined purpose.</p>
Recommendation	Priority level
<p>Whilst we acknowledge that there are wide differences between each group's remit, their Terms of Reference should be in a set format that can be tailored to suit their needs, as a minimum should include:</p> <ul style="list-style-type: none"> • The group's overall objective and purpose. • Their links to the organisation's strategic aims and functions. • The group's quorum. • The frequency of meetings. • The reporting hierarchy. • The approval date and frequency of review. 	<p>Medium</p>

Management Response	Responsible Officer/ Deadline
<p>The Terms of Reference for Category A Groups will be amended to include the following:</p> <ul style="list-style-type: none">• The group's overall objective and purpose.• Their links to the organisation's strategic aims and functions.• The group's quorum.• The frequency of meetings.• The reporting hierarchy.• The approval date and frequency of review.	<p>Board Secretary August 2021</p>

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Finding 2 - Group meetings (Operating effectiveness)	Risk
<p>Category A groups support Executive Directors to discharge their individual responsibilities and accountabilities. We reviewed the last four meetings for each of our sample of eight Category A groups to ascertain whether meetings were quorate and were being held in line with the frequency set out in their ToR. We identified the following:</p> <ul style="list-style-type: none"> • None of the meetings held by the Medical Deanery Workforce Group were quorate. The quorum is four members, but the four meetings reviewed were attended by only two or three members. It is unclear what decision-making authority the group has when operating below quoracy levels. • Two groups had not held meetings in line with their ToR: <ul style="list-style-type: none"> ◦ The Pharmacy Technicians Workstream should meet quarterly, but this was not happening. ◦ The Pharmacy Workforce should meet every 4-6 weeks, but the minutes show that seven months had passed between the third and fourth meeting. • The Dental Management Executive Team ToR did not state the regularity of meetings, although the minutes provided showed that meetings had been held regularly throughout 2021. 	<p>Meetings are not held as required, and this impacts on the effectiveness of the group.</p>
Recommendation	Priority level
<p>If appropriate, meetings that are not quorate should be rescheduled until such time that sufficient members can attend.</p> <p>Groups should ensure that meetings are held in line with their ToR. Where the actual frequency of meetings is no longer aligned to that recorded in the ToR, the ToR should be reviewed and updated.</p> <p>The Dental Management Executive Group should determine how often meetings should be held and update their ToR accordingly.</p>	<p>Medium</p>

Management Response	Responsible Officer/ Deadline
<p>We will engage with the Groups to ensure that:</p> <ul style="list-style-type: none">meetings which are not quorate are re-scheduledmeetings are held in line with terms of reference and that frequency of meeting reflects current requirements and are captured within all terms of reference going forward (including the Dental Management Executive Group).	<p>Board Secretary August 2021</p>

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Finding 3 - Meeting notes (Operating effectiveness)	Risk
<p>We reviewed the last four sets of minutes and meeting notes for each of our sampled Category A Groups, to assess whether meeting notes or minutes that were being maintained appeared detailed enough to provide a record of the key discussions and decisions made during the meetings.</p> <p>Whilst the minutes provided appeared to record sufficient and relevant information, we identified the following issues:</p> <ul style="list-style-type: none"> • Actions arising from meetings were not always being monitored in subsequent meetings. • Apologies for absence were not always being recorded in the meeting notes for one group. 	<p>Decisions and actions arising from meetings are not implemented.</p>
Recommendation	Priority level
<p>Meeting notes should include the names of all attendees and should be an accurate record of discussions held. They should clearly document any decisions made, any actions arising, the name of the officer responsible for undertaking the action and an indicative date for completion. We would also recommend that an Action Log be completed after every meeting to monitor the progress of actions between meetings.</p>	<p>Low</p>
Management Response	Responsible Officer/ Deadline
<p>We will engage with the Groups to ensure that minutes include the following (and that the terms of reference be updated to reflect the same):</p> <ul style="list-style-type: none"> • Record attendees and apologies • Record of actions, action owner and action deadline • Action log to monitor progress. 	<p>Board Secretary August 2021</p>

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Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings



Substantial assurance

The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.



Reasonable assurance

The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to **moderate impact on residual risk** exposure until resolved.



Limited assurance

The Board can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.



No assurance

The Board can take **no assurance** that arrangements in place to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Action is required to address the whole control framework in this area with **high impact on residual risk** exposure until resolved.



Assurance not applicable

Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are **not appropriate** but which are relevant to the evidence base upon which the overall opinion is formed.

Tomkinson Elizabeth
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Prioritisation of Recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows.

Priority level	Explanation	Management action
High	Poor key control design OR widespread non-compliance with key controls. PLUS Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in control design OR limited non-compliance with established controls. PLUS Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. These are generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.

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IG Toolkit

Final Internal Audit Report

July 2021

Health Education and Improvement Wales

NWSSP Audit and Assurance Services

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Appendix A	Management Action Plan
Appendix B	Assurance opinion and action plan risk rating

Review reference:	HEIW-2122-07
Report status:	Final Internal Audit Report
Fieldwork commencement:	17 May 2021
Fieldwork completion:	24 June 2021
Draft report issued:	30 June 2021
Management response received:	6 July 2021
Approval and final report issued:	14 July 2021
Auditors:	Ken Hughes, Audit Manager Martyn Lewis, IT Audit Manager
Executive sign off:	Sian Richards, Director of Digital Development
Distribution:	Emma Garland, Information Governance Officer
Committee:	Audit & Assurance Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors

Acknowledgement

NHS Wales Audit & Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Disclaimer notice - please note

This audit report has been prepared for internal use only. Audit & Assurance Services reports are prepared, in accordance with the Service Strategy and Terms of Reference, approved by the Audit & Assurance Committee.

Audit reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit & Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of Health Education and Improvement Wales and no responsibility is taken by the Audit & Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

1. Introduction and Background

In line with the 2021/22 Internal Audit Plan for Health Education and Improvement Wales ('HEIW' or 'the organisation') a review of the arrangements in place for the completion of the Information Governance (IG) Toolkit was undertaken.

The IG Toolkit for health boards and trusts is a self-assessment process that enables organisations to measure their level of compliance against National Information Governance Standards and data protection legislation to ascertain whether information is handled and protected appropriately.

The toolkit is made up of eight sections, and the attainment for each section is scored between Level 0 and Level 3, where Level 3 would indicate the highest level of compliance.

The relevant lead for the review is the Director of Digital.

2. Scope and Objectives

The overall objective was to review the organisation's processes for completion of the IG Toolkit and the collation and submission of appropriate evidence to support the assessed score in order to provide assurance to the Audit & Assurance Committee that risks material to the objectives of the areas of coverage are appropriately managed.

The main areas that the review sought to provide assurance on were:

- a process exists for completion of the toolkit and maintenance of appropriate evidence;
- the self-assessed scores are supported by evidence and are appropriate; and
- an improvement plan is in place to improve the information governance controls within the organisation.

3. Associated Risks

The potential risk considered in this review was as follows:

- Non-compliance with key information governance legislation.


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OPINION AND KEY FINDINGS

4. Overall Assurance Opinion

We are required to provide an opinion as to the adequacy and effectiveness of the system of internal control under review. The opinion is based on the work performed as set out in the scope and objectives within this report. An overall assurance rating is provided describing the effectiveness of the system of internal control in place to manage the identified risks associated with the objectives covered in this review.

The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with the **IG Toolkit** review is substantial assurance.

Rating	Indicator	Definition
SUBSTANTIAL ASSURANCE		The Board can take substantial assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with low impact on residual risk exposure .

We identified that although initial compliance levels are low, a robust process has been developed for the completion of the self-assessment toolkit, and this has ensured that overall the toolkit scores accurately reflect the current position in respect of Information Governance, compliance against National Information Governance Standards, and data protection legislation.





The toolkit submission scores were backed up by appropriate evidence and where applicable supporting documentation, and a comprehensive information governance delivery and implementation plan for 2021/22 has been developed that covers all areas of non-compliance. Implementation of this plan should help ensure that the organisation is fully compliant with Level 2 requirements when the toolkit becomes mandatory in 2022/23.

Improvements to the above arrangements could be made by ensuring that the Data Protection Officer (DPO), Senior Information Risk Owner (SIRO) and Caldicott Guardian roles and responsibilities are clearly documented, and the incumbents are provided with appropriate training. Improvements could also be made to the use of privacy notices, and the reporting of progress against Level 3 actions within the IG delivery and implementation plan.

The overall level of assurance that can be assigned to a review is dependent on the severity of the findings as applied against the specific review objectives and should therefore be considered in that context.

5. Assurance Summary

The summary of assurance given against the individual objectives is described in the table below:

Assurance Summary					
1	Process for completion of toolkit				✓
2	Evidence to support scores				✓
3	Improvement Plan				✓

The above ratings are not necessarily given equal weighting when generating the audit opinion.

Design of Systems / Controls

The findings from the review have highlighted one issue that is classified as a weakness in the system control / design for the IG Toolkit.

Operation of System / Controls

The findings from the review have highlighted two issues that are classified as weaknesses in the operation of the designed system / control for the IG Toolkit.

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6. Summary of Audit Findings

In this section we highlight areas of good practice that we identified during our review. We also summarise the findings made during our audit fieldwork. The detailed findings are reported in the Management Action Plan (Appendix A).

Objective 1: A process exists for completion of the toolkit and maintenance of appropriate evidence:

We note the following areas of good practice:

- The submission has been completed on a voluntary basis for 2020/21 to establish a baseline position.
- Responsibility for completing the toolkit assessment was specifically assigned to the Information Governance Officer.
- An IG Improvement Plan has been developed to improve compliance by the time the submission becomes mandatory in 2022/23.
- All supporting evidence is uploaded to the Welsh Government's IG portal.
- The process for completion of the toolkit includes a detailed review of the draft submission and supporting evidence by the Director of Digital Development.
- The draft submission is reviewed by the Executive Management Team and approved by Digital Health & Care Wales (DHCW) prior to finalisation.

Our audit identified the following finding:

- All supporting evidence for the IG Toolkit is currently collated, stored and updated by the IG Officer, rather than via departmental leads and a centralised shared file system (Finding 3 - Low).

Objective 2: The self-assessed scores are supported by evidence and are appropriate:

We note the following area of good practice:

- Where applicable, relevant supporting evidence had been uploaded to the HEIW Toolkit Submission Report 2020/21 to support the self-assessed scores.

Our audit identified the following findings:

- Our testing of the evidence provided to support the self-assessed scores in the 2020/21 toolkit submission identified some areas where the evidence was not fully available:
 - There was no evidence that the DPO, SIRO and Caldicott Guardian had been provided with detailed responsibilities or that sufficient training had been provided to the DPO, SIRO or Caldicott Guardian to enable them to carry out their roles; and
 - Privacy information should be provided to individuals which is clear and informative and reflects all statutory requirements. A layered approach should be used with short notices containing key privacy information and additional layers of more detailed information. However, no evidence was

provided that short privacy notices were being used. (Finding 1 - Medium).

Objective 3: An improvement plan is in place to improve the information governance controls within the organisation:

We note the following areas of good practice:

- An Information Governance Delivery and Improvement Plan has been drawn up for 2021/22.
- The plan covers all the areas from the toolkit where the organisation had been scored as 'non-compliant'.
- The plan is focussed on implementing all outstanding Level 1 and Level 2 requirements by the end of 2021/22.
- Responsibility for implementing all the outstanding actions has been assigned to a designated Responsible Officer on the plan.
- Progress on implementing the plan is reported to the Executive Team and the Audit & Assurance Committee.

Our audit identified the following findings:

- Some of the Level 1 requirements that have been signed off as 'complete' or 'in place' in the original toolkit submission have outstanding actions to be completed in 2021/22. In addition, compliance with Level 3 requirements has been deemed 'outside scope' for 2021/22 by HEIW. However, the improvement plan includes a number of Level 3 actions, but where these have been included a RAG rating for progress has not been assigned as is the case for Levels 1 and 2 (Finding 2 - Medium).

7. Summary of Recommendations

The audit findings, recommendations are detailed in Appendix A together with the management action plan and implementation timetable.

A summary of these recommendations by priority is outlined below.

Priority	High	Medium	Low	Total
Number of recommendations	0	2	1	3

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Appendix A: Management Action Plan

Finding 1 - Evidence to support self-assessed scores (Operating Effectiveness)	Risk
<p>Our testing of the evidence provided to support the self-assessed scores in the 2020/21 toolkit submission identified the following:</p> <ul style="list-style-type: none"> The IG & IM group minutes recording the appointment of the Board Secretary as the SIRO and the Director of Digital Development as DPO was submitted as evidence of these officers being provided with detailed responsibilities as part of their role in the toolkit submission (Section 2.1). However, this does not detail the SIRO or DPO responsibilities. We note that the Job Description for the Director of Digital Development included detailed responsibilities for the SIRO role, although this role has been actually assigned to the Board Secretary. The toolkit submission (Section 2.1) states that the Caldicott Guardian is aware of their role and responsibilities, but no evidence was provided of this. There was a lack of evidence of training for those staff appointed to the SIRO, DPO and Caldicott Guardian roles (Section 2.1). Privacy information should be provided to individuals which is clear and informative and reflects all statutory requirements. A layered approach should be used with short notices containing key privacy information and additional layers of more detailed information. However, the only evidence provided was an eight-page detailed privacy notice covering Consultations & Surveys. No evidence was provided that short privacy notices containing key privacy information were being used. (Section 4.2). 	Non-compliance with key information governance legislation.
Recommendation	Priority level
<p>1. Separate job descriptions should be drawn up for the SIRO, DPO and Caldicott Guardian roles that clearly define the roles and their detailed responsibilities, or alternatively these should be incorporated into their existing job descriptions.</p>	<p>Medium</p>

<ul style="list-style-type: none">2. Appropriate training should be provided for the SIRO, DPO and Caldicott Guardian roles.3. A 'layered approach' should be used for privacy notices using a combination of short notices and additional layers of more detailed information, as required by the toolkit.4. The above requirements should be added to the IG Delivery and Implementation Plan and the toolkit self-assessed scores adjusted until such time as the above requirements have been met.	
Management Response	Responsible Officer/ Deadline
Accept the recommendation and action will be taken to update job descriptions, provide training, review and update privacy notices and these actions will be added to the delivery plan	Sian Richards By August 2021

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Appendix A: Management Action Plan






Finding 2 - Delivery & Implementation Plan (Operating Effectiveness)	Risk
<p>Our testing of the Delivery and Implementation Plan identified:</p> <ul style="list-style-type: none"> Some of the Level 1 requirements that have been signed off as being 'completed' or 'in place' in the original Toolkit submission have outstanding actions to be completed in 2021/22. Compliance with Level 3 requirements has been deemed 'outside scope' by HEIW for 2021/22, yet the improvement plan includes a number of Level 3 actions. Where this has been done a RAG rating for progress has not been assigned as is the case for Levels 1 and 2. 	<p>Non-compliance with key information governance legislation.</p>
Recommendation	Priority level
<ol style="list-style-type: none"> The original Level 1 self-assessment scores should be adjusted where outstanding requirements have been identified in the Delivery and Implementation Plan. Progress in the form of a RAG rating should be recorded where Level 3 requirements have been included in the Delivery and Implementation Plan for 2021/22. 	<p>Medium</p>
Management Response	Responsible Officer/ Deadline
<p>Agreed the plan will be updated. The self-assessment scores will be refined in next years submission</p>	<p>Sian Richards August 2021</p>

Appendix A: Management Action Plan

Finding 3 - File Sharing & Area Leads (Control Design)	Risk
<p>We note that all supporting documentation underpinning the self-assessment scores is collated and held by the Information Governance Officer. There is a significant amount of work to be undertaken to maintain existing evidence up to date for 2022/23 when the toolkit submission becomes mandatory, and also to deliver the Information Governance Delivery & Implementation Plan 2021/22.</p> <p>It has been highlighted within the Information Governance Delivery & Implementation Plan 2021/22 that there are 21 areas of activity of routine information governance work. However, there is only one IGO. Consequently, any high priority activity such as the reporting and investigation of a data breach would adversely impact on the delivery of the IG Delivery and Implementation Plan. This would also impact on the routine updating of documentary evidence already collected.</p>	Non-compliance with key information governance legislation.
Recommendation	Priority level
<p>The organisation should consider whether it may be beneficial to set up a centralised, shared folder to store the toolkit evidence already collected, and to assign responsibilities for updating the documentation to nominated area leads across the organisation to help ensure documentation is updated in year as necessary.</p> <p>The nominated leads could also assist the IGO in delivering the IG Delivery & Implementation Plan. For example, by obtaining new supporting documentation. The involvement of area leads would also help raise the profile of Information Governance and help embed good practice across the organisation.</p>	Low
Management Response	Responsible Officer/ Deadline
Agreed – shared folder to be created	Sian Richards – December 2021

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

	Substantial assurance	The Board can take substantial assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with low impact on residual risk exposure.
	Reasonable assurance	The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.
	Limited assurance	The Board can take limited assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with moderate impact on residual risk exposure until resolved.
	No assurance	The Board can take no assurance that arrangements in place to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Action is required to address the whole control framework in this area with high impact on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate but which are relevant to the evidence base upon which the overall opinion is formed.

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Prioritisation of Recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows.

Priority level	Explanation	Management action
High	Poor key control design OR widespread non-compliance with key controls. PLUS Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in control design OR limited non-compliance with established controls. PLUS Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. These are generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.

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GIG
CYMRU
NHS
WALES

Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Dyddiad y Cyfarfod	1 ^{af} Gorffennaf 2021	Eitem ar yr Agenda	2.5.1
Teitl yr Adroddiad	Archwilio Cymru – Adroddiad Cynnydd		
Awdur yr Adroddiad	Archwilio Cymru		
Noddwr yr Adroddiad	Archwilio Cymru		
Cyflwynwyd gan	Archwilio Cymru		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Pwrpas Adroddiad Cynnydd Archwilio Cymru yw rhoi'r wybodaeth ddiweddaraf i'r Pwyllgor Archwilio a Sicrwydd am waith cyfredol ac arfaethedig Archwilio Cymru. Ystyrir cyfrifon a gwaith archwilio perfformiad, a darperir gwybodaeth hefyd am raglen ehangach yr Archwilydd Cyffredinol o archwiliadau gwerth am arian cenedlaethol a gwaith ein Cyfnewidfa Arfer Da.		
Materion Allweddol	<ul style="list-style-type: none"> Mae'r adroddiad yn crynhoi statws gwaith archwilio cyfrifon pwysig Archwilio Cymru yr adroddir arno yn ystod 2021. Mae'r adroddiad hefyd yn sôn am y gwaith archwilio perfformiad sydd wedi'i gynnwys yn y Cynlluniau Archwilio presennol a blaenorol, gan grynhoi'r gwaith sydd ar y gweill ar hyn o bryd a'r gwaith sydd wedi'i gynllunio ond heb ddechrau eto. 		
Cam Penodol i'w Gymryd (un ✓ yn unig)	Gwybodaeth	Trafodaeth	Sicrwydd
	✓		
Argymhellion	Gofynnir i'r Pwyllgor nodi'r adroddiad.		
Atodiadau	Adroddiad Cynnydd Archwilio Cymru (Diweddariad)		

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Audit and Assurance Committee Update – Health Education and Improvement Wales

Date issued: July 2021

Document reference: HEIWAACU202103

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This document has been prepared for the internal use of Health education and Improvement Wales as part of work performed/to be performed in accordance with statutory functions.

The Auditor General has a wide range of audit and related functions, including auditing the accounts of Welsh NHS bodies, and reporting on the economy, efficiency and effectiveness with which those organisations have used their resources. The Auditor General undertakes his work using staff and other resources provided by the Wales Audit Office, which is a statutory board established for that purpose and to monitor and advise the Auditor General.

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Audit and Assurance Committee Update

About this document

- 1 This document provides the Audit and Assurance Committee with an update on current and planned Audit Wales work. Accounts and performance audit work are considered, and information is also provided on the Auditor General's wider programme of national value-for-money examinations and the work of our Good Practice Exchange (GPX).

Accounts audit update

- 2 **Exhibit 1** summarises the status of our key accounts audit work to be reported during 2021.

Exhibit 1 – Accounts audit work

Area of work	Current status
Annual Accounts 2020-21	<p>Ongoing liaison</p> <p>Quarterly meetings with the Chair, Chief Executive and Chair of the Audit and Assurance Committee have continued throughout the period.</p> <p>Accounts work</p> <p>High quality draft accounts received 30 April.</p> <p>Audit work undertaken during May with reporting to the Audit and Assurance Committee on 9 June. Key conclusions:</p> <ul style="list-style-type: none">- no non-trivial misstatements identified;- no corrections for misstatements, only disclosure amendments processed; and- no recommendations for improvement made. <p>Board approval 10 June.</p> <p>Audited submission of full Annual Report and Accounts and associated financial returns to Welsh Government 11 June.</p> <p>AGW certification 15 June, unqualified audit opinion with emphasis of matter paragraph and substantive report to draw the attention of the reader of the accounts to Note 21.1 which describes the impact of a Ministerial Direction regarding clinicians' pension tax liabilities.</p> <p>Accounts laid at Senedd 16 June.</p>

Area of work	Current status
	Whole of Government Accounts return complete and submitted to central Audit Wales team.

Performance audit update

3 The following tables set out the performance audit work included in our current and previous Audit Plans, summarising:

- work that is currently underway (**Exhibit 2**); and
- planned work not yet started (**Exhibit 3**).

Exhibit 2 – Work currently underway

Topic and relevant Executive Lead	Focus of the work	Current status and Audit and Assurance Committee consideration
Structured Assessment 2021 Executive Lead: Dafydd Bebb Tomkinson Elizabeth 07/19/2021 09:59:01	Structured Assessment continues to examine the existence of proper arrangements for the efficient, effective, and economical use of resources. This year, the work is in two phases. <ul style="list-style-type: none"> • Phase 1 – examined the effectiveness of operational planning arrangements whilst NHS bodies continued to respond to the pandemic and recover and restart services. • Phase 2 – examines how well NHS bodies are embedding sound arrangements for corporate governance and financial management, as well as drawing on lessons learnt 	Phase 1 – final report issued on 18 May 2021. It is being considered by Audit Committee on 21 July 2021 and will be published on the Audit Wales website shortly after. Phase 2 – set-up meeting held with Board Secretary on 25 June 2021. Fieldwork will take place over the summer months. Aiming to issue the draft report in September.

Topic and relevant Executive Lead	Focus of the work	Current status and Audit and Assurance Committee consideration
	from the initial response to the pandemic.	
2020 Local Project: Review of Annual Commissioning Arrangements.	Commissioning is HEIW's core function and its biggest investment. This piece of work looks to review its annual commissioning arrangements to ensure they are effective and helping to meet the wider needs of the NHS in Wales in terms of education and training.	Project brief was issued on 21 May 2021. Set-up meeting with Director of Nursing & Health Professional Education and Head of Education, Commissioning & Quality arranged for 26 July 2021. Fieldwork will take place during the summer and early autumn. Aiming to issue the draft report in October/November.

Exhibit 3 – Planned work not yet started

Topic and relevant Executive Lead	Focus of the work	Current status and Audit and Assurance Committee consideration
2021 Local Project	To be confirmed	Not yet started

Good Practice events and products

- 4 In addition to the audit work set out above, we continue to seek opportunities for finding and sharing good practice from all-Wales audit work through our forward planning, programme design and good practice research.
- 5 In response to the Covid-19 pandemic, we have established a **Covid-19 Learning Project** to support public sector efforts by sharing learning through the pandemic. This is not an audit project; it is intended to help prompt some thinking, and hopefully support the exchange of practice. We have produced a number of

outputs as part of the project which are relevant to the NHS, the details of which are available [here](#).

- 6 **Exhibit 4** outlines the Good Practice Exchange (GPX) events which have been held since the Committee last met. Materials are available via the links below. Details of future events are available on the [GPX website](#)

Exhibit 4 – Good practice events and products

Event	Details
Your Town, Your Future	At a webinar in May 2021, Audit Wales and guest speakers shared their views on town centre regeneration, what works and why.
Dynamic Strategy	A webinar held in March 2021 discussed how leaders from across all parts of public services have had to make fast and difficult decisions in a rapidly changing situation throughout the COVID-19 pandemic.

NHS-related national studies and related products

- 7 The Audit Committee may also be interested in the Auditor General's wider programme of national value for money studies, some of which focus on the NHS and pan-public-sector topics. These studies are typically funded through the Welsh Consolidated Fund and are presented to the Public Accounts Committee at the Senedd to support its scrutiny of public expenditure.
- 8 We have published one NHS-related data tool and three relevant national studies reports since we last provided the Committee with an update. **Exhibit 5** provides information on these reports.

Tomkinson Elizabeth
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Exhibit 5 – NHS-related or relevant national studies reports

Title	Publication Date
<u>NHS Wales Finances Data Tool – up to March 2021</u>	June 2021
<u>Rollout of the COVID-19 vaccination programme in Wales Audit Wales</u>	June 2021
<u>An overview of Quality Governance Arrangements at Cwm Taf Morgannwg University Health Board: A Summary of progress made against recommendations Audit Wales</u>	May 2021
<u>Procuring and Supplying PPE for the COVID-19 Pandemic Audit Wales</u>	April 2021

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Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.



GIG
CYMRU
NHS
WALES

Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Dyddiad y Cyfarfod	1 ^{af} Gorffennaf 2021	Eitem ar yr Agenda	2.5.2
Teitl yr Adroddiad	Archwilio Cymru – Adroddiad Cam 1 yr Asesiad Strwythuredig		
Awdur yr Adroddiad	Archwilio Cymru		
Noddwr yr Adroddiad	Archwilio Cymru		
Cyflwynwyd gan	Archwilio Cymru		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	<p>Mae'r adroddiad yn nodi canfyddiadau cam un Asesiad Strwythuredig 2021 yr Archwilydd Cyffredinol ar drefniadau cynllunio gweithredol Addysg a Gwella Iechyd Cymru (AaGIC).</p> <p>Bwriad yr Asesiad Strwythuredig yw helpu i gyflawni un o ofynion statudol yr Archwilydd Cyffredinol, sef cael ei fodloni bod cyrff y GIG wedi gwneud trefniadau priodol i ddefnyddio adnoddau mewn ffordd ddarbodus, effeithlon ac effeithiol o dan adran 61 o Ddeddf Archwilio Cyhoeddus (Cymru) 2014.</p>		
Materion Allweddol	<ul style="list-style-type: none"> Yn gyffredinol, mae trefniadau AaGIC ar gyfer paratoi cynlluniau gweithredol a monitro eu darpariaeth yn gadarn. Roedd AaGIC wedi cyflwyno ei Gynllun ar gyfer Chwarteri 3-4 a'r Set Ddata Sylfaenol perthnasol i Lywodraeth Cymru o fewn yr amserlen benodedig. Mae trefniadau cynllunio AaGIC yn gadarn. Roedd y gwaith ymgysylltu â rhanddeiliaid yn bellgyrhaeddol er gwaethaf y cyfyngiadau amser. Mae gan AaGIC drefniadau effeithiol ar waith i oruchwylio'r broses o gyflawni ei gynlluniau gweithredol, sydd bellach wedi'u gwreiddio yn ei Fframwaith Perfformiad, a gymeradwywyd yn ddiweddar. Nid yw Archwilio Cymru wedi gwneud unrhyw argymhellion newydd yn seiliedig ar waith cam un Asesiad Strwythuredig 2021. 		
Cam Penodol i'w Gymryd (un yn unig)	Gwybodaeth	Trafodaeth	Sicrwydd
	✓		
Argymhellion	Gofynnir i'r Pwyllgor nodi'r adroddiad.		
Atodiadau	Adroddiad Cam 1 Asesiad Strwythuredig 2021		

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Structured Assessment 2021 (Phase One) – Operational Planning Arrangements Health Education and Improvement Wales

Audit year: 2021

Date issued: May 2021

Document reference: 2340A2021-22

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This document has been prepared for the internal use of Health Education and Improvement Wales as part of work performed in accordance with statutory functions.

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

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Summary report

About this report

- 1 This report sets out the findings from phase one of the Auditor General's 2021 Structured Assessment on the operational planning arrangements at Health Education and Improvement Wales (HEIW). Our Structured Assessment is designed to help discharge the Auditor General's statutory requirement to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources under section 61 of the Public Audit (Wales) Act 2014.
- 2 Health bodies are required to submit a three-year Integrated Medium Term Plan (IMTP) to the Welsh Government on an annual basis. In January 2020, health bodies submitted IMTPs, covering the period 2020-2023, for approval. However, the Welsh Government suspended the process for approving IMTPs to allow health bodies to focus on responding to the unprecedented and ongoing challenges presented by the COVID-19 pandemic.
- 3 The Minister for Health, Social Services and Sport set out shorter planning cycles for health bodies covering 2020-21. Guidance set out key considerations for planning, with the requirement for health bodies to produce a quarter one plan by 18 May 2020, a quarter two plan by 3 July 2020, and a combined plan covering quarters three and four by 19 October 2020.
- 4 The planning framework for quarters three and four 2020-21 covers the maintenance of effective and efficient operational planning arrangements in health bodies to guide their continuing response to the pandemic as well as responding to winter pressures and the implications of EU transition. Health bodies also need to continue to lay the foundations for effective recovery beyond 2020-21.
- 5 In our [2020 Structured Assessment report](#) we considered HEIW's planning arrangements for developing the quarters one and two plans. This report considers the planning arrangements underpinning the development of the operational plan for quarters three and four of 2020-21.

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Key messages

- 6 Overall, we found that **HEIW's arrangements for preparing operational plans and monitoring their delivery are robust.**
- 7 HEIW submitted its Quarters 3-4 Plan and relevant Minimum Data Set to the Welsh Government within the specified timeframe. The plan was approved via Chair's action following Board engagement and executive level endorsement. Whilst much of the Welsh Government operating framework does not directly apply to HEIW, it responded positively by converting the framework to fit the organisation's remit and strategic objectives and by setting out its contribution to the COVID-19 response and recovery, and winter planning.
- 8 HEIW's planning arrangements are robust. There was far-reaching engagement with stakeholders despite the time constraints, and a review of strategic objectives in the context of immediate requirements and available resources was undertaken. HEIW has maintained a focus on learning, staff wellbeing and partnership working. HEIW is reviewing planning resource levels as its current capacity is insufficient to deliver its ambition of functioning as a programme management office.
- 9 HEIW has effective arrangements to oversee delivery of its operational plans, which are now embedded in its recently approved Performance Framework. In accordance with that Framework, the Board receives performance reports quarterly.
- 10 We have not made any new recommendations based on our 2021 Structured Assessment phase one work.

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Detailed report

Scope and coverage of the 2020-21 Quarters Three-Four Plan

- 11 Our work considered the scope and coverage of HEIW's 2020-21 Quarters Three-Four Plan (the Quarters 3-4 Plan) in line with Welsh Government planning guidance.
- 12 We found that **HEIW's Quarters 3-4 Plan satisfied Welsh Government requirements and was submitted within the required timescale following engagement with Independent Members.**
- 13 HEIW submitted its Quarters 3-4 Plan and relevant Minimum Data Set to the Welsh Government by 19 October 2020. Due to the scheduling of meetings, the plan could not be discussed and approved at a public Board meeting within the required timescale. Instead, it was approved via Chair's action. However, the draft plan was circulated to Independent Members for comment and endorsed by the executive team prior to approval and submission. The Board received the final plan for noting at its November 2020 meeting, with papers available on HEIW's public website.
- 14 The organisation does not deliver frontline NHS services, so much of the Welsh Government's operating framework does not directly apply to HEIW. However, it continued to respond positively to the requirements by converting the framework to fit the organisation's remit and strategic objectives and by setting out its contribution to the COVID-19 response and recovery, and winter planning. For example, it outlines plans to deliver rehabilitation training, improve infection, prevention and control training and its ongoing work to support critical care. HEIW has reviewed the resources needed to deliver the Quarters 3-4 Plan and has also completed the applicable metrics in the supporting Minimum Data Set.

Arrangements for developing operational plans

- 15 Our work considered HEIW's arrangements for developing the Quarters 3-4 Plan to support its ongoing response to COVID-19, maintain essential services and resume more routine services.
- 16 We found that **HEIW's planning arrangements are robust, flexible and underpinned by good stakeholder engagement.**
- 17 The Quarters 3-4 Plan is a continuation of the quarters 1 and 2 operational plans. All three plans are rooted in HEIW's approvable 2020-2023 Integrated Medium Term Plan (IMTP). The plan incorporates the Welsh Government's feedback on the previous plan, which was largely positive and provided suggestions on additional ways HEIW could aid the wider NHS.
- 18 HEIW's planning approach for developing the Quarters 3-4 Plan has not fundamentally changed. Despite the time constraints, stakeholder engagement in developing the plan was extensive, building on the comprehensive stakeholder engagement undertaken as part of the process of developing the 2020-2023 IMTP. The Chief Executive and Director of Workforce engaged early with partners to

discuss priorities, including the chief executives and directors of workforce of all health bodies, Social Care Wales, several Royal Colleges, and the Council of Deans. This was seen as key to sustaining stakeholder confidence in the base-level of engagement. Due to the short turnaround time for the Quarters 3-4 Plan, HEIW staff were not involved in its development. But engagement in developing the 2021-22 annual plan has been more extensive, including wider staff involvement. HEIW is also clear about ongoing stakeholder management such as representation on and chairing national groups, maintaining dialogue and agreements with home nation counterparts, holding online showcase events for partners and keeping HEIW's external website updated for students, trainees, education providers and employers.

- 19 HEIW reviewed its strategic objectives and deliverables in the context of available capacity and additional resources needed to support the Winter Protection Plan. As a result, seven of the original IMTP objectives were deferred and three new objectives added. The new objectives have been developed to help monitor the additional requirements of the Winter Protection Plan and strategic development around healthcare sciences. In addition, the planning process took account of performance against the quarters 1 and 2 operational plans, though this was not reported in the Quarters 3-4 Plan.
- 20 HEIW has ensured flexibility in its Quarters 3-4 Plan by developing separate milestones for quarters 3 and 4. This allows the organisation to be more responsive to changing circumstances and risks, taking remedial action as necessary. The Crisis Management Team (CMT), which meets weekly, uses performance updates and wider information about the NHS response to make decisions about how to respond to current pressures. HEIW has reviewed its CMT membership, which in 2020, was perhaps too large for swift decision making. Positively, HEIW has reflected on this and reconstituted its CMT, establishing two cells to support it.
- 21 As stated above, HEIW's quarterly plans are rooted its 2020-2023 IMTP, which is based on extensive research and engagement. Types of information feeding HEIW's planning assumptions include workforce and student data and trends, health policies, research, and partner engagement.
- 22 The Quarters 3-4 Plan was developed by the Planning, Performance and Corporate Services Team, with executive, senior leadership, and Board support and involvement. The Planning, Performance and Corporate Services Team comprises three officers with a planning remit, including the new director. The team is effective, and roles and responsibilities are clear. However, HEIW is of the view that the current level of resource is insufficient to support its ambition of also functioning as a programme management office. The team's capacity and capability are being reviewed as part of the annual planning process for 2021-22.
- 23 The Quarters 3-4 Plan is explicit about how HEIW will work with its partners and the wider NHS system to deliver its objectives. For example, HEIW has jointly produced a plan with Social Care Wales to maintain a focus on delivering the 2019

Workforce Strategy for Health and Social Care. It also sets out actions for working with Social Care Wales to improve winter resilience in care homes and with the Welsh Ambulance Services Trust to develop an all Wales education and training framework for telephone triage.

- 24 HEIW has maintained a focus on continuous learning and has reviewed new ways of working introduced during the pandemic. Appended to the Quarters 3-4 Plan is a briefing paper highlighting the positive learning from COVID-19, with a focus on what this means for health education and training in Wales. HEIW staff have been consulted about the current working arrangements.

Arrangements for monitoring delivery of operational plans

- 25 Our work considered HEIW's arrangements for monitoring and reporting on the delivery of the Quarters 3-4 Plan.
- 26 We found that **HEIW has effective arrangements to oversee delivery of its operational plans which are now embedded in its recently approved Performance Framework.**
- 27 As stated above, HEIW's Quarters 3-4 Plan sets out separate milestones for quarters 3 and 4, and those to be deferred to the 2021-22 Annual Plan. The milestones are mapped against the organisation's strategic aims and objectives, providing a clear link to the approvable 2020-2023 IMTP.
- 28 In 2020, we found that the quarter 1 operating plan was regularly reviewed by senior leaders and the Board. For the quarter 2 operating plan, HEIW developed a framework to monitor and track delivery. The same framework has been used to monitor the Quarters 3-4 Plan. In practice, the framework is an operational spreadsheet that the planning team keeps updated in liaison with the relevant senior responsible officers.
- 29 In January 2021, the Board approved HEIW's Performance Framework. This outlines a quarterly cycle for Board reporting, which is better aligned to the annual plan and IMTP milestones. Accordingly, the Board received the quarter 3 performance report in March 2021, which consisted of a narrative report and an accompanying performance dashboard. Following the review of its strategic objectives, HEIW identified which of its strategic objectives to deliver against during quarters 3-4. The performance report shows that at the end of quarter 3, overall, performance is on track. The Board is due to receive the quarter 4/year-end performance report in May 2021.

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Rydym yn croesawu gohebiaeth a
galwadau ffôn yn Gymraeg a Saesneg.

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Elizabeth



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Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Dyddiad y Cyfarfod	1 Gorffennaf 2021	Eitem Agenda	2.6.1	
Teitl yr Adroddiad	Adroddiad Cynnydd Gwrth-Dwyll – am y cyfnod rhwng 1 Ebrill 2021 a 30 Mehefin 2021			
Awdur yr Adroddiad	Nigel Price - LCFS			
Noddwr yr Adroddiad	Cyfarwyddwr Cyllid			
Cyflwynwyd gan	Nigel Price - LCFS			
Rhyddid Gwybodaeth	Caeedig			
Pwrpas yr Adroddiad	Pwrpas yr Adroddiad Cynnydd Gwrth-Dwyll yw cyflwyno'r adroddiad diweddaraf i'r Pwyllgor Archwilio a Sicrwydd ar holl waith Gwrth-Dwyll y GIG, ar gyfer AaGIC, am y cyfnod rhwng 1 Ebrill 2021 a 30 Mehefin 2021. Mae arddull yr adroddiad wedi'i fabwysiadu, drwy ymgynghori â'r Cyfarwyddwr Cyllid, gyda'r prif nod o hysbysu a diweddarau aelodau'r Pwyllgor Archwilio a Sicrwydd ar fanylion amlinellol y newidiadau sylweddol mewn achosion a weithiwyd arnynt dros y cyfnod, yn ogystal ag unrhyw broblemau gweithredol presennol.			
Materion Allweddol	Er mwyn cydymffurfio â Chyfarwyddiadau'r Ysgrifennydd Gwladol dros lechyd ar Atal Twyll yn y GIG, rhaid cyflwyno'r adroddiadau cynnydd diweddaraf i Bwyllgor Archwilio a Sicrwydd y Cyrff Iechyd a ddylai amlinellu sefyllfa bresennol unrhyw waith Gwrth-Dwyll a Llygredd a wnaed yn y Corff Iechyd hyd at ddyddiad cyfarfod y Pwyllgor Archwilio a Sicrwydd. Mae'r LCFS, gyda'r Cyfarwyddwr Cyllid, yn cynllunio a chytuno ar Gynllun Gwaith Blyneddol sy'n cynnwys nifer neilltuol o ddiwrnodau fel fframwaith i adeiladu a datblygu trefniadau Gwrth-Dwyll cadarn ar ei sail ac sy'n argymhell i Bwyllgor Archwilio a Sicrwydd y Cyrff Iechyd pa adnoddau sydd eu hangen i sicrhau bod y gwaith a wneir ar draws y meysydd a ddisgrifir ym Mholisi a Gweithdrefnau Gwrth-Dwyll y GIG yn effeithiol.			
Gweithredu Penodol sydd ei angen (un yn unig)	Gwybodaeth	Trafod	Sicrwydd	Cymeradwyo
	✓			

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ADRODDIAD CYNNYDD GWRTH-DWYLL – 1 EBRILL A 30 MEHEFIN 2021

1. RHAGARWEINIAD

Pwrpas yr Adroddiad Cynnydd Gwrth-Dwyll yw adrodd i'r Pwyllgor Archwilio a Sicrwydd ar y diweddaraf gyda holl waith Gwrth-Dwyll y GIG ar gyfer y Corff Iechyd, am y cyfnod a ddaeth i ben ar 30 Mehefin 2021.

Mae arddull yr adroddiad wedi'i fabwysiadu, drwy ymgynghori â'r Cyfarwyddwr Cyllid, gyda'r prif nod o hysbysu a diweddarau aelodau'r Pwyllgor Archwilio a Sicrwydd ar fanylion amlinellol y newidiadau sylweddol mewn achosion a weithiwyd arnynt dros y cyfnod, yn ogystal ag unrhyw broblemau gweithredol presennol.

2. CEFNDIR

Er mwyn cydymffurfio â Chyfarwyddiadau'r Ysgrifennydd Gwladol dros Iechyd ar Atal Twyll yn y GIG, rhaid cyflwyno'r adroddiadau cynnydd diweddaraf i Bwyllgor Archwilio a Sicrwydd y Cyrff Iechyd a ddylai amlinellu sefyllfa bresennol unrhyw waith Gwrth-Dwyll a Llygredd a wnaed yn y Corff Iechyd hyd at ddyddiad cyfarfod y Pwyllgor Archwilio a Sicrwydd.

Mae'r LCFS, gyda'r Cyfarwyddwr Cyllid, yn cynllunio a chytuno ar Gynllun Gwaith Blyneddol sy'n cynnwys nifer neilltuol o ddiwrnodau fel fframwaith i adeiladu a datblygu trefniadau Gwrth-Dwyll cadarn ar ei sail ac sy'n argymhell i Bwyllgor Archwilio a Sicrwydd y Cyrff Iechyd pa adnoddau sydd eu hangen i sicrhau bod y gwaith a wneir ar draws y meysydd a ddisgrifir ym Mholisi a Gweithdrefnau Gwrth-Dwyll y GIG yn effeithiol.

3. LLYWODRAETHU A MATERION RISG

Drwy fabwysiadu strwythur llywodraethu cryf, dylai ffocws y Corff Iechyd fod ar brosesau effeithiol o asesu'r risg o dwyll a dylai hynny, yn ei dro, gael ei ddilyn gan ffocws ar atal twyll, canfod twyll ac ymchwilio i dwyll. Rhaid ystyried asesiadau risg o dwyll a'r tair prif elfen yn y rhain yw:

- adnabod unrhyw risg gynhenid o dwyll (risg o dwyll)
- asesu pa mor debygol a difrifol yw pob risg gynhenid o dwyll
- ymateb i unrhyw risg gynhenid debygol a / neu ddifrifol

Er mwyn asesu'r materion risg, rhaid i staff AaGIC ddeall bod y rhan fwyaf yn ymwneud â dogfennau ffug, ffugio llofnodion, adroddiadau twyllodrus, camddefnyddio neu lygredd.

Wrth edrych ar y pethau hyn, dylid ystyried y canlynol:

Cymhellion, pwysau a chyfleoedd oherwydd gwendidau yn y system

- X risg nad yw uwch-reolwyr yn glynu wrth bolisi, neu'n diystyru mesurau rheoli
- Technoleg Gwybodaeth
- Risg twyll enw da, cyfreithiol neu reoliadol

Wrth asesu pa mor debygol a difrifol yw unrhyw risg o dwyll, dylai unrhyw asesiad ystyried y canlynol:

- Hanes twyll blaenorol yn y sefydliad
- Pa mor gyffredin yw'r twyll yn y GIG ac unrhyw achosion tebyg
- Cymhlethdod y risg
- Y risg i unigolion neu adrannau penodol
- Faint o bobl neu drafodion busnes y mae'r risg yn ymwneud â nhw

Wrth asesu difrifoldeb y risg, dylid ystyried gweithrediadau'r corff, eu henw da ac atebolrwydd cyfreithiol (troseddol, sifil a rheoliadol).

Dylid hefyd cofnodi asesiad risg o dwyll y Cyrff Iechyd yn defnyddio fframwaith ffurfiol, gan adrodd unrhyw ganfyddiadau i'r Pwyllgor Archwilio a Sicrwydd.

Dylai'r broses gyfan fod yn ddogfen "fyw" a pharhaus a dylai'r prif ffocws fod ar welliannau parhaus. Gellir symud ymlaen ar hyn drwy sicrhau, drwy'r amrywiol ddigwyddiadau, cyhoeddiadau a sesiynau ymwybyddiaeth twyll, bod rheolwyr a staff ar bob lefel yn AaGIC yn ymwybodol ac yn meddu ar y canlynol:

- darllen a deall eu cyfrifoldebau, yn unol â'r disgrifiad ohonynt ym mholisi a gweithdrefn Gwrth-Dwyll y Cyrff Iechyd
- dealltwriaeth o dwyll gan adnabod unrhyw feysydd pryder
- dealltwriaeth o'u swyddi a'u cyfrifoldebau yn y fframwaith rheoli mewnol, ac yn enwedig o unrhyw wendidau posib yn y system
- creu diwylliant gwrth-dwyll drwy sicrhau amgylchedd rheoli cryf
- adrodd unrhyw amheuan neu ddigwyddiadau twyll honedig
- cydweithredu'n llawn ag unrhyw ymchwiliad twyll

4. Y GOBLYGIADAU ARIANNOL

Mae gan dwyll yn erbyn y GIG oblygiadau ariannol oherwydd bydd y Corff Iechyd wedi dioddef colled ariannol gychwynnol o ganlyniad i weithredoedd y person.

Mae staff Gwrth-Dwyll y Corff Iechyd yn gweithio i geisio cadw lefel y twyll neu lygredd yn AaGIC i'r lefel isaf bosib a'i gadw ar y lefel honno er mwyn rhyddhau adnoddau i ofalu am gleifion.

5. ARGYMHELLIAD

Gall unrhyw gyhoeddusrwydd negyddol o ganlyniad i adroddiadau yn y cyfryngau gael effaith ar enw da'r Corff Iechyd. Fodd bynnag, byddai rhoi cyhoeddusrwydd i'r camau a gymerir yn erbyn yr unigolyn neu unigolion hefyd yn dangos na fydd twyllo'r GIG yn cael ei oddef a gallai hefyd atal eraill rhag twyllo.

Gofynnir i'r Pwyllgor:

- **Derbyn a thrafod** yr Adroddiad Cynnydd Gwrth-Dwyll; a
- **Nodi'r** cynnydd a wnaed hyd yma.

Tomkinson Elizabeth
07/19/2021 09:59:01

Llywodraethu a Sicrwydd				
Cysylltiad i'r amcanion corfforaethol (✓os gwelwch yn dda)	Fel corff newydd yn sefydlu AaGIC fel partner pwysig a dibynadwy, cyflogwr rhagorol a brand arbenigol gydag enw da.	Sefydlu gweithlu iechyd a gofal cynaliadwy a hyblyg ar gyfer y dyfodol.	Gyda Gofal Cymdeithasol Cymru'n creu gweithlu i ddarparu gofal yn nes at gartrefi pobl ac i integreiddio gwasanaethau'n well	Gwella ansawdd a diogelwch drwy gynorthwyo cyrff y GIG i ddod o hyd i atebion gweithlu mwy cynaliadwy'n gynt er mwyn cwrdd â heriau gyda darparu gwasanaethau blaenoriaeth.
	✓			
	Gwella'r cyfle i ddefnyddio technoleg a digidol wrth ddarparu addysg a gofal.	Adfywio datblygiad arweinwyr a chynllunio olyniaeth ar draws iechyd a gofal cymdeithasol, mewn partneriaeth â Gofal Cymdeithasol Cymru ac Academi Cymru.	Dangos gwerth o fuddsoddi yn y gweithlu a'r sefydliad.	
Ansawdd, Diogelwch a Phrofiad y Claf				
Dim wedi'i adnabod.				
Y Goblygiadau Ariannol				
Mae gan dwyll yn erbyn y GIG oblygiadau ariannol oherwydd bydd y Corff Iechyd wedi dioddef colled ariannol gychwynnol o ganlyniad i'r hyn a wnaeth y person. Mae staff Gwrth-Dwyll y Corff Iechyd yn gweithio i geisio cadw lefel y twyll neu lygredd yn AaGIC i'r lefel isaf bosib a'i gadw ar y lefel honno er mwyn rhyddhau adnoddau i ofalu am gleifion.				
Y Goblygiadau Cyfreithiol (gan gynnwys asesiad cydraddoldeb ac amrywiaeth)				
Os oes tystiolaeth, ar yr olwg gyntaf, bod twyll wedi digwydd yna gofynnir am gyngor gan Is-adran Twyll Arbenigol y CPS ar sut orau i symud ymlaen ac a oes digon o dystiolaeth i ddod ag achos troseddol.0}				
Y Goblygiadau Staffio				
Dim.				
Y Goblygiadau Hirdymor (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)				
Dim.				
Hanes Adroddiadau	Dim.			
Atodiadau	Diweddariad ar y Cynnydd Gwrth-Dwyll rhwng 1 Ebrill 2021 a 30 Mehefin 2021			

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GIG
CYMRU
NHS
WALES

Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Dyddiad y Cyfarfod	1 Gorffennaf 2021	Eitem Agenda	2.6.2
Teitl yr Adroddiad	Adroddiad Gwrth-Dwyll Blynnyddol – am y cyfnod rhwng 1 Ebrill 2020 a 31 Mawrth 2021		
Awdur yr Adroddiad	Nigel Price - LCFS		
Noddwr yr Adroddiad	Cyfarwyddwr Cyllid		
Cyflwynwyd gan	Nigel Price - LCFS		
Rhyddid Gwybodaeth	Caeedig		
Pwrrpas yr Adroddiad	Pwrrpas yr Adroddiad Gwrth-Dwyll Blynnyddol yw cyflwyno'r adroddiad diweddaraf i'r Pwyllgor Archwilio a Sicrwydd ar holl waith Gwrth-Dwyll y GIG, ar gyfer AaGIC, am y cyfnod rhwng 1 Ebrill 2020 a 31 Mawrth 2021. Mae arddull yr adroddiad wedi'i fabwysiadu, drwy ymgynghori â'r Cyfarwyddwr Cyllid, gyda'r prif nod o hysbysu a diweddarau aelodau'r Pwyllgor Archwilio a Sicrwydd ar fanylion amlinellol y newidiadau sylweddol mewn achosion a weithiwyd arnynt dros y cyfnod, yn ogystal ag unrhyw broblemau gweithredol presennol.		
Materion Allweddol	Er mwyn cydymffurfio â Chyfarwyddiadau'r Ysgrifennydd Gwladol dros lechyd ar Atal Twyll yn y GIG, rhaid cyflwyno'r adroddiadau cynnydd diweddaraf i Bwyllgor Archwilio a Sicrwydd y Cyrff Iechyd a ddylai amlinellu sefyllfa bresennol unrhyw waith Gwrth-Dwyll a Llygredd a wnaed yn y Corff Iechyd hyd at ddyddiad cyfarfod y Pwyllgor Archwilio a Sicrwydd. Mae'r LCFS, gyda'r Cyfarwyddwr Cyllid, yn cynllunio a chytuno ar Gynllun Gwaith Blynnyddol sy'n cynnwys nifer neilltuol o ddiwrnodau fel fframwaith i adeiladu a datblygu trefniadau Gwrth-Dwyll cadarn ar ei sail ac sy'n argymhell i Bwyllgor Archwilio a Sicrwydd y Cyrff Iechyd pa adnoddau sydd eu hangen i sicrhau bod y gwaith a wneir ar draws y meysydd a ddisgrifir ym Mholisi a Gweithdrefnau Gwrth-Dwyll y GIG yn effeithiol.		
Gweithredu Penodol sydd ei angen (un ✓ yn unig)	Gwybodaeth	Trafod	Sicrwydd
	✓		
			Cymeradwyo

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ADRODDIAD GWRTH-DWYLL BLYNYDDOL 2020/21

1. RHAGARWEINIAD

Pwrpas yr Adroddiad Gwrth-Dwyll Blynyddol yw adrodd i'r Pwyllgor Archwilio a Sicrwydd ar y diweddaraaf gyda holl waith Gwrth-Dwyll y GIG ar gyfer y Corff Iechyd, am y cyfnod a ddaeth i ben ar 31 Mawrth 2021.

Mae arddull yr adroddiad wedi'i fabwysiadu, drwy ymgynghori â'r Cyfarwyddwr Cyllid, gyda'r prif nod o hysbysu a diweddarau aelodau'r Pwyllgor Archwilio a Sicrwydd ar fanylion amlinellol y newidiadau sylweddol mewn achosion a weithiwyd arnynt dros y cyfnod, yn ogystal ag unrhyw broblemau gweithredol presennol.

2. CEFNDIR

Er mwyn cydymffurfio â Chyfarwyddiadau'r Ysgrifennydd Gwladol dros Iechyd ar Atal Twyll yn y GIG, rhaid cyflwyno'r adroddiadau cynnydd diweddaraaf i Bwyllgor Archwilio a Sicrwydd y Cyrff Iechyd a ddylai amlinellu sefyllfa bresennol unrhyw waith Gwrth-Dwyll a Llygredd a wnaed yn y Corff Iechyd hyd at ddyddiad cyfarfod y Pwyllgor Archwilio a Sicrwydd.

Mae'r LCFS, gyda'r Cyfarwyddwr Cyllid, yn cynllunio a chytuno ar Gynllun Gwaith Blynyddol sy'n cynnwys nifer neilltuol o ddiwrnodau fel fframwaith i adeiladu a datblygu trefniadau Gwrth-Dwyll cadarn ar ei sail ac sy'n argymhell i Bwyllgor Archwilio a Sicrwydd y Cyrff Iechyd pa adnoddau sydd eu hangen i sicrhau bod y gwaith a wneir ar draws y meysydd a ddisgrifir ym Mholisi a Gweithdrefnau Gwrth-Dwyll y GIG yn effeithiol.

3. LLYWODRAETHU A MATERION RISG

Drwy fabwysiadu strwythur llywodraethu cryf, dylai ffocws y Corff Iechyd fod ar brosesau effeithiol o asesu'r risg o dwyll a dylai hynny, yn ei dro, gael ei ddilyn gan ffocws ar atal twyll, canfod twyll ac ymchwilio i dwyll. Rhaid ystyried asesiadau risg o dwyll a'r tair prif elfen yn y rhain yw:

- adnabod unrhyw risg gynhenid o dwyll (risg o dwyll)
- asesu pa mor debygol a difrifol yw pob risg gynhenid o dwyll
- ymateb i unrhyw risg gynhenid debygol a / neu ddifrifol

Er mwyn asesu'r materion risg, rhaid i staff AaGIC ddeall bod y rhan fwyaf yn ymwneud â dogfennau ffug, ffugio llofnodion, adroddiadau twyllodrus, camddefnyddio neu lygredd.

Wrth edrych ar y pethau hyn, dylid ystyried y canlynol:

Cymhellion, pwysau a chyfleoedd oherwydd gwendidau yn y system

- Risg nad yw uwch-reolwyr yn glynu wrth bolisi, neu'n gwrthdroi mesurau rheoli
- Technoleg Gwybodaeth
- Risg twyll enw da, cyfreithiol neu reoliadol

Wrth asesu pa mor debygol a difrifol yw unrhyw risg o dwyll, dylai unrhyw asesiad ystyried y canlynol:

- Hanes twyll blaenorol yn y sefydliad
- Pa mor gyffredin yw'r twyll yn y GIG ac unrhyw achosion tebyg
- Cymhlethdod y risg
- Y risg i unigolion neu adrannau penodol
- Faint o bobl neu drafodion busnes y mae'r risg yn ymwneud â nhw

Wrth asesu difrifoldeb y risg, dylid ystyried gweithrediadau'r corff, eu henw da ac atebolrwydd cyfreithiol (troseddol, sifil a rheoliadol).

Dylid hefyd cofnodi asesiad risg o dwyll y Cyrff Iechyd yn defnyddio fframwaith ffurfiol, gan adrodd unrhyw ganfyddiadau i'r Pwyllgor Archwilio a Sicrwydd.

Dylai'r broses gyfan fod yn ddogfen "fyw" a pharhaus a dylai'r prif ffocws fod ar welliannau parhaus. Gellir symud ymlaen ar hyn drwy sicrhau, drwy'r amrywiol ddigwyddiadau, cyhoeddiadau a sesiynau ymwybyddiaeth twyll, bod rheolwyr a staff ar bob lefel yn AaGIC yn ymwybodol ac yn meddu ar y canlynol:

- darllen a deall eu cyfrifoldebau, yn unol â'r disgrifiad ohonynt ym mholisi a gweithdrefn Gwrth-Dwyll y Cyrff Iechyd
- dealltwriaeth o dwyll gan adnabod unrhyw feysydd pryder
- dealltwriaeth o'u swyddi a'u cyfrifoldebau yn y fframwaith rheoli mewnol, ac yn enwedig o unrhyw wendidau posib yn y system
- creu diwylliant gwrth-dwyll drwy sicrhau amgylchedd rheoli cryf
- adrodd unrhyw amheuan neu ddigwyddiadau twyll honedig
- cydweithredu'n llawn ag unrhyw ymchwiliad twyll

4. Y GOBLYGIADAU ARIANNOL

Mae gan dwyll yn erbyn y GIG oblygiadau ariannol oherwydd bydd y Corff Iechyd wedi dioddef colled ariannol gychwynnol o ganlyniad i weithredoedd y person.

Mae staff Gwrth-Dwyll y Corff Iechyd yn gweithio i geisio cadw lefel y twyll neu lygredd yn AaGIC i'r lefel isaf bosib a'i gadw ar y lefel honno er mwyn rhyddhau adnoddau i ofalu am gleifion.

5. ARGYMHELLIAD

Gall unrhyw gyhoeddusrwydd negyddol o ganlyniad i adroddiadau yn y cyfryngau gael effaith ar enw da'r Corff Iechyd. Fodd bynnag, byddai rhoi cyhoeddusrwydd i'r camau a gymerir yn erbyn yr unigolyn neu unigolion hefyd yn dangos na fydd twyllo'r GIG yn cael ei oddef a gallai hefyd atal eraill rhag twyllo.

Gofynnir i'r Pwyllgor felly:

- **DERBYN** a **THRAFOD** yr Adroddiad Gwrth-Dwyll Blynnyddol
- **NODI'R** cynnydd a wnaed hyd yma.

Llywodraethu a Sicrwydd

Cysylltiad i'r amcanion corfforaethol (✓os gwelwch yn dda)	Fel corff newydd yn sefydlu AaGIC fel partner pwysig a dibynadwy, cyflogwr rhagorol a brand arbenigol gydag enw da.	Sefydlu gweithlu iechyd a gofal cynaliadwy a hyblyg ar gyfer y dyfodol.	Gyda Gofal Cymdeithasol Cymru'n creu gweithlu i ddarparu gofal yn nes at gartrefi pobl ac i integreiddio gwasanaethau'n well	Gwella ansawdd a diogelwch drwy gynorthwyo cyrff y GIG i ddod o hyd i atebion gweithlu mwy cynaliadwy'n gynt er mwyn cwrdd â heriau gyda darparu gwasanaethau blaenoriaeth.
	✓			
	Gwella'r cyfle i ddefnyddio technoleg a digidol wrth ddarparu addysg a gofal.	Adfywio datblygiad arweinwyr a chynllunio olyniaeth ar draws iechyd a gofal cymdeithasol, mewn partneriaeth â Gofal Cymdeithasol Cymru ac Academi Cymru.	Dangos gwerth o fuddsoddi yn y gweithlu a'r sefydliad.	
Ansawdd, Diogelwch a Phrofiad y Claf				
Dim wedi'i adnabod.				
Y Goblygiadau Ariannol				
Mae gan dwyll yn erbyn y GIG oblygiadau ariannol oherwydd bydd y Corff Iechyd wedi dioddef colled ariannol gychwynnol o ganlyniad i'r hyn a wnaeth y person. Mae staff Gwrth-Dwyll y Corff Iechyd yn gweithio i geisio cadw lefel y twyll neu lygredd yn AaGIC i'r lefel isaf bosib a'i gadw ar y lefel honno er mwyn rhyddhau adnoddau i ofalu am gleifion.				
Y Goblygiadau Cyfreithiol (gan gynnwys asesiad cydraddoldeb ac amrywiaeth)				
Os oes tystiolaeth, ar yr olwg gyntaf, bod twyll wedi digwydd yna gofynnir am gyngor gan Is-adran Twyll Arbenigol y CPS ar sut orau i symud ymlaen ac a oes digon o dystiolaeth i ddod ag achos troseddol.				
Y Goblygiadau Staffio				
Dim.				
Y Goblygiadau Hirdymor (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)				
Dim.				
Hanes Adroddiadau	Dim.			
Atodiadau	Adroddiad Gwrth-Dwyll Blyneddol 2020/21			

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Schedule 2.1

**MODEL STANDING FINANCIAL INSTRUCTIONS
FOR HEALTH EDUCATION AND IMPROVEMENT
WALES**

**This Schedule forms part of, and shall have effect as if incorporated in
the Health Education and Improvement Wales Standing Orders
(incorporated as Schedule 2.1 of SOs).**

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Model Standing Orders, Reservation and Delegation of Powers for HEIW
Schedule 2.1: Standing Financial Instructions

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Foreword

These Model Standing Financial Instructions are issued by Welsh Ministers to Health Education and Improvement Wales “HEIW” using powers of direction provided in section 23 (1) of the National Health Service (Wales) Act 2006. HEIW must agree Standing Financial Instructions (SFIs) for the regulation of their financial proceedings and business. Designed to achieve probity, accuracy, economy, efficiency, effectiveness and sustainability in the conduct of business, they translate statutory and Welsh Government financial requirements for the NHS in Wales into day to day operating practice. Together with the adoption of Standing Orders (SOs), a Scheme of decisions reserved to the Board and a scheme of delegations to officers and others, they provide the regulatory framework for the business conduct of HEIW.

These documents form the basis upon which HEIW's governance and accountability framework is developed and, together with the adoption of HEIW's Values and Standards of Behaviour framework, is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

All HEIW Board members and officers must be made aware of these Standing Financial Instructions and, where appropriate, should be familiar with their detailed content. The Director of Finance will be able to provide further advice and guidance on any aspect of the Standing Financial Instructions. The Board Secretary will be able to provide further advice and guidance on the wider governance arrangements within HEIW. Further information on governance in the NHS in Wales may be accessed at <https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/>

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Schedule 2.1: Standing Financial Instructions

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Health Education and Improvement Wales

1. INTRODUCTION

1.1 General

- 1.1.1 These Model Standing Financial Instructions are issued by Welsh Ministers to Health Education and Improvement Wales “HEIW” using powers of direction provided in section 23(1) of the National Health Service (Wales) Act 2006 “NHS (Wales) Act 2006”. HEIW must agree Standing Financial Instructions (SFIs) for the regulation of their financial proceedings and business. They shall have effect as if incorporated in the Standing Orders (SOs) (incorporated as Schedule 2.1 of SOs).
- 1.1.2 These SFIs detail the financial responsibilities, policies and procedures adopted by HEIW. They are designed to ensure that HEIW's financial transactions are carried out in accordance with the law and with Welsh Government policy in order to achieve probity, accuracy, economy, efficiency, effectiveness and sustainability. They should be used in conjunction with the Schedule of decisions reserved to the Board and the Scheme of delegation adopted by HEIW.
- 1.1.3 These SFIs identify the financial responsibilities which apply to everyone working for HEIW. They do not provide detailed procedural advice and should be read in conjunction with the detailed financial control procedure notes. All financial procedures must be approved by the Director of Finance and Audit and Assurance Committee.
- 1.1.4 Should any difficulties arise regarding the interpretation or application of any of the SFIs then the advice of the Board Secretary or Director of Finance must be sought before acting. The user of these SFIs should also be familiar with and comply with the provisions of HEIW's Standing Orders “SOs”.

1.2 Overriding Standing Financial Instructions

- 1.2.1 Full details of any non compliance with these SFIs, including an explanation of the reasons and circumstances must be reported in the first instance to the Director of Finance and the Board Secretary, who will ask the Audit and Assurance Committee “Audit Committee” to formally consider the matter and make proposals to the Board on any action to be taken. All Board members and HEIW officers have a duty to report any non compliance to the Director of Finance and Board

Secretary as soon as they are aware of any circumstances that has not previously been reported.

- 1.2.2 **Ultimately, the failure to comply with SFIs and SOs is a disciplinary matter that could result in an individual's dismissal from employment or removal from the Board.**

1.3 Financial provisions and obligations of HEIW

- 1.3.1 The financial provisions and obligations for Special Health Authorities, which relate to HEIW are set out under Sections 171, 172 and 173 of the NHS (Wales) Act 2006. The Board as a whole and the Chief Executive in particular, in their role as the Accountable Officer for the organisation, must ensure HEIW meets its statutory obligation to perform its functions within the available financial resources.

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2. RESPONSIBILITIES AND DELEGATION

2.1 The Board

2.1.1 The Board exercises financial supervision and control by:

- a) Formulating and approving the Medium Term Financial Plan (MTFP) as part of the developing and approving medium term plan, reflecting longer-term planning and delivery objectives;
- b) Requiring the submission and approval of balanced annual budgets within approved allocations/resource limits
- c) Defining and approving essential features in respect of important financial policies, systems and financial controls (including the need to obtain value for money and sustainability); and
- d) Defining specific responsibilities placed on Board members and HEIW officers, and HEIW committees and Advisory Groups as indicated in the 'Scheme of delegation' document.

2.1.2 The Board has resolved that certain powers and decisions may only be exercised by the Board in formal session. These are set out in the 'Schedule of matters reserved to the Board' document. The Board, subject to any directions that may be made by Welsh Ministers, shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of HEIW may be carried out effectively, and in a manner that secures the achievement of the organisations aims and objectives. This will be via powers and authority delegated to committees, sub-committees, joint committees or joint sub-committees that HEIW has established or to an officer of HEIW in accordance with the 'Scheme of delegation' document adopted by HEIW.

2.2 The Chief Executive and Director of Finance

2.2.1 The Chief Executive and Director of Finance will, as far as possible, delegate their detailed responsibilities, but they remain accountable for financial control.

2.2.2 Within the SFIs, it is acknowledged that the Chief Executive is ultimately accountable to the Board, and as Accountable Officer, to the Welsh Government, for ensuring that the Board meets its obligation to perform its functions within the available financial resources. The Chief Executive has overall executive responsibility for HEIW's activities; is

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responsible to the Chair and the Board for ensuring that financial provisions, obligations and targets are met; and has overall responsibility for HEIW's system of internal control.

- 2.2.3 It is a duty of the Chief Executive to ensure that Board members and HEIW officers, and all new appointees are notified of, and put in a position to understand their responsibilities within these SFIs.

2.3 The Director of Finance

- 2.3.1 The Director of Finance is responsible for:

- a) Implementing HEIW's financial policies and for co-coordinating any corrective action necessary to further these policies;
- b) Maintaining an effective system of internal financial control including ensuring that detailed financial control procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;
- c) Ensuring that sufficient records are maintained to show and explain HEIW's transactions, in order to disclose, with reasonable accuracy, the financial position of HEIW at any time; and
- d) Without prejudice to any other functions of HEIW, and Board members and HEIW officers, the duties of the Director of Finance include:
 - (i) the provision of financial advice to other Board members and HEIW officers, and HEIW Committees and Advisory Groups,
 - (ii) the design, implementation and supervision of systems of internal financial control, and
 - (iii) the preparation and maintenance of such accounts, certificates, estimates, records and reports as HEIW may require for the purpose of carrying out its statutory duties.

- 2.3.2 The Director of Finance is responsible for ensuring an ongoing training and communication programme is in place to effect these SFIs.

2.4 Board members and HEIW officers, and HEIW Committees and Advisory Groups

- 2.4.1 All Board members and HEIW officers, and HEIW Committees and

Advisory Groups, severally and collectively, are responsible for:

- a) The security of the property of HEIW;
- b) Avoiding loss;
- c) Exercising economy, efficiency and sustainability in the use of resources; and
- d) Conforming to the requirements of SOs, SFIs, Financial Control Procedures and the Scheme of delegation.

2.4.2 For all Board members and HEIW officers, and HEIW Committees and Advisory Groups who carry out a financial function, the form in which financial records are kept and the manner in which members of the Board, Committees, Advisory Groups and employees discharge their duties must be to the satisfaction of the Director of Finance.

2.5 Contractors and their employees

2.5.1 Any contractor or employee of a contractor who is empowered by HEIW to commit HEIW to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Chief Executive to ensure that such persons are made aware of this.

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3. AUDIT, FRAUD AND CORRUPTION, AND SECURITY MANAGEMENT

3.1 Audit Committee

- 3.1.1 An independent Audit Committee is a central means by which a Board ensures effective internal control arrangements are in place. In addition, the Audit Committee provides a form of independent check upon the executive arm of the Board. In accordance with SOs the Board shall formally establish an Audit Committee with clearly defined terms of reference. Detailed terms of reference and operating arrangements for the Audit Committee are set out in Schedule 3 to the SOs. This committee will follow the guidance set out in the NHS Wales Audit Committee Handbook.

<http://www.wales.nhs.uk/sitesplus/documents/1064/NHS%20Wales%20Audit%20Committee%20Handbook%20%28June%202012%29.pdf>

3.2 Chief Executive

- 3.2.1 The Chief Executive is responsible for:

- a) Ensuring there are arrangements in place to review, evaluate and report on the effectiveness of internal control including the establishment of an effective Internal Audit function;
- b) Ensuring that the Internal Audit function meets the Public Sector Internal Audit Standards and provides sufficient independent and objective assurance to the Audit Committee and the Accountable Officer;

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/641252/PSAIS_1_April_2017.pdf

- c) Deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption;
- d) Ensuring that an annual Internal Audit report is prepared for the consideration of the Audit Committee and the Board. The report must cover:
 - a clear opinion on the effectiveness of internal control in accordance with the requirements of the Public Sector Internal Audit Standards.

- major internal control weaknesses discovered,
- progress on the implementation of Internal Audit recommendations,
- progress against plan over the previous year, and
- a detailed plan for the coming year.

3.2.2 The designated internal and external audit representatives are entitled (subject to provisions in the Data Protection Act 2018 and the UK General Data Protection Legislation) without necessarily giving prior notice to require and receive:

- a) Access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;
- b) Access at all reasonable times to any land or property owned or leased by the HEIW;
- c) Access at all reasonable times to Board members and HEIW officers;
- d) The production of any cash, stores or other property of the HEIW under a Board member or a HEIW official's control; and
- e) Explanations concerning any matter under investigation.

3.3 Internal Audit

3.3.1 The Accountable Officer Memorandum requires the Chief Executive to have an internal audit function that operates in accordance with the standards and framework set for the provision of Internal Audit in the NHS in Wales. This framework is defined within an Internal Audit Charter that incorporates a definition of internal audit, a code of ethics and Public Sector Internal Audit Standards. Standing Order 8.1 details the relationship between the Head of Internal Audit and the Board. The role of the Audit Committee in relation to Internal Audit is set out within its Terms of Reference, incorporated in Schedule 3 of the SOs, and the NHS Wales Audit Committee Handbook.

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3.4 External Audit

- 3.4.1 Pursuant to the Public Audit (Wales) Act 2004 (c. 23), the Auditor General for Wales (Auditor General) is the external auditor of HEIW. The Auditor General may nominate his representative to represent him and to undertake the required audit work. The cost of the audit is paid for by HEIW. HEIW's Audit Committee should assure itself that a cost-efficient external audit service is delivered. If there are any problems relating to the service provided, this should be raised with the Auditor General's representative and referred on to the Auditor General if the issue cannot be resolved.
- 3.4.2 The objectives of the external audit fall under three broad headings, to review and report on:
- a) Whether the expenditure to which the financial statements relate has been incurred lawfully and in accordance with the authority that governs it;
 - b) The audited body's financial statements, and on its Annual Governance Statement and remuneration report;
 - c) Whether the audited body has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.
- 3.4.3 The Auditor General's representatives will prepare a risk-based annual audit plan, designed to deliver the Auditor General's objectives, for consideration by the Audit Committee. The Audit Committee should formally consider and review the plan. The plan will set out details of the work to be carried out, providing sufficient detail for the Audit Committee and other recipients to understand the purpose and scope of the defined work and their level of priority. The Audit Committee should review the plan and the associated fees, although in so doing it needs to recognise the statutory duties of the Auditor General. The Audit Committee should consider material changes to the plan.
- 3.4.4 The Auditor General's representative should be invited to attend every Audit Committee meeting. The cycle of approving and monitoring the progress of external audit plans and reports, culminating in the opinion on the annual report and accounts, is central to the core work of the Audit Committee.
- 3.4.5 The Auditor General's representatives will liaise with Internal Audit when developing the external audit plan. The Auditor General's representative will ensure that planned external audit work takes into

account the work of Internal Audit to avoid duplication wherever possible and considers where Internal Audit work can be relied upon for opinion purposes.

- 3.4.6 The Auditor General and his representatives shall have a right of access to the Chair of the Audit Committee at any time.
- 3.4.7 The Government of Wales Act 2006 provides that the Auditor General has statutory rights of access to all documents and information, as set out in paragraph 3.2.2a of these SFIs, that relate to the exercise of many of his core functions, including his statutory audits of accounts, value for money examinations and improvement studies. The rights of access include access to confidential information; personal information as defined by the Data Protection Act 2018 and the UK General Data Protection Legislation; information subject to legal privilege; personal information and sensitive personal information that may otherwise be subject to protection under the European Convention of Human Rights; information held by third parties; and electronic files and IT systems. Paragraph 17 of Schedule 8 to GOWA operates to provide the Auditor General with a right of access to every document relating to the Trust that appears to him to be necessary for the discharge of any of these functions. Paragraph 17(3) of Schedule 8 also requires any person that the Auditor General thinks has information related to the discharge of his functions to give any assistance, information and explanation that he thinks necessary. It also requires such persons to attend before the Auditor General and to provide any facility that he and his representatives may reasonably require, such as audit accommodation and access to IT facilities. The rights apply not just to HEIW and its officers and staff, but also to, among others, suppliers to HEIW.
- 3.4.8 The Auditor General's independence in the exercise of his audit functions is protected by statute (section 8 of the Public Audit (Wales) Act 2013), and audit independence is required by professional and ethical standards. Accordingly, HEIW (including its Audit Committee) must be careful not to seek to fetter the Auditor General's discretion in the exercise of his functions. While HEIW may offer comments on the plans and outputs of the Auditor General, it must not seek to direct the Auditor General.
- 3.4.9 The Auditor General will issue a number of reports over the year, some of which are specified in the Auditor General's Code of Audit and Inspection Practice and International Standards on Auditing. Other reports will depend on the contents of the audit plan.

The main mandatory reports are:

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- Report to those charged with governance (incorporating the report required under ISA 260) that sets out the main issues arising from the audit of the financial statements and use of resources work
- Statutory report and opinion on the financial statements
- Annual audit report.

In addition to these reports, the Auditor General may prepare a report on a matter the Auditor General considers would be in the public interest to bring to the public's attention; or make a referral to the Welsh Ministers if significant breaches occur.

3.4.10 The Auditor General also has statutory powers to undertake Value for Money Examinations and Improvement Studies within HEIW and other public sector bodies. At HEIW he also undertakes a Structured Assessment to help him assess whether there are proper arrangements for securing economy, efficiency and effectiveness in the use of resources. The Auditor General will take account of audit work when planning and undertaking such examinations and studies. The Auditor General and his representatives have the same access rights in relation to these examinations and studies as they do in relation to annual audit work.

3.5 Fraud and Corruption

3.5.1 In line with their responsibilities, HEIW Chief Executive and Director of Finance shall monitor and ensure compliance with Directions issued by the Welsh Ministers on fraud and corruption.

3.5.2 HEIW shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist (LCFS) as specified by Directions to NHS bodies on Counter Fraud Measures 2005.

<http://www.wales.nhs.uk/sitesplus/documents/1064/WHC%282005%2995%20%28Revised%29%20Directions%20to%20National%20Health%20Service%20bodies%20on%20Counter%20Fraud%20Measures%202005.pdf>

3.5.3 The LCFS shall report to the HEIW Director of Finance and the LCFS must work with NHS Counter Fraud Authority (NHSCFA) and the NHS Counter Fraud Service Wales (CFSW) Team in accordance with the Directions to NHS bodies on Counter Fraud Measures 2005.

3.5.4 The LCFS will provide a written report to the Director of Finance and Audit Committee, at least annually, on proactive and reactive counter

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fraud work within HEIW.

- 3.5.5 HEIW must participate in the annual National Fraud Initiative (NFI), which in Wales is led by Audit Wales and HEIW and must provide the necessary data for the mandatory element of the initiative by the due dates. The HEIW should participate in appropriate risk measurement or additional dataset matching exercise in order to support the detection of fraud across the whole public sector.

3.6 Security Management

- 3.6.1 In line with their responsibilities, HEIW Chief Executive will monitor and ensure compliance with Directions issued by the Welsh Ministers on NHS security management.
- 3.6.2 The Chief Executive has overall responsibility for controlling and coordinating security.

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4. ALLOCATIONS AND FINANCIAL DUTY

- 4.1 Revenue and Capital allocations are determined by the Welsh Ministers in accordance with its allotted health budget and distribution policy.
- 4.2 The Director of Finance of HEIW will:
- a) Prior to the start of each financial year submit to the Board for approval a report showing the total allocations received, assumed in-year allocations and other adjustments and their proposed distribution to delegated budgets, including any sums to be held in reserve;
 - b) Ensure that any ring-fenced or non-discretionary allocations are disbursed in accordance with Welsh Ministers' requirements;
 - c) Periodically review any assumed in-year allocations to ensure that these are reasonable and realistic; and
 - d) Regularly update the Board on significant changes to the initial allocation and the application of such funds.
- 4.3 HEIW is required by statutory provision not to breach its financial duty to secure that its expenditure does not exceed the aggregate of its resource allocations and income received. This duty applies separately to capital and revenue resource allocations. The Chief Executive has overall executive responsibility for HEIW's activities and is responsible to the Board for ensuring that it meets its financial duties as set out in section 172 of the National Health Service (Wales) Act 2006.

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5. INTEGRATED PLANNING

- 5.1 HEIW will prepare appropriate plans as required by legislation and the Welsh Government.
- 5.2 An annual business plan will be submitted to the Welsh Government setting out how the organisation will meet the requirements of the Minister's Remit Letter.
- 5.3 In addition, HEIW will prepare a medium term plan based over a period of three years. This plan must reflect longer-term planning and delivery objectives and should be continually reviewed based on latest Welsh Government policy and local priority requirements.
- 5.4 The Chief Executive will compile and submit to the Board, on an annual basis, the rolling 3 year plan. The Board approved plan will be submitted to Welsh Government in line with the requirements it has set out.
- 5.5 The remit letter, approved business plan and three year plan will form the basis of the accountability arrangements between HEIW and Welsh Government.
- 5.6 The Board will:
- a) Approve the annual business plan and medium term plan prior to the beginning of the financial year of implementation and in accordance with the guidance issued annually by Welsh Government. Following Board approval the Plan will be submitted to Welsh Government.
 - b) Approve a balanced annual budget as part of the annual business plan, which meets all statutory financial duties, probity and value for money requirements; and
 - c) Prepare and agree with the Welsh Government a robust and sustainable recovery plan in accordance with Welsh Ministers' guidance where HEIW plan is not in place or in balance.
- 5.7 The first full annual business plan and three year plan will be required from the start of 2019/20 financial year.

6. FINANCIAL MANAGEMENT AND BUDGETARY CONTROL

6.1 Budget Setting

6.1.1 Prior to the start of the financial year the Director of Finance will, on behalf of the Chief Executive, prepare and submit budgets for approval and delegation by the Board. Such budgets will:

- a) Include an annual budget for achieving compliance with HEIWs statutory financial balance to operate within its allocated resources
- b) Be in accordance with the aims and objectives set out in the Board approved annual business plan, medium term plan and Medium Term Financial Plan,
- c) Accord with Commissioning, Activity, Quality, Performance, Capital and Workforce plans contained within the Board approved plan;
- d) Take account of approved business cases and associated revenue costs and funding
- e) Be produced following discussion with appropriate Directors and budget holders;
- f) Be prepared within the limits of available funds;
- g) Take account of ring-fenced, specified and non recurring allocations and funding;
- h) Include both financial budgets (£) and workforce establishment budgets (budgeted whole time equivalents)
- i) Be within the scope of activities and authority defined by the National Health Service (Wales) Act 2006, including pooled budget arrangements;
- j) Take account of the principles of Well-being of Future Generations (Wales) Act 2015 including the seven Well-being Goals and the five ways of working; and
- k) Identify potential risks and opportunities.

6.2 Budgetary Delegation

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6.2.1 The Chief Executive may delegate, via the Director of Finance, the management of a budget to permit the performance of a defined range of activities, including pooled budget arrangements under Regulations made in accordance with section 33 of the National Health Service (Wales) Act 2006 (c. 42). This delegation must be in writing, in the form of a letter of accountability, and be accompanied by a clear definition of:

- a) The amount of the budget;
- b) The purpose(s) of each budget heading;
- c) Individual or committee responsibilities;
- d) Arrangements during periods of absence;
- e) Authority to exercise virement;
- f) Achievement of planned levels of service; and
- g) The provision of regular reports.

The budget holder must sign the accountability letter formally delegating the budget.

6.2.2 The Chief Executive, Director of Finance and delegated budget holders must not exceed the budgetary total or virement limits set by the Board.

6.2.3 Budgets must only be used for the purposes designated, and any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement.

6.2.4 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Chief Executive, as advised by the Director of Finance.

6.2.5 All budget holders must provide information as required by the Director of Finance to enable budgets to be compiled and managed appropriately.

6.2.6 All budget holders will sign up to their allocated budgets at the commencement of the financial year.

6.2.7 The Director of Finance has a responsibility to ensure that appropriate and timely financial information is provided to budget holders and that adequate training is delivered on an on-going basis to assist budget holders managing their budgets successfully.

6.3 Financial Management, Reporting and Budgetary Control

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- 6.3.1 The Director of Finance shall monitor financial performance against budget and plans and report the current and forecast position on a monthly basis and at every Board meeting. Any significant variances should be reported to HEIW Board as soon as they come to light and the Board shall be advised on any action to be taken in respect of such variances.
- 6.3.2 The Director of Finance will devise and maintain systems of financial management performance reporting and budgetary control. These will include:
- a) Regular financial reports, for revenue and capital, to the Board in a form approved by the Board containing sufficient information for the Board to:
- Understand the current and forecast financial position;
 - Evaluate risks and opportunities;
 - Use insight to make informed decisions;
 - Be consistent with other Board reports, which as a minimum will cover:
 - i. Current and forecast year end position on statutory financial duties;
 - ii. Actual income and expenditure to date compared to budget and showing trends and run rates;
 - iii. Forecast year end positions;
 - iv. A statement of assets and liabilities, including analysis of cash flow and movements in working capital;
 - v. Explanations of material variances from plan;
 - vi. Capital expenditure and projected outturn against plan;
 - vii. Investigations and reporting of variances from financial, activity and workforce budgets;
 - viii. Details of corrective actions being taken, as advised by the relevant budget holder and the Chief Executive's and/or Director of Finance's view of whether such actions are sufficient to correct the situation;
 - ix. Statement of performance against savings targets
 - x. Key workforce and other cost drivers;
 - xi. Income and expenditure run rates, historic trends, extrapolation and explanations; and
 - xii. Clear assessment of risks and opportunities; and
 - Provide a rounded and holistic view of financial and wider organisational performance.

- b) The issue of regular, timely, accurate and comprehensible advice and financial reports to each delegated budget holder, covering the areas for which they are responsible;
- c) An accountability and escalation framework to be established for the organisation to formally address material budget variances
- d) Investigation and reporting of variances from financial, activity and workforce budgets;
- e) Monitoring of management action to correct variances;
- f) Arrangements for the authorisation of budget transfers and virements.

6.3.3 Each Budget Holder will:

- be held to account for managing services within the delegated budget
- investigate causes of expenditure and budget variances using information from activity, workforce and other relevant sources
- develop plans to address adverse budget variances.

6.3.4 Each Budget Holder is responsible for ensuring that:

- a) Any likely overspending or reduction of income that cannot be met by virement is not incurred without the prior consent of the Chief Executive and Director of Finance subject to the Board's scheme of delegation;
- b) The amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised, subject to the rules of virement;
- c) No permanent employees are appointed without the approval of the Chief Executive other than those provided for within the available resources and workforce establishment as approved by the Board.

6.3.5 The Chief Executive is responsible for identifying and implementing cost and efficiency improvements and income generation initiatives in accordance with the requirements of the Annual and Medium Term Financial Plans and SFI 10.1.

6.4 Capital Financial Management, Reporting and Budgetary Control

6.4.1 The general rules applying to revenue Financial Management,

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Reporting and Budgetary Control delegation and reporting shall also apply to capital plans, budgets and expenditure subject to any specific reporting requirements required by the Welsh Ministers.

6.5 Reporting to Welsh Government - Monitoring Returns

- 6.5.1 The Chief Executive is responsible for ensuring that the appropriate monitoring returns are submitted to the Welsh Ministers in accordance with published guidance and timescales.
- 6.5.2 All monitoring returns must be supported by a detailed commentary signed by the Director of Finance and Chief Executive. This commentary should also highlight and quantify any significant risks with an assessment of the impact and likelihood of these risks maturing.
- 6.5.3 All information made available to the Welsh Ministers should also be made available to the Board. There must be consistency between the, Annual Plan, Medium Term Financial Plan, budgets, expenditure, forecast position and risks as reported in the monitoring returns and monthly Board reports.

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7. ANNUAL ACCOUNTS AND REPORTS

- 7.1 The Board must approve HEIW's annual accounts prior to submission to the Welsh Ministers and the Auditor General for Wales in accordance with the annual timetable.
- 7.2 The Chair and the Chief Executive (as Accountable Officer for HEIW) have responsibility for signing the accounts on behalf of HEIW. The Chief Executive has responsibility for signing the Annual Governance Statement and the Annual Quality Statement.
- 7.3 The Director of Finance, on behalf of HEIW is responsible for ensuring that financial reports and returns are prepared in accordance with the accounting policies, guidance and timetable determined by the Welsh Ministers, as per Welsh Government's Manual for Accounts, and consistent with Financial Reporting Manual (FReM) and International Financial Reporting Standards.
- 7.4 HEIW's audited annual accounts must be adopted by the Board at a public meeting and made available to the public.
- 7.5 HEIW must publish an Annual Report, and present it at its Annual General Meeting. The Board Secretary will ensure that the Annual Report is prepared in line with the Welsh Government's NHS Manual for Accounts. The Annual Report will include
- The Accountability Report containing:
 - Corporate Governance Report
 - Remuneration Report and Staff Report
 - Accountability and Audit Report
 - The Performance Report, which must include:
 - An overview
 - A performance Analysis

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8. BANKING ARRANGEMENTS

8.1 General

8.1.1 The Director of Finance is responsible for managing HEIW's banking arrangements and for advising the Board on the provision of banking services and operation of accounts. This advice will take into account guidance/ Directions issued from time to time by the Welsh Ministers. HEIW is expected to use the Government Banking Service (GBS) for its banking services unless there is sound reasoning and value for money considerations to justify the use of commercial accounts.

8.1.2 The Board shall approve the banking arrangements.

8.2 Bank Accounts

8.2.1 The Director of Finance is responsible for:

- a) Establishing bank accounts and ensuring that the Government Banking Service is utilised for main Health Board business transactions;
- b) Establishing additional commercial accounts only exceptionally and where there is a clear rationale for not utilising the Government Banking Service;
- c) Establishing separate bank accounts for HEIW's non-exchequer funds;
- d) Ensuring payments made from bank accounts do not exceed the amount credited to the account except where arrangements have been made;
- e) Ensuring accounts are not overdrawn except in exceptional and planned situations.
- f) Reporting to the Board all arrangements made with HEIW's bankers for accounts to be overdrawn;
- g) Monitoring compliance with Welsh Ministers' guidance on the level of cleared funds.

8.2.2 With the exception of Project Bank Accounts, all bank accounts should be held in the name of HEIW. No officer other than the Director of Finance shall open any account in the name of HEIW or for the purposes of furthering HEIW activities.

8.2.3 Any Project Bank Account that is required may be held jointly in the name of HEIW and the relevant third party contractor.

8.3 Banking Procedures

8.3.1 The Director of Finance will prepare detailed instructions on the operation of bank accounts, that ensure there are sound controls over the day-to-day operation of bank accounts, which must include:

- a) The conditions under which each bank account is to be operated;
- b) Those authorised to sign payable orders or other orders drawn on HEIW's accounts.
- c) Effective divisions of duty for employees working within the banking and treasury management function to minimise the risk of fraud and error.
- d) Authorised signatories are identified with sufficient seniority, and in the case of e banking approvers, together with an appropriate payment approval hierarchy.
- e) Procedures are in place for prompt banking of money received.
- f) Ensure there are physical security arrangements in place for cheque stationery, e banking access devices and payment cards.
- g) Cheques and payable orders are treated as controlled stationery with management responsibility given to a duly designated employee.
- h) Frequent reconciliations are undertaken between cash books, bank statements and the general ledger so that all differences are fully understood and accounted appropriately.
- i) Commercial bank accounts should only be used exceptionally where there is a sound rationale and demonstrates value for money. Commercial accounts should be procured through a tendering exercise and the outcome reported to the Audit Committee on behalf of the Board.

8.3.2 The Director of Finance must advise HEIW's bankers in writing of the conditions under which each account will be operated.

8.3.3 The Director of Finance shall approve security procedures for any

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payable orders issued without a hand-written signature e.g. automatically printed. All Payable Orders shall be treated as controlled stationery, in the charge of a duly designated officer controlling their issue.

8.4 Review

- 8.4.1 The Director of Finance will review banking arrangements of HEIW at regular intervals to ensure they reflect best practice and represent best value for money. The results of the review should be reported to the Audit Committee.

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9. CASH, CHEQUES, PAYMENT CARDS AND OTHER NEGOTIABLE INSTRUMENTS

9.1 General

9.1.1 The Director of Finance is responsible for:

- a) Approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable;
- b) Ordering and securely controlling any such stationery; ensuring all cash related stationery treated as controlled stationery with management responsibility given to a duly designated employee;
- c) The provision of adequate facilities and systems for officers whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines; and
- d) Establishing systems and procedures for handling cash and negotiable securities on behalf of HEIW.
- e) Ensuring effective control systems are in place for the use of payment cards,
- f) Ensuring that there are adequate control systems in place to minimise the risk of cash/card misappropriation.

9.1.2 Official money shall not under any circumstances be used for the encashment of private cheques or IOUs (informal documents acknowledging debt).

9.1.3 All cheques, postal orders, cash etc., shall be banked intact. Disbursements shall not be made from cash received, except under arrangements approved by the Director of Finance.

9.1.4 The holders of safe/cash box combinations/keys shall not accept unofficial funds for depositing in their safe/cash box unless such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that HEIW is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving HEIW from responsibility for any loss.

- 9.1.5 The opening of coin operated machines (including telephone, if applicable) and the counting and recording of takings shall be undertaken by two officers together, except as may be authorised in writing by the Director of Finance and the coin box keys shall be held by a nominated officer.
- 9.1.6 During the absence (for example, on holiday) of the holder of a safe/cash box combination/key, the officer who acts in their place shall be subject to the same controls as the normal holder of the combination/key. There shall be written discharge for the safe and/or cash box contents on the transfer of responsibilities and the discharge document must be retained for inspection.
- 9.2 Petty Cash**
- 9.2.1 The Director of Finance will issue instructions restricting the use and value of petty cash purchases.
- 9.2.2 Petty cash use should be minimised and be subject to regular cash balance reviews in order to minimise cash levels held.
- 9.2.3 Petty cash should be operated under an imprest system and be subject to regular checks to ensure physical and book cash levels are consistent.

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10. INCOME, FEES AND CHARGES

10.1 Income Generation and Participation in/Formation of Companies

10.1.1 HEIW shall only generate income for those goods and services that are approved by the Welsh Ministers. Any income generating activities must be complementary to the provision of NHS services and must be in accordance with the Welsh Ministers' policy and powers to raise money as set out in section 169 of the National Health Service (Wales) Act 2006 (c. 42).

10.1.2 HEIW can only form or participate in a company for income generation, improving health, healthcare care and health services, purposes with the consent and/or direction of Welsh Ministers. HEIW should obtain advice from Welsh Government officials prior to undertaking substantive work on formation or participation in any company.

10.2 Income Systems

10.2.1 The Director of Finance is responsible for designing and maintaining procedures to ensure compliance with systems for the proper recording, invoicing, and collection and coding of all monies due.

10.2.2 The Director of Finance is also responsible for ensuring that systems are in place for the prompt banking of all monies received.

10.3 Fees and Charges

10.3.1 The Director of Finance is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the Welsh Ministers or by Statute. Independent professional advice on matters of valuation shall be taken as necessary.

10.3.2 All officers must inform the Director of Finance promptly of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements and other transactions.

10.4 Income Due and Debt Recovery

10.4.1 Delegated budget holders and managers are responsible for informing the Director of Finance of any income due that arises from any contracts, service levels agreements, leases, activities such as private patients or other transactions.

10.4.2 Delegated budget holders and managers must inform the Director of

Finance when overpayment of salary or expenses have been made, in order that recovery can be made.

10.4.3 The Director of Finance is responsible for recovering income due and for ensuring debt recovery procedures are in place to secure early payment and minimise bad debt risk on all outstanding debts.

10.4.4 Income not received should be dealt with in accordance with losses procedures.

10.4.5 Overpayments should be detected (or preferably prevented) and recovery initiated.

10.4.6 The Chief Executive and the Director of Finance are responsible for ensuring the Welsh Ministers' guidance on disputed debt arbitration is strictly adhered to.

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11. NON PAY EXPENDITURE

11.1 Scheme of Delegation, Non Pay Expenditure Limits and Accountability

11.1.1. The Board must agree a Scheme of Delegation in line with that set out in its Standing Orders Scheme of Reservation and Delegation of Powers.

11.1.2. The Chief Executive will approve the level of non-pay expenditure and the operational scheme of delegation and authorisation to budget holders and managers within the parameters set out in the HEIW scheme of delegation.

11.1.3. The Chief Executive will set out in the operational scheme of delegation and authorisation:

- The list of managers who are authorised to place requisitions for the supply of goods, services and works and for the awarding of contracts; and
- The maximum level of each requisition and the system for authorisation above that level.

11.2 The Director of Finance's responsibilities

11.2.1 The Director of Finance will:

- a) Advise the Board regarding the NHS Wales national procurement and payment systems thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in SOs and SFIs;
- b) Prepare procedural instructions or guidance within the Scheme of Delegation on the obtaining of goods, works and services;
- c) Ensure systems are in place for the authorisation of all accounts and claims;
- d) Ensure Directors and officers strictly follow NHS Wales system and procedures of verification, recording and payment of all amounts payable.
- e) Maintain a list of Executive Directors and officers (including specimens of their signatures) authorised to certify invoices.

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- f) Be responsible for ensuring compliance with the Public Sector Payment policy ensuring that a minimum of 95 percent of creditors are paid within 30 days of receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed.
- g) Ensure that where consultancy advice is being obtained, the procurement of such advice must be in accordance with applicable procurement legislation, guidance issued by the Welsh Ministers and SFIs;
- h) Be responsible for Petty Cash system, procedures, authorisation and record keeping, and ensure purchases from petty cash are restricted in value and by type of purchase in accordance with procedures

11.3 Duties of Budget Holders and Managers

11.3.1 Budget holders and managers must ensure that they comply fully with the guidance and limits specified by the Director of Finance and that:

- a) All contracts (except as otherwise provided for in the Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Director of Finance in advance of both any commitment being made and NWSSP Procurement Services being engaged;
- b) Contracts above specified thresholds are advertised and awarded, through NWSSP Procurement Services, in accordance with EU and HM Treasury rules on public procurement;
- c) Contracts above specified thresholds are approved by the Welsh Ministers prior to any commitment being made;
- d) goods have been duly received, examined and are in accordance with specification and order,
- e) work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct,
- f) No requisition/order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to Board members or HEIW officers, other than:

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- (i) Isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars,
- (ii) Conventional hospitality, such as lunches in the course of working visits;

This provision needs to be read in conjunction with Standing Order 6.5. and 6.6.

- g) No requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Director of Finance on behalf of the Chief Executive;
- h) All goods, services, or works are ordered on official orders
- i) Requisitions are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;
- j) Goods are not taken on trial or loan in circumstances that could commit the HEIW to a future uncompetitive purchase;

11.3.2 The Chief Executive and Director of Finance shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance issued by the Welsh Ministers. The technical audit of these contracts shall be the responsibility of the relevant Director as set out in the HEIW's scheme of delegation.

11.4 Departures from SFI's

11.4.1 Departing from the application of Chapters 11 and 12 of these SFI's is only possible in very exceptional circumstances. HEIW must consult with NWSSP Procurement Services, Director of Finance and Board Secretary prior to any such action undertaken. Any expenditure committed under these departures must receive prior approval in accordance with the HEIW Scheme of Delegation.

11.5 Accounts Payable

11.5.1 NWSSP Finance, shall on behalf of the HEIW, maintain and deliver detailed policies, procedures systems and processes for all aspects of accounts payable

11.6 Prepayments

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11.6.1 Prepayment should be exceptional, and should only be considered if a good value for money case can be made for them (i.e. that “need” can be demonstrated). Prepayments are only permitted where either:

- The financial advantages outweigh the disadvantages (i.e. cash flows must be discounted to Net Present Value (NPV) using the National Loans Fund (NLF) rate plus 2%);
- It is the industry norm e.g. courses and conferences;
- In line with requirements of [Managing Welsh Public Money](#)
- There is specific Welsh Ministers’ approval to do so e.g. voluntary services compact.

11.6.2 In **exceptional** circumstances prepayments can be made subject to:

- a) The appropriate Executive Director providing, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the HEIW if the supplier is at some time during the course of the prepayment agreement unable to meet their commitments;
- b) The Director of Finance will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the Public Contracts Regulations 2015 where the contract is above a stipulated financial threshold); and
- c) The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Chief Executive if problems are encountered.

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12. PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES

General Information

12.1 Procurement Services

12.1.1 While the Chief Executive is ultimately responsible for procurement the service is delivered by NWSSP Procurement Services.

12.1.2 Procurement staff are employed by NHS Wales Shared Services Partnership (NWSSP) and provide a procurement support function to all health organisations in NHS Wales. Although NWSSP is responsible for the provision of a Procure to Pay service and provision of appropriate professional procurement and commercial advice, ultimate responsibility for compliance with legislation and policy guidelines remains with HEIW. Where the term Procurement staff or department is used in this chapter it should be read as equally applying to those departments where the procurement function is undertaken locally and outside of NWSSP Procurement Department, for example pharmacy and works who undertake procurement on a devolved basis.

12.2 Policies and Procedures

12.2.1 NWSSP Procurement Services shall, on behalf of HEIW, maintain detailed policies and procedures for all aspects of procurement including tendering and contracting processes. The policies and procedures shall comply with these SFIs, Procurement Manual, and Revised General Consent to enter Individual Contracts, included as **Schedule 1** of these SFIs.

12.2.2 The Chief Executive is ultimately responsible for ensuring that HEIW's Executive Directors, Independent Members and officers within the organisation strictly follow procurement, tendering and contracting procedures.

12.2.3 NWSSP Director of Procurement Services is responsible for ensuring that procurement, tendering and contracting policies and procedures:

- Are kept up to date;
- Conform to statutory requirements and regulations;
- Adhere to guidance issued by the Welsh Ministers;
- Are consistent with the principles of sustainable development;

12.2.4 All procurement guidance issued by the Welsh Ministers should have the effect as if incorporated in these SFIs.

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12.3 Procurement Principles

12.3.1 The term "procurement" embraces the complete process from planning, sourcing to taking delivery of all works, goods and services required by HEIW to perform its functions, and furthermore embrace all building, equipment, consumables and services including health services. Procurement further embraces contract and/or supplier management, including market engagement and industry monitoring.

12.3.2 The main legal and governing principles guiding public procurement and which are incorporated into these SFIs are:

- Transparency: public bodies should ensure that there is openness and clarity on procurement processes and how they are implemented;
- Non-discrimination: public bodies may not discriminate between suppliers or products on grounds of their origin;
- Equal treatment: suppliers should be treated fairly and without discrimination, including in particular equality of opportunity and access to information;
- Proportionality: requirements and conditions in the procurement should be reasonable in proportion to the object of procurement and measures taken should not go beyond what is necessary;
- Legality: public bodies must conform to European Community and other legal requirements;
- Integrity: there should be no corruption or collusion with suppliers or others;
- Effectiveness and efficiency: public bodies should meet the commercial, regulatory and socio-economic goals of government in a balanced manner appropriate to the procurement requirement;
- Efficiency: procurement processes should be carried out as cost effectively as possible and secure value for money.

12.4 Legislation Governing Public Procurement

12.4.1 There are a range of EU Directives which set out the EU legal framework for public procurement. These EU Directives have been implemented into UK law by statutory regulations which govern public sector procurement, the primary statutory regulations in Wales being 'The Public Contracts Regulations 2015 No. 102.' From 1 January 2021, all aspects of EU law in respect of the EU Directives relating to public procurement, except where expressly stated otherwise by domestic legislation, will continue to govern public sector procurement,

although further amendments or developments of EU related procurement law following this will not be incorporated into domestic law. The Welsh Government policy framework and the Wales Procurement Policy Statement (WPPS) also govern this area. One of the key objectives of governing legislation is to ensure public procurement markets are open and that there is free movement of supplies, services and works. Legislation, policy and guidance setting out procedures for awarding all forms of regulated contracts shall have effect as if incorporated in HEIW's SFIs.

12.4.2 The main Regulations (the Public Contracts Regulations 2015 No. 102) cover the whole field of procurement, including thresholds above which special and demanding procurement protocols and legal requirements apply. All Directors and their staff are responsible for seeing that those Regulations are understood and fully implemented. The protocols set out in the Regulations, and any Procurement Policy Notices, are the model upon which all formal procurement shall be based.

12.4.3 Procurement advice should be sought in the first instance from Procurement Services. The commissioning of further specialist advice shall be jointly agreed between HEIW and Procurement Services e.g. Engagement of NWSSP Legal and Risk Services prior to 3rd party Legal Service providers.

12.4.4 Other relevant legislation and policy include:

- The Well-being of Future Generations (Wales) Act 2015
- Welsh Language (Wales) Measure 2011
- Modern Slavery Act 2015
- Bribery Act 2010
- Equality Act 2010
- Welsh Government's Code of Practice for Ethical Employment in Supply Chains.
- The Producer Responsibility Obligations (Packaging Waste) Regulations 2007
- Welsh Government 'Towards zero waste: our waste strategy'
- The Welsh Government Policy Framework
- The Wales Procurement Policy Statement (WPPS)

12.5 Procurement Procedures

12.5.1 To ensure that HEIW is fully compliant with UK Procurement Regulations, EU Procurement Directives, UK and Welsh Ministers' guidance and policy, HEIW shall, through NWSSP Procurement Services, ensure that it shall have procedures that set out:

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- a) Requirements and exceptions to formal competitive tendering requirements;
- b) Tendering processes including post tender discussions;
- c) Requirements and exceptions to obtaining quotations;
- d) Evaluation and scoring methodologies
- e) Approval of firms for providing goods and services.

12.5.2 All procedures shall reflect the Welsh Ministers' guidance and HEIW's delegation arrangements and approval processes.

12.6 Procurement Consent/Notification

12.6.1 As a Special Health Authority, HEIW may:

- Acquire and dispose of property;
- Enter into contracts; and
- Accept gifts of property (including property to be held on trust, either for the general or any specific purposes of the Special Health Authority or for any purposes relating to the health service).

12.6.2 Contracts exceeding the value of £1 million in each case, with the exception of those contracts specified in SFI 12.6.4, all acquisitions and disposals of land of any limit, and the acceptance of gifts of property, must be notified to the Welsh Ministers before being entered into.

12.6.3 The guidance process for HEIW to notify their intent to enter into contracts exceeding £1 million is at **Schedule 1**. This requirement also applies to contracts that are to be let through a mini-competition under a public sector contract framework, such as National Procurement Service, NHS Supply Chain or Crown Commercial Services. The use of suitable Welsh frameworks where access is permissible shall take precedence over frameworks led by Public Sector Bodies outside of Wales. Further detailed guidance is incorporated within the Procurement Procedures.

12.6.4 The requirement for notification does not apply to any contracts entered into pursuant to a specific statutory power, and therefore does not apply to:

- i) Contracts of employment between HEIW and their staff;
- ii) Transfers of land or contracts effected by Statutory Instrument following the creation of HEIW;
- iii) All NHS contracts, that is where one health service body contracts with another health service body.

12.6.5 The process of notification of contracts to the Welsh Ministers does not

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remove the requirement for HEIW to comply with SOs, SFIs or to obtain any other consents or approvals required by law for the transactions concerned.

12.6.6 Further detail in relation to fair and adequate competition is set out in the Procurement Manual.

Planning

12.7 Sustainable Procurement

12.7.1 To further nurture the Welsh economy, in support of social, environmental and economic regeneration, HEIW must also be mindful to structure requirements ensuring Welsh companies have the opportunity to transparently and fairly compete to deliver services regionally or across Wales where possible. The principles of the Well-being of Future Generations Act 2015 should be adopted at the earliest stage of planning. Procurement solutions must be developed embracing the five ways of working described within the Act and capture how they will deliver against the seven goals set out in the Act.

12.7.2 The Well-being of Future Generations Act 2015 requires that bodies listed under the Act must operate in a manner that embraces sustainability. The Act requires public bodies in Wales to think about the long-term impact of their decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.

12.7.3 The 7 Wellbeing goals are:

- a prosperous Wales;
- a resilient Wales;
- a healthier Wales;
- a more equal Wales;
- a Wales of cohesive communities;
- a Wales of vibrant culture and thriving Welsh language; and
- a globally responsible Wales.

These goals have been put in place to improve the social, economic, environmental, and cultural well-being of Wales.

12.7.4 Public sector organisations in Wales not listed in the act are expected to operate to those principles. HEIW is not specifically listed in the Act.

12.7.5 Public bodies need to make sure that when making their decisions they

take into account the impact they could have on people living their lives in Wales in the future. The Act expects them to:

- work together better
- involve people reflecting the diversity of our communities
- look to the long term as well as focusing on now
- take action to try and stop problems getting worse - or even stop them happening in the first place.

12.7.6 HEIW is required to consider the Welsh Government Guidance on Ethical Procurement and the new Code of Practice on ethical employment in supply chains which commits public, private and third sector organisations to a set of actions that tackle illegal and unfair employment practices including blacklisting, modern slavery and living wage.

12.7.7 HEIW shall make use of the tools developed by Value Wales in implementing the principles of the WBFGA 2015. HEIW shall benchmark its performance. For all contracts over £25,000, HEIW shall take account of social, economic and environmental issues when making procurement decisions using the Sustainable Risk Assessment Template (SRA).

12.8 Small and Medium Sized Enterprises (SMEs), Third Sector Organisations (TSOs) and Supported Factories and Businesses (SFBs)

12.8.1 In accordance with Welsh Government commitments policy set out in the current Wales Procurement Policy Statement (WPPS) and subsequent versions of this statement HEIW shall ensure that it provides opportunities for these organisations to quote or tender for its business.

12.9 Planning Procurements

12.9.1 HEIW must ensure that all staff with delegated budgetary responsibility or who are part of the procurement process for goods, services and works are aware of the legislative and policy frameworks governing public procurement and the requirement of open competition.

12.9.2 Depending on the value of the procurement, a process of planning the procurement must be undertaken with the Procurement Services and appropriate representative from the service and other appropriate stakeholders. The purpose of a planning phase is to determine:

- the likely financial value of the procurement, including whole life cost

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- the likely 'route to market' which will consider the legislative and policy framework set out above.
- The availability of funding to be able to award a contract following a successful procurement process.
- That the procurement follows current legislative and policy frameworks including Value Based Procurement.

12.9.3 The procurement specification should factor in the 4 principles of prudent healthcare

- Equal partners through co-production
- Care for those with the greatest health need first
- Do only what is needed
- Reduce inappropriate variation

Value based outcome/experience/delivery principles must also be included where appropriate ensuring best value for money, sustainability of services and the future financial position. Value for money is defined as the optimum combination of whole-life cost and quality to meet the requirement.

12.9.4 Where free of charge services are made available to HEIW, NWSSP Procurement Services must be consulted to ensure that any competition requirements are not breached, particularly in the case of pilot activity to ensure that HEIW does not unintentionally commit itself to a single provider or longer term commitment. Regular reports on free of charge services provided to HEIW should be submitted by Board Secretary to Audit Committee.

12.9.5 HEIW is required to participate in all-Wales collaborative planning activity where the potential to do so is identified by the procurement professional involved in the planning process. Cross sector collaboration may also be required.

Joint or Collaborative Initiatives

12.9.6 Specialist advice should be obtained from Welsh Government and the opinions of NWSSP Procurement Services and NWSSP Legal and Risk prior to external opinion being sought where there is an undertaking to commence joint or collaborative initiatives which may be deemed as novel or contentious.

12.10 Procurement Process

12.10.1 Where there is a requirement for goods or services, the manager

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must source those goods or services from HEIW's approved catalogue. Where a required item is not included within the catalogue, advice must be sought from the Procurement Services on opportunities to source those goods or services through public sector contract framework, such as National Procurement Service, NHS Supply Chain or Crown Commercial Services. The use of suitable Welsh frameworks where access is permissible shall take precedence over frameworks led by Public Sector Bodies outside of Wales.

12.10.2 In the absence of an existing suitable procurement framework to source the required item, a competition must be run in accordance with the table below. HEIW must ensure the value of their requirement considers cumulative spend across HEIW for like requirements and opportunity for collaboration with other Health Boards and Trusts:

12.10.3 Agreements awarded are required to deliver best value for money over the whole life of the agreement. Value for money is defined as the optimum combination of whole-life cost and quality to meet the requirement.

Competition Requirements

12.11 Procurement Thresholds

12.11.1 The following table summarises the minimum thresholds for quotes and competitive tendering arrangements. The total value of the contract, whole life cost, over its entire period is the qualifying sum that should be applied (except in specific circumstances relating to aggregation and contracts of an indeterminate duration) as set out below, and in UK Procurement Regulations and EU Procurement Directives and UK Regulations.

Goods/Services/Works Whole Life Cost Contract value (excl. VAT)	Minimum competition¹	Form of Contract
<£5,000	Evidence of value for money has been achieved	Purchase Order
>£5,000 - <£25,000	Evidence of 3 written quotations	Simple Form of Contract/Purchase Order
>£25,000 – Prevailing OJEU threshold	Advertised open call for competition. Minimum of 4 tenders received if available.	Formal contract and Purchase Order
>OJEU threshold	Advertised open call for competition. Minimum of 5	Formal contract and Purchase Order

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Goods/Services/Works Whole Life Cost Contract value (excl. VAT)	Minimum competition¹	Form of Contract
	tenders received if available or appropriate to the procurement route.	
Contracts above £1 million	Welsh Government approval required ²	Formal contract and Purchase Order

¹ subject to the existence of suitable suppliers

² in accordance with the requirements set out in SFI 12.6.3.

12.11.2 Advice from the Procurement Services must be sought for all requirements in excess of £5,000.

12.11.3 The deliberate sub-dividing of contracts to fall below a specific threshold is strictly prohibited. Any attempt to avoid these limits may expose the Board to risk of legal challenge and could result in disciplinary action against an individual[s].

12.11.4 Deliberate re-engagement of a supplier, where the value of the individual engagement is less than £5,000, must not be undertaken where the total value of engagements taken as a whole would exceed £5,000 and require competition.

12.11.5 The approval of award of contracts must follow the Board's Scheme of Delegation.

12.12 Designing Competitions

12.12.1 The budget holder or manager responsible for the procurement is required to engage with the Procurement team to ensure:

- Required timescales are achievable
- Specifications are drafted which:
 - are fit for inclusion in competition documents;
 - are drafted in a manner encouraging innovation by the market;
 - are capable of being responded to and do not narrow competition;
 - deliver in line with legislative and policy frameworks;
 - include robust performance measures to effectively measure

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- and manage supplier performance; and
- consider the ability of the market to deliver.

12.12.2 Appropriate performance measures are included in agreements awarded, thus ensuring best value for money decisions taken that return maximum benefit for the organisation and ultimately the improvement of patient outcomes and wider health and social care communities.

12.12.3 Criteria for selecting suppliers and achieving an award recommendation must:

- be appropriately weighted in consideration of quality/price;
- consider cost of change where relevant;
- be transparent and proportionate;
- deliver value for money outcomes;
- fully explore complexity/risk; and
- consider whole life cost.

12.13 Single Quotation Application or Single Tender Application

12.13.1 In exceptional circumstances, there may be a need to secure goods/services/works from a single supplier. This may concern securing requirements from a single supplier, due to a special character of the firm, or a proprietary item or service of a special character. Such circumstances may include:

- Follow-up work where a provider has already undertaken initial work in the same area (and where the initial work was awarded from open competition);
- A technical compatibility issue which needs to be met e.g. specific equipment required, or compliance with a warranty cover clause;
- a need to retain a particular contractor for genuine business continuity issues (not just preferences); or
- When joining collaborative agreements where there is no formal agreement in place. Request for such a departure must be supported by written evidence from the Procurement Service confirming local agreements will be replaced by an all Wales competition/National strategy

12.13.2 Procurement Services must be consulted prior to any such application being submitted for approval. The Director of Finance must approve such applications up to £25,000, the Chief Executive or designated deputy, and Director of Finance, are required to approve applications exceeding £25,000. A register must be kept for

monitoring purposes and all single tender actions must be reported to the Audit Committee.

12.13.3 In all applications, through Single Quotation Application or Single Tender Application (SQA or STA) forms, the applicant must demonstrate adequate consideration to the Chief Executive and Director of Finance, as advised by the Head of Procurement, that securing best value for money is a priority. The Head of Procurement will scrutinise and endorse each request to ensure:

- Robust justification is provided;
- A value for money test has been undertaken;
- No bias towards a particular supplier;
- Future competitive processes are not adversely affected;
- No distortion of the market is intended;
- An acceptable level of assurance is available before presentation for approval in line with HEIW Scheme of Delegation; and
- An “or equivalent” test has been considered proving the request is justified.

12.13.4 Under no circumstances will Procurement Services endorse a retrospective SQA/STA, where the HEIW has already entered into an arrangement directly.

12.13.5 As SQA/STAs are only used in exceptional circumstances HEIW, through the Chief Executive, must report each, including the specifics of the exceptional circumstances and the total financial commitment, in sufficient detail to its Audit Committee. The report will include any corrective action/advice provided by the Chief Executive, Director of Finance or NWSSP Director of Procurement Services to prevent recurrence by HEIW.

12.13.6 The Audit Committee may consider further steps to be appropriate, such as:

- Instruct a representative of HEIW to attend Audit Committee;
- Escalate to the Board;
- Request an internal Audit Review;
- Request further training; or
- Take internal disciplinary action.

12.13.7 No SQA/STA is required where the seeking of competition is not possible, nor would the application of the SQA/STA procedure add value to the process/aid the delivery of a value for money outcome. Procurement Manual details schedule of departures from SQA/STA

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where competition not possible.

- 12.13.8 For performance monitoring purposes, the NWSSP Procurement Service will retain a central register of all such activity including SQA/STA's not endorsed by Procurement or any exceptional matters.

12.14 Disposals

- 12.14.1 Disposal of surplus, obsolete equipment/consumables is also subject to the competition rules.
- 12.14.2 Obsolete or condemned articles and stores, which may be disposed of in accordance with applicable regulations and law at the prevailing time (e.g. Waste Electrical and Electronic Equipment (WEEE)) and the procedures of HEIW making use of any agreements covering the disposal of such items.
- 12.14.3 HEIW must obtain the best possible market price.

Approval & Award

12.15 Evaluation, Approval and Award

- 12.15.1 The evaluation of competitions via quotation or tender, must be undertaken by a minimum of 2 evaluators from within the operational service of HEIW. Evaluation Teams for competitions of greater complexity and value must be multi-disciplinary and reach a consensus recommendation for internal approval.
- 12.15.2 The internal approval of any recommendation to award a competition must follow the Board's Scheme of Delegation.
- 12.15.3 The communication of the external notification to the market to award the contract must be managed by the Procurement Service.
- 12.15.4 Information throughout the process must be handled and retained as 'commercial in confidence' and not shared outside of staff directly involved in the competition process.
- 12.15.5 All associated communication throughout the competition process must also be managed by the Procurement Service.

Implementation & Contract Management

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12.16 Contract Management

12.16.1 Contract Management is the process which ensures that both parties to a contract fully meet their respective obligations as effectively and efficiently as possible, in order to deliver the business and operational objectives required by the contract and in particular, to achieve value for money. The relevant budget holder shall oversee and manage each contract on behalf of HEIW so as to ensure that these implicit obligations are met. This contract management will include:

- Retaining accurate records
- Monitoring contract performance measures
- Engaging suppliers to ensure performance delivery
- Implementing contractual sanctions in the event of poor performance in conjunction with advice from Procurement Services; and
- Permitting stage payments as part of a formally agreed implementation/delivery plan which must be supported by written evidence issued by the budget holder.

12.16.2 Contract management on All Wales contracts will be provided by NWSSP Procurement Services

11.19 Advice on best practice on Contract Management is available from NWSSP Procurement Services.

12.17 Extending and Varying Contracts

12.17.1 Extending, modifying or varying the scope of an existing contract is possible, if the provision to do so was included as an option in the original awarded contract, e.g. scope of requirement, further expenditure due to unforeseen circumstances, change in regulatory requirements, etc.

12.17.2 If there is no such provision, the Public Contracts Regulations 2015 defines such limitations.

12.17.3 The Public Contracts Regulations 2015 provide further constraints on this matter, under which modifications/variations/extensions are capped at 50% of the original award value.

12.17.4 Further approval is not required to extend an agreement beyond the original term/scope where prior approval was granted as part of the procurement process.

12.17.5 If there was no provision to extend, further approvals are required

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from the HEIW budget holder and the local Head of Procurement. Budget holders must also be mindful of the threshold under which the original contract was awarded. Any increase in the contract value may require a more senior level of approval in line with the Scheme of Delegation.

12.17.6 This ensures an appropriate identification and assessment of potential risks to the HEIW compliance of approvals being granted within the Scheme of Delegation and assurance that value for money continues to be delivered from public funds.

12.17.7 The budget holder must seek advice from NWSSP Procurement Services in advance of committing further expenditure to ensure the contract is reflective of requirements. The budget holder must assess whether there is sufficient evidence to support the justification and whether the budget is available to support the additional requirements.

Transactional Processes

12.18 Requisitioning

12.18.1 The budget manager in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the HEIW. The budget holder will source those goods or services from the approved catalogue. Where a required item is not included within the catalogue, advice must be sought from the Procurement Services on opportunities to source those goods or services through public sector contract framework, such as National Procurement Service, NHS Supply Chain or Crown Commercial Services.

12.18.2 Where a required item is not on catalogue or on framework contract the budget manager shall request the NWSSP Procurement Services to undertake quotation / tendering exercises on their behalf in line with SFI 11.10 thresholds.

12.18.3 All orders for goods and services must be accompanied by an official order number, available from the Procurement Department. In no circumstances must a requisition number be used as an order number.

12.19 No Purchase Order, No Pay

12.19.1 HEIW will ensure compliance with 'No Purchase Order, No Pay' policy, the All Wales policy introduced to ensure that Procure to Pay continues to provide world-class services on a 'Once for Wales' basis.

12.19.2 The policy ensures that a purchase order is raised at the beginning of a purchase in circumstances where a purchase order is required under the policy. This follows industry standard best practice as it provides a commitment as to what is likely to be spent. The supplier must obtain a purchase order number for their invoice in order for it to be processed for payment.

12.20 Official orders

12.20.1 Official Orders, issued following approved requisition and sourcing, must:

- a) Be consecutively numbered;
- b) State the HEIW's terms and conditions of trade.

12.20.2 Official Orders will be issued on behalf of HEIW by NWSSP Procurement Services.

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13 AGREEMENTS AND CONTRACTS FOR EDUCATION AND TRAINING

13.1 Education and Training Agreements

13.1.1 The Chief Executive is responsible for ensuring HEIW enters into suitable Education and Training Agreements for its provision of healthcare professionals education and training.

13.1.2 All Education and Training Agreements should aim to implement the agreed priorities contained within the agreed plans. In discharging this responsibility, the Chief Executive should take into account:

- The standards of service quality expected;
- The standards required to be achieved by health professionals' regulatory bodies;
- The provision of education and training for students and / or trainees based within Health Boards and NHS Trusts in a high quality, safe environment;
- The provision of reliable information on quality, volume and cost of service.

13.1.3 All agreements must be in accordance with the functions conferred on HEIW by the Welsh Ministers.

13.1.4 For all agreements entered into in the form of a contract, the process for notifying the Welsh Ministers of NHS contracts set out in section 12 and Schedule 2 of these SFIs must be followed.

13.1.5 For all agreements entered into they must be approved in accordance with delegations set out in Standing Orders:

- Schedule 1 Scheme of Reservation and Delegation of Powers – Schedule of Matters Reserved for Board.
- Schedule 1 Scheme of Reservation and Delegation of Powers – Scheme of Delegation to Executive Directors, Other Directors and Officers
- Schedule 1 Scheme of Reservation and Delegation of Powers – Delegated Financial Limits

13.2 Education and Training Agreements – Annual Commissioning and Variations

13.2.1 The Chief Executive is responsible for ensuring HEIW enters into suitable annual commissioning and contract variations for Education and Training Agreements for its provision of healthcare professionals

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education and training.

13.2.2 All annual commissioning and contract variations within Education and Training Agreements should aim to implement the agreed priorities contained within the agreed plans. In discharging this responsibility, the Chief Executive should take into account:

- The standards of service quality expected;
- Current contract performance of suppliers regarding
 - Delivery against benchmarking standards
 - Course attrition rates
 - Quality indicators including student satisfaction surveys
 - Financial indicators performance
- Consultation with key stakeholders regarding requirements e.g. NHS Bodies, regulators and professional leads.

13.2.3 The Chief Executive is responsible for preparing a report to the Board recommending the annual commissioning and contract variations.

13.2.4 The Board is responsible for agreeing the proposed commissioning and contract variations, and for submission of recommendations to Welsh Government for Ministerial approval.

13.2.5 For all commissioning and contract variations entered into they must be approved in accordance with delegations set out in Standing Orders:

- Schedule 1 Scheme of Reservation and Delegation of Powers – Schedule of Matters Reserved for Board.
- Schedule 1 Scheme of Reservation and Delegation of Powers – Scheme of Delegation to Executive Directors, Other Directors and Officers
- Schedule 1 Scheme of Reservation and Delegation of Powers – Delegated Financial Limits

13.3 Statutory provisions

13.3.1 The Health Education and Improvement Wales (Establishment and Constitution) Order 2017 sets out the functions of HEIW.

13.3.2 Article 3 of the order requires HEIW to exercise such functions in relation to the planning, commissioning and delivery of education and training for persons who are employed, or who are considering becoming employed, in any activity which involves or is connected with the provision of health services, and such other functions as the Welsh Ministers may direct.

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13.4 Reports to Board on Agreements and Contracts for Education and Training

13.4.1 The Chief Executive will need to ensure that regular reports are provided to the Board detailing performance, quality and associated financial implications of all education and training agreements.

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14 GRANT FUNDING

It is a matter for HEIW to determine whether individual activities should be procured, or be eligible to receive grant funding, seeking legal advice as necessary. (Grants are defined as all non-procured payments to external bodies or individuals for activities which are linked to delivering policy objectives and statutory obligations. Payments are made to fund or reimburse expenditure on agreed items or functions in accordance with legally binding conditions.)

14.1 Legal Advice

14.1.1 Before the award of funding is made, legal advice where necessary must be sought to ensure that:

- The award does not breach HEIW's functions or its regularity of expenditure duty (that is, the activities for which the grant is made are within the scope of activities that the HEIW has a legal remit to undertake);
- The activities would not be deemed to be normally subject to procurement legislation and policy; and
- A legally binding agreement is made with all delivery organisations.

See attached toolkit for grants v procurement:



Grant v
Procurement.doc

14.2 Policies and procedures

14.2.1 HEIW shall maintain detailed policies and procedures for all aspects of grant funding. The policies and procedures shall comply with these SFIs, and where appropriate the Welsh Minister's Code of Practice to funding the third sector:

<https://gov.wales/sites/default/files/publications/2019-01/third-sector-scheme-2014.pdf>

14.2.2 The Chief Executive is ultimately responsible for ensuring that HEIW's grant procedures:

- Are kept up to date;
- Conform to statutory requirements;
- Adhere to guidance issued by the Welsh Ministers;
- Are consistent with the principles of sustainable development; and

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- Are strictly followed by all Executive Directors, Independent Members and staff within the organisation.

14.2.3 The award of grant funding must comply with the policy and principles set out in the Procurement section of these SFIs and ensure that the award meets the requirements of regularity, propriety and value for money.

14.2.4 All grant guidance issued by the Welsh Ministers should have the effect as if incorporated in these SFIs.

14.3 Corporate Principles underpinning Grants Management

14.3.1 While there is a need to make the financial arrangements for awarding funding as simple and streamlined as possible, HEIW should also ensure that taxpayers' money is spent appropriately and that it provides good value for money.

14.3.2 The overarching principles for managing public resources in Wales are set out in [Managing Welsh Public Money](#). The document states that the award of funding should be made in accordance with the law and the requirements of propriety, regularity and value for money.

14.3.3 Regularity requires compliance with appropriate authorities, regulations and legislation. Propriety requires both public authorities and funded bodies to deliver appropriate standards of conduct, behaviour and corporate governance. In addition, the public expects official decisions to be made fairly and impartially with public money spent wisely and appropriately, delivering value for money and ensuring that best use is made of resources.

14.3.4 The **corporate principles** of grants management are:

- The development of grant management processes and procedures that are transparent, accountable, proportionate and consistent;
- The delivery of a high quality regulatory framework that responds to demands but does not place unnecessary administrative burdens on HEIW or funded bodies;
- A regulatory framework that will take into consideration the need for proportionality, balancing the need for governance with the burden of administration, thus striking an appropriate balance between accountability and simplicity;
- An effective grant management process to ensure funded bodies spend the funding efficiently, transparently and for the purpose intended, with a view to maximising the impact and outcome from budgets;

- An appropriate evidence-based approach to underpin the design and development of all new funding programmes to ensure efficient and effective use of public funds, ensuring that the funding programme is the optimal solution and that funding is targeted where it is most needed and where it can have most impact;
- A consistent framework that will reinforce respect and effectiveness of the rules for both administrators and funded bodies; and
- Compliance of the grant funding with State aid requirements in accordance with the State aid rules.

14.4 Grant Procedures

14.4.1 It is vital that money is put to use in a way that delivers the maximum benefit to the people of Wales. Grants funding programmes need to be managed as efficiently and cost effectively as possible to make sure that every penny is spent appropriately and in an accountable manner. When establishing grant funding programmes, HEIW should ensure principles of good practice available from a number of external sources are considered and reflected in grant programmes. Information on grants management is available on the Audit Wales website at:

<https://www.audit.wales/good-practice/grants-management-miniguides>

14.4.2 HEIW must agree a clear purpose for each grant and how it will measure the delivery organisation's success in delivering those purposes. It should also agree appropriate targets with the delivery organisation.

14.4.3 For grant programmes that span a number of financial years, HEIW is responsible for evaluating the programmes to ensure they are fit for purpose, are achieving required outcomes and continue to provide value for money.

14.4.4 HEIW is responsible for ensuring that appropriate procedures exist in relation to all the grants and funding for which they are accountable. **They are also responsible for ensuring that any grant provided to an entity that engages in economic activity complies with the State aid rules.**

14.4.5 HEIW is required to undertake due diligence checks on all potential delivery organisations to determine the economic and financial viability of any organisation(s) to administer public funds, and the reliability of the organisation(s). These checks are important in order to identify any risks or issues that could expose HEIW to potential financial loss, fraud

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or reputational damage. A proportionate level of due diligence should be carried out, both prior to the award of any grant funding and throughout the life of the award.

14.4.6 HEIW must enter into legally binding funding agreements with all delivery organisations. When developing funding agreements, HEIW should ensure principles of good practice available from a number of external sources are considered and reflected.

14.4.7 HEIW is responsible for ensuring that all third party delivery organisations comply with and adhere to the terms and conditions of the Funding Agreement.

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15. PAY EXPENDITURE

15.1 Remuneration and Terms of Service Committee

- 15.1.1 In accordance with SOs the Board shall establish a Remuneration and Terms of Service Committee, with clearly defined terms of reference and operating arrangements that specify which posts fall within its area of responsibility. This Standing Financial Instruction should be read in conjunction with Standing Order 3.3.
- 15.1.2 The Committee shall report in writing to the Board the basis for its recommendations. The Board shall use the report as the basis for their decisions, but remain accountable for taking decisions on the remuneration and terms of service of Directors and other senior employees, in accordance with the framework set by the Welsh Ministers. Minutes of the Board's meetings should record such decisions.
- 15.1.3 The Board will, after due consideration and amendment if appropriate approve proposals presented by the Chief Executive for the setting of remuneration and terms of service for those employees and officers not covered by the Committee.
- 15.1.4 HEIW will remunerate the Chair, Chief Executive, Executive Directors and Independent Members of the Board in accordance with instructions issued by the Welsh Ministers. Welsh Ministers approval will be required in the exceptional event that remuneration needs to be above the maximum of the salary band range, administratively this approval will be exercised by the Director General HSSG.
- 15.1.5 The Remuneration and Terms of Service Committee will consider cases of redundancy and Voluntary Early Release applications. The Remuneration and Terms of Service Committee will consider any novel employment and pay cases, such as compromise agreements and non-disclosure agreements, ensuring Welsh Government advice has been sought and considered.

15.2 Funded Establishment

- 15.2.1 The workforce plans incorporated within agreed plans will form the funded establishment, i.e. the budget for all approved posts. (The financial budgets (£) and workforce establishment budgets (budgeted whole time equivalents) as per SFI 6.1.1 h)

15.2.2 The funded establishment of any department may not be varied without the approval of the Chief Executive as set out in the Scheme of Delegation contained within SO's.

15.3 Staff Appointments

15.3.1 Staff must only be engaged by authorised managers, in accordance with the Board's Scheme of Delegation. The engagement must be within the approved budget and funded establishment.

15.3.2 No Board member or HEIW official may engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration outside the limit of their approved budget and funded establishment unless authorised to do so by the Chief Executive.

15.4 Pay Rates and Terms and Conditions

15.4.1 The Board will approve procedures presented by the Chief Executive for the determination of commencing pay rates, condition of service, etc, for employees in accordance with pay, terms and conditions set out in contractual arrangements in Ministerial directions on Agenda for Change and Medical and Dental pay, and any staff with pre-existing terms and conditions of service, following a TUPE transfer into employment or ad hoc salaried staff.

15.4.2 The Remuneration Committee will determine pay rates and conditions of services for board members, and other senior employees, in accordance with ministerial instructions.

15.5 Payroll

15.5.1 The Director of Workforce and Organisational Development, has responsibility for securing an efficient, well-controlled payroll service from NHS Wales Shared Services Partnership that:

- pays the correct staff with the correct amount
- all payments are supported by properly authorised documentation

15.5.2 The Director of Workforce and Organisational Development is responsible for:

- a) The control framework and detailed procedures which are in place to:
 - To ensure all payments comply with HMRC, Pensions Agency and other regulation in relation to the deduction and payment of

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- tax, national insurance, pension or other payments.
 - reduce the risk of fraud and error within the payroll function
- b) Specifying timetables for submission of properly authorised time records and other notifications;
- c) The final determination of pay and allowances including verification that the rate of pay and relevant conditions of service are in accordance with current agreements;
- d) Agreeing the timing and method of payment with the payroll service;
- e) Authorising the release of payroll data where in accordance with the provisions of the applicable Data Protection Legislation (the Data Protection Act 2018 and the UK General Data Protection Legislation);
- f) Verification and documentation of data;
- g) The timetable for receipt and preparation of payroll data and the payment of employees and allowances;
- h) Maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay;
- i) Security and confidentiality of payroll information;
- j) Checks to be applied to completed payroll before and after payment; and
- k) A system to ensure the recovery from those leaving the employment of HEIW of sums of money and property due by them to HEIW.

15.5.3 The Chief Executive is responsible for:

- a) Ensuring that arrangements for a payroll service from NHS Wales Shared Services Partnership (NWSSP) is supported by appropriate Service Level Agreements, terms and conditions, adequate internal controls and internal audit review procedures;
- b) Ensuring a sound system of internal control and audit review of any internally provided payroll service; and
- c) Maintenance and/or the authorisation of regular and independent

reconciliation of pay control accounts.

15.5.4 Appropriately nominated managers have delegated responsibility for:

- a) Submitting time records, and other notifications in accordance with agreed timetables;
- b) Completing time records and other notifications in accordance with the Service Level Agreements; and
- c) Submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's or officer's resignation, termination or retirement. Where an employee fails to report for duty or to fulfil obligations in circumstances that suggest they have left without notice, the Director of Workforce and Organisational Development and/or Chief Executive must be informed immediately. In circumstances where fraud is suspected, this must be reported to the Director of Finance.

15.6 Contracts of Employment

15.6.1 The Director of Workforce and Organisational Development must:

- a) Ensure that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation; and
- b) Deal with variations to, or termination of, contracts of employment.

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16. CAPITAL PLAN, CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

16.1 Capital Plan

- 16.1.1 Capital plans, and annual capital programmes, must be approved by the Board before the commencement of a financial year and should be in line with the objectives set out in the approved Plan for the organisation. The capital plan and programmes must be delivered within Welsh Government capital finance resource limits.
- 16.1.2 The Director of Planning (or nominated responsible director) will develop a capital plan, and detailed capital programme, for the organisation that sets out a detailed capital investment plan to support the objectives set out in the Plan. The capital programme must be affordable and within the capital allocations, as set out in the Welsh Government (WG) Capital Resource Limit for the year, and the HEIW must not exceed the allocation resource limit. There must be an approved revenue funding plan in place to support any revenue costs associated with the capital plan. Regular updates must be provided to the Board, and relevant Board Committees, during the financial year.
- 16.1.3 The Board must approve a three year Capital Plan, and an annual Capital Programme.

16.2 Capital Investment Decisions

- 16.2.1 Robust business case and capital investment appraisal must be undertaken prior to formal submission to Welsh Government, the level of detail within the appraisal commensurate with the value and risk of the investment. Capital investment decisions should be undertaken in line with Welsh Government requirements and guidance for the development of business cases as set out in
- NHS Wales Infrastructure Investment Guidance (Welsh Health Circular WHC (2018) 043)
<https://gov.wales/nhs-wales-infrastructure-investment-guidance>
 - Better business cases: investment decision-making framework
<https://gov.wales/better-business-cases-investment-decision-making-framework>
- 16.2.2 The Director of Finance must provide a professional opinion on the financial elements of the business case. Capital investment decisions will be taken by the organisation in line with the financial thresholds specified by Welsh Government and in the Health Board's Scheme of

Delegation.

16.3 Capital Projects

16.3.1 The Chief Executive shall ensure that any capital investment above the Welsh Ministers' delegated limit is not undertaken without approval of the Welsh Ministers and that confirmation of capital resources has been received.

16.3.2 When capital investment decisions are taken and a Capital Programme approved the Project cannot be initiated until the authority to commit expenditure is formally delegated to a manager, in line with the organisation's Scheme of Delegation. The capital project must then be procured in line with normal procurement procedures or the Designed for Life or other approved procurement framework and in line with Welsh Government requirements and guidance and the applicable procurement legislation. Management control and financial reporting systems must be established to ensure that the project is:

- delivered on time
- on budget
- within contractual obligations.

16.3.3 Project management controls and financial reporting systems must be established to ensure these objectives are met. Reporting requirements to Welsh Government will be set out in the approval letter provided post Ministerial approval.

16.3.4 Regular updates must be provided to the Board, and relevant Board Committees, during the financial year

16.4 Capital Procedures and Responsibilities

16.4.1 The Chief Executive:

- a) Shall ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans;
- b) Is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
- c) Shall ensure that any capital investment above the Welsh Ministers' delegated limit (i.e. other than discretionary capital) is not undertaken without approval of the Welsh Ministers and that confirmation of capital resources has been received;

- d) Shall ensure that the three year Capital Plan, and detailed annual capital programme is approved by the Board, as part of the Plan, prior to the commencement of the financial year;
- e) Shall ensure the availability of resources to finance all revenue consequences of the investment, including capital charges; and
- f) Shall ensure that any 3rd party use of NHS estate is properly controlled, reimbursed and reported. This will include ensuring that appropriate security, insurance and indemnity arrangements are in place and that there is a written agreement as to each party's responsibilities and liabilities.

16.4.2 For every capital expenditure proposal the Chief Executive shall ensure:

- a) That a business case is produced in line with Welsh Ministers' guidance and where appropriate the 5-case Model;
- b) That the Director of Finance has sought appropriate professional advice from HEIW and external agencies in the preparation of capital expenditure costs, and on that basis professionally certifies the capital costs and revenue consequences detailed in the business case.

16.4.3 For capital schemes where the contracts stipulate stage payments, the Chief Executive will issue procedures for their management in accordance with the Welsh Ministers' guidance.

16.4.4 The approval of a capital programme by HEIW Board shall not constitute approval for the initiation of expenditure on any scheme.

16.4.5 The Chief Executive shall issue to the manager responsible for any scheme:

- a) Specific authority to commit expenditure;
- b) Authority to proceed to tender; and
- c) Approval to accept a successful tender.

16.4.6 The Chief Executive will issue a scheme of delegation for capital investment management in accordance with the Welsh Ministers' guidance and HEIW's SOs.

16.4.7 The Director of Planning and Director of Finance shall issue detailed

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procedures governing the project, financial and contractual management, including variations to contract, of capital investment projects and valuation for accounting purposes. These procedures shall fully take into account the requirements and delegated limits for capital schemes set out in Welsh Ministers' guidance and approval letters. The Director of Finance shall issue procedures for the regular reporting of expenditure and commitment against authorised expenditure – and where applicable, provide returns to the Welsh Government.

16.4.8 The Director of Finance shall ensure, for each capital project over £2m, that the Welsh Government Project Bank Accounts policy is applied unless there are compelling reasons not to do so. The Director of Finance should apply to Welsh Government officials for exemption from use of Project Bank Accounts, setting out the compelling reasons.

16.5 Capital Financing with the Private Sector

16.5.1 HEIW must not enter into any new capital financing arrangements with the private sector, including Private Financing Initiatives, Mutual Investment Model and 3rd Party Developments, without the consent of the Welsh Ministers.

16.6 Asset Registers

16.6.1 The Chief Executive is responsible for the maintenance of registers of assets, taking account of the advice of the Director of Planning and Director of Finance concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted periodically.

16.6.2 HEIW shall maintain an asset register recording fixed assets. The minimum data set to be held within these registers shall be in accordance with the Welsh Ministers' guidance and to satisfy the financial disclosure requirements for the Annual Accounts.

16.6.3 Additions to the fixed asset register must be clearly identified to the operational or departmental manager or delegated budget holder and be validated by reference to appropriate documentation to provide evidence of the financial value recorded, including:

- a) Properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;
- b) Stores, requisitions and wages records for own materials and labour including appropriate overheads; and

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- c) Lease agreements in respect of assets held under a finance lease and included on HEIW's balance sheet.

16.6.4 Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate). Disposal receipts are to be treated in accordance with the Welsh Ministers' guidance.

16.6.5 The Director of Finance shall apply accounting policies for fixed assets in line with Welsh Government guidance and accounting standards and values recorded in the asset register, including depreciation and revaluations. The Director of Finance shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.

16.6.6 The value, and depreciation, of each asset shall be considered annually in accordance with valuation guidance and methods specified by the Welsh Ministers. Assets should be considered for early revaluation where there is the likelihood of impairment as a result in a change of valuation or asset life.

16.7 Security of Assets

16.7.1 The overall control of fixed assets is the responsibility of the Chief Executive.

16.7.2 Asset control procedures (including fixed assets, cash, cheques and negotiable instruments, and also including donated assets) must be approved by the Director of Finance. This procedure shall make provision for:

- a) Recording managerial responsibility for each asset;
- b) Identification of additions and disposals;
- c) Identification of all repairs and maintenance expenses;
- d) Physical security of assets;
- e) Regular verification of the existence of, condition of, and title to, assets recorded;
- f) Identification and reporting of all costs associated with the retention

of an asset; and

- g) Reporting, recording and safekeeping of cash, cheques, and negotiable instruments.

16.7.3 All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the Director of Planning and Director of Finance.

16.7.4 Whilst individual officers have a responsibility for the security of property of HEIW, it is the responsibility of Board members and senior HEIW officers in all disciplines to apply such appropriate routine security practices in relation to NHS property as may be determined by the Board. Any breach of agreed security practices must be reported in accordance with agreed procedures.

16.7.5 Any damage to HEIW's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by Board members and HEIW officers in accordance with the procedure for reporting losses.

16.7.6 Where practical, assets should be marked as HEIW property.

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17 STORES AND RECEIPT OF GOODS

17.1 General position

17.1.1 Stores, defined in terms of controlled stores and departmental stores (for immediate use) should be:

- a) Kept to a minimum;
- b) Subjected to annual stock take; and
- c) Valued at the lower of cost and net realisable value.

17.2 Control of Stores, Stocktaking, condemnations and disposal

17.2.1 Subject to the responsibility of the Director of Finance for the systems of financial control, overall responsibility for the control of stores shall be delegated to a senior officer by the Chief Executive. The day-to-day responsibility may be delegated by them to departmental officers/managers and stores managers/keepers, subject to such delegation being entered in a record available to the Director of Finance. The control of any fuel oil and coal of a designated estates manager.

17.2.2 The responsibility for security arrangements and the custody of keys for any stores and locations shall be clearly defined in writing by the designated manager. Wherever practicable, stocks should be marked as health service property.

17.2.3 The Director of Finance is responsible for developing financial control systems and procedures for the regulation and operation of the stores, to include the accounting arrangements for receipt, issues, and returns of goods to stores and losses.

17.2.4 Stocktaking arrangements shall be agreed with the Director of Finance and there shall be a physical check covering all items in store at least once a year.

17.2.5 Where a complete system of controlled stores is not justified, alternative stores arrangements shall require the approval of the Director of Finance.

17.2.6 The designated officer/manager shall be responsible for a system approved by the Director of Finance for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. The designated officer/manager shall report to the Director of Finance any evidence of significant overstocking and of

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any negligence or malpractice (see also overlap with SFI 18, Disposals and Condemnations, Losses and Special Payments). Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

17.3 Goods supplied by an NHS supplies agency

17.3.1 For goods supplied via NHS Wales Shared Services Partnership – Procurement Services (NWSSP-PS) or any other NHS purchasing and supplies agency central warehouses, the Chief Executive shall identify those authorised to requisition and accept goods from the store. The authorised person shall check receipt against the delivery note before forwarding this to the Director of Finance or authorised officer who shall satisfy himself that the goods have been received before accepting the recharge.

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18. DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS

18.1 Disposals and Condemnations

18.1.1 The Director of Finance must prepare detailed procedures for the disposal of assets and goods, including condemnations, and ensure that these are notified to managers.

18.1.2 When it is decided to dispose of a HEIW asset and goods, the head of department or authorised deputy will determine and advise the Director of Finance of the estimated market value of the item, taking account of professional advice where appropriate.

18.1.3 All unserviceable assets and goods shall be:

- a) Condemned or otherwise disposed of by an officer, the Condemning Officer, authorised for that purpose by the Director of Finance;
- b) Recorded by the Condemning Officer in a form approved by the Director of Finance which will indicate whether the asset and goods are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second officer authorised for the purpose by the Director of Finance.

18.1.4 The Condemning Officer shall satisfy themselves as to whether or not there is evidence of negligence in use and shall report any such evidence to the Director of Finance who will take the appropriate action.

18.2 Losses and Special Payments

18.2.1 Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for NHS Wales or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments, and special notation in the accounts to draw them to the attention of the Welsh Government.

18.2.2 The Director of Finance is responsible for ensuring procedural instructions on the recording of and accounting for losses and special payments are in place; and that all losses or special payments cases are properly managed in accordance with the guidance set out in the Welsh Government's Manual for Accounts.

18.2.3 Any officer discovering or suspecting a loss of any kind must either immediately inform their head of department, who must immediately inform the Chief Executive and/or the Director of Finance or inform an officer charged with responsibility for responding to concerns involving loss. This officer will then appropriately inform the Director of Finance and/or the Chief Executive.

18.2.4 Where a criminal offence is suspected, the Director of Finance must immediately inform the police if theft or arson is involved. In cases of fraud and corruption or of anomalies which may indicate fraud or corruption, the Director of Finance must inform the Local Counter Fraud Specialist (LCFS) and the CFS Wales Team accordance with Directions issued by the Welsh Ministers on fraud and corruption.

18.2.5 The Director of Finance or the LCFS must notify the Audit & Assurance Committee, the Auditor General's representative and the fraud liaison officer within the Welsh Government's Health and Social Services Group Finance Directorate of all frauds.

18.2.6 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Director of Finance must notify:

- a) The Audit & Assurance Committee on behalf of the Board, and
- b) An Auditor General's representative.

18.2.7 The Director of Finance shall be authorised to take any necessary steps to safeguard HEIW's interests in bankruptcies and company liquidations.

18.2.8 The Director of Finance shall ensure all financial aspects of losses and special payments cases are properly registered and maintained on the centralised Losses and Special Payments Register and that 'case write-off' action is recorded on the system (i.e. case closure date, case status, etc.).

18.2.9 The Audit Committee shall approve the writing-off of losses or the making of special payments within delegated limits determined by the Welsh Ministers and as set out by Welsh Government in its Losses and Special Payments guidance as detailed in Schedule 3 of the SOs.

18.2.10 For any loss or special payments, the Director of Finance should consider whether any reimbursement claim could be made from the Welsh Risk Pool or from other commercial insurance arrangements.

- 18.2.11 No losses or special payments exceeding delegated limits shall be authorised or made without the prior approval of the Health and Social Services Group Director of Finance.
- 18.2.12 All novel, contentious and repercussive cases must be referred to the Welsh Government's Health and Social Services Group – Finance Directorate, irrespective of the delegated limit.
- 18.2.13 The Director of Finance shall ensure all losses and special payments are reported to the Audit & Assurance Committee at every meeting.
- 18.2.14 HEIW must obtain the Health and Social Services Group Director General's approval for special severance payments.

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19. DIGITAL, DATA and TECHNOLOGY

19.1 Digital Data and Technology Strategy

19.1.1 The Board shall approve a Digital Data and Technology Strategy which sets out the development needs of HEIW for the medium term based on an appropriate assessment of risk. The agreed plans shall include costed implementation plans of the strategy. The Board shall also ensure that a Director has responsibility for Digital Data and Technology.

19.1.2 HEIW shall publish and maintain a Freedom of Information (FOI) Publication Scheme, or adopt a model Publication Scheme approved by the Information Commissioner. A Publication Scheme is a complete guide to the information routinely published by a public authority. It describes the classes or types of information about HEIW that are made publicly available.

19.2 Responsibilities and duties of the responsible Director

19.2.1 The responsible Director for Digital Data and Technology has responsibility for the accuracy, availability and security of HEIW digital systems and data and shall:

- a) Devise and implement any necessary procedures to ensure adequate (reasonable) protection and availability of HEIW's digital systems and data for which they are responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Network and Information Systems Regulations 2018, the UK General Data Protection Legislation and any relevant domestic law considerations via the Data Protection Act 2018;
- b) Ensure that, following risk assessment of threats, adequate (reasonable) controls exist over access to systems, data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
- c) Ensure that an adequate management (audit) trail is maintained of access to digital systems and data and that such audit reviews as the Director may consider necessary to meet the organisational requirements under the Network and Information Systems Regulations 2018 are being carried out.
- d) Shall ensure that policies, procedures and training arrangements

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are in place to ensure compliance with information governance law and Network and Information Systems Regulations 2018; and

e) Shall ensure comprehensive incident reporting.

19.3 Responsibilities and duties of the Director of Finance

19.3.1 The Director of Finance shall need to ensure that new financial data and systems and amendments to current financial data and systems are developed in a controlled manner and thoroughly tested prior to implementation and business as usual phases. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation and business as usual phases.

19.4 Contracts for data and digital services with other health bodies or outside agencies

19.4.1 The responsible Director for Digital Data and Technology shall ensure that contracts for data and digital services for clinical, management and financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for

- the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage, and
- the availability of the service including the resilience required to maintain continuity of the service.

The contract should also ensure rights of access for audit purposes.

19.4.2 Where another health organisation or any other agency provides a data or digital service for clinical, management and financial applications, the responsible Director for Digital Data and Technology shall, to maintain the confidentiality, integrity and availability of the service provided, periodically seek assurances that adequate controls, based on risk assessment, are in operation.

19.5 Risk assurance

19.5.1 The responsible Director for Digital Data and Technology shall ensure that the risks to HEIW arising from the use of data, information and IT are effectively identified and considered and that appropriate action is taken to mitigate or control risk. This shall include the preparation and testing of appropriate resilience plans, including both a business continuity and disaster recovery plan.

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20. FUNDS HELD ON TRUST (CHARITABLE FUNDS)

20.1 Corporate Trustee

20.1.1 Paragraph (iii) of Section A to the SOs refers to HEIW having specified powers to act as corporate trustee for the management of funds it holds on trust (charitable funds). SFI 20.2 defines the need for compliance with Charities Commission latest guidance and best practice.

20.1.2 The discharge of HEIW's corporate trustee responsibilities for funds held on trust are distinct from its responsibilities for exchequer funds and may not necessarily be discharged in the same manner, but there must still be adherence to the overriding general principles of financial regularity, prudence and propriety. Trustee responsibilities cover both charitable and non-charitable purposes.

20.1.3 HEIW shall establish a Charitable Funds Committee as set out in Standing Order 3.4 to ensure that each fund held on trust which HEIW is responsible for managing is managed appropriately with regard to its purpose and to its requirements.

20.2 Accountability to Charity Commission and the Welsh Ministers

20.2.1 The trustee responsibilities must be discharged separately and full recognition given to HEIW's dual accountabilities to the Charity Commission for charitable funds and to the Welsh Ministers for exchequer funds.

20.2.2 The Schedule of Matters Reserved to the Board and the Scheme of Delegation make clear where decisions regarding the exercise of discretion regarding the disposal and use of the funds are to be taken and by whom. All Board members and HEIW officers must take account of that guidance before taking action.

20.2.3 HEIW shall make appropriate arrangements for the Annual Accounts and audit of Funds held on Trust in accordance with Charity Commission requirements.

20.3 Applicability of Standing Financial Instructions to funds held on Trust

20.3.1 In so far as it is possible to do so, most of the sections of these SFIs will apply to the management of funds held on trust.

20.3.2 The over-riding principle is that the integrity of each Trust must be maintained and statutory and Trust obligations met. Materiality must be assessed separately from Exchequer activities and funds.

21. RETENTION OF RECORDS

21.1 Responsibilities of the Chief Executive

21.1.1 The Chief Executive shall be responsible for maintaining archives for all records required to be retained in accordance with the Welsh Ministers' guidance, the UK General Data Protection Legislation and any relevant domestic law considerations via the Data Protection Act 2018 and the Freedom of Information Act 2000 (c. 36).

21.1.2 The records held in archives shall be capable of retrieval by authorised persons.

21.1.3 Records held shall only be destroyed in accordance with the applicable data protection laws and at the express instigation of the Chief Executive. Details shall be maintained of records so destroyed.

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SCHEDULE 1

REVISED GENERAL CONSENT TO ENTER INDIVIDUAL CONTRACTS

Y Grŵp Iechyd a Gwasanaethau Cymdeithasol
Health & Social Services Group



Llywodraeth Cymru
Welsh Government

Directors of Finance
Deputy Directors of Finance
Local Health Boards, NHS Trusts Wales & HEIW

Our Ref: SE&IG/

Date: 30 November, 2020

Dear All

RE: PROCESSES FOR LOCAL HEALTH BOARDS AND NHS TRUSTS CONTRACTS, AND INTERESTS IN PROPERTY EXCEEDING £0.5M

Paragraph 13(3) of Schedule 2 to the National Health Service (Wales) Act 2006 places a requirement on Local Health Boards (LHBs) to obtain the consent of Welsh Ministers before:

- Acquiring and disposing of property;
- Entering into contracts; and
- Accepting gifts of property (including property to be held on trust).

Acquiring and disposing of property

WHC (2018) 043 NHS Wales Infrastructure Investment Guidance issued 22 October 2018 sets out at section 10.1:



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LHBs and HEIW

Contract approvals over £1m for individual schemes will be sought as part of the normal business case submission process where funding from the NHS Capital Programme is required. For schemes funded via discretionary allocations, a request for approval will need to be submitted to Chief Executive NHS Wales, copying in the Deputy Director of Capital, Estates & Facilities Division.

Detailed arrangements in respect of approval process linked to the acquisition and disposal of leases, where consent does not form part of the business case process will be included in a Welsh Health Circular WHC(2015)031. Organisations should ensure that the monitoring arrangements and the requisite forms and returns are included as part of their own assurance arrangements.

NHS Trusts

Whilst formal Ministerial consent is not required for Trusts as detailed above, general consent arrangements are still applicable in terms of relevant transactions. Detailed requirements in terms of appropriate notifications were sent in the Welsh Health Circular referenced above.

Guidance on disposals is contained in Section 11

WHC (2015) 031 issued 22 June 2015 clarified the approval process linked to the acquisition or disposal of a lease, where approval does not form part of a business case process. A lease being a property right requires the consent of the Welsh Ministers in accordance with paragraph 13(2) (a). The WHC set out for NHS Trusts and LHBs a notification and consent process mirroring the contract processes noted below.

Entering into contracts

Guidance was issued to NHS Wales bodies on 27th January 2017 in a letter to Directors of Finance issued jointly by the Deputy Directors of Finance and Capital Estates and Facilities. This letter now updates that guidance to reconfirm to all NHS Wales bodies that the authorisation and consideration of notified contracts and applications for the acquisitions or disposals of a lease or any interest in property are delegated to the Director General, Health and Social Services Group.

The Director General may, as with any other matter relating to the operation of the NHS in Wales, brief the Minister for Health and Social Services on any arrangement of particular policy note, or with a novel, contentious or innovative nature.

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Accordingly any issues relevant to the exercise of the Minister for Health and Social Service's consent will, as a matter of course, be drawn to his attention.

The process which NHS Wales bodies entering into contracts must follow is:


- All NHS contracts (unless exempt) >£1m in total to be notified to the Director General HSSG prior to tendering for the contract;
- All eligible LHB and HEIW contracts >£1m in total to be submitted to the Director General HSSG for consent prior to award;
- All eligible NHS Trust contracts >£1m in total to be submitted to the Director General HSSG for notification prior to award; and
- All eligible NHS contracts >£0.5m in total to be submitted to the Director General HSSG for notification prior to award.

The requirement for consent does not apply to any contracts entered into pursuant to a specific statutory power, and therefore does not apply to:

- (i) Contracts of employment between LHBs and their staff;
- (ii) Transfers of land or contracts effected by Statutory Instrument following the creation of LHBs;
- (iii) Out of Hours contracts; and
- (iv) All NHS contracts; that is where one health services body contracts with another health service body.

For non- capital contracts requiring DG approval, the request for approval or notification should be sent to Rob Eveleigh in the Financial Control and Governance team : Robert.Eveleigh@gov.wales

Kind regards,



Steve Elliot & Ian Gunney

Diprwy Cyfarwyddwr Cyllid - Deputy Director of Finance

Dirprwy Gyfarwyddwr, Cyfalaf Ystadau a Cyfleusterau - Deputy Director
Capital Estates & Facilities

Finance Directorate / Cyfarwyddiaeth Cyllid

Y Grwp Iechyd a Gwasanaethau/Health and Social Services Group

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Review of NHS Wales HEIW Model Standing Financial Instructions – Table of Amendments, Cross Reference to Legislation and Confirmation of Sections which are not for variation by NHS Body

HEIW - SHA

Previous Paragraph Reference	New Paragraph Reference	Section Heading	Reason for Amendment (if applicable)	Cross reference to legislation
1.1.1	1.1.1	Introduction - General	explicit cross reference to Schedule 2.1 of SOs	N/A
2.1.1	2.1.1	The Board	Wording expanded to be more explicit about approving plans etc.	N/A
2.1.2	2.1.2	The Board	Clarifying arrangements for delegation, that is those matters not reserved to Board	N/A
3.1.1	3.1.1	Audit Committee	Hyperlink to NHS Wales Audit Committee Handbook inserted	N/A
3.2.1	3.2.1	Chief Executive	Section updated to latest Public Sector Internal Audit Standards & hyperlink inserted	N/A
3.3.1	3.3.1	Internal Audit	Section updated to latest Public Sector Internal Audit Standards	N/A
3.4.4	3.4.3	External Audit	Section deleted as Audit Wales produce an annual audit plan for audited bodies, an audit strategy is not used.	N/A
	3.4.8 & 3.4.9	External Audit	New paragraphs added to LHB & Trust SFIs - from the 2018 HEIW SFI. To ensure consistency, where appropriate, across LHB, NHS Trusts and HEIW SFIs	N/A
3.4.10	3.4.11	External Audit	reference included for "Structured Assessments"	N/A
3.5.2	3.5.2	Fraud and Corruption	Section corrected to link Local Counter Fraud Specialist (LCFS) requirement to Directions to NHS bodies on Counter Fraud Measures 2005 - not Counter Fraud manual	N/A
3.5.3	3.5.3	Fraud and Corruption	Section updated to latest name for NHS Counter Fraud Authority NHSCFA	N/A

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Previous Paragraph Reference	New Paragraph Reference	Section Heading	Reason for Amendment (if applicable)	Cross reference to legislation
3.5.4	3.5.4	Fraud and Corruption	explicit reference to "proactive and reactive" counter fraud work	N/A
3.5.5	3.5.5	Fraud and Corruption	section updated to latest requirement to participate in National Fraud Initiative(NFI)	N/A
4 & 5	4	Alloctions & Financial Duty & Integrated Planning Chapters	Section added for HEIW	N/A
6	6	Financial Management & Budgetary Control	Chapter heading and contents updated in language to be consistent with that used in NHS financial management and reporting. "Budgetary Control" in the way wording was used and structured was more 1980s and 1990s style.	N/A
	6.1	Budget Setting	Section updated and enhanced to include specific reference to Board approved plans and business cases, Well-being of Future Generations Act etc.	Well Being and Future Generations Act (2015)
	6.2	Budgetary Delegation	Tidy up of section to include relevant delegation requirements from Chief Executive to budget holders & letters of accountability	N/A
	6.3	Financial Management, Reporting and Budgetary Control	Section updated and enhanced to reflect current Financial Management rather than just Budgetary Control. The section has more details on financial management reporting including NHS Finance Academy best practice guide to Board financial reporting	N/A
	6.5	Reporting to Welsh Government - Monitoring Returns	Hyperlink to financial monitoring returns circular inserted	
7	7	Annual Accounts	Minor changes to chapter - mainly cross referencing Welsh Government's Manual for Accounts requirements	N/A
8		Shared and Hosted Services Arrangements	Chapter deleted as this is fully covered in Standing Orders Chapter 4 "NHS Wales Shared Services Partnership"	N/A
9	8	Banking Arrangements	Chapter updated to reflect requirement, not option, to use Government Banking Service and also to update to reflect best banking arrangements practice	N/A

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Previous Paragraph Reference	New Paragraph Reference	Section Heading	Reason for Amendment (if applicable)	Cross reference to legislation
10	9 & 10	Income, Fees and Charges and Security of Cash, Cheques and other Negotiable Instruments	Chapter split into two for clarity - one on cash, and handling of cash , and one on income and debt recovery . Previous chapter too mixed up.	N/A
	9.1	General	Section has been updated and enhanced - specifically around use of payment cards	N/A
	10.4	Income Due and Debt Recovery	Explicit reference now included for role of budget holders to inform on income due and on any salary & expenses overpayments	N/A
14	11	Non-Pay Expenditure	Non-Pay Expenditure chapter brought forward to chapter 10 (just before the Procurement chapter). This aligns with Procure To Pay (P2P) process for non pay goods and services - that is the authority to initiate expenditure just before the requisitioning & procuring of those goods and service.	N/A
	11.2	Director of Finance's responsibilities	Elements of responsibility taken out as responsibilities for national systems & national processes now lie with NWSSP	N/A
	11.4	Departures from SFI's	New section - similar section applies in WG SFIs	N/A
11	12 & 14	Grant Funding, Procurement and Contracting for Goods and Services	Grant Funding section transferred to its own separate chapter 14	N/A
11.1, 11.2 & 11.3	14.2, 14.3 & 14.4	Grant Funding	Grant Funding paragraph transfers from Chapter 11 to 14	N/A

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Previous Paragraph Reference	New Paragraph Reference	Section Heading	Reason for Amendment (if applicable)	Cross reference to legislation
11	12	Procurement and Contracting for Goods and Services	Chapter rewritten to align with the arrangements in NHS Wales, including clarifying responsibilities of both LHBs and also NWSSP Procurement. Procurement chapter has been reordered so that sections are in line with Procurement Manual, specifically the Procure To Pay (P2P) process.	N/A
	12.1	Procurement Services	New section to clarify responsibilities of both LHBs and also NWSSP Procurement. Also noting that "procurement" also refers to local procurement - for example pharmacy and works who undertake procurement on a devolved basis	N/A
	12.2	Policies and procedures	Reference to Procurement Manual included. Procurement Manual now replaces Supplementary Guidance as Schedule 1 of the SFIs - thereby formally adopted and incorporated within the SFIs. Further specific clarification of responsibilities of both LHBs and also NWSSP Procurement	N/A
	12.3	Procurement Principles	Reference made to the primary regulations/guidance the updated - "The Public Contract Regulations (2015, No. 102) and Wales Procurement Policy Statement (WPPS)	The Public Contract Regulations (2015, No. 102)
	12.4	Procurement Regulations and Legislation Governing Public Procurement	Reference made to latest relevant legislation & regulations - "The Public Contract Regulations (2015, No. 102), Well Being and Future Generations Act (2015) as well as other relevant legislation and regulation, e.g. Welsh language (Wales) Measure 2011. Reference to EU Directives removed, focus on PCR (adopted in UK Law)	The Public Contract Regulations (2015, No. 102) and Well Being and Future Generations Act (2015)
	12.5	Procurement Procedures	Responsibility for setting and maintaining and making procedures available with NWSSP. Responsibility for following with HEIW.	N/A
	12.6	Procurement Consent / Notification	Reference to Procurement Manual added and to requirements for HEIW to notify Welsh Government for contracts £1 million, and above, prior to the contract being let. Additional sentence to note notification requirements apply to goods and services procured through public sector contract frameworks.	N/A

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Previous Paragraph Reference	New Paragraph Reference	Section Heading	Reason for Amendment (if applicable)	Cross reference to legislation
	12.7	Sustainable Development	Section inserted to emphasise requirement for Sustainable Development & Wellbeing goals. New paragraph detailing requirement to consider the Welsh Government Guidance on Ethical Procurement and the new Code of Practice on ethical employment in supply chains	N/A
	12.9 & 12.10	Planning Procurements & Procurement Process	Procurement Procedures section improved, updated and enhanced into two sections Planning Procurements & Procurement Process - as recommended by NWSSP Procurement professional colleagues	N/A
	12.11	Procurement Thresholds	Additional narrative on application of thresholds now included	N/A
	12.12	Designing Competitions	New section - as recommended by NWSSP Procurement. Details on budget holder responsibilities, performance measures and criteria	N/A
	12.13	Single Quotation or Single Tender Application	New section - as recommended by NWSSP Procurement. Detailing the exceptionality, steps required, authorisation and reporting requirements etc.	N/A
	12.14	Disposals	New small section - as recommended by NWSSP Procurement.	N/A
	12.15	Evaluation, Approval and Award	New section on Evaluation, Approval and Award which is aligned with detail contained in Procurement Manual.	N/A
	12.16	Contract Management	Additional bullet points added on obligations/actions	N/A
	12.17	Extending & Varying Contracts	New section - as recommended by NWSSP Procurement. Detailing when varying is applicable, limits, process and risks etc.	N/A
	12.18	Transactional Processes - Requisitioning	Clarified as part of the core transactional processes and separated to provide greater emphasis i.e. supportive of No PO No Pay Policy. Also supported by Finance Academy Transactional Process Manual	N/A
	12.19	No Purchase Order, No Pay	New section to ensure compliance with 'No Purchase Order, No Pay' policy	N/A
	14.1	Grant Funding - Legal Advice	New section emphasising need, under Grant Funding, to seek legal advice and to follow grants toolkit.	N/A
	15.1.5	Remuneration and Terms of Service Committee	New paragraph defining role for Committee on redundancy cases, Voluntary Early Release applications as well as any novel employment and pay cases, such as compromise agreements and non-disclosure agreements	N/A
	15.3.1	Staff Appointments	New paragraph linking staff appointment to authorisation in accordance with Scheme of Delegation	N/A

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Previous Paragraph Reference	New Paragraph Reference	Section Heading	Reason for Amendment (if applicable)	Cross reference to legislation
	15.4.2	Pay Rates and Terms and Conditions	New paragraph on pay for board members, and other senior employees- linking to paragraphs 15.1.2 and 15.1.3	N/A
	15.5.1	Payroll	Defining payroll service from NHS Wales Shared Services Partnership	N/A
	15.5.2	Payroll	Explicit reference to comply with HMRC, Pensions Agency and other regulations etc	N/A
	15.5.3	Payroll	Reference to Service Level Agreement, not contract, for payroll service from NHS Wales Shared Services Partnership	N/A
	16.1, 16.2 & 16.3	Capital Investment, Fixed Asset Registers and Security of Assets	Additional sections added to the chapter on Capital Plan(16.1), Capital Investment Decisions(15.2) and Capital Projects(16.3). These comprehensive additions include aligning with Planning Framework, NHS Wales Infrastructure Investment Guidance and Better Business Cases (including hyperlinks to both)	N/A
	16.4	Capital Investment Procedures and Responsibilities	Explicit reference for CEO responsibility to ensure Capital Plan approved by Board, and for Directors of Planning and Finance to issue detailed procedures.	N/A
	16.4.8	Capital Procedures and Responsibilities	Reference included to application of Welsh Government Project Bank Accounts policy on capital schemes greater than £2m	N/A
	16.5	Capital Financing with the Private Sector	Reference made to the new Mutual Investment Model within this section.	N/A
	16.6	Asset Registers	Responsibilities explicitly identified and updated in this section	N/A
	17.2.3	Control of Stores, Stocktaking, condemnations and disposal	Director of Finance responsibilities paragraph expanded	N/A

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Previous Paragraph Reference	New Paragraph Reference	Section Heading	Reason for Amendment (if applicable)	Cross reference to legislation
	18	Disposals and Condemnations, Losses and Special Payments	Chapter updated to reflect current names for Welsh Government, the Health & Social Services Group etc. Also emphasised that disposals and condemnation applied to assets and goods, not just assets.	N/A
	19	Informatics and Digital	Chapter updated to reflect current landscape, and naming convention, from "Information Management and Technology" to "Digital, Data and Technology". Chapter more focused on informatics, and the governance thereof, rather than IM&T (in the traditional sense of IT etc)	N/A
	19.2	Responsibilities and duties of the responsible Director	References updated to include Network and Information Systems Regulations 2018, General Data Protection Regulations and any relevant domestic law considerations via the Data Protection Act 2018.	Network and Information Systems Regulations 2018, Data Protection Act 2018
	20	Funds Held on Trust (Charitable Funds)	Minor wording changes - reflect they are called both Funds Held on Trust & Charitable Funds. Added reference to Annual Accounts requirement	N/A
	21	Retention of Records	References updated to Data Protection Act 2018.	Data Protection Act 2019
	Schedule 1	General Consent to Enter Individual Contracts	Letter of 30 November 2020 added	

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Health Education and
Improvement Wales (HEIW)

Dyddiad y Cyfarfod	21ain o Orffennaf 2021	Eitem ar yr Agenda	2.7
Teitl yr Adroddiad	Diweddariad i Gyfarwyddiadau Ariannol Sefydlog		
Awdur yr Adroddiad	Martyn Pennell		
Noddwr yr Adroddiad	Eifion Williams		
Cyflwynir gan	Eifion Williams		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Gofyn i'r Pwyllgor Archwilio a Sicrwydd ystyried ac argymhell bod y Bwrdd yn cymeradwyo'r Cyfarwyddiadau Ariannol Sefydlog wedi'u diweddarau ar gyfer AaGIC.		
Materion Allweddol	Yn dilyn adolygiad yng Nghymru gyfan mae Llywodraeth Cymru wedi rhoi Cyfarwyddiadau Ariannol Sefydlog wedi'u diweddarau i AaGIC. Mae angen i'r AaGIC ystyried a mabwysiadu'r rhain.		
Cam Penodol a Fynnir (✓ <i>un yn unig</i>)	Gwybodaeth	Trafodaeth	Sicrwydd
			Cymeradwyaeth ✓
Argymhellion	Gofynnir i'r Aelodau: <ul style="list-style-type: none"> • Ystyriwch y Cyfarwyddiadau Ariannol Sefydlog diwygiedig a • argymhell eu bod yn cael eu cymeradwyo gan y Bwrdd. 		

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Cyfarwyddiadau Ariannol Sefydlog wedi'u diweddarau

1. CYFLWYNIAD

Mae'n ofynnol cadw Rheolau Sefydlog Enghreifftiol a Chyfarwyddiadau Ariannol Sefydlog (SFIs) dan adolygiad er mwyn sicrhau eu bod yn cwrdd â gofynion llywodraethu parhaus y sefydliad. Mae'r adroddiad hwn yn nodi'r diwygiadau arfaethedig i'r Cyfarwyddiadau Ariannol Sefydlog ar gyfer AaGIC.

2. CEFNDIR

Mae'r Cyfarwyddiadau Ariannol Sefydlog ar gyfer AaGIC eu cymeradwyo a'u mabwysiadu yng nghyfarfod cyntaf y Bwrdd a gynhaliwyd ar 2^{il} Hydref 2018. Roedd adolygiad cychwynnol o'r ddogfen wedi'i chynllunio ar gyfer mis Hydref 2019, ond oherwydd adolygiad Cymru gyfan a gynhaliwyd gan y grŵp Cyfarwyddwyr Cyllid (DoF) cafodd hyn ei oedi. Rhoddwyd y Pwyllgor Archwilio a Sicrwydd diweddariad ar y cynnydd yn y cyfarfod ar 1^{af} Ebrill 2020.

Mae'r grŵp DoF bellach wedi cwblhau ei waith ac mae'r SFIs enghreifftiol wedi'u hadolygu gan swyddogion Llywodraeth Cymru a grŵp cymheiriaid Ysgrifenyddion y Bwrdd. Yn dilyn hynny, mae'r SFIs wedi'u rhoi i holl sefydliadau GIG Cymru i'w mabwysiadu. Cyhoeddir y model Cyfarwyddiadau Ariannol Sefydlog gan Weinidogion Cymru i Addysg a Gwella Iechyd Cymru gan ddefnyddio pwerau cyfarwyddo a ddarperir yn adran 23 (1) o Ddeddf y Gwasanaeth Iechyd Gwladol (Cymru) 2006.

Mae'r atodiadau canlynol wedi'u cynnwys gyda'r adroddiad hwn:

- **Atodiad 1** - Cyfarwyddiadau Ariannol Sefydlog Enghreifftiol ar gyfer Addysg a Gwella Iechyd Cymru;
- **Atodiad 2** - Tabl o welliannau a wnaed i'r SFIs gwreiddiol.

Oherwydd y diwygiadau sylweddol a wnaed yn y ddogfen, yn enwedig wrth symud penodau ac adrannau, nid yw'n bosibl dangos y newidiadau a olrhainwyd.

Bydd yr adolygiad blynyddol o'r Gweithdrefnau Rheoli Ariannol yn cael ei gwblhau a'i ddwyn gerbron Pwyllgor Archwilio a Sicrwydd Hydref 2021 i'w ystyried a'i gymeradwyo. Bydd yr adolygiad hwn yn ystyried gofynion y SFIs wedi'u diweddarau.

3. MATERION LLYWODRAETHU A RISG

Byddai AaGIC yn gweithredu mewn perygl a thu allan i'r fframwaith deddfwriaethol os yw'n methu â mabwysiadu'r SFIs wedi'u diweddarau.

4. GOBLYGIADAU ARIANNOL

Nodir y goblygiadau ariannol yn adran 3 uchod.

5. ARGYMHELLIAD

Gofynnir i'r Aelodau:

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- **Ystyriwch** y Cyfarwyddiadau Ariannol Sefydlog diwygiedig ac **argymell** eu bod yn cael eu cymeradwyo gan y Bwrdd.

Llywodraethu a Sicrwydd			
Cyswllt â nodau strategol y Cynllun Tymor Canolig Integredig (✓ os gwelwch yn dda)	Nod Strategol 1: Arwain cynlluniad, datblygiad a lles gweithlu cymwys, cynaliadwy a hyblyg i gefnogi'r broses o gyflawni 'Cymru Iachach'	Nod Strategol 2: Gwellu ansawdd a hygyrchedd addysg a hyfforddiant i holl staff gofal iechyd gan sicrhau ei fod yn bodloni anghenion y dyfodol	Nod Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru trwy feithrin arweinyddiaeth dosturiol a chyfunol ar bob lefel
	Nod Strategol 4: Datblygu'r gweithlu i gefnogi cyflawniad diogelwch ac ansawdd	Nod Strategol 5: Bod yn esiampl-gyflogwr ac yn lle gwych i weithio	Nod Strategol 6: Cael ein cydnabod fel partner, dylanwadwr ac arweinydd rhagorol.
Ansawdd, Diogelwch a Phrofiad y Claf			
Nid oes unrhyw effaith ar ansawdd, diogelwch a phrofiad y claf.			
Goblygiadau Ariannol			
Nodir y goblygiadau ariannol yn adran 3 uchod.			
Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth)			
Nid oes unrhyw oblygiadau cyfreithiol.			
Goblygiadau Staffio			
Nid oes unrhyw oblygiadau staffio uniongyrchol.			
Goblygiadau Hirdymor (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)			
Nid oes unrhyw oblygiadau tymor hir.			
Hanes Adroddiad	yr	Ystyriwyd y SFIs gwreiddiol yn y Bwrdd ar 02/10/18. Y newyddion diweddaraf am y sefyllfa yr adolygiad hwn i'r Pwyllgor Sicrhau Archwilio 7 ar 1 ^{af} Ebrill 2020.	
Atodiadau		<ul style="list-style-type: none"> • Atodiad 1 - Cyfarwyddiadau Ariannol Sefydlog Enghreifftiol ar gyfer Addysg a Gwellu Iechyd Cymru; • Atodiad 2 - Tabl o welliannau a wnaed i'r SFIs gwreiddiol. 	

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GIG
CYMRU
NHS
WALES

Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Standing Orders

Executive Sponsor & Function:

Board Secretary

Document Author:

Board Secretary

Approved by:

HEIW Board

Approval Date:

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Foreword

The Health Education and Improvement Wales 'HEIW' Regulations 2017 provides that HEIW must make standing orders for the regulation of its proceedings and business, ~~including provision for the suspension of all or any of the standing orders.~~

The HEIW Board must consider and agree to adopt the Standing Orders (SOs) for the regulation of their proceedings and business. They are designed to translate the statutory requirements set out in legislation into day to day operating practice, and, together with the adoption of a Scheme of Decisions reserved to the Board; a Scheme of Delegations to officers and others; and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of HEIW.

These documents form the basis upon which HEIW's governance and accountability framework is developed and, together with the adoption of the HEIW's Values and Standards of Behaviour framework, is designed to ensure the achievement of the standards of good governance set for health organisations in Wales.

All HEIW Board members and officers must be made aware of these Standing Orders and, where appropriate, should be familiar with their detailed content. The Board Secretary will be able to provide further advice and guidance on any aspect of the Standing Orders or the wider governance arrangements within HEIW.

Further information on governance in the NHS in Wales may be accessed at www.wales.nhs.uk/governance-emanual/

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Section A – Introduction

Statutory framework

- i) Health Education and Improvement Wales (HEIW) is a Special Health Authority (SHA) that was established on 05 October 2017 and became operational on the 01 October 2018, following a six month period in shadow form under The Health Education and Improvement Wales (Establishment and Constitution) Order 2017 (SI No. 913 (W. 224)) “the Establishment Order”.
- ii) The principal place of business of HEIW is – Ty Dysgu, Cefn Coed Parc, Nantgarw, Cardiff. CF15 7QQ.
- iii) All business shall be conducted in the name of HEIW, and all funds received in trust shall be held in the name of HEIW as a corporate Trustee.
- iv) HEIW is a corporate body and its functions must be carried out in accordance with its statutory powers and duties. HEIW’s functions are set out in the Establishment Order and in Directions issued by Welsh Ministers.
- v) In addition to Directions the Welsh Ministers will issue an annual remit letter and may from time to time issue guidance which HEIW must take into account when exercising any function.
- vi) Under powers set out in in section 25(1)(b), 25(2) and 203(9) and (10) of, and paragraphs 3(3) and (4), 5 and 13 of Schedule 5 to the paragraph 3(3) section 213(9) and (10) of, and paragraphs 3(3) and (4), 5 and 13 of Schedule 5 to the NHS (Wales) Act 2006, the Welsh Ministers has made the Health Education and Improvement (Wales) Regulations 2017 (S.I. 2017/909 (W.221)) (“the Constitution Regulations”) which make provision concerning the membership and procedures of HEIW.
- vii) In carrying out its duties it will co-operate with others.
- viii) Section 72 of the NHS Act 2006 places a duty on NHS bodies, including an SHA to co-operate with each other in exercising their functions.
- ix) Section 82 of the NHS Act 2006 places a duty on NHS bodies, including an SHA, and local authorities to co-operate with one another in order to secure and advance the health and welfare of the people of England and Wales.
- x) The Welsh Language (Wales) Measure 2011 makes provision with regards to the development of standards relating to the Welsh language. The Welsh Language Standards (No 7) Regulations 2018 for the health sector do not

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currently apply to HEIW. ~~It~~ They will apply at a future date but in the interim HEIW will develop a Welsh Language policy/scheme to deliver commitments relating to Welsh language.

xi) As a SHA, HEIW is also bound by any other statutes and legal provisions which govern the way that NHS bodies do business. The powers of NHS bodies established under statute shall be exercised by NHS bodies meeting in public session, except as otherwise provided by these SOs.

~~xii) HEIW shall issue an indemnity to any Chair and Independent Member in the following terms: "A Board or Committee member, who has acted honestly and in good faith, will not have to meet out of their personal resources any personal liability which is incurred in the execution of their Board function. Such cover excludes the reckless or those who have acted in bad faith".~~

NHS framework

~~xiii)~~ xii) In addition to the statutory requirements set out above, NHS bodies including SHAs must carry out all business in a manner that enables them to contribute fully to the achievement of the Welsh Government's vision for the NHS in Wales and its standards for public service delivery. The governance standards set for the NHS in Wales are based upon the Welsh Government's Citizen Centred Governance principles. These principles provide the framework for good governance and embody the values and standards of behaviour that is expected at all levels of the service, locally and nationally.

~~xiv)~~ xiii) Adoption of the principles will better equip NHS bodies to take a balanced, holistic view of their organisations and their capacity to deliver high quality, safe healthcare services for all its citizens within the NHS framework set nationally.

~~xv)~~ xiv) The overarching NHS governance and accountability framework incorporates these SOs; the Schedules of Reservation and Delegation of Powers; SFIs together with a range of other frameworks designed to cover specific aspects. These include the NHS Values and Standards of Behaviour Framework; the '*Doing Well, Doing Better: Standards for Health Services in Wales*' (formally the Healthcare Standards) Framework, the NHS Risk and Assurance Framework, and the NHS planning and performance management systems.

xv) The Welsh Ministers, reflecting their constitutional obligations and legal duties under the Well-being of Future Generations (Wales) Act 2015, ~~have~~ has stated that sustainable development should be the central organising principle for the public sector and a core objective for the ~~restructured~~ NHS in all it does. The Well-being of Future Generations (Wales) Act 2015 explains what is meant by sustainable development and requires bodies that are designated as 'public bodies' under section 6 of the 2015 Act to set well-being objectives and contribute to the achievement of well-being goals.

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- xvi) HEIW is not considered a public body under the Act but is committed to achieving the Well-being Goals and the Sustainable Development Principle.
- xvii) Full, up to date details of the other requirements that fall within the NHS framework – as well as further information on the Welsh Government's Citizen Centred Governance principles - are provided on the NHS Wales Governance e-manual which can be accessed at <https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/>. www.wales.nhs.uk/governance-emanual/. Directions or guidance on specific aspects of business are also issued in hard copy, usually under cover of a Ministerial letter.
- xviii) HEIW will from time to time agree and approve policy statements which apply to the Board members and/all or specific groups of staff employed by HEIW. The decisions to approve these policies will be recorded in the appropriate Board minute and, where appropriate will be considered to be an integral part of HEIW's SOs and SFIs. Details of the key policy statements will be included in Schedule 2.
- xix) HEIW shall ensure that an official is designated to undertake the role of the Board Secretary (the role of which is set out in paragraph xxv below).

Applying Standing Orders

- xx) The SOs of HEIW (together with SFIs and the Values and Standards of Behaviour Framework), will, as far as they are applicable, also apply to meetings of any formal Committees established by HEIW including any Advisory Groups and, sub-Committees, joint-Committees and joint-sub-Committees. These SOs may be amended or adapted for the Committees as appropriate, with the approval of the Board. Further detail on the Committees may be found in Schedule 3 of these SOs.
- xxi) Full details of any non-compliance with these SOs, including an explanation of the reasons and circumstances must be reported in the first instance to the Board Secretary, who will ask the Audit and Assurance Committee to formally consider the matter and make proposals to the Board on any action to be taken. All Board members and HEIW officers have a duty to report any non-compliance to the Board Secretary as soon as they are aware of any circumstance that has not previously been reported.

~~xxi)~~xxii) **Ultimately, failure to comply with SOs is a disciplinary matter that could result in an individual's dismissal from employment or removal from the Board.**

Variation and amendment of Standing Orders

- ~~xxii)~~xxiii) Although these SOs are subject to regular, annual review by HEIW,

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there may, exceptionally, be an occasion where it is necessary to vary or amend the SOs during the year. In these circumstances, the Board Secretary shall advise the Board of the implications of any decision to vary or amend SOs, and such a decision may only be made by the Board if:

- The variation or amendment is in accordance with regulation 15 of the Constitution Regulations and does not contravene a statutory provision or direction made by the Welsh Ministers;
- The proposed variation or amendment has been considered and approved by the Audit and Assurance Committee and is the subject of a formal report to the Board; and
- A formal notice of motion under Standing Order 5.5.14 has been given.

Interpretation

~~xxiii)~~xxiv) During any Board meeting where there is doubt as to the applicability or interpretation of the SOs, the Chair of HEIW shall have the final say, provided that his or her decision does not conflict with rights, liabilities or duties as prescribed by law. In doing so, the Chair shall take appropriate advice from the Board Secretary and, where appropriate the Chief Executive or the Director responsible for finance (in the case of SFIs).

~~xxiv)~~xxv) The terms and provisions contained within these SOs aim to reflect those covered within all applicable legislation. The legislation takes precedence over these SOs when interpreting any term or provision covered by legislation.

The role of the Board Secretary

~~xxv)~~xxvi) The role of the Board Secretary is crucial to the ongoing development and maintenance of a strong governance framework within HEIW and is a key source of advice and support to the HEIW Chair and other Board members. Independent of the Board, the Board Secretary acts as the guardian of good governance within HEIW:

- Providing advice to the Board as a whole and to individual Board members on all aspects of governance;
- Facilitating the effective conduct of HEIW business through meetings of the Board, its Advisory Groups and Committees;
- Ensuring that Board members have the right information to enable them to make informed decisions and fulfil their responsibilities in accordance with the provisions of these SOs;
- Ensuring that in all its dealings, the Board acts fairly, with integrity, and without prejudice or discrimination;
- Contributing to the development of an organisational culture that embodies public services values and standards of behaviour; and
- Monitoring HEIW's compliance with the law, SOs and the governance

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and accountability framework set by the Welsh Ministers.

~~xxvi)~~xxvii) As advisor to the Board, the *Board Secretary*'s role does not affect the specific responsibilities of Board members for governing the organisation. The Board Secretary is directly accountable for the conduct of their role to the Chair [in respect of matters relating to responsibilities of the Board and its Committees](#), and ~~Chief Executive, and~~ reports on a day to day basis to the Chief Executive [with regard to the wider governance of the organisation and their personal responsibilities](#).

~~xxvii)~~xxviii) Further details on the role of the Board Secretary within HEIW, including details on how to contact them, are available at www.heiw.nhs.wales

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Section B – Standing Orders

1. HEALTH EDUCATION AND IMPROVEMENT WALES

1.0.1 HEIW's principal role is to take a strategic approach to developing the Welsh health workforce for now and for the future. Its functions include:

Workforce intelligence – HEIW will be the central, recognised source for information and intelligence about the Welsh health workforce;

Workforce planning – HEIW will provide strategic leadership for workforce planning, working with health boards/trusts and the Welsh Government to produce a forward strategy to transform the workforce to deliver new health and social models of service delivery;

Education commissioning, planning and delivery – HEIW will utilise its funding to ensure value for money and the provision of a workforce which reflects future healthcare needs;

Quality management – HEIW will quality manage education and training provision ensuring it meets required standards, and improvements are made where required;

Supporting regulation – HEIW will play a key role representing Wales in liaison with regulators, working within the policy framework established by the Welsh Government. HEIW will also undertake, independently of the Welsh Government, specific regulatory support roles;

Leadership development – HEIW will establish the strategic direction and delivery of leadership development for staff within NHS Wales at all levels;

Careers and widening access – HEIW will provide the strategic direction for health careers and the widening access agenda, delivering an ongoing agenda to promote health careers;

Workforce improvement – HEIW will provide a strategic leadership role for workforce transformation and improvement, and deliver within its functions an ongoing programme to meet that role;

Professional support for workforce and organisational development (OD) in NHS Wales – HEIW will support the professional workforce and OD profession within Wales.

1.0.2 HEIW was established by the Health Education and Improvement Wales (Establishment and Constitution) Order 2017 (SI No. 913 (W. 224)). HEIW must ensure that all its activities are in exercise of those functions or other statutory functions that are conferred on it through directions issued by the Welsh Ministers.

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- 1.0.3 To fulfil this role, HEIW will work with all its partners and stakeholders in the best interests of the population of Wales.

1.1 Membership of Health Education and Improvement Wales Board

- 1.1.1 The membership of the HEIW Board shall be no more than 12 members comprising the Chair (appointed by the [Cabinet Secretary/Minister](#) for Health and Social Services), the Chief Executive and officer and non-officer members. A Vice Chair may also be appointed by the Board from the existing Independent Board Members.

- 1.1.2 For the purposes of these SOs, the members of the HEIW Board shall collectively be known as “the Board” or “Board members”; the officer and non-officer members (which will include the Chair) shall be referred to as Executive Directors and Independent Members respectively; and the Chief Officer and the Chief Finance Officer shall respectively be known as the Chief Executive and the Director of Finance. All such members shall have full voting rights. There may also be Associate Members who do not have voting rights.

Officer Members [to be known as Executive Directors]

- 1.1.3 A total of 5 (including the Chief Executive), appointed by the [Board/Chair and non-officer members](#).

Non-Officer Members [to be known as Independent Members]

- 1.1.4 A total of 7 (including the Chair), appointed by the [Cabinet Secretary/Minister](#) for Health and Social Services.

- 1.1.4.1.5 [In addition to the eligibility, disqualification, suspension and removal provisions contained within Regulations 5, 6, 8 and 9 the HEIW Regulations, an individual shall not normally serve concurrently as a non-officer member on the Board of more than one NHS body in Wales.](#)

Associate Members

- 1.1.5.1.6 A total of up to 3 Associate Members may be appointed by the Board to assist in carrying out its functions subject to the agreement of the [Cabinet Secretary/Minister](#) for Health and Social Services. They will attend Board meetings on an ex-officio basis but will not [form part of the Board or](#) have any voting rights.

Use of the term ‘Independent Members’

- 1.1.6.1.7 For the purposes of these SOs, use of the term ‘Independent

Members' refers to the following voting members of the Board:

- Chair
- Vice Chair (if appointed)
- Non-Officer Members

uUnless otherwise stated.

1.2 Joint Post Holders

1.2.1. Where a Board position is shared between more than one person because of their being appointed jointly to a post:

- i) Either or both persons may attend and take part in Board meetings;
- ii) If both are present at a meeting they shall cast one vote if they agree;
- iii) In the case of disagreement no vote shall be cast; and
- iv) The presence of both or one person will count as one person in relation to the quorum.

1.3 Tenure of Board members

1.3.1. Independent Members ~~and Associate Members~~ appointed by the *Minister for Health and Social Services* shall be appointed for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. These members can be reappointed but may not hold office as a member or associate member for the same Board for a total period of more than 8 years, *with the exception of those appointed or re-appointed in accordance with Regulation 7 of the **National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020**. These members will hold office in accordance with the terms of their appointment or re-appointment.* Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.

~~1.3.1.~~1.3.2. Any Associate Member appointed to the Board under 1.1.5 will be for a period of up to one year, with a maximum term of four years if re-appointed.

~~1.3.2.~~1.3.3. Executive Directors' tenure of office as Board members will be determined by their contract of appointment.

~~1.3.3.~~1.3.4. All Independent Board members' tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements, so far as they are applicable, as specified in Schedule 1 of the Constitution-HEIW Regulations. Any member must inform the Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office. The Chair will advise

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the Minister in writing of any such cases immediately.

~~1.3.4.~~1.3.5. HEIW will require Independent Board members to confirm in writing their continued eligibility on an annual basis.

1.4. The Role of the HEIW Board and responsibilities of individual members

Role

1.4.1 The principal role of HEIW is set out in SO 1.0.1. The Board's main role is to add value to the organisation through the exercise of strong leadership and control, including:

- Setting the organisation's strategic direction
- Establishing and upholding the organisation's governance and accountability framework, including its values and standards of behaviour; and
- Ensuring delivery of the organisation's aims and objectives through effective challenge and scrutiny of HEIW performance across all areas of activity.

Responsibilities

1.4.2 The Board will function as a corporate decision-making body, Executive Directors and Independent Members being full and equal members and sharing corporate responsibility for all the decisions of the Board.

1.4.3 Independent Members who are appointed to bring a particular perspective, skill or area of expertise to the Board must do so in a balanced manner, ensuring that any opinion expressed is objective and based upon the best interests of delivering education and improvement in the health service. Similarly, Board members must not place an over reliance on those individual members with specialist expertise to cover specific aspects of Board business, and must be prepared to scrutinise and ask questions about any contribution that may be made by that member.

~~1.4.31.4.4~~ HEIW shall issue an indemnity to any Chair and Independent Member in the following terms: "A Board [or Committee] member, who has acted honestly and in good faith, will not have to meet out of their personal resources any personal liability which is incurred in the execution of their Board function. Such cover excludes the reckless or those who have acted in bad faith".

~~1.4.41.4.5~~ Associate Members, whilst not sharing corporate responsibility for the decisions of the Board, are nevertheless required to act in a corporate manner at all times, as ~~are their fellow~~ Board members who have voting rights.

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1.4.51.4.6 All Board members must comply with their terms of appointment. They must equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes, engaging fully in Board activities and promoting HEIW within the communities it serves.

1.4.61.4.7 **The Chair** – The Chair is responsible for the effective operation of the Board, chairing Board meetings when present and ensuring that all Board business is conducted in accordance with these SOs. The Chair may have certain specific powers delegated by the Board and set out in the Scheme of Delegation.

1.4.71.4.8 The Chair shall work in close harmony with the Chief Executive and, supported by the Board Secretary, shall ensure that key and appropriate issues are discussed by the Board in a timely manner with all the necessary information and advice being made available to the Board to inform the debate and ultimate resolutions.

1.4.81.4.9 **The Vice-Chair** – The Vice-Chair shall deputise for the Chair in their absence for any reason and will do so until either the existing chair resumes their duties, or a new chair is appointed.

1.4.91.4.10 **Chief Executive** – The Chief Executive is responsible for the overall performance of the executive functions of HEIW. They are the appointed Accountable Officer for HEIW and shall be responsible for meeting all the responsibilities of that role, as set out in their Accountable Officer Memorandum.

1.4.101.4.11 **Lead roles for Board members** – The Chair will ensure that individual Board members are designated as lead roles or “champions” as required by the Welsh Ministers or as set out in any statutory or other guidance. Any such role must be clearly defined and must operate in accordance with the requirements set by HEIW, the Welsh Ministers or others. In particular, no operational responsibilities will be placed upon any Independent Member fulfilling such a role. The identification of a Board member in this way shall not make them more vulnerable to individual criticism, nor does it remove the corporate responsibility of the other Board members for that particular aspect of Board business.

2. RESERVATION AND DELEGATION OF HEIW FUNCTIONS

2.0.1 Subject to any directions that may be given by the Welsh Ministers, the Board shall make arrangements for certain functions to be carried out on its behalf so that the day to day business of HEIW may be carried out effectively and in a manner that secures the achievement of its aims and objectives. In doing so, the Board must set out clearly the terms and conditions upon which any

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delegation is being made.

2.0.2 The Board's determination of those matters that it will retain, and those that will be delegated to others shall be set out in a:

- i Schedule of matters reserved to the Board;
- ii Scheme of delegation to committees and others; and
- iii Scheme of delegation to officers.

~~a~~All of which must be formally adopted by the Board in full session and form part of these SOs.

2.0.3 HEIW retains full responsibility for any functions delegated to others to carry out on its behalf. Where HEIW has a joint duty, it remains fully responsible for its part, and shall agree through the determination of a written Partnership Agreement the governance and assurance arrangements for the partnership, setting out respective responsibilities, ways of working, accountabilities and sources of assurance of the partner organisations.

~~2.0.4 Shared and Hosted Services Arrangements~~

~~Where HEIW uses a shared or hosted service provided by another NHS organisation to undertake part and/or support it in delivering its functions, the ultimate responsibility remains with HEIW.~~

~~From 1st June 2012 the function of managing and providing Shared Services to the health service in Wales was given to Velindre NHS Trust. The **Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012** (S.I. 2012/1261 (W.156)) ("the Shared Services Regulations") require the Trust to establish a Shared Services Committee (known for operational purposes as the Shared Services Partnership Committee) which will be responsible for exercising the Trust's Shared Services functions. The Shared Services Regulations prescribe the membership of the Shared Services Committee in order to ensure that all LHBs, SHAs and Trusts in Wales have a member on the Shared Services Committee and that the views of all the NHS organisations in Wales are taken into account when making decisions in respect of Shared Services activities.~~

~~A Senior Management Team, led by the Director of Shared Services, is responsible for the delivery of Shared Services in accordance with an Integrated Medium-Term Plan agreed by the Shared Services Committee. The Director of Shared Services holds Accountable officer status and retains overall accountability in relation to the management of Shared Services.~~

~~A Memorandum of Co-operation and Hosting Agreement is in place between all LHBs, SHAs and Trusts setting out the obligations of NHS~~

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bodies to participate in the Shared Services Committee and to take collective responsibility for setting the policy and delivery of the Shared Services to the health service in Wales. Responsibility for the exercise of the Shared Services functions will not rest with the Board of Velindre NHS Trust but will be a shared responsibility of all NHS bodies in Wales.

The Regulations for the Shared Services Committee presently do not encompass Strategic Health Authority members. HEIW will therefore have observer status on the Committee, until such time as the regulations are amended. Shared Services Partnership was established to provide shared services to the health service in Wales, and therefore can provide shared services to HEIW in accordance with agreed Service Level Agreements, until such time as HEIW becomes a full member of the Shared Services Committee, Memorandum of Co-operation and Hosting Agreement.

2.1 Chair's action on urgent matters

- 2.1.1 There may, occasionally, be circumstances where decisions which would normally be made by the Board need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Board. In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Board - after first consulting with at least two other Independent Members. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification.
- 2.1.2 Chair's action may not be taken where either the Chair or the Chief Executive has a personal or business interest in an urgent matter requiring decision. In this circumstance, the Vice-Chair or the Executive Director acting on behalf of the Chief Executive will take a decision on the urgent matter, as appropriate.

2.2 Delegation of Board functions

- 2.2.1 The Board shall agree the delegation of any of their functions except for those set out within the 'Schedule of Matters reserved to the Board' to Committees and others, setting any conditions and restrictions it considers necessary and following any directions or regulations given by the Welsh Ministers. These functions may be carried out:

i By a Committee, sub-Committee or officer of HEIW

- 2.2.2 The Board shall agree and formally approve the delegation of specific executive powers to be exercised by Committees and, sub-Committees, ~~joint Committees or joint sub-Committees~~ which it has formally constituted.

2.3 Delegation to officers

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- 2.3.1 The Board may delegate certain functions to the Chief Executive. For these aspects, the Chief Executive, when compiling the Scheme of Delegation to Officers, shall set out proposals for those functions they will perform personally and shall nominate other officers to undertake the remaining functions. The Chief Executive will still be accountable to the Board for all functions delegated to them irrespective of any further delegation to other officers.
- 2.3.2 This must be considered and approved by the Board (subject to any amendment agreed during the discussion). The Chief Executive may periodically propose amendment to the Scheme of Delegation to Officers and any such amendments must also be considered and approved by the Board.
- 2.3.3 Individual Executive Directors are in turn responsible for delegation within their own directorates/departments/localities in accordance with the framework established by the Chief Executive and agreed by the Board.

3. COMMITTEES

3.1 HEIW Committees

- 3.1.1 The Board may, and where directed by the Welsh Ministers must, appoint Committees of HEIW either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by Committees. The Board shall, wherever possible, require its Committees to hold meetings in public unless there are specific, valid reasons for not doing so.

Use of the term 'Committee'

- 3.1.2 For the purposes of these SOs, use of the term 'Committee' incorporates the following:

- Board Committee
- ~~joint Committee~~
- ~~S~~sub-Committee
- ~~joint sub-Committee~~

3.2 Sub-Committees/ Advisory Groups

- 3.2.1 A Committee appointed by the Board may establish a sub-Committee and/or advisory groups to assist it in the conduct of its business provided that the Board approves such action. Where the Board has authorised a Committee to establish sub-Committees, they cannot delegate any executive powers to the sub-Committee unless authorised to do so by the Board.

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3.3 Committees established by HEIW

3.3.1 The Board shall establish a Committee structure that it determines best meets its own needs, taking account of any regulatory or Welsh Government requirements. As a minimum, it must establish Committees which covers the following aspect of Board business:

- Audit and Assurance;
- Remuneration and Terms of Service, and
- Education, Commissioning and Quality Committee.

3.3.2 In designing its Committee structure and operating arrangements, the Board shall take full account of the need to:

- Embed corporate standards, priorities and requirements, e.g., equality and human rights across all areas of activity; and
- Maximise cohesion and integration across all aspects of governance and assurance.

3.3.3 Each Committee established by or on behalf of the Board must have its own SOs or detailed terms of reference and operating arrangements, which must be formally approved by the Board. These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);
- Membership and quorum;
- Meeting arrangements;
- Relationships and accountabilities with others (including the Board its Committees and Advisory Groups)
- Any budget and financial responsibility, where appropriate;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

3.3.4 In doing so, the Board shall specify which aspects of these SOs are not applicable to the operation of the Committee, keeping any such aspects to the minimum necessary. Detailed terms of reference and operating arrangements for the Committees established by the Board are set out in Schedule 3.

3.3.5 The membership of any such Committees - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Board, based on the recommendation of HEIW Chair, and subject to any specific requirements, directions or regulations made by the

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Welsh Ministers. Depending on the Committee's defined role and remit, membership may be drawn from the HEIW Board, its staff (subject to the conditions set in Standing Order 3.3.6) or others not employed by HEIW.

- 3.3.6 Executive Directors or other HEIW officers shall not normally be appointed as Committee Chairs, nor should they be appointed to serve as members on any Committee set up to review the exercise of functions delegated to officers. Designated HEIW officers shall, however, be in attendance at such Committees, as appropriate.

3.4 Other Committees

- 3.4.1 The Board may also establish other Committees to help HEIW conduct its business.

3.5 Confidentiality

- 3.5.1 Committee members and attendees must not disclose any matter dealt with by or brought before a Committee in confidence without the permission of the Committee's Chair.

3.6 Reporting activity to the Board

- 3.6.1 The Board must ensure that the Chairs of all Committees operating on its behalf report formally, regularly and on a timely basis to the Board on their activities. Committee Chairs' shall bring to the Boards specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

4. NHS WALES SHARED SERVICES PARTNERSHIP

- 4.0.1. From 1 June 2012 the function of managing and providing Shared Services to the health service in Wales was given to Velindre NHS Trust. The Trust's Establishment Order has been amended to reflect the fact that the Shared Services function has been conferred on it.

- 4.0.2. The **Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012** (S.I. 2012/1261 (W.156)) ("the Shared Services Regulations") require the Trust to establish a Shared Services Committee (known for operational purposes as the Shared Services Partnership Committee) which will be responsible for exercising the Trust's Shared Services functions. The Shared Services Regulations (as amended) prescribe the membership of the Shared Services Committee in order to ensure that all Local Health Boards, Trusts and SHAs in Wales have a member on the Shared Services Committee and that the views of all the NHS organisations in Wales are taken into account when making decisions in respect of Shared Services activities.

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4.0.3 The Director of Shared Services will be designated as Accountable Officer for Shared Services.

4.0.4 These arrangements necessitate putting in place a Memorandum of Co-operation and a Hosting Agreement between all OHBs, Trusts and SHAs setting out the obligations of NHS bodies to participate in the Shared Services Committee and to take collective responsibility for setting the policy and delivery of the Shared Services to the health service in Wales. Responsibility for the exercise of the Shared Services functions will not rest with the Board of Velindre NHS Trust but will be a shared responsibility of all NHS bodies in Wales.

4.0.5 The Shared Services Committee is to be known as the Shared Services Partnership Committee for operational purposes.

5. WORKING IN PARTNERSHIP

5.0.1 HEIW shall work constructively in partnership with others to plan and secure the provision and delivery of health education and improvement, in accordance with its statutory duties and any specific requirements or directions made by the Welsh Ministers.

5.0.2 The Chair shall ensure that the Board has identified all its key partners and other stakeholders and established clear mechanisms for engaging with and involving them in the work of HEIW.

5.0.3 The Board shall keep under review its partnership arrangements to ensure continued clarity around purpose, desired outcomes and partner responsibilities. It must ensure timely action to change, adapt or end partnerships where they no longer serve a useful purpose, in accordance with its statutory duties; any specific requirements or directions made by the Welsh Ministers; and the agreed terms and conditions for the partnership.

6. MEETINGS

6.1 Putting Citizens first

6.1.1 HEIW's business will be carried out openly and transparently in a manner that encourages the active engagement of its citizens, community partners and other stakeholders. HEIW, through the planning and conduct of meetings held in public, shall facilitate this in a number of ways, including:

- Active communication of forthcoming business and activities;
- The selection of accessible, suitable venues for meetings [when these are not held by electronic means;](#)

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- The availability of papers in English and Welsh languages and in accessible formats, such as Braille, large print, easy read [\(where requested and required\)](#) and in electronic formats in accordance with its Welsh language and equality requirements and commitments;
- Requesting that attendees notify HEIW of any access needs sufficiently in advance of a proposed meeting, and responding appropriately, e.g., arranging British Sign Language (BSL) interpretation at meetings; and
- Where appropriate, ensuring suitable translation arrangements are in place to enable the conduct of meetings in either English or Welsh, and
- In accordance with legislative requirements, e.g., Disability Discrimination Act, as well as its Communication Strategy and Welsh language requirements.

6.1.2 The Chair will ensure that, in determining the matters to be considered by the Board, full account is taken of the views of partners and stakeholder and interests of the communities served by HEIW.

6.2 Annual Plan of Board Business

6.2.1 The Board Secretary, on behalf of the Chair, shall produce an Annual Plan of Board business. This plan will include proposals on meeting dates, venues and coverage of business activity during the year, taking account that ordinary meetings of the Board will be held at regular intervals and as a minimum six times a year. The Plan shall also set out any standing items that will appear on every Board agenda.

6.2.2 The plan shall set out the arrangements in place to enable HEIW to meet its obligations whilst also allowing Board members to contribute in either English or Welsh languages, where appropriate.

6.2.3 The plan shall also incorporate formal Board meetings, regular Board Development sessions and, where appropriate, the planned activities of the Board's Committees.

6.2.4 The Board shall agree the plan for the forthcoming year by the end of March, and this plan will be [published on the organisation's website.](#) ~~included as a schedule to these SOs.~~

Annual General Meeting (AGM)

~~6.2.5~~ HEIW must hold an AGM in public no later than 30 ~~September~~ [July](#) of each year. ~~Public notice of the intention to hold the AGM shall be given at~~ At least 10 ~~calendar~~ [days](#) prior to the meeting [a public notice of the intention to hold the meeting, the time and place of them meeting, and the agenda shall be displayed bilingually \(in English and Welsh\) on the SHA's website.](#) ~~, and this~~

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~~notice shall also be made available through community and partnership networks to maximise opportunities for attendance.~~

6.2.6 The notice shall state:

- Electronic and paper copies of the Annual Report and Accounts of the SHA are available, on request, prior to the meeting; and
- State how copies can be obtained, in what language and in what format, e.g. Braille, large print, easy read etc.

6.2.7 The AGM must include presentation of the Annual Report and audited accounts, together with (where applicable), an audited abridged version of the annual accounts and, if applicable funds held on trust accounts, and may also include presentation of other reports of interest to citizens and others, ~~such as HEIW's annual Equality Report.~~

~~6.2.56.2.8~~ A record of the meeting shall be submitted to the next ordinary meeting of the Board for agreement.

6.3 Calling Meetings

6.3.1 In addition to the planned meetings agreed by the Board, the Chair may call a meeting of the Board at any time. Individual Board members may also request that the Chair call a meeting provided that at least one third of the whole number of Board members, support such a request.

6.3.2 If the Chair does not call a meeting within seven days after receiving such a request from Board members, then those Board members may themselves call a meeting.

6.4 Preparing for Meetings

Setting the agenda

6.4.1 The Chair, in consultation with the Chief Executive and Board Secretary, will set the Agenda. In doing so, they will take account of the planned activity set in the annual cycle of Board business; any standing items agreed by the Board; any applicable items received from the Board's Committees; and the priorities facing HEIW. The Chair must ensure that all relevant matters are brought before the Board on a timely basis.

6.4.2 Any Board member may request that a matter is placed on the Agenda by writing to the Chair, copied to the Board Secretary, at least 12 calendar days before the meeting. The request must set out whether the item of business is proposed to be transacted in public and shall include appropriate supporting information. The Chair may, at their discretion, include items on the agenda that have been requested after the 12-day notice period if this would be

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beneficial to the conduct of board business.

Notifying and equipping Board members

- 6.4.3 Board members shall be sent an Agenda and a complete set of supporting papers at least 7 calendar days before a formal Board meeting. This information may be provided to Board members electronically or in paper form, in an accessible format, to the address provided, and in accordance with their stated preference. Supporting papers may, exceptionally, be provided, after this time provided that the Chair is satisfied that the Board's ability to consider the issues contained within the paper would not be impaired.
- 6.4.4 No papers will be included for consideration and decision by the Board unless the Chair is satisfied (subject to advice from the Board Secretary, as appropriate) that the information contained within it is sufficient to enable the Board to take a reasonable decision. It will include evidence that appropriate impact assessments Equality impact assessments (EIA) shall have been undertaken and taken in to consideration. Impact assessments shall be undertaken on all new or revised policies, strategies, guidance and or practice to be considered by the Board, and the outcome of that EIAthe assessment shall accompany the report to the Board to enable the Board to make an informed decision.
- 6.4.5 In the event that at least half of the Board members do not receive the Agenda and papers for the meeting as set out above, the Chair must consider whether or not the Board would still be capable of fulfilling its role and meeting its responsibilities through the conduct of the meeting. Where the Chair determines that the meeting should go ahead, their decision, and the reason for it, shall be recorded in the minutes.
- 6.4.6 In the case of a meeting called by Board members, notice of that meeting must be signed by those members and the business conducted will be limited to that set out in the notice.

Notifying the public and others

- 6.4.7 Except for meetings called in accordance with Standing Order 5.3, at least 7 days before each meeting of the Board a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed bilingually (in English and Welsh):
- At HEIW's principal sites;
 - On the HEIW website, together with the papers supporting the public part of the Agenda; as well as
 - Through other methods of communication as set out in HEIW's communication strategy.

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- 6.4.8 When providing notification of the forthcoming meeting, HEIW shall set out when and how the Agenda and the papers supporting the public part of the Agenda may be accessed, in what language and in what format, e.g., as Braille, large print, easy read, etc.

6.5 Conducting Board Meetings

Admission of the public, the press and other observers

- 6.5.1 HEIW shall encourage attendance at its formal Board meetings by the public and members of the press as well as officers or representatives from organisations who have an interest in HEIW business. The venue for such meetings shall be appropriate to facilitate easy access for attendees and translation services; and appropriate facilities wherever practicable to maximise accessibility. ~~such as an induction loop system.~~

- 6.5.2 The Board and its Committees shall conduct as much of its formal business in public as possible. There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Board Secretary where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Board shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) F (c.67).

- 6.5.3 In the circumstances, when the Board is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Board in public session. Wherever possible, that reporting shall take place at the end of a private session, by reconvening a Board meeting held in public session.
- 6.5.4 The Board Secretary, on behalf of the Chair, shall keep under review the nature and volume of business conducted in private session to ensure such arrangements are adopted only when absolutely necessary.
- 6.5.5 In encouraging entry to formal Board Meetings from members of the public and others, the Board shall make clear that attendees are welcomed as observers. The Chair shall take all necessary steps to ensure that the Board's business is conducted without interruption and disruption. In exceptional circumstances, this may include a requirement that observers leave the meeting.

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Addressing the Board, its Committees and Advisory Groups

- 6.5.6 The Board will decide what arrangements and terms and conditions it feels are appropriate in extending an invitation to observers to attend and address any meetings of the Board, its Committees and Advisory Groups, and may change, alter or vary these terms and conditions as it considers appropriate. In doing so, the Board will take account of its responsibility to actively encourage the engagement and, where appropriate, involvement of citizens and stakeholders in its work and to demonstrate openness and transparency in the conduct of business.

Chairing Board Meetings

- 6.5.7 The Chair of HEIW will preside at any meeting of the Board unless they are absent for any reason (including any temporary absence or disqualification from participation on the grounds of a conflict of interest). In these circumstances the Vice Chair shall preside. If both the Chair and vice-chair are absent or disqualified, the Independent Members present shall elect one of the Independent Members to preside.
- 6.5.8 The Chair must ensure that the meeting is handled in a manner that enables the Board to reach effective decisions on the matters before it. This includes ensuring that Board members' contributions are timely and relevant and move business along at an appropriate pace. In doing so, the Board must have access to appropriate advice on the conduct of the meeting through the attendance of the nominated Board Secretary. The Chair has the final say on any matter relating to the conduct of Board business.

Quorum

- 6.5.9 At least six Board members, at least two of whom are Executive Directors and four are Independent Members (including the Chair), must be present to allow any formal business to take place at a Board meeting.
- 6.5.10 If the Chief Executive or an Executive Director is unable to attend a Board meeting, then a nominated deputy may attend in their absence and may participate in the meeting, provided that the Chair has agreed the nomination before the meeting. However, Board members' voting rights cannot be delegated so the nominated deputy may not vote or be counted towards the quorum. If a deputy is already a Board member in their own right, e.g., a person deputising for the Chief Executive will usually be an Executive Director, they will be able to exercise their own vote in the usual way, but they will not have any additional voting rights.
- 6.5.11 The quorum must be maintained during a meeting to allow formal business to be conducted, i.e., any decisions to be made. Any Board member disqualified through conflict of interest from participating in the discussion on any matter

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and/or from voting on any resolution will no longer count towards the quorum. If this results in the quorum not being met that particular matter or resolution cannot be considered further at that meeting and must be noted in the minutes.

Dealing with motions

6.5.12 In the normal course of Board business items included on the agenda are subject to discussion and decisions based on consensus. Considering a motion is therefore not a routine matter and may be regarded as exceptional, e.g. where an aspect of delivery is a cause for particular concern, a Board member may put forward a motion proposing that a formal review of that service area is undertaken by a Committee of the Board. The Board Secretary will advise the Chair on the formal process for dealing with motions. No motion or amendment to a motion will be considered by the Board unless moved by a Board member and seconded by another Board member (including the Chair).

6.5.13 **Proposing a formal notice of motion** – Any Board member wishing to propose a motion must notify the Chair in writing of the proposed motion at least 12 calendar days before a planned meeting. Exceptionally, an emergency motion may be proposed up to one hour before the fixed start of the meeting, provided that the reasons for the urgency are clearly set out. Where sufficient notice has been provided, and the Chair has determined that the proposed motion is relevant to the Board's business, the matter shall be included on the Agenda, or, where an emergency motion has been proposed, the Chair shall declare the motion at the start of the meeting as an additional item to be included on the agenda.

6.5.14 The Chair also has the discretion to accept a motion proposed during a meeting provided that the matter is considered of sufficient importance and its inclusion would not adversely affect the conduct of Board business.

6.5.15 **Amendments** - Any Board member may propose an amendment to the motion at any time before or during a meeting and this proposal must be considered by the Board alongside the motion.

6.5.16 If there are a number of proposed amendments to the motion, each amendment will be considered in turn, and if passed, the amended motion becomes the basis on which the further amendments are considered, i.e., the substantive motion.

6.5.17 **Motions under discussion** – When a motion is under discussion, any Board member may propose that:

- The motion be amended;
- The meeting should be adjourned;

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- The discussion should be adjourned, and the meeting proceed to the next item of business;
- A Board member may not be heard further;
- The Board decides upon the motion before them;
- An ad hoc Committee should be appointed to deal with a specific item of business; or
- The public, including the press, should be excluded.

6.5.18 **Rights of reply to motions** – The mover of a motion (including an amendment) shall have a right of reply at the close of any debate on the motion or the amendment immediately prior to a vote on the proposal.

6.5.19 **Withdrawal of motion or amendments** – A motion or an amendment to a motion, once moved and seconded, may be withdrawn by the proposer with the agreement of the seconder and the Chair.

6.5.20 **Motion to rescind a resolution** – The Board may not consider a motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six months unless the motion is supported by the (simple) majority of Board members.

6.5.21 A motion that has been decided upon by the Board cannot be proposed again within six months except by the Chair, unless the motion relates to the receipt of a report or the recommendations of a Committee/Chief Executive to which a matter has been referred.

Voting

6.5.22 The Chair will determine whether Board members' decisions should be expressed orally, through a show of hands, by secret ballot or by recorded vote. The Chair must require a secret ballot or recorded vote if the majority of voting Board members request it. Where voting on any question is conducted, a record of the vote shall be maintained. In the case of a secret ballot the decision shall record the number voting for, against or abstaining. Where a recorded vote has been used the Minutes shall record the name of the individual and the way in which they voted. Associate Members may not vote in any meetings or proceedings of the Board.

6.5.23 In determining every question at a meeting, the Board members must take account, where relevant, of the views expressed and representations made by individuals and organisations who represent the interests of stakeholders.

6.5.24 The Board will make decisions based on a simple majority view held by the Board members present. In the event of a split decision, i.e., no majority view being expressed, the Chair shall have a second and casting vote.

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6.5.25 In no circumstances may an absent Board member or nominated deputy vote by proxy. Absence is defined as being absent at the time of the vote.

6.6 Record of Proceedings

6.6.1 A record of the proceedings of formal Board meetings (and any other meetings of the board where the Board members determine) shall be drawn up as 'minutes'. These minutes shall include a record of Board member attendance (including the Chair) together with apologies for absence and shall be submitted for agreement at the next meeting of the Board, where any discussion shall be limited to matters of accuracy. Any agreed amendment to the minutes must be formally recorded.

6.6.2 Agreed minutes shall be circulated in accordance with Board members' wishes, and, where providing a record of a formal Board meeting shall be made available to the public both on HEIW's website and in hard copy or other accessible format on request, in accordance with any legislative requirements, e.g., Data Protection Act 2018, General Data Protection Regulations and HEIW's Communication Strategy and Welsh language requirements.

6.7 Confidentiality

6.7.1 All Board members (including Associate Members), together with members of any Committee or Advisory Group established by or on behalf of the Board and HEIW officials must respect the confidentiality of all matters considered by the Board in private session or set out in documents which are not publicly available. Disclosure of any such matters may only be made with the express permission of the Chair of the Board or relevant Committee, as appropriate, and in accordance with any other requirements set out elsewhere, e.g., in contracts of employment, within the Values and Standards of Behaviour framework or legislation such as the Freedom of Information Act 2000, etc.

7. VALUES AND STANDARDS OF BEHAVIOUR

7.0.1 The Board must adopt a set of values and standards of behaviour for HEIW that meets the requirements of the NHS Wales Values and Standards of Behaviour framework. These values and standards of behaviour will apply to all those conducting business by or on behalf of HEIW, including Board members, HEIW officers and others, as appropriate. The framework adopted by the Board will form part of these SOs.

7.1 Declaring and recording Board members' interests

7.1.1 **Declaration of interests** – It is a requirement that all Board members must declare any personal or business interests they may have which may affect or

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be perceived to affect the conduct of their role as a Board member. This includes any interests that may influence or be perceived to influence their judgement in the course of conducting the Board's business. Board members must be familiar with the Values and Standards of Behaviour Framework and their statutory duties under the Constitution Regulations. Board members must notify the Board of any such interests at the time of their appointment, and any further interests as they arise throughout their tenure as Board members.

- 7.1.2 Board members must also declare any interests held by family members or persons or bodies with which they are connected. The Board Secretary will provide advice to the Chair and the Board on what should be considered as an 'interest', taking account of the regulatory requirements and any further guidance, e.g., the Values and Standards of Behaviour framework. If individual Board members are in any doubt about what may be considered as an interest, they should seek advice from the Board Secretary. However, the onus regarding declaration will reside with the individual Board member.
- 7.1.3 **Register of interests** – The Chief Executive, through the Board Secretary will ensure that a Register of Interests is established and maintained as a formal record of interests declared by all Board members. The register will include details of all Directorships and other relevant and material interests which have been declared by Board members.
- 7.1.4 The register will be held by the Board Secretary, and will be updated during the year, as appropriate, to record any new interests, or changes to the interests declared by Board members. The Board Secretary will also arrange an annual review of the Register, through which Board members will be required to confirm the accuracy and completeness of the register relating to their own interests.
- 7.1.5 In line with the Board's commitment to openness and transparency, the Board Secretary must take reasonable steps to ensure that the citizens served by HEIW are made aware of and have access to view the HEIW's Register of Interests. This may include publication on the HEIW website.
- 7.1.6 **Publication of declared interests in Annual Report** – Board members' declared directorships of companies or positions in other organisations likely or possibly seeking to do business with the NHS shall be published in HEIW's Annual Report.

7.2 Dealing with Members' interests during Board meetings

- 7.2.1 The Chair, advised by the Board Secretary, must ensure that the Board's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual Board members must demonstrate, through their actions, that their contribution to the Board's

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decision making is based upon the best interests of HEIW and the NHS in Wales.

- 7.2.2 Where individual Board members identify an interest in relation to any aspect of Board business set out in the Board's meeting agenda, that member must declare an interest at the start of the Board meeting. Board members should seek advice from the Chair, through the Board Secretary before the start of the Board meeting if they are in any doubt as to whether they should declare an interest at the meeting. All declarations of interest made at a meeting must be recorded in the Board minutes.
- 7.2.3 It is the responsibility of the Chair, on behalf of the Board, to determine the action to be taken in response to a declaration of interest, taking account of any regulatory requirements or directions made by the Welsh Ministers. The range of possible actions may include determination that:
- i The declaration is formally noted and recorded, but that the Board member should participate fully in the Board's discussion and decision, including voting. This may be appropriate, for example where the Board is considering matters of strategy relating to a particular aspect of healthcare and an Independent Member is a healthcare professional whose profession may be affected by that strategy determined by the Board;
 - ii The declaration is formally noted and recorded, and the Board member participates fully in the Board's discussion, but takes no part in the Board's decision;
 - iii The declaration is formally noted and recorded, and the Board member takes no part in the Board discussion or decision;
 - iv The declaration is formally noted and recorded, and the Board member is excluded for that part of the meeting when the matter is being discussed. A Board member must be excluded, where that member has a direct or indirect financial interest in a matter being considered by the Board.
- 7.2.4 In extreme cases, it may be necessary for the member to reflect on whether their position as a Board member is compatible with an identified conflict of interest.
- 7.2.5 Where the Chair is the individual declaring an interest, any decision on the action to be taken shall be made by the Vice Chair, on behalf of the Board.
- 7.2.6 In all cases the decision of the Chair (or the Vice Chair in the case of an interest declared by the Chair) is binding on all Board members. The Chair should take advice from the Board Secretary when determining the action to take in response to declared interests; taking care to ensure their exercise of judgement is consistently applied.

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7.2.7 **Members with pecuniary (financial) interests** – Where a Board member, or any person they are connected with¹ has any direct or indirect pecuniary interest in any matter being considered by the Board, including a contract or proposed contract, that member must at the meeting and as soon as practicable after its commencement, disclose the interest and must not take part in the consideration or discussion of that matter or vote on any question related to it. The Board may determine that the Board member concerned shall be excluded from that part of the meeting.

7.2.8 The ~~Constitution~~ Digital Health Care Wales Regulations define ‘direct’ and ‘indirect’ pecuniary interests and these definitions always apply when determining whether a member has an interest. These SOs must be interpreted in accordance with these definitions.

7.2.9 **Members with Professional Interests** - During the conduct of a Board meeting, an individual Board member may establish a clear conflict of interest between their role as a HEIW Board member and that of their professional role outside of the Board. In any such circumstance, the Board shall take action that is proportionate to the nature of the conflict, taking account of the advice provided by the Board Secretary.

7.3 Dealing with officers’ interests

7.3.1 The Board must ensure that the Board Secretary, on behalf of the Chief Executive, establishes and maintains a system for the declaration, recording and handling of HEIW officers’ interests in accordance with the Values and Standards of Behaviour Framework.

7.4 Reviewing how Interests are handled

7.4.1 The Audit and Assurance Committee will review and report to the Board upon the adequacy of the arrangements for declaring, registering and handling interests at least annually.

7.5 Dealing with offers of gifts² ~~and~~ hospitality and sponsorship

7.5.1 The Values and Standards of Behaviour Framework adopted by the Board prohibits Board members and HEIW officers from receiving gifts, hospitality or benefits in kind from a third party which may reasonably give rise to suspicion of conflict between their official duty and their private interest, or may reasonably be seen to compromise their personal integrity in any way.

¹ In the case of persons who are married to each other or in a civil partnership with each other or who are living together as if married or civil partners, the interest of one person shall, if known to the other, be deemed for the purpose of this Standing Order to be also an interest of the other.

² The term gift refers also to any reward or benefit.

7.5.17.5.2 Gifts, benefits or hospitality must never be solicited. Any Board member or HEIW officer who is offered a gift, benefit or hospitality which may or may be seen to compromise their position must refuse to accept it. This may in certain circumstances also include a gift, benefit or hospitality offered to a family member of a Board member or HEIW officer. Failure to observe this requirement may result in disciplinary and/or legal action.

7.5.27.5.3 In determining whether any offer of a gift or hospitality should be accepted, an individual must make an active assessment of the circumstances within which the offer is being made, seeking advice from the Board Secretary as appropriate. In assessing whether an offer should be accepted, individuals must take into account:

- **Relationship:** Contacts which are made for the purpose of information gathering are generally less likely to cause problems than those which could result in a contractual relationship, in which case accepting a gift or hospitality could cause embarrassment or be seen as giving rise to an obligation;
- **Legitimate Interest:** Regard should be paid to the reason for the contact on both sides and whether it is a contact that is likely to benefit HEIW;
- **Value:** Gifts and benefits of a trivial or inexpensive (below £25), e.g., diaries/calendars, are more likely to be acceptable and can be distinguished from more substantial offers. Similarly, hospitality in the form of a working lunch would not be treated in the same way as more expensive social functions, travel or accommodation (although in some circumstances these may also be accepted);
- **Frequency:** Acceptance of frequent or regular invitations particularly from the same source would breach the required standards of conduct. Isolated acceptance of, for example, meals, tickets to public, and sport, cultural or social events would only be acceptable if attendance is justifiable in that it benefits HEIW ; and
- **Reputation:** If the body concerned is known to be under investigation by or has been publicly criticised by a public body, regulators or inspectors, acceptance of a gift or hospitality might be seen as supporting the body or affecting in some way the investigation or negotiations and it should always be declined.

7.5.37.5.4 A distinction may be drawn between items offered as hospitality and items offered in substitution for fees for broadcasts, speeches, lectures or other work done. There may be circumstances where the latter may be accepted if they can be used for official purposes.

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7.6 Sponsorship

- 7.6.1. In addition to gifts and hospitality individuals and the organisation may also receive sponsorship. Sponsorship is an offer of funding to an individual, department or the organisation as whole from an external source whether in cash, goods, services or benefits. It could include an offer to sponsor a research or operational post, training, attendance at a conference, costs associated with meetings, conferences or working visit. The sponsorship may cover some or all of the costs.
- 7.6.2. All sponsorship must be approved prior to acceptance in accordance with the Values and Behaviour Framework and Standards of Behaviour ~~insert title of relevant policy~~ and relevant procedures. A record of all sponsorship accepted or declined will also be maintained.

7.7 Register of Gifts, ~~and Hospitality~~ and Sponsorship

- 7.7.1 The Board Secretary, on behalf of the Chair, will maintain a register of Gifts, ~~and Hospitality~~ and Sponsorship to record offers of gifts, ~~and~~ and ~~hospitality~~ and sponsorship made to Board members. Executive Directors will adopt a similar mechanism in relation to HEIW officers working within their Directorates.
- 7.7.2 Every Board member and HEIW officer has a personal responsibility to volunteer information in relation to offers of gifts and hospitality, including those offers that have been refused. The Board Secretary, on behalf of the Chair and Chief Executive, will ensure the incidence and patterns of offers and receipt of gifts and hospitality are kept under active review, taking appropriate action where necessary.
- 7.7.3 When determining what should be included in the Register, individuals shall apply the following principles, subject to the considerations in Standing Order 6.5.3:
- **Gifts:** Generally, only gifts of material value should be recorded. Those with a nominal value, e.g., seasonal items such as diaries/calendars would not usually need to be recorded.
 - **Hospitality:** Only significant hospitality offered or received should be recorded. Occasional offers of 'modest and proportionate'³ hospitality need not be included in the Register. Further detail is provided in the

³ Examples of 'modest and proportionate' hospitality that need not be included in a Hospitality register include a working sandwich lunch or a buffet lunch incidental to a conference or seminar attended by a variety of participants.

framework policy on standards of behaviour.

7.7.4 Board members and HEIW officers may accept the occasional offer of modest and proportionate hospitality but in doing so must consider whether the following conditions are met:

- Acceptance would further the aims of HEIW;
- The level of hospitality is reasonable in the circumstances;
- It has been openly offered; and,
- It could not be construed as any form of inducement and will not put the individual under any obligation to those offering it.

7.7.5 The Board Secretary will arrange for a full report of all offers of Gifts, ~~and~~ Hospitality and Sponsorship recorded by HEIW to be submitted to the Audit and Assurance Committee (or equivalent) at least annually. The Audit and Assurance Committee will then review and report to the Board upon the adequacy of the HEIW's arrangements for dealing with offers of gifts, ~~and~~ hospitality and sponsorship.

8. SIGNING AND SEALING DOCUMENTS

8.0.1 The common seal of the HEIW is primarily used to seal legal documents such as transfers of land, lease agreements and other important/key contracts. The seal may only be fixed to a document if the Board ~~or Committee of the Board~~ has determined it shall be sealed, or if a transaction to which the document relates has been approved by the Board ~~or Committee of the Board~~.

8.0.2 Where it is decided that a document shall be sealed it shall be fixed in the presence of the Chair or Vice Chair (or other authorised independent Member) and the Chief Executive or Deputy Chief Executive (or another authorised individual) both of whom must witness the seal.

8.1 Register of Sealing

8.1.1 The Board Secretary shall keep a register that records the sealing of every document. Each entry must be signed by the persons who approved and authorised the document and who witnessed the seal. A report of all sealings shall be presented to the Board at least bi-annually.

8.2 Signature of Documents

8.2.1 Where a signature is required for any document connected with legal proceedings involving HEIW, it shall normally be signed by the Chief Executive, except where the Board has authorised another person or has been otherwise directed to allow or require another person to provide a signature.

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- 8.2.2 The Chief Executive or Deputy Chief Executive nominated officers may be authorised by the Board to sign on behalf of HEIW any agreement or other document (not required to be executed as a deed) where the subject matter has been approved either by the Board or a Committee to which the Board has delegated appropriate authority. ~~in each instance in accordance with the delegated authority.~~

8.3 Custody of Seal

- 8.3.1 The Common Seal of HEIW shall be kept securely by the Board Secretary.

9. GAINING ASSURANCE ON THE CONDUCT OF HEIW BUSINESS

- 9.0.1 The Board shall set out explicitly, within a Risk and Assurance Framework, how it will be assured on the conduct of HEIW business, its governance and the effective management of the organisation's risks in pursuance of its aims and objectives. It shall set out clearly the various sources of assurance, and where and when that assurance will be provided, in accordance with any requirements determined by the Welsh Ministers.

- 9.0.2 The Board shall ensure that its assurance arrangements are operating effectively, advised by its Audit and Assurance Committee.

- 9.0.3 Assurances in respect of the ~~Shared Services arrangements~~ services provided by the NHS Wales Shared Services Partnership shall primarily be achieved by the reports of the Director of Shared Services to the Shared Services Partnership Committee and reported back by the Chief Executive (or their nominated representative). ~~as agreed~~. Where appropriate, and by exception, the Board may seek assurances direct from the Director of Shared Services. The Director of Shared Services and the Shared Services Partnership Committee shall be under an obligation to comply with any internal or external audit functions being undertaken by or on behalf of HEIW.

9.1 The role of Internal Audit in providing independent internal assurance

- 9.1.1 The Board shall ensure the effective provision of an independent internal audit function as a key source of its internal assurance arrangements, in accordance with ~~the Public Sector~~ NHS Wales Internal Audit Standards ~~(PSIAS)~~ and any other requirements determined by the Welsh Ministers.

- 9.1.2 The Board shall set out the relationship between the Head of Internal Audit (HIA), the Audit and Assurance Committee (or equivalent) and the Board. It shall:

- Approve the Internal Audit Charter (incorporating the definition of internal audit) and adopt the Internal Auditing Standards (incorporating

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the code of ethics);

- Ensure the HIA communicates and interacts directly with the Board, facilitating direct and unrestricted access;
- Require Internal Audit to confirm its independence annually; and
- Ensure that the Head of Internal Audit reports periodically to the Board on its activities, including its purpose, authority, responsibility and performance. Such reporting will include governance issues and significant risk exposures.

9.2 Reviewing the performance of the Board, its Committees and Advisory Groups

9.2.1 The Board shall introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Committees and if established, Advisory Groups. Where appropriate, the Board may determine that such evaluation may be independently facilitated.

9.2.2 Each Committee and, where appropriate, Advisory Group must also submit an annual report to the Board through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any sub-Committees it has established.

9.2.3 The Board shall use the information from this evaluation activity to inform:

- The ongoing development of its governance arrangements, including its structures and processes;
- Its Board Development Programme, as part of an overall Organisation Development framework; and
- The Board's report of its alignment with the [Assembly—Welsh Government's Citizen Centred Governance Principles](#).

9.3 External Assurance

9.3.1 The Board shall ensure it develops effective working arrangements and relationships with those bodies that have a role in providing independent, external assurance to the public and others on HEIW's operations, e.g., the Auditor General for Wales.

9.3.2 The Board may be assured, from the work carried out by external audit and others, on the adequacy of its own assurance framework, but that external assurance activity shall not form part of, or replace its own internal assurance arrangements, except in relation to any additional work that the Board itself may commission specifically for that purpose.

9.3.3 The Board shall keep under review and ensure that, where appropriate, HEIW implements any recommendations relevant to its business made by the [National Assembly for Wales's Welsh Government's Audit Committee, the](#)

[Senedd Cymru/Welsh Parliament's](#) Public Accounts Committee and other appropriate bodies.

9.3.4 HEIW shall provide the Auditor General for Wales with any assistance, information and explanation which the Auditor General thinks necessary for the discharge of their statutory powers and responsibilities.

10. DEMONSTRATING ACCOUNTABILITY

10.0.1 Taking account of the arrangements set out within these SOs, the Board shall demonstrate to the communities it serves and to the Welsh Ministers a clear framework of accountability within which it:

- Conducts its business internally;
- Works collaboratively with NHS colleagues, [HE-Higher Education](#) and [FE-Further Education](#) establishments, regulators, –partners, service providers and others; and
- Responds to the views and representations made by those who represent the interests of the communities it serves and other stakeholders, including its officers and healthcare professionals.

10.0.2 The Board shall, in publishing its strategic and operational level plans, set out how those plans have been developed taking account of the views of others, and how they will be delivered by working with their community and other partners.

10.0.3 The Board shall also facilitate effective scrutiny of the HEIW's operations through the publication of regular reports on activity and performance, including publication of an Annual Report.

10.0.4 The Board shall ensure that within HEIW, individuals at all levels are supported in their roles, and held to account for their personal performance through effective performance management arrangements.

11. REVIEW OF STANDING ORDERS

11.0.1 The Board Secretary shall arrange for an [equality—appropriate](#) impact assessment to be carried out on a draft of these SOs prior to their formal adoption by the Board, the results of which shall be presented to the Board for consideration and action, as appropriate. The fact that an assessment has been carried out shall be noted in the SOs.

11.0.2 These SOs shall be reviewed annually by the Audit and Assurance Committee [or equivalent], which shall report any proposed amendments to the Board for consideration. The requirement for review extends to all documents having the effect as if incorporated in SOs, including the [equality appropriate](#) impact assessments.

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Schedule 1

SCHEME OF RESERVATION AND DELEGATION OF POWERS

This Scheme of Reservation and Delegation of Powers forms part of, and shall have effect as if incorporated in the Standing Orders

Introduction

As set out in Standing Order 2, the Board - subject to any directions that may be given by Welsh Ministers - should make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of HEIW may be carried out effectively, and in a manner that secures the achievement of the organization's aims and objectives. The Board may delegate functions to:

- i) a committee, e.g. Remuneration and Terms of Service Committee;
- ii) a sub-committee. ~~Any~~ such delegation would, subject to the Board's authority, usually be via a main committee of the Board; and
- ~~iii) a joint committee or sub-committee, e.g., with other Health Bodies, or Universities established to take forward matters relating the development of the health workforce in Wales; and~~
- ~~iv) iii)~~ Officers of HEIW (who may, subject to the Board's authority, delegate further to other officers and, where appropriate, other third parties, e.g. shared/support services, through a formal scheme of delegation)

aAnd in doing so, must set out clearly the terms and conditions upon which any delegation is being made. These terms and conditions must include a requirement that the Board is notified of any matters that may affect the operation and/or reputation of HEIW.

The Board's determination of those matters that it will retain, and those that will be delegated to others are set out in the following:

- Schedule of matters reserved to the Board;
- Scheme of delegation to Committees and others; and
- Scheme of delegation to Officers.

all of which form part off HEIW's Standing Orders.

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DECIDING WHAT TO RETAIN AND WHAT TO DELEGATE: GUIDING PRINCIPLES

The Board will take full account of the following principles when determining those matters that it reserves, and those which it will delegate to others to carry out on its behalf:

- Everything is retained by the Board unless it is specifically delegated in accordance with the requirements set out in Standing Orders or Standing Financial Instructions
- The Board must retain that which it is required to retain (whether by statute or as determined by Welsh Government) as well as that which it considers is essential to enable it to fulfil its role in setting the organisation's direction, equipping the organisation to deliver and ensuring achievement of its aims and objectives through effective performance management
- Any decision made by the Board to delegate functions must be based upon an assessment of the capacity and capability of those to whom it is delegating responsibility
- The Board must ensure that those to whom it has delegated powers (whether a committee, partnership or individuals) remain equipped to deliver on those responsibilities through an ongoing programme of personal, professional and organisational development
- The Board must take appropriate action to assure itself that all matters delegated are effectively carried out
- The framework of delegation will be kept under active review and, where appropriate, will be revised to take account of organisational developments, review findings or other changes
- Except where explicitly set out, the Board retains the right to decide upon any matter for which it has statutory responsibility, even if that matter has been delegated to others
- The Board may delegate authority to act, but retains overall responsibility and accountability
- When delegating powers, the Board will determine whether (and the extent to which) those to whom it is delegating will, in turn, have powers to further delegate those functions to others.

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HANDLING ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS: WHO DOES WHAT?

The Board

The Board will formally agree, review and, where appropriate revise schedules of reservation and delegation of powers in accordance with the guiding principles set out earlier.

The Chief Executive

The Chief Executive will propose a Scheme of Delegation to Officers, setting out the functions they will perform personally, and which functions will be delegated to other officers. The Board must formally agree this scheme.

In preparing the scheme of delegation to officers, the Chief Executive will take account of:

- the guiding principles set out earlier (including any specific statutory responsibilities designated to individual roles)
- their personal responsibility and accountability to the Chief Executive, NHS Wales in relation to their role as designated Accountable Officer
- associated arrangements for the delegation of financial authority to equip officers to deliver on their delegated responsibilities (and set out in Standing Financial Instructions).

The Chief Executive may re-assume any of the powers they have delegated to others at any time.

The Board Secretary

The Board Secretary will support the Board in its handling of reservations and delegations by ensuring that:

- a proposed schedule of matters reserved for decision by the Board is presented to the Board for its formal agreement;
- effective arrangements are in place for the delegation of HEIW functions within the organisation and to others, as appropriate; and
- arrangements for reservation and delegation are kept under review and presented to the Board for revision, as appropriate.

The Audit & Assurance Committee

The Audit & Assurance Committee will provide assurance to the Board of the effectiveness of its arrangements for handling reservations and delegations.

Individuals to who powers have been delegated
Individuals will be personally

- equipping themselves to deliver on any matter delegated to them,

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- through the conduct of appropriate training and development activity; and
- exercising any powers delegated to them in a manner that accords with HEIW's values and standards of behavior.

Where an individual does not feel that they are equipped to deliver on a matter delegated to them, they must notify the Chief Executive of their concern as soon as possible in so that an appropriate and timely decision may be made on the matter.

In the absence of an officer to whom powers have been delegated, those powers will normally be exercised by the individual to whom that officer reports, unless the Board has set out alternative arrangements.

If the Chief Executive is absent their nominated Deputy may exercise those powers delegated to the Chief Executive on their behalf. However, the guiding principles governing delegations will still apply, and so the Board may determine that it will reassume certain powers delegated to the Chief Executive or reallocate powers, e.g., to a Committee or another officer.

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SCOPE OF THESE ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS

The Scheme of Delegation to officers referred to here shows only the "top level" of delegation within HEIW. The Scheme is to be used in conjunction with the system of control and other established procedures within HEIW.

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SCHEDULE OF MATTERS RESERVED TO THE BOARD¹

OLD PARA	New Para		AREA	DECISIONS RESERVED TO THE BOARD
1	1	FULL	GENERAL	The Board may determine any matter for which it has statutory or delegated authority in accordance with Standing Orders
2	2	FULL	GENERAL	The Board must determine any matter that will be reserved to the whole Board insert detail
3	183	FULL	OPERATING ARRANGEMENTS	Adopt the standards of governance and performance to be met by HEIW, including standards/requirements determined by professional bodies/others, e.g., Royal Colleges Agree the arrangements for ensuring the adoption of standards of governance and performance to be met by HEIW, including standards/requirements determined by the Welsh Government, regulators, professional bodies/others e.g. Royal Colleges
N/A	3	FULL	GENERAL	Approve HEIW's Governance Framework
4	4	FULL	OPERATING ARRANGEMENTS	Approve, vary and amend: <ul style="list-style-type: none"> • Standing Orders (SOs); • Standing Financial Instructions (SFIs);

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				<ul style="list-style-type: none"> • Schedule of matters reserved to HEIW; • Scheme of delegation to Committees and others; and • Scheme of delegation to Officers. <p>In accordance with any directions set by Welsh Ministers.</p>
5	95	FULL	OPERATING ARRANGEMENTS	Approve HEIW's Values and Standards of Behavior Framework, [HEIW to ins the relevant policy] Standards of Behavior Policy
6	156	FULL	OPERATING ARRANGEMENTS	Approve HEIW's framework for performance management, risk and assurance
7	197	FULL	OPERATING ARRANGEMENTS	Approve the introduction or discontinuance of any significant activity or operation activity or operation shall be regarded as significant if the Board determines based upon its contribution/impact on the achievement of HEIW's aims, objectives priorities

1 Any decision to reserve a matter, and the manner in which that retained responsibility is carried out will be in accordance with any regulatory and/or Welsh Government requirements

OLD PARA	THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD
8	58	FULL	OPERATING ARRANGEMENTS	Ratify any urgent decisions taken by the Chair and the Chief Executive in accordance with Standing Order requirements
NA	6	No- Can delegate to Audit and Assurance Committee	OPERATING ARRANGEMENTS	Formal consideration of report of Board Secretary on any non compliance Standing Orders, making proposals to the Board on any actions to be taken.

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<u>9</u>	<u>79</u>	FULL	OPERATING ARRANGEMENTS	Ratify in public session any instances of failure to comply with Standing Order Standing Financial Instructions ~Receive report and proposals regarding non- compliance with Standing Orders, and where required ratify in public session instances of failure to comply with Standing Orders and Standing Financial Ins
<u>11</u>	<u>4117</u>	FULL	OPERATING ARRANGEMENTS	Approve Ratify policies for dealing with <u>concerns</u> , complaints <u>and incidents</u> , <u>in accordance with the Complaints Handling Policy</u> and health and safety require
<u>12</u>	<u>4228</u>	FULL	OPERATING ARRANGEMENTS	Approve individual compensation payments in line with <u>the provisions of Annex Chapter 6 of the Welsh Government Manual for Accounts</u> . Standing Financial
<u>13</u>	<u>4329</u>	FULL	OPERATING ARRANGEMENTS	Approve individual cases for the write off of losses or making of special payments the limits of delegation to the Chief Executive and officers.
<u>14</u>	<u>4430</u>	FULL	OPERATING ARRANGEMENTS	Approve proposals for action on litigation on behalf of HEIW
<u>15</u>	<u>458</u>	FULL	OPERATING ARRANGEMENTS	Authorise use of the HEIW's official seal.
<u>16</u>	<u>FULL</u>	<u>OPERATING</u> <u>ARRANGEMENTS</u>	Seek updates and assurance in respect of the Revalidation Process.	
<u>16</u>	<u>4720</u>	FULL	ORGANISATION STRUCTURE & STAFFING	Non-officer members to appoint, discipline and dismiss Ratify appointment, and dismissal of the Chief Executive and officer members of the Board.
<u>17</u>	<u>4821</u>	<u>FULL</u> <u>No</u> <u>Remuneration</u> <u>and Terms of</u> <u>Service</u> <u>Committee</u>	ORGANISATION STRUCTURE & STAFFING	Approve the appointment, <u>appraisal</u> , discipline and dismissal of the Executive and any other Board level appointments <u>in accordance with Ministerial Instructions</u> <u>the Board Secretary</u> .

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N/A	22	No – Remuneration and Terms of Service Committee	ORGANISATIONAL STRUCTURE & STAFFING	Consider and approve redundancy and Early Release Applications, noting that the settlement is £50,000 or above subsequent agreement of Welsh Government required.
18	1910	FULL	ORGANISATION STRUCTURE & STAFFING	Require, receive and determine action in response to the declaration members' interests, in accordance with advice received, e.g. from Audit & A Committee or Board Secretary

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OLD PARA	THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD
19	20 23	FULL	ORGANISATION STRUCTURE & STAFFING	Approve, review, and revise HEIW’s top level organisation structure and policies
20	21 24	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, review, revise and dismiss Board committees, including any joint committees directly accountable to the Board
21	22 25	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss the Chair and members of committee, joint committee or Group set up by the Board
22	23 26	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss individuals appointed to represent the Board on outside bodies and groups
23	24 27	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the terms of reference and reporting arrangements of all committees committees and groups established by the Board
25	25 11	FULL	STRATEGY & PLANNING	Determine HEIW’s strategic aims, objectives and priorities
26	26 13	FULL	STRATEGY & PLANNING	Approve HEIW’s annual business plan and three-year plan setting out how HEIW will meet the requirements set out in the remit letter.
27	27 16	FULL	STRATEGY & PLANNING	Approve HEIW’s framework and strategy for risk and assurance . Risk Management Strategy and plans
28	FULL	STRATEGY & PLANNING	Approve HEIW’s communication plan	

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29	FULL	STRATEGY & PLANNING	Approve HEIW's partnership and stakeholder engagement and involvement Strategies	
30	3012	FULL	STRATEGY & PLANNING	<p>Approve the HEIW's key strategies and programmes related to:</p> <ul style="list-style-type: none"> • Workforce and Organisational Development • Health education and training; • Research/evaluation; • Quality of education and training programmes; • Leadership and career development for staff within NHS Wales; • Workforce transformation & improvement; • Infrastructure, including IM &T, Estates and Capital; • Communication, partnership and stakeholder engagement. Support delivery of 'A Healthier Wales including development of a high-level workforce plan for Wales in partnership with Social Care Wales.
31	3114	FULL	STRATEGY & PLANNING	Approve HEIW's budget and financial framework (including overall distribution of financial allocation)
32	3231	FULL	STRATEGY & PLANNING	Proposed commissioning, specification and contract variations on education and training agreements before submission of recommendation to Welsh Government Cabinet Secretary/Ministerial approval in accordance with delegations set on in Financial Delegations
33	3332	FULL	STRATEGY & PLANNING	Approve individual contracts (other than NHS contracts) above the limit delegated to the Chief Executive set out in the Standing Financial Instructions and Standing Financial Delegation. Financial Delegations
	3442	FULL	STRATEGY & PLANNING	Approve the National Annual Education and Training Plan before submission of recommendation to the Welsh Government for approval.

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OLD PARA	THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD
	35	FULL	STRATEGY & PLANNING	Approve the forward work programme for the Education Commissioning and Committee.
34	3633	FULL	PERFORMANCE & ASSURANCE	Approve HEIW's internal audit and assurance arrangements
35	3734	FULL	PERFORMANCE & ASSURANCE	Receive reports from HEIW's Executive on progress and performance in the of HEIW's strategic aims, objectives and priorities and approve action required including improvement plans as appropriate .
36	3835	FULL	PERFORMANCE & ASSURANCE	Receive assurance reports from the Board's committees, groups and other internal sources on HEIW's performance and approve action required, including improvement plans as appropriate .
37	3936	FULL	PERFORMANCE & ASSURANCE	Receive reports on HEIW's performance produced by external auditors, regulators and inspectors that raise significant issue or concerns impacting on HEIW's achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Board Committees (as appropriate)
38	4037	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion of HEIW's Chief Internal Auditor and approve action required, including improvement plans
39	4138	FULL	PERFORMANCE & ASSURANCE	Receive the annual audit report from HEIW's external the Auditor General for Wales auditor and approve the action required, including improvement plans
40	4239	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion on HEIW's performance against appropriate Health Care Standards for Wales and approve action required, including improvement
41	4340	FULL	REPORTING	Approve HEIW's Reporting Arrangements, including reports on activity and performance to partners and stakeholders and nationally to the Welsh Government where required .

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42	4144	FULL	REPORTING	Receive, approve and ensure the publication of HEIW reports, including its Report & Accounts in accordance with directions and guidance issued.
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ADDITIONAL AREAS OF RESPONSIBILITY DELEGATED TO CHAIR, VICE CHAIR AND INDEPENDENT MEMBERS			
	CHAIR		
	VICE CHAIR		
	CHAMPION/ NOMINATED LEAD		

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DELEGATION OF POWERS TO COMMITTEES AND OTHERS³

Standing Order 2 provides that the Board may delegate powers to Committees and others. In doing so, the Board has formally determined:

- the composition, terms of reference and reporting requirements in respect of any such Committees; and
- the governance arrangements, terms and conditions and reporting requirements in respect of any delegation to others

in accordance with any regulatory requirements and any directions set by the Welsh Ministers.

Any delegated powers to Board Committees are set out in the Terms of reference of the relevant committee, which are appended to these SOs for the following Committees:

- Audit and Assurance Committee
- Remuneration and Terms of Service Committee
- Education, Commissioning and Quality Committee

The scope of the powers delegated, together with the requirements set by the Board in relation to the exercise of those powers are as set out in i) Committee Terms of Reference, and ii) formal arrangements for the delegation of powers to others. Collectively, these documents form the Board's Scheme of Delegation to Committees.

³As defined in Standing Orders

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SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, OTHER DIRECTORS AND OFFICERS

The HEIW Standing Orders and Standing Financial Instructions specify certain key responsibilities of the Chief Executive, the Director of Finance and other officers. The Chief Executive's Job Description, together with their Accountable Officer Memorandum sets out their specific responsibilities, and the individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the Standing Financial Instructions form the basis of the SHA's Scheme of Delegation to Officers.

DELEGATED MATTER	RESPONSIBLE OFFICER(S)
Representation in statutory partnerships	Chief Executive
Performance Management arrangements	Director of Planning, Performance and Corporate Services
Receipt and opening of quotations	Director of Finance
Land, Buildings and assets	Director of Planning, Performance and Corporate Services
Facilities Management	Director of Planning, Performance and Corporate Services
Sustainable Development	Director of Planning, Performance and Corporate Services
Health, Safety & Fire	Director of Planning, Performance and Corporate Services
I M & T	Director of Digital
Senior Information Risk Owner (SIRO)	Board Secretary
CRB checks	Deputy Chief Executive and Director of Workforce & OD
Data Protection	Director of Digital

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DELEGATED MATTER	RESPONSIBLE OFFICER(S)
Equality & Human Rights	Deputy Chief Executive and Director of Workforce & OD
Issuing tenders and post tender negotiations	Chief Executive/ Director of Finance
Budgetary delegation arrangements	Director of Finance
Banking arrangements	Director of Finance
Ex-gratia payments	Director of Finance
Losses and special payments	Director of Finance
Professional advice on supply of goods and services	Director of Finance
External Communications incl. Media enquiries	Chief Executive, supported by Board Secretary
Healthcare Standards	Director of Nurse <u>and Professional Education</u> ing/ Medical Director
Risk Management	Board Secretary
Legal Claims	Director of Finance
Caldicott Guardian	Medical Director
Freedom of Information Act	Board Secretary
Welsh Language	Board Secretary
Legal advice	Board Secretary

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DELEGATED MATTER	RESPONSIBLE OFFICER(S)
Receipt and opening of tenders	Board Secretary
Civil Contingencies /Emergency Planning	Director of Planning, Performance and Corporate Services
Variation of Funded Establishment	Chief Executive
Responsible Officer for medical trainees	Medical Director

This scheme only relates to matters delegated by the Board to the Chief Executive and their Executive Directors, together with certain other specific matters referred to in Standing Financial Instructions.

Each Executive Director is responsible for delegation within their department. They should produce a scheme of delegation for matters within their department, which should also set out how departmental budget and procedures for approval of expenditure are delegated.

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Delegated Financial Limits

Post	Education and Training Contracts	Education and Training Invoices	Revenue (Other Than Education & Training Contracts)
Board	Above £5m		No Limit
Chief Executive	up to £5m	No Limit (subject to Appropriate Contract Approval). NWSSP monthly invoices for SLE GP Salaries £3m.	£250,000
Deputy Chief Executive (when acting in that capacity)	up to £5m	No Limit (subject to Appropriate Contract Approval). NWSSP monthly invoices for SLE GP Salaries £3m.	£250,000
Director of Finance	up to £2m	£2m	£100,000
Director of Nursing & Medical Director within delegated budget area		£500,000	£50,000
Executive Directors within delegated directorate budget area, Director of Digital and Director of Planning, Performance and Corporate Services			£50,000
Deputy Director of Finance		£50,000	£50,000
Delegated Budget Managers (within delegated budget area)			£25,000

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Delegated Budget Managers (within delegated budget area)			£10,000
Delegated Budget Managers (within delegated budget area)			£5,000
Delegated Budget Managers (within delegated budget area)			£1,000

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Schedule 2

KEY GUIDANCE, INSTRUCTIONS AND OTHER RELATED DOCUMENTS

**This Schedule forms part of, and shall have effect as if incorporated in the
HEIW Standing Orders**

HEIW Framework

The HEIW governance and accountability framework comprises these SOs, incorporating schedules of Powers reserved for the Board and Delegation to others, together with the following documents:

- ***SFIs***
- ***Values and Standards of Behaviour Framework***
- ***Risk and Assurance Framework***
- ***Key policy documents agreed by the Board including:***
 - ***Policies, procedures and other written control documents policy and procedure;***
 - ***[Equality and Human Rights Policy](#)***
 - ***Welsh Language Scheme;***

These documents must be read in conjunction with the SOs and will have the same effect as if the details within them were incorporated within the SOs themselves.

NHS Wales framework

Full, up to date details of the guidance, instructions and other documents that together make up the framework of governance, accountability and assurance for the NHS in Wales are published on the NHS Wales Governance e-Manual which can be accessed at www.wales.nhs.uk/governance-emanual/. Directions or guidance on specific aspects of HEIW business are also issued in hard copy, usually under cover of a Ministerial Letter.

Schedule 3

BOARD COMMITTEE ARRANGEMENTS

This Schedule forms part of, and shall have effect as if incorporated in the HEIW Standing Orders

The HEIW Shadow Board has agreed initially to set up two committees:

Audit and Assurance Committee; and
Remuneration and Terms of Service Committee

The Terms of Reference and Operating arrangement for each Committee is detailed below:

Audit and Assurance Committee

The **Audit and Assurance Committee** is responsible for reviewing the system of governance and assurance established within HEIW and the arrangements for internal control, including risk management, for the organisation and, in particular, advises on the Annual Governance Statement signed by the Chief Executive.

The Committee also keeps under review the risk approach of the organisation and utilises information gathered from the work of the Board, its own work, the work of other Committees and also other activity in the organisation in order to advise the Board regarding its conclusions in relation to the effectiveness of the system of governance and control

The Committee also has the role of providing *assurance* to the Board in relation to the arrangements for creating, collecting, storing, safeguarding, disseminating, sharing, using and disposing of information in accordance with its stated objectives, legislative responsibilities, e.g., the Data Protection Act, General Data Protection Regulations and Freedom of Information Act; and any relevant requirements and standards determined for the NHS in Wales.

Remuneration and Terms of Service Committee

The **Remuneration and Terms of Service Committee** has the purpose of providing advice to the Board on remuneration and terms of service for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government and provide *assurance* to the Board in relation to HEIW arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales.

Education, Commissioning and Quality Committee

The **Education, Commissioning and Quality Committee** has the purpose to:

- **Advise** and **assure** the Board and the Chief Executive (who is the Accountable Officer) on whether effective arrangements are in place to plan, commission, deliver and quality manage education systems and provide assurance on behalf of the organisation.
- Where appropriate, **advise** the Board and the Chief Executive on where, and how, its education systems and assurance framework may be strengthened and developed further.
- Recommend to the Board education training plans including investment in new programmes and disinvestment in others. .
- Recommend to the Board on strategic matters relating to Education Commissioning and Education Quality.
- **Recommend** the specification of tender documents in respect of Education to the Board

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Standard Terms of Reference and Operating Arrangements for all Committees of the Board

Date: 1 October 2018

Version: Draft 1.0

Review Date: Annually

1. Introduction:

Section 3.1 of the HEIW standing orders provide that “The Board may and, where directed by the Welsh Government must, appoint Committees either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees”.

In line with Section 3.3 of the standing orders, the Board shall as a minimum nominate annually committees which cover the following aspects of Board business:

- Audit and Assurance;
- Remuneration and Terms of Service; and
- Education, Commissioning and Quality Committee

This document includes content common to all committees and should be read alongside the specific terms of reference and operating arrangements for each committee.

The provisions of Section 5 of the Standing Orders have also been taken into account when developing the committee Terms of Reference. This relates to transparency of meetings, planning board/committee business, setting agenda’s etc.

2. Authority:

Each Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Authority relevant to the Committee’s remit, ensuring staff confidentiality, as appropriate. It may seek relevant information from any:

- employee (and all employees are directed to co-operate with any reasonable request made by the Committee); and
- any other Committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

Each Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

3. Sub-Committees and Groups

Each Committee may, subject to the approval of the Board, establish sub-committees or groups to carry out on its behalf specific aspects of Committee business.

4. Membership and Attendees:

4.1 Secretariat

As determined by the Board Secretary.

4.2 Member Appointments

- The second and third paragraph of this section 4.2 shall not be applicable to the Remuneration and Terms of Service Committee as section 4.1 of the same Committee's Terms of Reference shall take precedence.
- The membership of each Committee shall be determined by the Board, based on the recommendation of the Chair - taking account of the balance of skills and expertise necessary to deliver each Committee's remit and subject to any specific requirements or directions made by the Welsh Government. The Board shall ensure succession planning arrangements are in place.
- Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board. The Board should, as a matter of good practice, review the membership of each Committee every two years in order to ensure each Committee is refreshed on a regular basis whilst maintaining continuity.
- Committee members' terms and conditions of appointment, (including any remuneration and reimbursement) will be in accordance with their terms of appointment to HEIW. Where a member has been co-opted to fulfil a specific function and where they are not Independent Members or employees of HEIW this will be determined by the Board, based upon the recommendation of the Chair and on the basis of advice from the Remuneration and Terms of Service Committee.

4.3 Support to Committee Members

The Board Secretary, on behalf of each Committee Chair, shall:

- Arrange the provision of advice and support to committee members on any aspect relating to the conduct of their role; and
- Ensure the provision of a programme of organisational development for Committee members as part of the overall Organisational Development programme developed by the Deputy Chief Executive.

4.4 Withdrawal of individuals in attendance

Each Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

Members and attendees will also withdraw from the meeting, as appropriate, where there is a conflict of interest or a potential conflict of interest.

5. Relationships and accountabilities with the Board and its Committees/Groups⁴

Although the Board has delegated authority to the Committees for the exercise of certain functions, as set out within each Committee's terms of reference, it retains overall responsibility and accountability for ensuring a strategic approach to developing the Welsh health workforce for now and for the future through the effective governance of the organisation.

Each Committee is directly accountable to the Board for its performance in exercising the functions set out in each Committee's terms of reference.

Each Committee, through its Chair and members, shall work closely with the Board's other Committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of information.

Through acting in accordance with the preceding paragraph, each Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

- Each Committee shall embed HEIW values, corporate standards, priorities and requirements through the conduct of its business.

⁴ Reference to the Board's Committees/Groups incorporates its sub committees, joint committees and joint sub committees as well as other groups, such as Task and Finish Groups, where this is appropriate to the remit of the Committee.

6. Reporting and Assurance Arrangements:

Each Committee Chair shall:

- bring to the Board's specific attention any significant matters under consideration by their Committee
- ensure appropriate escalation arrangements are in place to alert the Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent or critical matters that may affect the operation and/or reputation of HEIW.
- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports when appropriate, as well as the presentation of an annual report;

The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, or to community partners and other stakeholders, where this is considered appropriate. This could be where the Committee's assurance role relates to a joint or shared responsibility.

The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of each Committee's performance and operation including that of any sub committees established and groups.

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Terms of Reference and Operating Arrangements Audit and Assurance Committee	
Date: October 2020	
Review Date: Annually	
1. Introduction	
<p>In line with Section 3 of the Standing Orders, the Board shall nominate annually a committee which covers Audit. This remit of this Committee will be extended to include Assurance and Corporate Governance and will be known as the Audit and Assurance Committee.</p> <p>The detailed terms of reference and operating arrangements set by the Board in respect of this Committee are detailed below.</p> <p>These terms of reference and operating arrangements are to be read alongside the standard terms of reference and operating arrangements applicable to all committees.</p>	
2. Purpose	
<p>The purpose of the Audit and Assurance Committee (“the Committee”) is to:</p> <ul style="list-style-type: none"> • Advise and assure the Board and the Chief Executive (who is the Accountable Officer) on whether effective arrangements are in place, through the design and operation of HEIW’s assurance framework, to support them in their decision taking and in discharging their accountabilities for securing the achievement of its objectives, in accordance with the standards of good governance determined for the NHS in Wales • Where appropriate, the Committee will advise the Board and the Chief Executive on where, and how, its systems and assurance framework may be strengthened and developed further • Approve on behalf of the Board policies, procedures and other written control documents in accordance with the Scheme of Delegation. 	
3. Delegated Powers	
<p>With regard to its role in providing advice to the Board, the Committee will comment specifically on the:</p> <ul style="list-style-type: none"> • adequacy of HEIW’s strategic governance and assurance framework, systems and processes for the maintenance of an effective system of governance, internal control, and risk management across the whole organisation’s activities, designed to support the public disclosure statements that flow from the assurance processes, including the Annual Governance Statement, providing reasonable assurance on: 	

- the organisations ability to achieve its objectives
- compliance with relevant regulatory requirements and other directions and requirements set by the Welsh Government and others
- reliability, integrity, safety and security of the information collected and used by the organisation
- the efficiency, effectiveness and economic use of resources
- the extent to which the organisation safeguards and protects all its assets, including its people.

In undertaking its work and responsibility the Committee will comment specifically on:

- Board's Standing Orders, and Standing Financial Instructions (including associated framework documents, as appropriate)
- accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified, the ISA 260 Report 'Communication with those charged with Governance' and managements' letter of representation to the external auditors
- Schedule of Losses and Special Payments
- planned activity and results of internal audit, external audit and the Local Counter Fraud Specialist (including strategies, annual work plans and annual reports)
- adequacy of executive and management's response to issues identified by audit, inspection and other assurance activity
- anti-fraud policies, whistle-blowing (raising concerns) processes and arrangements for special investigations
- issues upon which the Board, its Committees or the Chief Executive may seek advice
- contracting and tendering process
- provide assurance and undertake scrutiny of ensuring value for money

The Committee will support the Board with regard to its responsibilities for governance (including risk and control) by **reviewing** and **approving** as appropriate:

- all risk and control related disclosure statements, in particular the Annual

Governance Statement together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board

- the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements
- the policies for ensuring compliance with relevant regulatory, legal and code of conduct and accountability requirements
- the policies and procedures for all work related to fraud and corruption as set out in National Assembly for Wales Directions and as required by the Counter Fraud and Security Management Service

In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.

This will be evidenced through the Committee's use of effective governance and assurance arrangements to guide its work and that of the audit and assurance functions that report to it, and enable the Committee to review and form an opinion on the:

- comprehensiveness of assurances in meeting the Board and the Chief Executives assurance needs across the whole of HEIW activities;
- the reliability and integrity of these assurances

To achieve this, the Committee's programme of work will be designed to provide assurance that:

- there is an effective internal audit function that meets the standards set for the provision of internal audit in the NHS in Wales and provides appropriate independent assurance to the Board and the Chief Executive through the Committee
- there is an effective counter fraud service that meets the standards set for the provision of counter fraud in the NHS in Wales and provides appropriate assurance to the Board and the Chief Executive through the Committee
- there is an effective improvement function that provides appropriate assurance to the Board and the Chief Executive
- there are effective arrangements in place to secure active, ongoing assurance

from management with regard to their responsibilities and accountabilities, whether directly to the Board and the Chief Executive or through the work of the Board's committees

- the work carried out by key sources of external assurance, in particular, but not limited to HEIW's external auditors, is appropriately planned and co-ordinated and that the results of external assurance activity complements and informs (but does not replace) internal assurance activity
- the work carried out by the whole range of external review bodies is brought to the attention of the Board, and that the organisation is aware of the need to comply with related standards and recommendations of these review bodies, and the risks of failing to comply
- systems for financial reporting to the Board, including those of budgetary control, are effective
- results of audit and assurance work specific to HEIW, and the implications of the findings of wider audit and assurance activity relevant to the HEIW's operations are appropriately considered and acted upon to secure the ongoing development and improvement of the organisations governance arrangements

The Committee will review and agree the programme of work on an annual basis and will recommend it to the Board for approval.

4. Access

The Head of Internal Audit and the Auditor General and his representatives shall have unrestricted and confidential access to the Chair of the Audit and Assurance Committee at any time, and vice versa.

The Committee will meet with Internal and External Auditors and the nominated Local Counter Fraud Specialist without the presence of officials on at least one occasion each year.

The Chair of the Audit and Assurance Committee shall have reasonable access to Executive Directors and other relevant senior staff.

5. Membership, Attendees and Quorum

5.1 Members

A minimum of three members, comprising:

Chair	Independent Member
Vice Chair	Independent Member
Members	Independent Members

The Chair of the organisation shall not be a member of the Audit and Assurance Committee but may be invited to attend by the Chair of the

Committee as appropriate.

5.2 Attendees

In attendance:

Director of Finance
Board Secretary
Head of Internal Audit (or representative)
Local Counter Fraud Specialist
Representative of the Auditor General for Wales
Head of Financial Accounting

In addition to this others from within or outside the organisation who the Committee considers should attend, will be invited taking account of the matters under consideration at each meeting.

The Chief Executive shall be invited to attend, at least annually, to discuss with the Committee the process for assurance that supports the Annual Governance Statement.

5.3 Quorum

At least **two** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair (or Vice Chair where appointed).

6. Frequency of Meetings

Meetings shall be held no less than quarterly and otherwise as the Chair of the Committee deems necessary – consistent with HEIW's annual plan of Board Business. The External Auditor or Head of Internal Audit may request that the Chair convene a meeting if they consider this necessary.

7. Relationships and accountabilities with the board and its Committees/Groups:⁵

The Audit and Assurance Committee must have an effective relationship with other committees or sub-committees of the Board so that it can understand the system of assurance for the Board as a whole. It is very important that the Audit and Assurance Committee remains aware of its distinct role and does not seek to perform the role of other committees.

The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of HEIW's overall framework of assurance.

⁵ Reference to the Board's Committees/Groups incorporates its sub committees, joint committees and joint sub committees as well as other groups, such as Task and Finish Groups, where this is appropriate to the remit of this Audit and Assurance Committee

8. Reporting and Assurance Arrangements

The Committee shall provide a written, annual report to the Board and the Chief Executive on its work in support of the Annual Governance Statement, specifically commenting on the adequacy of the assurance framework, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the committee's self-assessment and evaluation.

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Remuneration and Terms of Service Committee Terms of Reference and Operating Arrangements	
Date: 1 October 2018	Version: Draft 1.0
Review Date: Annually	
1. Introduction <p>In line with Section 3 of the Standing Orders and HEIW's Scheme of Delegation, the Board shall nominate annually a committee to be known as the Remuneration and Terms of Service Committee. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.</p> <p>These terms of reference and operating arrangements are to be read alongside the standard terms of reference and operating arrangements applicable to all Committees.</p>	
2. Purpose <p>The purpose of the Remuneration and Terms of Service Committee ("the Committee") is to provide:</p> <ul style="list-style-type: none"> • advice to the Board on remuneration and terms of service and performance for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government • assurance to the Board in relation to HEIW's arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales. <p>The Committee shall have no powers to exercise on behalf of the Board.</p>	
3. Delegated Powers <p>With regard to its role in providing advice and assurance to the Board, the Committee will comment specifically upon the:</p> <ul style="list-style-type: none"> • remuneration and terms of service for the Chief Executive, Executive Directors, members of the Executive Team and other Very Senior Managers (VSMs); ensuring that the policies on remuneration and terms of service as determined from time to time by the Welsh Government are applied consistently • objectives for Executive Directors and members of the Executive Team and their performance assessment • performance management system in place for those in the positions mentioned above and its application • proposals regarding termination arrangements, including those under the Voluntary Early Release Scheme, ensuring the proper calculation and scrutiny of termination payments in accordance with the relevant Welsh Government guidance. 	

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4. Membership, Attendees and Quorum

4.1 Members

Chair: HEIW Chair

Members: Every Independent Member of HEIW

4.2 By Invitation As required but usually to include:
Chief Executive
Deputy Chief Executive
Director of Finance
Board Secretary

The Committee Chair may invite the following to attend all or part of a meeting to assist it with its discussions on any particular matter:

- any other official;
- and/or any others from within or outside the organisation

4.3 Quorum

At least **three** members must be present to ensure the quorum of the Committee, one of whom must be the Chair (or Vice Chair where appointed).

5. Frequency of Meetings

The Chair of the Committee, in agreement with Committee Members, shall determine the timing and frequency of meetings, as deemed necessary. It is expected that the Committee shall meet at least once a year, consistent with the annual plan of Board Business.

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Education, Commissioning and Quality Committee Terms of Reference and Operating Arrangements

Date: October 2020

Review Date: Annually

1. Introduction

In line with Section 3 of the Standing Orders, the Board shall nominate annually a committee which covers education, education commissioning and quality management of education provision and contracts. This Committee will be known as the Education, Commissioning and Quality Committee.

The terms of reference and operating arrangements set by the Board in respect of this Committee are detailed below.

These terms of reference and operating arrangements are to be read alongside the standard terms of reference and operating arrangements applicable to all HEIW committees.

2. Purpose

The purpose of the Education, Commissioning and Quality Committee (“the Committee”) is to:

- **Advise** and **assure** the Board and the Chief Executive (who is the Accountable Officer) on whether effective arrangements are in place to plan, commission, deliver and quality manage education systems and provide assurance on behalf of the organisation.
- Where appropriate, **advise** the Board and the Chief Executive on where, and how, its education systems and assurance framework may be strengthened and developed further.
- Recommend to the Board education training plans including investment in new programmes and disinvestment in others. .
- Recommend to the Board on strategic matters relating to Education Commissioning and Education Quality.
- **Recommend** the specification of tender documents in respect of Education to the Board

3. Delegated Powers

With regard to its role in providing advice to the Board, the Committee will:

- j. Provide assurance to the Board as to the effective management

and improvement of the quality of HEIW's education and related research activities.

- ii. Recommend to the Board areas for investment/disinvestment in education and training plans taking into account value-based commissioning.
- iii. Recommend to the Board the national annual education and training plan.
- iv. Alert the Audit and Assurance Committee and the Board to any matters requiring governance action and oversee such action on behalf of the Board.
- v. Oversee the development, implementation and updating of strategies, policies, structures and processes for the governance of education and training which shall including taking a forward looking and strategic view.
- vi. Seek assurance of the effective performance, monitoring, management and value of education and training programmes and contracts, including the identification and management of related risk.
- vii. Monitor compliance of education and training activities with:
 - a. statutory and regulatory requirements, including equity, equality legislation and Welsh language requirements and;
 - b. with NHS Wales policy and other relevant policies and HEIW's priorities in relation to equity, equality and diversity, person-centred care and participation, and educational quality.
- viii. Monitor HEIW's compliance with delegated responsibilities given to it by health regulators i.e. GMC, GDC and GPhC as delegated to HEIW.
- ix. Promote collaboration within HEIW and with external agencies in relation to educational and training governance which shall include wellbeing.
- x. To work collaboratively with other HEIW Board standing committees.
- xi. Scrutinise the specification of education tender documents.
- xii. Recommend the specification of tender documents to the Board for Education.

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- xiii. Recommend undertaking research on Education, Quality and Commissioning to the Board.
- xiv. Engage with Board Development Sessions with regards to making recommendations on strategic matters relating to Education Commissioning and Education Quality.
- xv. Seek assurance in respect of risk areas within its area of responsibility and highlight material areas of concern to the Audit and Assurance Committee.
- xvi. Highlight any issues out of the ordinary to the Board.

The Committee will review and agree its forward work programme on an annual basis and will recommend it to the Board for approval.

4. Membership, Attendees Quorum and Term

4.1.1 Members

A minimum of two members, comprising of at least:

- Chair: Independent Member
- Vice Chair: Independent Member

The Chair of the organisation shall not be a member of the Committee but may be invited to attend by the Chair of the Committee as appropriate.

4.1.2 Deputy Independent Member

The Board may appoint a Deputy Independent Member for the Committee. Where a member of the Committee is unable to attend a Committee meeting, then the nominated Deputy may attend in his or her absence as a member of the Committee. If a Deputy attends a Committee as a member of the Committee then the Deputy shall be included for the calculation of a quorum and may exercise voting rights.

4.2 Attendees

In attendance:

- Director of Nursing and Professional Education.
- Medical Director
- Director of Finance
- Board Secretary
- Deputy Director of Education, Commissioning and Quality
- Dental Dean

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- Pharmacy Dean
- Postgraduate Medical Dean

In addition to this, others from within or outside the organisation who the Committee considers should attend, will be invited taking account of the matters under consideration at each meeting.

The Chief Executive shall be invited to attend, at least annually, to discuss with the Committee the process for assurance that supports the Annual Governance Statement.

4.3 Quorum

At least two members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair (or Vice Chair where appointed).

4.4 Terms

Immediately following the establishment of HEIW the Members shall be appointed for an initial period of two years. Thereafter Members shall be appointed for a term of one year.

5. Frequency of Meetings

Meetings shall be held no less than quarterly and otherwise as the Chair of the Committee deems necessary – consistent with HEIW's annual plan of Board Business.

6. Relationships and accountabilities with the Board and its Committees/ Groups

The Committee must have an effective relationship with other committees or sub-committees of the Board so that it can understand the system of assurance for the Board as a whole. It is very important that the Committee remains aware of its distinct role and does not seek to perform the role of other committees.

The Committee will maintain effective working relationships with HEIW'S Audit and Assurance Committee (AAC), and with HEIW's other Board committees and subcommittees. To strengthen liaison with the AAC, one Independent Member will serve on both committees.

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GIG
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WALES

Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Dyddiad y Cyfarfod	21ain o Orffennaf 2021	Eitem ar yr Agenda	2.8
Teitl yr Adroddiad	Rheolau Sefydlog wedi'u Diweddaru		
Awdur yr Adroddiad	Catherine English, Rheolwr Llywodraethu Corfforaethol		
Noddwr yr Adroddiad	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Cyflwynir gan	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Cyflwyno Rheolau Sefydlog drafft wedi'u diweddaru i'r Pwyllgor Archwilio a Sicrwydd yn unol â'r Rheolau Sefydlog Enghreifftiol a gyhoeddwyd yn ddiweddar gan Lywodraeth Cymru i'w hystyried.		
Materion Allweddol	<p>Cyhoeddwyd Rheolau Sefydlog Enghreifftiol diwygiedig gan Lywodraeth Cymru yn ddiweddar.</p> <p>Yn unol â hyn, mae Rheolau Sefydlog AaGIC wedi'u hadolygu a'u diweddaru i gyfrif am newidiadau a wnaed i fersiynau'r Model ac unrhyw ddiwygiadau lleol.</p> <p>Gofynnir i'r Pwyllgor Archwilio a Sicrwydd ystyried y Rheolau Sefydlog wedi'u diweddaru cyn eu cyflwyno ymlaen i Fwrdd mis Gorffennaf i'w cymeradwyo'n derfynol.</p>		
Cam Penodol a Fynnir (✓ un yn unig)	Gwybodaeth	Trafodaeth	Sicrwydd
			✓
Argymhellion	<p>Gofynnir i'r Pwyllgor Archwilio a Sicrwydd:</p> <ul style="list-style-type: none"> • Adolygu'r diwygiadau a wnaed i Reolau Sefydlog AaGIC; ac • Argymhell y fersiwn ddiwygiedig o Reolau Sefydlog AaGIC i'r Bwrdd i'w cymeradwyo yn ei gyfarfod ar 29 Gorffennaf. 		

Rheolau Sefydlog wedi'u Diweddaru

1. CYFLWYNIAD

Er bod gofyniad i adolygu'r Rheolau Sefydlog yn flynyddol er mwyn sicrhau eu bod yn parhau i fod yn gywir ac yn gyfredol, mae Llywodraeth Cymru wedi adolygu'r Rheolau Sefydlog Enghreifftiol diwygiedig yn ddiweddar ar y cyd â chynrychiolwyr grŵp cyfoedion Bwrdd yr Ysgrifenyddion. Cyhoeddwyd y dogfennau enghreifftiol diwygiedig hyn yn unol â phwerau cyfarwyddo'r

Gweinidog Iechyd a Gwasanaethau Cymdeithasol mewn gohebiaeth dyddiedig 7 Ebrill 2021.

Yn unol â hyn, mae Rheolau Sefydlog AaGIC wedi'u hadolygu a'u diweddaru i adlewyrchu'r newidiadau a wnaed i'r fersiynau enghreifftiol ac unrhyw ddiwygiadau lleol.

2. CEFNDIR

Mae angen sicrhau bod Rheolau Sefydlog Enghreifftiol sefydliadau GIG Cymru yn cael eu diweddaru.' O ystyried hyn, mae'n ofynnol i AaGIC adolygu ei Reolau Sefydlog yn erbyn y Rheolau Sefydlog Enghreifftiol hyn yn flynyddol.

3. CYNNIG

Rheolau Sefydlog

Mae Rheolau Sefydlog AaGIC wedi'u hadolygu a'u diweddaru yng ngoleuni Rheolau Sefydlog Enghreifftiol diwygiedig Llywodraeth Cymru ynghyd â diwygiadau lleol.

Ceir copi o'r Rheolau Sefydlog wedi'u diweddaru gyda'r diwygiadau a holwyd yn Atodiad 1.

Ceir gwybodaeth gefndir ychwanegol mewn perthynas â'r diwygiadau i'r Rheolau Sefydlog isod.

Cyffredinol

Mae'r Rheolau Sefydlog wedi'u diweddaru ar gyfer y ddeddfwriaeth a'r rheoliadau diweddaraf gyda geiriad a hyperddolenni newydd wedi'u mewnosod lle bo angen, er enghraifft i ddeddfwriaeth newydd neu ddiwygiedig, a geiriad ha hefyd wedi'i ddiwygio i adlewyrchu teitlau cywir neu ddiwygiedig ar gyfer sefydliadau.

ymlaen

- Paragraff 1 – mae'r cyfeiriad at y cyfan neu unrhyw un o'r rheolau sefydlog wedi'i ddileu gan fod yn rhaid i ddarpariaethau gydymffurfio â'r Rheoliadau a Chyfarwyddiadau ac ni chaiff AaGIC ddirymu'r holl Reolau Sefydlog.

Adran A – Cyflwyniad

Fframwaith Statudol

- Paragraff vi – wedi'i ddiwygio i gadarnhau'r darpariaethau cyfreithiol sy'n ymwneud ag aelodaeth a gweithdrefnau AaGIC.
- Mae paragraff xii – (Indemniad i'r Cadeirydd neu Aelod Annibynnol) wedi'i symud i baragraff 1.4.4.

Fframwaith y GIG

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- Paragraff xv – mae'r paragraff wedi'i ddiwygio i gyfeirio at ddyletswyddau cyfreithiol AaGIC o dan Ddeddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 ac i ddileu'r cyfeiriad at y GIG wedi'i ailstrwythuro.
- Paragraff xvi – wedi'i ychwanegu er mwyn sicrhau cysondeb â Rheolau Sefydlog Model yr Ymddiriedolaeth.
- Paragraff xvii – dolen wedi'i diweddarau i E-lawlyfr Llywodraethu GIG Cymru.

Cymhwyso'r Rheolau Sefydlog

- Paragraff xx – mae'r paragraff hwn wedi'i ddiwygio i adlewyrchu'r farn nad oes gan AaGIC awdurdod i sefydlu cydbwyllgorau.
- Paragraff xxii – wedi'i ychwanegu i bwysleisio'r ffaith bod methu â chydymffurfio â'r Rheolau Sefydlog yn fater disgyblu a allai arwain at ddiswyddo unigolyn o gyflogaeth neu symud oddi ar y Bwrdd.

Rôl Ysgrifennydd y Bwrdd

- Paragraff xxvii – wedi'i ddiweddarau i adlewyrchu'r farn bod Ysgrifennydd y Bwrdd yn uniongyrchol atebol i'r Cadeirydd, ac yn adrodd o ddydd i ddydd i'r Prif Weithredwr. Fe'i diwygiwyd i sicrhau cysondeb â Phroffil Rôl Ysgrifennydd y Bwrdd Enghreifftiol ac i sicrhau cysondeb â diwygiadau a wnaed i Reolau Sefydlog Enghreifftiol Ymddiriedolaethau Byrddau Iechyd Lleol.

Adran B – Rheolau Sefydlog

1.1 - Aelodaeth o Fwrdd Addysg a Gwella Iechyd Cymru

- Paragraff 1.1.1 – wedi'i ddiweddarau i adlewyrchu teitl newydd y Gweinidog.
- Paragraff 1.1.3 – mae'r paragraff hwn yn egluro y caiff Aelodau Swyddogion gael eu penodi gan y Cadeirydd a'r Aelodau nad ydynt yn Aelodau o'r Swyddfa, gan gydymffurfio â Rheoliad 3(1)(d) o Reoliadau AaGIC 2017.
- Paragraff 1.1.5 – ychwanegwyd geiriad yma i adlewyrchu barn y Gweinidog nad yw fel arfer yn briodol i Aelod nad yw'n Swyddog wasanaethu mwy nag un corff GIG yng Nghymru ar y Bwrdd.
- Paragraff 1.1.6 – wedi'i ddiweddarau i adlewyrchu teitl newydd y Gweinidog.

1.2 - Aelodaeth ar y Cyd

- Adran 1.2 - wedi'i hychwanegu i sicrhau cysondeb â Rheolau Sefydlog yr Ymddiriedolaeth Enghreifftiol a'r Bwrdd Iechyd Lleol ac mae'n egluro'r sefyllfa pan rennir rôl Bwrdd rhwng mwy nag un person.

1.3 – Deiliadaeth Aelodau'r Bwrdd

- Paragraff 1.3.1 – wedi'i ddiweddarau i adlewyrchu teitl newydd y Gweinidog.
- Paragraff 1.3.4 – yn adlewyrchu'r ffaith bod y gofynion cymhwysra wedi'u pennu yn Atodlen 1 i Reoliadau AaGIC. Nid oes gan AaGIC Reoliad Cyfansoddiad.

4 -Rôl Bwrdd AaGIC a Chyfrifoldebau Aelodau Unigol

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- Paragraff 1.4.4 – Mae'r paragraff hwn ar indemniad Cadeirydd ac Aelod Annibynnol wedi'i symud o Adran A paragraff xii i sicrhau cysondeb â'r Bwrdd Iechyd Lleol Enghreifftiol ac Aelodau o'r Ymddiriedolaeth.

2- Cadw a Dirprwyo Swyddogaethau AaGIC

- Paragraff 2.0.4 - ar Gytundebau Gwasanaeth a Rennir a Hostelaau wedi'i ddileu a'i ychwanegu yn Adran 4.
- Paragraff 2.2.2 - wedi'i ddiwygio i adlewyrchu'r farn nad oes gan AaGIC yr awdurdod i sefydlu cydbwyllgorau.

3- Pwyllgorau

- Paragraff 3.1.2 – wedi'i ddiweddarau i adlewyrchu'r farn nad oes gan AaGIC yr awdurdod i sefydlu cydbwyllgorau.
- Paragraff 3.3.6 – ychwanegwyd geiriad i adlewyrchu'r farn na ddylid tynnu aelodaeth y Pwyllgor yn swyddogion AaGIC na chyfarwyddwyr gweithredol. Mae'r geiriad yn gyson â'r Rheolau Sefydlog Enghreifftiol ar gyfer Byrddau Iechyd Lleol ac Ymddiriedolaethau.

4- Partneriaeth Cydwasanaethau GIG Cymru

- Adran 4 – wedi'i gynnig o baragraff 2.0.4 a'i ddiweddarau i adlewyrchu diwygiadau i'r Rheoliadau.

6 – Cyfarfodydd

- Paragraff 6.1.1 – mae ail bwynt bwled y paragraff hwn wedi'i ddiwygio i adlewyrchu y gellir cynnal cyfarfodydd bron.
- Paragraff 6.1.1 – mae'r trydydd pwynt bwled wedi'i ddiwygio i adlewyrchu fformatau hygyrch pan fo angen a gofynnir amdano.
- Paragraff 6.2.4 – wedi'i ddiwygio i adlewyrchu arfer yn GIG Cymru ac i sicrhau cysondeb â Rheolau Sefydlog Model Byrddau Iechyd Lleol ac Ymddiriedolaethau.
- Paragraff 6.2.5 – mae dyddiad y Cyfarfod Cyffredinol Blynnyddol wedi'i ddiwygio i sicrhau cysondeb â Byrddau Iechyd Lleol ac Ymddiriedolaethau a Phennod 3 y Llawlyfr Cyfrifon.
- Paragraff 6.2.6 – wedi'i ychwanegu i sicrhau cysondeb â Deddf Cyrff Cyhoeddus (Derbyn i Gyfarfodydd) 1960. Nid yw bellach yn ofynnol i'r Ddeddf arddangos copiâu caled.
- Paragraff 6.2.7 – mae'r cyfeiriad at yr Adroddiad Cydraddoldeb Blynnyddol wedi'i ddileu er mwyn sicrhau disgresiwn ar gyfer AaGIC a chysondeb â Rheolau Sefydlog Enghreifftiol Byrddau Iechyd Lleol ac Ymddiriedolaethau.
- Paragraff 6.4.4 - wedi'i ail-eirio i ehangu'r posibilrwydd o gynnwys yr holl asesiadau effaith perthnasol.
- Paragraff 6.4.7 – mae'r pwynt bwled cyntaf wedi'i ddileu i adlewyrchu Deddf Cyrff Cyhoeddus (Mynediad i Gyfarfodydd) 1960 nad oes angen hysbysiad ar safleoedd egwyddor mwyach.
- Paragraff 6.5.1 – mae cyfeiriad at system dolen sain wedi'i ddileu.
- Paragraff 6.5.13 – wedi'i ddiwygio er eglurder.

– Gwerthoedd a Safonau Ymddygiad

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- Paragraff 7.2.8 – wedi'i ddiwygio i adlewyrchu ffynhonnell y darpariaethau yn gywir.
- Mae paragraffau 7.5, 7.7, 7.7.1 a 7.7.5 – wedi'u diweddarau i gynnwys cyfeiriad at nawdd yn unol â Rheolau Sefydlog Diwygio Ymddiriedolaethau a Byrddau Iechyd Lleol ym mis Medi 2019.
- Adran 7.6 – wedi'i ychwanegu i adlewyrchu Rheolau Sefydlog Diwygio Ymddiriedolaethau a Byrddau Iechyd Lleol ym mis Medi 2019.

8 - Dogfennau Selio a Llofnodi

- Paragraff 8.0.1 – mae'r geiriad wedi'i ddiwygio i adlewyrchu penderfyniadau'r Cynllun Dirprwyo ac mae cymeradwyaeth i ddefnyddio'r sêl wedi'i neilltuo ar gyfer y Bwrdd.
- Paragraff 8.2.2 – wedi'i ddiwygio i osgoi dyblygu.

9 - Cael Sicrwydd ar Ymddygiad Busnes AaGIC

- Paragraff 9.0.3 – mae'r geiriad wedi'i ddiwygio i sicrhau cysondeb â'r Byrddau Iechyd Lleol a'r Ymddiriedolaethau.
- Paragraff 9.1.1 – mae'r geiriad wedi'i ddiweddarau i adlewyrchu Safonau Archwilio Mewnol GIG Cymru.
- Paragraff 9.2.3 – mae'r geiriad wedi'i ddiweddarau i adlewyrchu teitl newydd Llywodraeth Cymru.
- Paragraff 9.3.3 – mae'r geiriad wedi'i ddiweddarau i adlewyrchu enwau sefydliadau Llywodraeth Cymru yn gywir.

11 – Adolygu'r Rheolau Sefydlog

- Paragraff 11.0.1 - wedi'i ail-eirio i adlewyrchu'r angen i gynnal unrhyw asesiad gofynnol.

Atodlen 1 – Cynllun Cadw a Dirprwyo Pwerau

Cyflwyniad - mae pwynt iii wedi'i ddileu i adlewyrchu'r farn nad oes gan AaGIC awdurdod i sefydlu cydbwyllgorau.

Rhestr o Faterion a Gadwyd yn ôl i'r Bwrdd

- 2/2 – AaGIC i fewnosod manylion yma i sicrhau cysondeb â Chynlluniau Dirprwyo Enghreifftiol eraill.
- 3/18 – Mae'r derminoleg wedi'i diwygio i adlewyrchu'r angen i gytuno ar drefniadau ar gyfer penderfynu sut y caiff safonau eu mabwysiadu yn hytrach na dweud y bydd AaGIC yn mabwysiadu pob safon.
- NA/3 – Mae'r angen i gymeradwyo'r Fframwaith Llywodraethu yn ofyniad newydd y cytunwyd arno gan Grŵp Gorchwyl a Gorffen y Cynllun Dirprwyo.
- 5/9 – Teitl y polisi perthnasol i'w ychwanegu yma.
- 6/15 – Mae cyfeiriad at risg a sicrwydd wedi'i ddileu i adlewyrchu penderfyniad penderfyniad y Grŵp Gorchwyl a Gorffen ar y Dirprwyo i wahanu perfformiad oddi wrth risg a sicrwydd.

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- NA/6 – Wedi'i ychwanegu at sicrhau cysondeb â'r Rheolau Sefydlog a'r argymhellion a wnaed gan Grŵp Gorchwyl a Gorffen y Cynllun Dirprwyo.
- 9/7 – wedi'i ddiwygio i sicrhau cysondeb â'r Rheolau Sefydlog a'r argymhellion a wnaed gan Grŵp Gorchwyl a Gorffen y Cynllun Dirprwyo.
- 11/17 – Gellir dirprwyo geiriad diwygiedig i adlewyrchu cymeradwyaeth i Bwyllgor. Mae'r geiriad hefyd wedi'i ddiwygio i gyfeirio at bryderon a'r angen i ystyried gofynion ieuchyd a diogelwch.
- 12/28 – mae cyfeiriad at y darpariaethau cyfreithiol wedi'i ddiweddarau i gynnwys Llawlyfr Cyfrifon Llywodraeth Cymru.
- 16/20 – mae'r geiriad wedi'i ddiweddarau i adlewyrchu Rheoliad 3(1)(d) a 3(4) o Reoliadau AaGIC, bod aelodau nad ydynt yn swyddogion yn penodi pob aelod sy'n swyddogion.
- 17/21 – mae cyfeiriad at aelodau swydd y Bwrdd wedi'i ddileu ac ychwanegwyd cyfeiriad at Gyfarwyddiadau Gweinidogol ac Ysgrifennydd y Bwrdd.
- NA/22 – wedi'i ychwanegu i egluro'r angen i roi cyngor i Lywodraeth Cymru ar unrhyw setliadau o £50,000 neu fwy.
- 18/10 – ychwanegwyd cyfeiriad at Ysgrifennydd y Bwrdd.
- 20/24 – mae refeniw i unrhyw gydbwyllgor wedi'i ddileu i adlewyrchu'r farn nad oes gan AaGIC awdurdod i sefydlu cydbwyllgorau.
- 23/27 – mae refeniw i unrhyw gydbwyllgor wedi'i ddileu i adlewyrchu'r farn nad oes gan AaGIC awdurdod i sefydlu cydbwyllgorau.
- 27/16 – mae geiriad wedi'i ddiweddarau i gyfeirio at fframwaith a strategaeth AaGIC ar gyfer risg a sicrwydd.
- 28 a 29 – wedi'u dileu ac maent bellach wedi'u cynnwys yn 30/12.
- 30/12 – wedi'i ddiweddarau i gynnwys cyfeiriad at y cyfathrebu a'r ymgysylltu â rhanddeiliaid a gynhwyswyd yn flaenorol o fewn darpariaethau 28 a 29.
- 32/31 – mae teitl Ysgrifennydd y Cabinet wedi'i newid i'r Gweinidog.
- 33/32 – mae'r geiriad wedi'i ddiwygio i gyfeirio at y Cyfarwyddiadau Ariannol Safonol yn ogystal â'r Cynllun Dirprwyo.
- 35/34 – ychwanegwyd y geiriad 'fel y bo'n briodol'.
- 36/35 – ychwanegwyd y geiriad 'fel y bo'n briodol'.
- 37/36 – ychwanegwyd y term 'arwyddocaol' i adlewyrchu rôl y Pwyllgor o ran derbyn adroddiadau mwy rheolaidd.
- 41/40 – ychwanegwyd y geiriad 'lle bo angen'.
- 42/41 – ychwanegwyd cyfeiriad at unrhyw ganllawiau a chyfarwyddiadau y gellir eu cyhoeddi.
- Diweddarwyd teitl y Cyfarwyddwr Nyrsio i Gyfarwyddwr Nyrsio ac Addysg Broffesiynol.

Atodlen 2 – Canllawiau Allweddol, Cyfarwyddiadau a Dogfennau Cysylltiedig Eraill

- Fframwaith AaGIC – ychwanegwyd pwynt bwled i gynnwys y Polisi Cydraddoldeb a Hawliau Dynol.

Atodlen 3 – Trefniadau Pwyllgorau'r Bwrdd

Tomkinson Elizabeth
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Mae'r Cylch Gorchwyl ar gyfer Pwyllgorau AaGIC yn destun adolygiad blynyddol ac yn cael ei gyflwyno i'r Bwrdd i'w gymeradwyo.

4. MATERION LLYWODRAETHU A RISG

Cyhoeddir Rheolau Sefydlog Enghreifftiol gan Weinidogion Cymru i gyrff perthnasol gan ddefnyddio pwerau cyfarwyddo a ddarperir o dan adran 12(3) o Ddeddf y Gwasanaeth Iechyd Gwladol (Cymru) 2006. Rhaid i AaGIC gytuno ar y Rheolau Sefydlog ar gyfer rheoleiddio ei drafodion a'i fusnes. Mae'r Rheolau Sefydlog wedi'u cynllunio i drosi gofynion statudol yn arfer gweithredu o ddydd i ddydd a darparu fframwaith rheoleiddio ar gyfer cynnal busnes AaGIC. Mae system gadarn o reolaeth fewnol yn sicrhau bod unrhyw risgiau o ran cyflawni amcanion AaGIC yn cael eu nodi, eu hasesu a'u rheoli.

5. GOBLYGIADAU ARIANNOL

Nid oes unrhyw oblygiadau ariannol i'r Bwrdd eu hystyried/cymeradwyo.

6. ARGYMHELLIAD

Gofynnir i'r Pwyllgor Archwilio a Sicrwydd:

- **Adolygu'r** diwygiadau a wnaed i Reolau Sefydlog AaGIC; ac
- **Argymell** y fersiwn ddiwygiedig o Reolau Sefydlog AaGIC i'r Bwrdd i'w cymeradwyo yn ei gyfarfod ar 29 Gorffennaf.

Tomkinson Elizabeth
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Llywodraethu a Sicrwydd			
Cyswilt â nodau strategol y Cynllun Tymor Canolig Integredig <i>(✓ os gwelwch yn dda)</i>	Nod Strategol 1: Arwain cynlluniad, datblygiad a lles gweithlu cymwys, cynaliadwy a hyblyg i gefnogi'r broses o gyflawni 'Cymru Iachach'	Nod Strategol 2: Gwella ansawdd a hygyrchedd addysg a hyfforddiant i holl staff gofal iechyd gan sicrhau ei fod yn bodloni anghenion y dyfodol	Nod Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru trwy feithrin arweinyddiaeth dosturiol a chyfunol ar bob lefel
	✓	✓	✓
	Nod Strategol 4: Datblygu'r gweithlu i gefnogi cyflawniad diogelwch ac ansawdd	Nod Strategol 5: Bod yn esiampl-gyflogwr ac yn lle gwych i weithio	Nod Strategol 6: Cael ein cydnabod fel partner, dylanwadwr ac arweinydd rhagorol.
	✓	✓	✓
Ansawdd, Diogelwch a Phrofiad y Claf			
n/a			
Goblygiadau Ariannol			
Dim			
Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth)			
Mae'n hanfodol bod AaGIC yn cydymffurfio â chyfarwyddiadau a gyhoeddir gan Lywodraeth Cymru.			
Goblygiadau Staffio			
Dim			
Goblygiadau Hirdymor (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)			
n/a			
Hanes Adroddiad	yr		
Atodiadau		<ul style="list-style-type: none"> Atodiad 1 – Rheolau Sefydlog Diwygiedig AaGIC 2021 	

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Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Dyddiad y Cyfarfod	01 Gorffennaf 2021	Eitem ar yr Agenda	2.9
Teitl yr Adroddiad	Diwygiadau Arfaethedig i Derfynau Ariannol Dirprwyedig		
Awdur yr Adroddiad	Martyn Pennell		
Noddwr yr Adroddiad	Eifion Williams		
Cyflwynwyd gan	Eifion Williams		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Gofyn i'r Pwyllgor Archwilio a Sicrwydd ystyried ac argymhell bod y Bwrdd yn cymeradwyo dau ddiwygiad i'r terfynau ariannol dirprwyedig fel y nodir yn Rheolau Sefydlog AaGIC.		
Materion Allweddol	<p>Gofynnir i'r Bwrdd ystyried ac argymhell y diwygiadau canlynol i'r terfynau ariannol dirprwyedig a nodir yn Rheolau Sefydlog AaGIC:</p> <ul style="list-style-type: none"> Cynyddu'r terfyn ar gyfer cymeradwyo taliadau sy'n ymwneud â'r Un Prif Gyflogwr; Nodi gwariant 'Cyfalaf' ar wahân a phennu terfynau unigol ar gyfer gwariant o'r fath. <p>Rhaid i newidiadau i'r Rheolau Sefydlog gael eu hadolygu gan y Pwyllgor Archwilio a Sicrwydd yn gyntaf.</p>		
Cam Penodol i'w Gymryd (un ✓ yn unig)	Gwybodaeth	Trafodaeth	Sicrwydd
			Cymeradwyo ✓
Argymhellion	<p>Gofynnir i'r aelodau:</p> <ul style="list-style-type: none"> Ystyried y diwygiadau arfaethedig i'r Rheolau Sefydlog fel yr amlinellir yn adran 2 o'r adroddiad hwn; ac argymhell eu bod yn cael eu cymeradwyo gan y Bwrdd ym mis Gorffennaf. 		

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DIWYGIADAU ARFAETHEDIG I DERFYNAU ARIANNOL DIRPRWYEDIG

1. CYFLWYNIAD

Pwrpas yr adroddiad hwn yw gofyn i'r Pwyllgor Archwilio a Sicrwydd ystyried ac argymhell bod y Bwrdd yn cymeradwyo dau ddiwygiad i'r terfynau ariannol dirprwyedig fel y nodir yn Rheolau Sefydlog AaGIC.

2. CEFNDIR A CHYNNIG

Gofynnir am wneud y diwygiadau canlynol i'r Terfynau Ariannol Dirprwyedig:

- Taliadau Un Prif Gyflogwr (SLE) – O ganlyniad i ehangu'r broses SLE a reolir gan Bartneriaeth Cydwasanaethau GIG Cymru, mae newid yn y ffordd y mae costau'n cael eu hailgodi, ac wrth i fwy o hyfforddeion gael eu cyflwyno ar-lein, mae cynnydd hefyd yng nghyfanswm y costau. Yn y gorffennol, roedd AaGIC, a'r Byrddau Iechyd lle'r oedd hynny'n berthnasol, yn cael eu hanfonebu am elfennau gwahanol o'r cynllun ar ôl i'r costau gael eu talu. Oherwydd yr effaith gynyddol ar lif arian Felindre (sy'n lletya Partneriaeth Cydwasanaethau GIG Cymru), mae'r Cytundeb Lefel Gwasanaeth newydd yn nodi amserlen daliadau sy'n cyfuno holl elfennau'r SLE mewn un ffi fisol. Mae'r taliad misol erbyn hyn yn fwy na'r terfyn ariannol dirprwyedig, sef £3m, ar gyfer y Prif Weithredwr, ac mae angen i'r Cadeirydd gymeradwyo'r taliad ar gyfer mis Mehefin 2021 (wedi'i ymestyn i fis Medi 2021 er mwyn gofyn am gael cymeradwyo'r newidiadau). Felly, y cynnig yw cynyddu'r terfyn ariannol dirprwyedig ar gyfer y Prif Weithredwr a'r Dirprwy Brif Weithredwr (wrth weithredu yn y rôl honno) ar gyfer taliadau misol SLE Partneriaeth Cydwasanaethau GIG Cymru i £4m.
- Gwariant Cyfalaf – Ar hyn o bryd mae gan AaGIC gyllideb cyfalaf flynyddol o £100k, ac fel y nodir yng Ngweithdrefn Rheoli Ariannol 2 (FCP2) rhaid i unrhyw geisiadau cyfalaf gael eu hystyried gan y Tîm Gweithredol er mwyn eu cymeradwyo. Yn unol â pharagraff 6.4.1 o'r Cyfarwyddiadau Ariannol Sefydlog, sy'n datgan y *bydd y rheolau cyffredinol sy'n berthnasol i ddirprwyo ac adrodd hefyd yn berthnasol i wariant cyfalaf yn amodol ar unrhyw ofynion adrodd penodol sy'n ofynnol gan Weinidogion Cymru*, yn y gorffennol, mae'r broses archebu derfynol wedi cael ei chymeradwyo yn unol â'r terfynau 'refeniw' priodol. Gan ystyried y twf posibl mewn gofynion cyfalaf yn y dyfodol agos, yn fewnol a drwy newidiadau allanol fel lletya Swyddfa'r Prif Swyddog Digidol, byddai'n ddoeth nodi terfynau ariannol dirprwyedig ar gyfer gwariant cyfalaf ar wahân, er mwyn gwneud y rheolaeth yn fwy tryloyw. Felly, y cynnig yw newid y Terfynau Ariannol Dirprwyedig fel bod eitemau cyfalaf a refeniw yn cael eu rhestru ar wahân, a gosod y terfyn cymeradwyo cyfalaf ar £100k ar gyfer y Prif Weithredwr, y Dirprwy Brif Weithredwr (wrth weithredu yn y rôl honno) a'r Cyfarwyddwr Cyllid. Byddai'r Bwrdd yn cadw lefel gymeradwyo ddiderfyn i gyfateb i'r terfynau refeniw.

3. MATERION LLYWODRAETHU A RISG

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Mae egluro a diweddarau Rheolau Sefydlog AaGIC yn cefnogi'r strwythur llywodraethu corfforaethol o fewn AaGIC.

4. GOBLYGIADAU ARIANNOL

Does dim goblygiadau ariannol yn codi o'r papur hwn.

5. ARGYMHELLIAD

Gofynnir i'r aelodau:

- **ystyried** y diwygiadau arfaethedig i'r Rheolau Sefydlog fel yr amlinellir yn adran 2; ac
- **argymell** eu bod yn cael eu cymeradwyo gan y Bwrdd ym mis Gorffennaf.

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Llywodraethu a Sicrwydd			
Cyswllt â nodau strategol y Cynllun Tymor Canolig Integredig (nodwch ✓)	Nod Strategol 1: Arwain y gwaith o gynllunio, datblygu a lles gweithlu cymwys, cynaliadwy a hyblyg i gefnogi'r broses o gyflawni 'Cymru Iachach'	Nod Strategol 2: Gwellu ansawdd a hygyrchedd addysg a hyfforddiant i'r holl staff gofal iechyd gan sicrhau eu bod yn diwallu anghenion y dyfodol	Nod Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol yn GIG Cymru drwy feithrin gallu arwain tosturiol ac ar y cyd ar bob lefel
	Nod Strategol 4: Datblygu'r gweithlu i gefnogi'r gwaith o ddarparu diogelwch ac ansawdd	Nod Strategol 5: Bod yn gyflogwr rhagorol ac yn lle gwych i weithio ynddo	Nod Strategol 6: Cael ein cydnabod fel partner, dylanwadwr ac arweinydd rhagorol
Ansawdd, Diogelwch a Phrofiad Cleifion			
Mae egluro a diweddarau Rheolau Sefydlog AaGIC yn cefnogi'r strwythur llywodraethu corfforaethol o fewn AaGIC ac yn helpu AaGIC i wneud penderfyniadau sy'n gwbl seiliedig ar wybodaeth. Mae penderfyniadau ar sail gwybodaeth yn fwy tebygol o gael effaith gadarnhaol ar ansawdd, diogelwch a phrofiad cleifion a staff.			
Goblygiadau Ariannol			
Does dim goblygiadau ariannol i'w hystyried.			
Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth)			
Mae'n hanfodol fod AaGIC yn cydymffurfio â'i Reolau Sefydlog.			
Goblygiadau Staffio			
Does dim goblygiadau uniongyrchol o ran staffio.			
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)			
Does dim goblygiadau tymor hir.			
Hanes yr Adroddiad	Cafodd newidiadau i'r Terfynau Ariannol Dirprwyedig eu hystyried ddiwethaf yn y Pwyllgor Archwilio a Sicrwydd ar 20 Hydref 2020		
Atodiadau	Atodiad 1 – Diwygiadau arfaethedig i'r Terfynau Ariannol Dirprwyedig (Wedi'u Tracio).		

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Atodiad 1 – Diwygiadau arfaethedig i'r Terfynau Ariannol Dirprwyedig (Wedi'u Tracio).

Health Education & Improvement Wales – Delegated Financial Limits				
Post	Education and Training Contracts with Universities	Education and Training Invoices	Revenue (Other Than Education & Training Contracts)	Capital
Board	Above £5m		No Limit	No Limit
Chief Executive	up to £5m	No limit (subject to appropriate contract approval) NWSSP monthly payments for SLE £4m	£250,000	£100,000
Deputy Chief Executive (when acting in that capacity)	up to £5m	No limit (subject to appropriate contract approval) NWSSP monthly payments for SLE £4m	£250,000	£100,000
Director of Finance	up to £2m	£2m	£100,000	£100,000
Director of Nursing & Medical Director within delegated budget area		£500,000	£50,000	
Executive Directors within delegated directorate budget area			£50,000	
Deputy Director of Finance		£50,000	£50,000	
Delegated Budget Managers (within delegated budget area)			£25,000	
Delegated Budget Managers (within delegated budget area)			£10,000	
Delegated Budget Managers (within delegated budget area)			£5,000	
Delegated Budget Managers (within delegated budget area)			£1,000	

Martyn Pennell (HEIW)
Deleted: invoices

Martyn Pennell (HEIW)
Deleted: GP Salaries £3m

Martyn Pennell (HEIW)
Deleted: invoices

Martyn Pennell (HEIW)
Deleted: GP Salaries £3m

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Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Dyddiad y Cyfarfod	21 Gorffennaf 2021	Eitem ar yr Agenda	2.10
Teitl yr Adroddiad	Adolygiad Blynyddol o Gylch Gorchwyl y Pwyllgor Archwilio a Sicrwydd		
Awdur yr Adroddiad	Catherine English, Rheolwr Llywodraethu Corfforaethol		
Noddwr yr Adroddiad	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Cyflwynir gan	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Gofyn i'r Pwyllgor Archwilio a Sicrwydd gynnal adolygiad blynyddol ar sail ei gylch gorchwyl ei hun.		
Materion Allweddol	<p>Mae'n arfer dda i'r Pwyllgor adolygu ei gylch gorchwyl yn flynyddol.</p> <p>Mae cylch gorchwyl y Pwyllgor Archwilio a Sicrwydd ynghlwm yn Atodiad 1.</p>		
Cam Penodol a Fynnir (✓un yn unig)	Gwybodaeth	Trafodaeth	Sicrwydd
		✓	
Argymhellion	<p>Gofynnir i'r Pwyllgor Archwilio a Sicrwydd:</p> <ul style="list-style-type: none"> • Drafod ac adolygu ei gylch gorchwyl ei hun. 		

ADOLYGIAD BLYNYDDOL O GYLCH GORCHWYL Y PWYLLGOR ARCHWILIO A SICRWYDD

1. CYFLWYNIAD

Pwrpas y papur hwn yw gofyn i'r Pwyllgor Archwilio a Sicrwydd adolygu ei gylch gorchwyl ei hun sydd ynghlwm yn Atodiad 1.

2. CEFNDIR

Mae'n arfer lywodraethu dda i gylch gorchwyl y Pwyllgor Archwilio a Sicrwydd gael ei adolygu'n flynyddol. Adolygwyd cylch gorchwyl cyfredol y Pwyllgor Archwilio a Sicrwydd ddiwethaf gan y Pwyllgor ym mis Hydref 2020 yn dilyn Adolygiad Cadeirydd AaGIC o Aelodaeth y Pwyllgor.

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3. CYNNIG

Bod y Pwyllgor Archwilio a Sicrwydd yn trafod ac yn adolygu ei gylch gorchwyl ei hun.

Ar hyn o bryd nid oes unrhyw newidiadau arfaethedig gogyfer y cylch gorchwyl.

4. MATERION LLYWODRAETHU A RISG

Mae'n arfer lywodraethu dda i adolygu cylchau gorchwyl pwyllgorau yn rheolaidd i gefnogi trefniadau archwilio a sicrwydd priodol.

5. GOBLYGIADAU ARIANNOL

Nid oes unrhyw oblygiadau ariannol i'r Pwyllgor eu hystyried/ cymeradwyo.

6. ARGYMHELLIAD

Gofynnir i'r Pwyllgor Archwilio a Sicrwydd:

- **Drafod** ac adolygu ei gylch gorchwyl ei hun.

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Llywodraethu a Sicrwydd			
Cyswllt â nodau strategol Cynllun Tymor Canolig Integredig <i>(✓os gwelwch yn dda)</i>	Nod Strategol 1: Arwain cynlluniad, datblygiad a lles gweithlu cymwys, cynaliadwy a hyblyg i gefnogi'r broses o gyflawni 'Cymru Iachach'	Nod Strategol 2: Gwella ansawdd a hygyrchedd addysg a hyfforddiant i holl staff gofal iechyd gan sicrhau ei fod yn bodloni anghenion y dyfodol	Nod Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru trwy feithrin arweinyddiaeth dosturiol a chyfunol ar bob lefel
		✓	
	Nod Strategol 4: Datblygu'r gweithlu i gefnogi cyflawniad diogelwch ac ansawdd	Nod Strategol 5: Bod yn esiampl-gyflogwr ac yn lle gwych i weithio	Nod Strategol 6: Cael ein cydnabod fel partner, dylanwadwr ac arweinydd rhagorol.
Ansawdd, Diogelwch a Phrofiad y Claf Mae sicrhau bod y Bwrdd yn cyflawni ei orchwylion yn briodol trwy gyfrwng ei Bwyllgorau ac wedi'i alinio â'i reolau sefydlog yn ffactor allweddol yng nghyswllt ansawdd, diogelwch a phrofiad myfyrwyr a hyfforddeion.			
Goblygiadau Ariannol Dim			
Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth) Mae'n hanfodol bod y Pwyllgor yn cydymffurfio â'i gylch gorchwyl.			
Goblygiadau Staffio Dim			
Goblygiadau Hirdymor (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015) Dim			
Hanes yr Adroddiad	Mae'r Pwyllgor Archwilio a Sicrwydd yn adolygu ei gylch gorchwyl ei hun yn flynyddol.		
Atodiadau	Atodiad 1 - Cylch Gorchwyl y Pwyllgor Archwilio a Sicrwydd.		

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Terms of Reference and Operating Arrangements Audit and Assurance Committee

Date: October 2020

Review Date: Annually

1. Introduction

In line with Section 3 of the Standing Orders, the Board shall nominate annually a committee which covers Audit. This remit of this Committee will be extended to include Assurance and Corporate Governance and will be known as the **Audit and Assurance Committee**.

The detailed terms of reference and operating arrangements set by the Board in respect of this Committee are detailed below.

These terms of reference and operating arrangements are to be read alongside the standard terms of reference and operating arrangements applicable to all committees.

2. Purpose

The purpose of the Audit and Assurance Committee ("the Committee") is to:

- **Advise** and **assure** the Board and the Chief Executive (who is the Accountable Officer) on whether effective arrangements are in place, through the design and operation of HEIW's assurance framework, to support them in their decision taking and in discharging their accountabilities for securing the achievement of its objectives, in accordance with the standards of good governance determined for the NHS in Wales
- Where appropriate, the Committee will **advise** the Board and the Chief Executive on where, and how, its systems and assurance framework may be strengthened and developed further
- **Approve** on behalf of the Board policies, procedures and other written control documents in accordance with the Scheme of Delegation.

3. Delegated Powers

With regard to its role in providing advice to the Board, the Committee will comment specifically on the:

- adequacy of HEIW's strategic governance and assurance framework, systems and processes for the maintenance of an effective system of governance, internal control, and risk management across the whole organisation's activities, designed to support the public disclosure statements that flow from the assurance processes, including the Annual Governance Statement, providing reasonable assurance on:
 - the organisations ability to achieve its objectives

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- compliance with relevant regulatory requirements and other directions and requirements set by the Welsh Government and others
- reliability, integrity, safety and security of the information collected and used by the organisation
- the efficiency, effectiveness and economic use of resources
- the extent to which the organisation safeguards and protects all its assets, including its people.

In undertaking its work and responsibility the Committee will comment specifically on:

- Board's Standing Orders, and Standing Financial Instructions (including associated framework documents, as appropriate)
- accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified, the ISA 260 Report 'Communication with those charged with Governance' and managements' letter of representation to the external auditors
- Schedule of Losses and Special Payments
- planned activity and results of internal audit, external audit and the Local Counter Fraud Specialist (including strategies, annual work plans and annual reports)
- adequacy of executive and management's response to issues identified by audit, inspection and other assurance activity
- anti-fraud policies, whistleblowing (raising concerns) processes and arrangements for special investigations
- issues upon which the Board, its Committees or the Chief Executive may seek advice
- contracting and tendering process
- provide assurance and undertake scrutiny of ensuring value for money

The Committee will support the Board with regard to its responsibilities for governance (including risk and control) by **reviewing** and **approving** as appropriate:

- all risk and control related disclosure statements, in particular the Annual Governance Statement together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board

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- the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements
- the policies for ensuring compliance with relevant regulatory, legal and code of conduct and accountability requirements
- the policies and procedures for all work related to fraud and corruption as set out in National Assembly for Wales Directions and as required by the Counter Fraud and Security Management Service

In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.

This will be evidenced through the Committee's use of effective governance and assurance arrangements to guide its work and that of the audit and assurance functions that report to it, and enable the Committee to review and form an opinion on the:

- comprehensiveness of assurances in meeting the Board and the Chief Executives assurance needs across the whole of HEIW activities;
- the reliability and integrity of these assurances

To achieve this, the Committee's programme of work will be designed to provide assurance that:

- there is an effective internal audit function that meets the standards set for the provision of internal audit in the NHS in Wales and provides appropriate independent assurance to the Board and the Chief Executive through the Committee
- there is an effective counter fraud service that meets the standards set for the provision of counter fraud in the NHS in Wales and provides appropriate assurance to the Board and the Chief Executive through the Committee
- there is an effective improvement function that provides appropriate assurance to the Board and the Chief Executive
- there are effective arrangements in place to secure active, ongoing assurance from management with regard to their responsibilities and accountabilities, whether directly to the Board and the Chief Executive or through the work of the Board's committees

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- the work carried out by key sources of external assurance, in particular, but not limited to HEIW's external auditors, is appropriately planned and co-ordinated and that the results of external assurance activity complements and informs (but does not replace) internal assurance activity
- the work carried out by the whole range of external review bodies is brought to the attention of the Board, and that the organisation is aware of the need to comply with related standards and recommendations of these review bodies, and the risks of failing to comply
- systems for financial reporting to the Board, including those of budgetary control, are effective
- results of audit and assurance work specific to HEIW, and the implications of the findings of wider audit and assurance activity relevant to the HEIW's operations are appropriately considered and acted upon to secure the ongoing development and improvement of the organisations governance arrangements

The Committee will review and agree the programme of work on an annual basis and will recommend it to the Board for approval.

4. Access

The Head of Internal Audit and the Auditor General and his representatives shall have unrestricted and confidential access to the Chair of the Audit and Assurance Committee at any time, and vice versa.

The Committee will meet with Internal and External Auditors and the nominated Local Counter Fraud Specialist without the presence of officials on at least one occasion each year.

The Chair of the Audit and Assurance Committee shall have reasonable access to Executive Directors and other relevant senior staff.

5. Membership, Attendees and Quorum

5.1 Members

A minimum of three members, comprising:

Chair	Independent Member
Vice Chair	Independent Member
Members	Independent Members

The Chair of the organisation shall not be a member of the Audit and Assurance Committee but may be invited to attend by the Chair of the Committee as appropriate.

5.2 Attendees

In attendance:

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Director of Finance
Board Secretary
Head of Internal Audit (or representative)
Local Counter Fraud Specialist
Representative of the Auditor General for Wales
Head of Financial Accounting

In addition to this others from within or outside the organisation who the Committee considers should attend, will be invited taking account of the matters under consideration at each meeting.

The Chief Executive shall be invited to attend, at least annually, to discuss with the Committee the process for assurance that supports the Annual Governance Statement.

5.3 Quorum

At least **two** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair (or Vice Chair where appointed).

6. Frequency of Meetings

Meetings shall be held no less than quarterly and otherwise as the Chair of the Committee deems necessary – consistent with HEIW's annual plan of Board Business. The External Auditor or Head of Internal Audit may request that the Chair convene a meeting if they consider this necessary.

7. Relationships and accountabilities with the board and its Committees/Groups:¹

The Audit and Assurance Committee must have an effective relationship with other committees or sub-committees of the Board so that it can understand the system of assurance for the Board as a whole. It is very important that the Audit and Assurance Committee remains aware of its distinct role and does not seek to perform the role of other committees.

The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of HEIW's overall framework of assurance.

¹ Reference to the Board's Committees/Groups incorporates its sub committees, joint committees and joint sub committees as well as other groups, such as Task and Finish Groups, where this is appropriate to the remit of this Audit and Assurance Committee

8. Reporting and Assurance Arrangements

The Committee shall provide a written, annual report to the Board and the Chief Executive on its work in support of the Annual Governance Statement, specifically commenting on the adequacy of the assurance framework, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the committee's self-assessment and evaluation.

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Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Dyddiad y Cyfarfod	Gorffennaf 2021	Eitem Agenda	2.11
Teitl yr Adroddiad	Adroddiad Llywodraethu Gwybodaeth a Rheoli Gwybodaeth AaGIC		
Awdur yr Adroddiad	Catherine English, Rheolwr Llywodraethu Corfforaethol		
Noddwr yr Adroddiad	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Cyflwynwyd gan	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Diweddaru'r Pwyllgor Archwilio a Sicrwydd ar faterion yn ymwneud â Llywodraethu Gwybodaeth a Rheoli Gwybodaeth.		
Materion Allweddol	<p>Mae'r adroddiad yn rhoi diweddariad ar feysydd allweddol yn ymwneud â Llywodraethu Gwybodaeth a Rheoli Gwybodaeth, gan gynnwys:</p> <ul style="list-style-type: none"> • Crynodeb o Geisiadau Rhyddid Gwybodaeth a Cheisiadau gan Bobl i Gael Gweld eu Data; a • Seiber-Ddiogelwch. 		
Gweithredu Penodol sydd ei angen (un ✓ yn unig)	Gwybodaeth	Trafod	Sicrwydd
			✓
Argymhellion	Gofynnir i'r aelodau nodi'r adroddiad er mwyn rhoi sicrwydd .		

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ADRODDIAD LLYWODRAETHU GWYBODAETH A RHEOLI GWYBODAETH

1. RHAGARWEINIAD

Fel rhan o Lywodraethu Gwybodaeth a Rheoli Gwybodaeth yn effeithiol, fel corff rhaid i AaGIC ddeall ei ymrwymadau cydymffurfio. Mae hefyd yn golygu sicrhau bod y staff i gyd yn deall pa mor bwysig yw rheoli gwybodaeth yn effeithiol.

2. CEFNDIR

Pwrpas y papur hwn yw diweddarau'r Pwyllgor Archwilio a Sicrwydd ar y sefyllfa bresennol gyda'r Ceisiadau Rhyddid Gwybodaeth a'r Ceisiadau gan Bobl i Gael Gweld eu Data y mae AaGIC yn eu derbyn, ac ar Seiber-ddiogelwch.

Amcanion sylfaenol y gwaith o Lywodraethu a Rheoli Data yn AaGIC yw:

- hyrwyddo defnydd effeithiol a phriodol o wybodaeth (gan gynnwys gwybodaeth gyfrinachol, bersonol a masnachol sensitif) yn y GIG;
- rhoi'r adnoddau priodol a'r cymorth iawn i staff er mwyn gallu rheoli gwybodaeth mewn ffordd gyfrifol a phroffesiynol; a
- sicrhau bod gwybodaeth yn cael ei phrosesu'n deg, effeithiol ac yn unol â'r gyfraith bob tro.

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2.2 Ceisiadau Rhyddid Gwybodaeth

Derbyniodd AaGIC **9** cais Rhyddid Gwybodaeth rhwng 1 Mawrth a 31 Mai. Derbyniodd pob cais ymateb o fewn yr amser sy'n ofynnol o dan Ddeddf Rhyddid Gwybodaeth 2000. Y gyfradd gydymffurfio (ymateb o fewn 20 diwrnod gwaith) oedd **100%**. Ni dderbyniwyd unrhyw geisiadau i adolygu na chwynion gan Swyddfa'r Comisiynydd Gwybodaeth.

- Pwy Wnaeth y Ceisiadau**

Unigolion preifat	4
Ymchwilydd / Dadansoddwr	2
Cwmni Preifat	1
Y Cyfryngau	0
Grŵp, Cymdeithas, Cymdeithas Siartredig	1
Ymgyrchydd (Whatdotheyknow.com)	1
Llywodraeth Cymru	0
Staff GIG Cymru	0
Bwrdd / Ymddiriedolaeth Iechyd	0
Aelod Cynulliad / Aelod Seneddol	0
Llywodraeth Leol / Awdurdod Lleol / Trydydd Sector	0
Myfyriwr / Person dan hyfforddiant	0
Cyfreithiol	0
Coleg Brenhinol / Y Coleg Nyrsio Brenhinol	0
CYFANSWM	9

- Pynciau'r Ceisiadau**

Pwnc y Cais am Wybodaeth	Nifer
Corfforaethol	3
Personél / Cyflogaeth	0
Contract / Comisiynu	0
Hyfforddiant / Addysg	5
Ariannol	0
Ystadegau	1
Llywodraethu Gwybodaeth	0
CYFANSWM	9

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- **Eithriadau**

Mae'r Ddeddf Rhyddid Gwybodaeth yn cynnwys nifer o eithriadau sy'n caniatáu i sefydliadau ddal gwybodaeth yn ôl oddi wrth geisydd. Mewn rhai achosion mae'r eithriadau hefyd yn caniatáu i AaGIC wrthod cadarnhau neu wadu bod gan y sefydliad y wybodaeth o gwbl.

Mae rhai eithriadau'n ymwneud â math arbennig o wybodaeth ac mae eithriadau eraill yn seiliedig ar y niwed a fyddai'n digwydd, neu a fyddai'n debygol o ddigwydd, ar ôl datgelu'r wybodaeth, er enghraifft lle byddai ei datgelu'n niweidiol i ymchwiliad troseddol neu fuddiannau masnachol rhywun. Mae yna hefyd eithriad ar gyfer data personol os byddai ei ryddhau'n groes i'r Rheoliad Cyffredinol Ar Ddiogelu Data. Datgelodd AaGIC y wybodaeth yn llawn ar gyfer 4 allan o'r 9 ymateb a gaewyd. Cafodd tri eithriad eu cymhwyso, fel a ganlyn:

Eithriad	Nifer o weithiau wedi cymhwyso'r eithriad
Adran 16: Cyngori a Chynorthwyo	2
Adran 40(2): Gwybodaeth Personol	2
Adran 43(2): Amharu ar Fuddiannau Masnachol	1
CYFANSWM	5

Mae ceisiadau y bydd AaGIC yn eu derbyn sy'n cael eu hystyried i fod yn sensitif neu ddadleuol yn cael eu hadrodd i Lywodraeth Cymru fel rhan o'r adroddiad wythnosol ar gyfer Cymru Gyfan. Mae copïau o'r ymatebion hyn hefyd yn cael eu hanfon ymlaen at Lywodraeth Cymru er gwybodaeth.

2.3 Ceisiadau gan Bobl i Gael Gweld eu Data (DSARS)

Ni dderbyniodd AaGIC unrhyw geisiadau gan bobl i gael gweld eu data dros y cyfnod hwn.

2.4 Seiber-Ddiogelwch

Mae'r rhaglen waith seiber-ddiogelwch yn dod yn ei blaen yn dda. Mae AaGIC wrthi'n ystyried recriwtio dadansoddwr seiber-ddiogelwch i ymuno â'r ochr seiber-ddiogelwch.

3. Y CYNNIG

Nodi'r adroddiad er mwyn rhoi sicrwydd.

4. LLYWODRAETHU A MATERION RISG

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Gallai goblygiadau unrhyw ddiffyg cydymffurfio o ran Llywodraethu Gwybodaeth arwain at orfod dilyn gweithdrefn ymchwilio ffurfiol, cyhoeddusrwydd gwael ac efallai cosb ariannol gan Swyddfa'r Comisiynydd Gwybodaeth (ICO).

5. Y GOBLYGIADAU ARIANNOL

Nid oes unrhyw oblygiadau ariannol.

6. ARGYMHELLIAD

Gofynnir i'r aelodau **nodi'r** adroddiad hwn er mwyn rhoi **sicrwydd**.

Llywodraethu a Sicrwydd			
Cysylltiad i amcanion strategol yr IMTP (✓os gwelwch yn dda)	Nod Strategol 1: Arwain ar gynllunio, datblygu a lles gweithlu cymwys, cynaliadwy a hyblyg er mwyn cynorthwyo i ddarparu 'Cymru Iachach'.	Nod Strategol 2: Gwella ansawdd a hygyrchedd addysg a hyfforddiant i'r holl staff gofal iechyd gan sicrhau eu bod yn ateb anghenion yn y dyfodol.	Nod Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliant yn GIG Cymru drwy greu capasiti arweinyddiaeth tosturiol a chyfunol ar bob lefel.
	✓	✓	✓
	Nod Strategol 4: Datblygu'r gweithlu er mwyn cynorthwyo darparu diogelwch ac ansawdd.	Nod Strategol 5: Bod yn gyflogwr enghreifftiol a lle gwych i weithio.	Nod Strategol 6: Cael ein cydnabod fel partner, corff dylanwadol ac arweinydd rhagorol.
	✓	✓	✓
Ansawdd, Diogelwch a Phrofiad y Claf			
Mae'n bwysig i AaGIC roi sicrwydd i ddefnyddwyr gwasanaeth bod Llywodraethu a Rheoli Gwybodaeth yn cael ei ystyried a'i gynnal fel rhan o ddiwylliant cyfrinachedd effeithiol.			
Y Goblygiadau Ariannol			
Dim goblygiadau ariannol i'w hystyried.			
Y Goblygiadau Cyfreithiol (gan gynnwys asesiad cydraddoldeb ac amrywiaeth)			
Os na fydd hyn yn cael ei ystyried, gallai goblygiadau cyfreithiol peidio â chydymffurfio â gofynion Llywodraethu a Rheoli Gwybodaeth olygu bod y corff yn agored i weithdrefn ymchwilio ffurfiol a chosb ariannol gan Swyddfa'r Comisiynydd Gwybodaeth.			
Y Goblygiadau Staffio			
Dim goblygiadau staffio.			
Y Goblygiadau Hirdymor (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)			
Dim wedi'i adnabod.			
Hanes Adroddiadau	Mae Adroddiad ar Lywodraethu a Rheoli Gwybodaeth yn cael ei gyflwyno i'r Pwyllgor Archwilio a Sicrwydd pob chwarter.		
Atodiadau	Dim.		

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Cymru (AaGIC)
Health Education and
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Dyddiad y Cyfarfod	21ain o Orffennaf 2021		Eitem ar yr Agenda	2.12
Teitl yr Adroddiad	Fframwaith Sicrwydd y Bwrdd - Fframwaith Rheoli Risgiau Strategol			
Awdur yr Adroddiad	Dafydd Bebb, Ysgrifennydd y Bwrdd			
Noddwr yr Adroddiad	Dafydd Bebb, Ysgrifennydd y Bwrdd			
Cyflwynir gan	Dafydd Bebb, Ysgrifennydd y Bwrdd			
Rhyddid Gwybodaeth	Agored			
Pwrpas yr Adroddiad	Rhoi diweddariad i'r Pwyllgor Archwilio a Sicrwydd ar y Fframwaith Rheoli Risgiau Strategol sy'n cynrychioli datblygiad pellach o Fframwaith Sicrwydd Bwrdd AaGIC (BAF).			
Materion Allweddol	<p>Mae'r adroddiad yn tynnu sylw at:</p> <ul style="list-style-type: none"> • mae'r BAF wedi bod yn weithredol ers mis Medi 2019 a bydd yn parhau i gael ei ddatblygu; • derbyniodd y Pwyllgor adroddiad ym mis Hydref yn cadarnhau bod y BAF wedi'i ddiwygio i adlewyrchu'r Amcanion Strategol cyfredol AaGIC; • mae'r Fframwaith Rheoli Risg Strategol yn nodi ac yn mapio'r rheolaethau a'r ffynonellau sicrwydd allweddol yn erbyn Risgiau Strategol AaGIC. 			
Cam Penodol a Fynnir Angenrheidiol (✓ un yn unig)	Gwybodaeth	Trafodaeth	Sicrwydd	Cymeradwyaeth
			✓	
Argymhellion	<p>Gofynnir i'r Aelodau:</p> <ul style="list-style-type: none"> • adolygu a nodi'r Fframwaith Rheoli Risgiau Strategol (Atodiad 1) ar gyfer sicrwydd. 			

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FFRAMWAITH SICRHAU BWRDD - FFRAMWAITH RHEOLI RISGIAU STRATEGOL

1. CYFLWYNIAD

Pwrpas yr adroddiad hwn yw rhoi diweddariad i'r Pwyllgor ar ddatblygiad y Fframwaith Rheoli Risgiau Strategol sy'n cynrychioli datblygiad pellach o Fframwaith Sicrwydd y Bwrdd (BAF).

Mae'r Fframwaith Rheoli Risgiau Strategol yn nodi ac yn mapio'r rheolaethau a'r ffynonellau sicrwydd allweddol yn erbyn Risgiau Strategol AaGIC ac wedi'i atodi yn Atodiad 1.

2. CEFNDIR

Mae'r BAF yn amlinellu sut mae'r Bwrdd yn nodi ac yn deall y prif risgiau i gyflawni ei amcanion strategol ac yn derbyn sicrwydd bod rheolaethau addas ar waith i reoli'r risgiau hyn. Mae'r BAF hefyd yn galluogi asesiad o'r risg(iau) i gyflawni'r amcanion yn seiliedig ar gryfder y rheolaethau a'r sicrwydd sydd ar waith.

3. CYNNIG

Er mwyn datblygu'r BAF ymhellach, ac i adeiladu ar argymhellion Archwilio Cymru, mae AaGIC wedi datblygu'r Fframwaith Rheoli Risgiau Strategol. Map sicrwydd yw hwn sy'n nodi'r rheolaethau a'r ffynonellau sicrwydd allweddol yn erbyn Risgiau Strategol AaGIC.

Mae'r Fframwaith Rheoli Risgiau Strategol yn dangos sut mae AaGIC yn rheoli ac yn craffu ar ei risgiau strategol. Mae'r Fframwaith wedi'i rannu'n bum pennawd sy'n fanwl ac wedi'u diffinio isod:

1. Rheolaethau Allweddol - dyma'r mecanweithiau sydd ar waith i sicrhau bod y risg briodol yn cael ei rheoli.
2. Sicrwydd - dyma'r mecanweithiau i ddarparu tystiolaeth bod y sefydliad yn weithredol effeithiol mewn perthynas â'r risg benodol.
3. Bylchau mewn rheolaeth - dyma'r meysydd lle mae mecanweithiau rheoli yn tynnu sylw at faterion sy'n peri pryder.
4. Bylchau mewn sicrwydd - dyma'r meysydd lle nad yw mecanweithiau craffu yn rhoi sicrwydd digonol.
5. Cynllun gweithredu y cytunwyd arno – dyma'r camau gweithredu i gywiro diffygion mewn rheolaeth a sicrwydd

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Cynigir bod y Fframwaith Rheoli Risgiau Strategol yn cael ei ymgorffori yn y BAF a'i adolygu gan y Pwyllgor Archwilio a Sicrwydd fel rhan o'r broses flynyddol ar gyfer adolygu'r BAF.

3. MATERION LLYWODRAETHU A RISG

Mae'n hanfodol bod BAF effeithiol ac effeithlon ar waith i roi sicrwydd digonol, parhaus a dibynadwy ar stiwardiaeth sefydliadol a rheoli'r prif risgiau i lwyddiant sefydliadol a darparu gwasanaethau cyhoeddus gwell, cost-effeithiol.

4. GOBLYGIADAU ARIANNOL

Dim goblygiadau ariannol uniongyrchol yn codi o'r adroddiad hwn. Mae'r BAF yn elfen graidd o strwythur llywodraethu corfforaethol AaGIC.

5. ARGYMHELLIAD

Gofynnir i'r Aelodau:

adolygu a nodi'r Fframwaith Rheoli Risgiau Strategol ar gyfer **sicrwydd**.

Llywodraethu a Sicrwydd			
Linc â nodau strategol Cynllun Tymor Canolog Integredig (✓os gwelwch yn dda)	Nod Strategol 1: Arwain y gwaith o gynllunio, datblygu a lles gweithlu cymwys, cynaliadwy a hyblyg i gefnogi'r broses o gyflawni 'Cymru Iachach'	Nod Strategol 2: Gwella ansawdd a hygyrchedd addysg a hyfforddiant i'r holl staff gofal iechyd gan sicrhau ei fod yn bodloni anghenion y dyfodol	Nod Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru trwy feithrin arweinyddiaeth dosturiol a chyfunol ar bob lefel
	✓	✓	✓
	Nod Strategol 4: Datblygu'r gweithlu i gefnogi cyflawniad diogelwch ac ansawdd	Nod Strategol 5: Bod yn gyflogwr enghreifftiol ac yn lle gwyh i weithio	Nod Strategol 6: I gael ein cydnabod fel partner, dylanwadir ac arweinydd rhagorol.
	✓	✓	✓
Ansawdd, Diogelwch a Phrofiad y Claf			
Mae sicrhau bod y Bwrdd a'i Bwyllgorau yn gwneud penderfyniadau gwybodus yn dibynnu ar ansawdd a chywirdeb y wybodaeth a gyflwynir ac a ystyrir gan y rhai sy'n gwneud penderfyniadau. Mae penderfyniadau gwybodus yn fwy tebygol o effeithio'n ffafriol ar ansawdd, diogelwch a phrofiad cleifion a staff.			
Goblygiadau Ariannol			
Nid oes unrhyw oblygiadau ariannol.			
Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth)			

Mae sicrhau bod gan y Bwrdd BAF effeithiol ac esblygol sy'n cynorthwyo'r Bwrdd i gyflawni'r cynllun blwyddyn bresennol, yn elfen hanfodol o drefniadau Llywodraethu'r Bwrdd wrth symud ymlaen.

Goblygiadau Staffio

Nid oes unrhyw oblygiadau staffio.

Goblygiadau Hirdymor (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)

Ni nodwyd unrhyw effaith.

Hanes yr Adroddiad

Mae'r Pwyllgor Archwilio a Sicrwydd yn adolygu Fframwaith Sicrwydd y Bwrdd yn flynyddol.

Atodiadau

Atodiad 1 - Fframwaith Rheoli Strategol.

HEIW Strategic Risks Control Framework 2021/22

Strategic Risk1

Strategic Risk 1: Workforce skills and expertise given the specialist nature of organisation. There is a risk that HEIW may find itself without the workforce with the requisite skills it requires to deliver on its Strategic Objectives. This could be caused by a lack of staff with relevant skills in the external market or education system or internally due to a lack of staff skills, career mobility, succession planning and skills management, or due to undesirable employee attrition and sickness absence of key individuals.				
Executive Lead: Julie Rogers		Assuring Committee: Audit and Assurance Committee		
Key Controls - these are the mechanisms in place to ensure management of the appropriate risk.	Form of Assurance - these are the mechanisms to provide evidence that the organisation is operationally effective in relation to the specific risk.	Gaps in Control - areas where controls mechanisms highlight issues of concern.	Gaps in Assurance- areas where scrutiny mechanisms do not provide adequate assurance.	Agreed Action Plan - Actions to correct shortcomings in control and assurance.
Each line manager needs to identify specific skills needed for the role when recruiting, replacing, or modifying. Ensure that training in place where required.	HEIW is a relatively small organisation within NHS Wales, recruitment is monitored through NHS Wales Shared Services Partnership (NWSSP) returns and also by the People & Organisational Development Team. Issues are escalated to the Executive Team where appropriate; quarterly recruitment reports are also provided to the Executive Team. Regular monitoring and reporting of workforce Key Performance Indicators including sickness and turnover.	There is no systematic reporting of training other than in relation to statutory and mandatory targets. Wider training overview is to be added to quarterly reporting.	This is subject to a manager's knowledge and expertise.	The HEIW People & Organisational Development Strategy will include analysis of roles and shape of workforce as well as actions around recruitment, retention, and succession planning, and workforce development.

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Strategic Risk 2

Strategic Risk 2: Capacity to deliver a growing range of functions and responsibilities. The risk of lack of capacity may be caused by a lack of sufficient workforce capacity to deliver the growing functions of the organisation, which could be a result of insufficient planning and an over reliance on existing ways of working, not embracing innovation, new ways of working and not investing in appropriate technology.				
Executive Lead: Julie Rogers		Assuring Committee: Audit and Assurance Committee		
Key Controls - these are the mechanisms in place to ensure management of the appropriate risk.	Form of Assurance - these are the mechanisms to provide evidence that the organisation is operationally effective in relation to the specific risk.	Gaps in Control - areas where controls mechanisms highlight issues of concern.	Gaps in Assurance- areas where scrutiny mechanisms do not provide adequate assurance.	Agreed Action Plan - Actions to correct shortcomings in control and assurance.
The Organisation's capacity review is undertaken alongside the development of the Annual Plan/Integrated Medium Term Plans. The corporate infrastructure is revisited when new projects or programmes are introduced/being considered. Ensuring that staff have access to appropriate training to meet the growing needs of the organisation.	The Executive Team receiving and considering the capacity review outcomes. Regular updates to the Senior Leadership Team and the Executive Team on rightsizing projects.	Training to be added to regular workforce reporting.	Challenge of influencing staff to embrace new technology and ways of working – and avoid a culture where the expectation is that the solution will always be additionality/more staff.	Rightsizing review and paper signed off by Executive Team. Group established and will deliver agreed actions. HEIW digital literacy will be a strand of the People & Organisational Development Strategy.

Strategic Risk 3

Strategic Risk 3: Cultural change required to deliver an integrated, multi professional approach. There is a risk that HEIW could fail to develop a positive organisational culture which enables, encourages and develops staff engagement in embracing the multi professional approach. This could be caused by an over reliance on existing ways of working or a lack of time and attention focused on Organisational Development and a failure to embed Compassionate Leadership principles.				
Executive Lead: Alex Howells		Assuring Committee: Audit and Assurance Committee		
Key Controls – these are the mechanisms in place to ensure management of the appropriate risk.	Form of Assurance - these are the mechanisms to provide evidence that the organisation is operationally effective in relation to the specific risk.	Gaps in Control - areas where controls mechanisms highlight issues of concern.	Gaps in Assurance - areas where scrutiny mechanisms do not provide adequate assurance.	Agreed Action Plan - Actions to correct shortcomings in control and assurance.
Establishment of cross cutting priorities as part of the Annual Plan that take multi professional rather than uni professional approaches in many areas e.g. leadership, simulation, primary care, mental health, clinical pathways group and require matrix working across professional areas and organisational boundaries.	Performance management reports on key objectives within the Annual Plan and across the range of activities under the remit of HEIW across all professions.	Some gaps in performance management resulting from some teams still not understanding requirement for them to report on their activities as part of HEIW.		Ongoing development of performance management framework across HEIW. Development programme for the Senior Leadership Team.
Mid and end of year review process with individual Directorates and teams.	Mid and end of year review meetings and notes.	Mid and end of year reviews identify that in some areas there has been less of a multi professional focus, and the pandemic has resulted in a reversion to the previous organisational silos.		Revise template used for mid-year reviews to focus more on this issue.
Implementation of the People and Organisational Development Strategy and roll out of Compassionate Leadership modules.	Internal audit reports and staff surveys.	People and Organisational Development Strategy not yet finalised.		Finalise People and Organisational Development Strategy.
All staff meetings and conferences to bring whole workforce together across organisational boundaries to share developments and good practice	Staff surveys.	Questions on multi professional working could be strengthened.		Review questions for staff questionnaire.

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Strategic Risk 4

Strategic Risk 4: Effective engagement to ensure that we are influencing and shaping the agenda as system leader and can deliver our plans. Acting as a system leader will require effective horizon scanning and insight into the NHS system and workforce trends and clear communication and engagement for coalition building to encourage system change. The risk of failing to influence the agenda as system leader could be caused by a failure to communicate and engage effectively with stakeholders within health and social care.				
Executive Lead: Nicola Johnson		Assuring Committee: Audit and Assurance Committee		
Key Controls - these are the mechanisms in place to ensure the management of the appropriate risk.	Form of Assurance - these are the mechanisms to provide evidence that the organisation is operationally effective in relation to the specific risk.	Gaps in Control - areas where controls mechanisms highlight issues of concern.	Gaps in Assurance - areas where scrutiny mechanisms do not provide adequate assurance.	Agreed Action Plan - Actions to correct shortcomings in control and assurance.
Communication and Engagement Strategy.	Through reports outlining steps taken to communicate and support system leadership.	Can't guarantee that stakeholders will engage with HEIW as system leader.	Need of a stakeholder survey to measure levels of engagement.	Stakeholder survey (*) to measure impact of HEIW as System Leader.
Annual Plan/ Integrated Medium Term Plan (IMTP).	The annual rolling process to develop the plan includes an annual engagement phase with key stakeholders across health, social care, government, regulators, trades unions and others. The aim is to maximise stakeholder engagement with the Annual Plan/IMTP through involving them in the process of developing the document.	As above.	oes the NHS Wales Planning Framework require NHS organisations to engage sufficiently with HEIW on workforce matters.	Ensure that the need to engage with HEIW is reiterated in the NHS Wales Planning Framework.
Executive membership of NHS Peer Network Groups, 'hosting' of Team Wales and membership of other national programme boards.	Active influencing through Team Wales and Peer Network Groups and membership of national programmes.	Need to measure the impact.	Need of a stakeholder survey to measure levels of engagement.	Stakeholder survey (*) to measure impact of HEIW as System Leader.
				*same Stakeholder survey as referenced for strategic risk 5.

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Strategic Risk 5

Strategic Risk 5: Effective engagement with our partners to ensure the delivery of shared objectives and aims. The successful implementation of HEIW’s aims and objectives in several areas will rely on engagement and co-operation with our partners in health, social care and education. The risk of failing to deliver in these areas could be caused by insufficient capacity, not engaging with partners effectively or a failure to achieve buy in from our partners.				
Executive Lead: Alex Howells		Assuring Committee: Audit and Assurance Committee		
Key Controls - these are the mechanisms in place to ensure the management of the appropriate risk.	Form of Assurance- these are the mechanisms to provide evidence that the organisation is operationally effective in relation to the specific risk.	Gaps in Control - areas where controls mechanisms highlight issues of concern.	Gaps in Assurance- areas where scrutiny mechanisms do not provide adequate assurance.	Agreed Action Plan - Actions to correct shortcomings in control and assurance.
Communication and Engagement Strategy.	Through reports outlining progress on implementing the strategy and communication activities such as stakeholder bulletins. Internal audit report.	No issues highlighted in internal audit.	Lack of a Stakeholder survey.	Stakeholder survey to measure impact of HEIW as System Leader. Update on comms and engagement strategy implementation.

Strategic Risk 6

Strategic Risk 6: Volatility of HEIW’s financial position including the reliance on commissioning plans, student choices and associated budgets. This could be exacerbated by the increasing financial challenges faced by government and our education providers particularly post COVID, leading to a reduction in our flexibility to respond to developments.				
Executive Lead: Eifion Williams		Assuring Committee: Audit and Assurance Committee		
Key Controls - these are the mechanisms in place to ensure the management of the appropriate risk.	Form of Assurance- these are the mechanisms to provide evidence that the organisation is operationally effective in relation to the specific risk.	Gaps in Control - areas where controls mechanisms highlight issues of concern.	Gaps in Assurance- areas where scrutiny mechanisms do not provide adequate assurance.	Agreed Action Plan - Actions to correct shortcomings in control and assurance.
Through contracts and through ensuring that the estimation process in respect of finances is cautious and conservative and takes into account the particular difficulties in forecasting the number of self funders.	Ensure the contracts are executed and are in place. Approval of the Financial Plan and the underlying assumptions are understood. Regular reporting of monitoring provisions through the Financial Board Report.	It is not possible for HEIW to control actual recruitment figures as this is undertaken by the education providers. It is also for students to determine individually whether they wish to take up the bursary.	Timing of the information is skewed towards the second half of the year. This is because students primarily choose place in August. They then have three months to decide whether to choose to self-fund or fund through the bursary. Given this the information is not available until at least December.	Regular dialogue and meetings between HEIW and the Education Providers. Regular dialogue and meetings between Welsh Government and Welsh Government Finance.

Strategic Risk 7

Strategic Risk 7: Workforce intelligence and Data. The risk that the quality of workforce intelligence captured and reported within the NHS does not support accurate decision making and planning for the NHS's future workforce requirements. This could lead to both overcapacity and under capacity within the workforce.				
Executive Lead: Julie Rogers		Assuring Committee: Audit and Assurance Committee		
Key Controls - these are the mechanisms in place to ensure the management of the appropriate risk.	Form of Assurance - these are the mechanisms to provide evidence that the organisation is operationally effective in relation to the specific risk.	Gaps in Control - areas where controls mechanisms highlight issues of concern.	Gaps in Assurance - areas where scrutiny mechanisms do not provide adequate assurance.	Agreed Action Plan - Actions to correct shortcomings in control and assurance.
Annual Plan objective. Ensure vision for new Centre of Excellence is articulated and shared. Ensure benefits are described. Through securing sign up from NHS partners.	Evidence of working in partnership with Health Boards and Trusts as well as NHS Wales Shared Services Partnership and other Special Health Authorities to take them with us. Regular updates on project development.	We do not have control over the data that we receive from Health Boards and Trusts via the Electronic Staff Survey (ESR).	Depends on the willingness of other NHS organisations to share their data as well as the views of the Data Controller.	Annual Plan includes work to develop the HEIW vision for Centre of Excellence on workforce intelligence and analytics. This will flush out some of the risks, issues and potential solutions, creating a new partnership agreement and delivering better access to data which will feed workforce intelligence.

HEIW CORPORATE RISK REGISTER (2021)

Date Added	Ref (Risk Area)	Risk Description and Executive Owner	Inherent Risk			Risk Appetite	Mitigating Actions	Residual Risk			RAG Status	Progress
			Impact	Probability	Overall Score			Impact	Probability	Overall Score		
		Details of the risk. If... then... impact				None Low Moderate High Very High	Summary of action to date or proposed action to reduce risk, impact, or proximity – this should include a deadline or timetable for completing actions.				R/A/G & Trend	
8. April 2020	1	If HEIW does not ensure that all reasonable steps are taken in respect of cyber security it may be vulnerable to a data breach, possible fines from the Information Commissioner's Office and associated bad publicity. Board Secretary	5	5	25	LOW	This requires the implementation of recommendations highlighted within HEIW's Cyber Security assessment report. This includes the recruitment of a Head of Cyber Security. Cyber Security Implementation Plan to be drafted and implemented	5	4	20		The recommendations within HEIW's Cyber Security assessment report have or are being implemented. The new Head of Cyber Security joined HEIW on 29 June and has commenced working on a new Cyber Security Implementation Plan. Update 04/03/2021 The Head of Cyber Security has been granted access to the NHS Wales SIEM service. A high-level procurement plan has been submitted to procure a cyber security eLearning & simulation service and work is underway to look at additional cyber security resource. The CIR Policy has been redrafted for Executive review and the Disaster Recovery Plan is under review and being redrafted. Work has commenced to setup the secondary server to support the Pharmacy website. The cyber security internal audit has drawn to a conclusion. A draft copy of the audit report has been distributed for internal review. Update 31/03/2021 Following a review of cyber essentials and given recent developments surrounding the established project to implement the UK-wide Network and Information Systems (NIS) Regulations in the health sector in Wales, it is recommended that HEIW utilise the Cyber Assessment Framework (CAF) instead of cyber essentials. A purchase order for the procurement of a cyber security eLearning & simulation service has been approved. The rollout of Microsoft Intune and Microsoft Defender ATP continues (450 endpoints have been enrolled up to 19/03/2021). The cyber security internal audit report and findings will be presented to the Audit and Assurance Committee 07/08/2021. Work on the cyber security register

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												<p>is underway to collect and report on cyber security events of interest, incidents, and critical vulnerabilities.</p> <p>Update 17/05/2021 The purchasing process has since completed for the Proofpoint cyber security eLearning and simulation service. The Cyber Security Analyst role profile & JD approved and a vacancy request has been created in TRAC. HEIW has received notification from the NHS Wales CRU to commence with the critical system scoping exercise. The rollout of MS Intune and Defender ATP continues and work is underway to evaluate the security posture of HEIW's Microsoft Azure (Cloud) subscription.</p> <p>Update 05/07/2021 Work is underway to develop HEIW's cyber security awareness plan and an offer of employment for the cyber security analyst role has been made. NIS critical service scoping has commenced and the CIR guidelines and plan have been reviewed by the IGIM group. The cloud migration project is in motion and security requirements gathering is underway.</p>
10. May 2020	1.	<p>If the impact of the suspension of routine dentistry and the suspension of aerosol producing procedures in response to COVID-19 affecting dental training processes both in undergraduate and postgraduate arenas is not mitigated this will affect how dental students and foundation dentists gain the relevant level of experience in order to qualify and may impact on the NHS' workforce and service delivery.</p> <p>Medical Director</p>	4	4	16	LOW	<p>The matter is being considered at a 4 nations level to ensure a co-ordinated response.</p> <p>Changes to the training programmes will be developed. This will include:</p> <ul style="list-style-type: none"> Mandatory clinical skills test before starting on patients Redirection of training programme based on contract reform principles Front loading of Simulation and classroom elements of training from Sept 2020- Jan 2021 	2	3	6		<p>Undergraduates were not prevented from qualifying in 2020. They have progressed to Foundation across the UK. The majority of Foundation trainees had gained sufficient competencies to progress. All of our Core Training and Specialist Training posts have been filled. The risk for next year remains though Dentistry has recommenced with appropriate protection.</p> <p>Update 7.10.2010 - No change</p> <p>Update 2.11.2020 There are National discussions ongoing regarding Final Year Dental Students who were due to</p>

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							<ul style="list-style-type: none"> Practical clinical elements of training to be undertaken in later in the training programmes. 					<p>graduate in the Summer of 2021. It is looking likely that their graduation will be delayed as late as December 2021 which will have implications for Foundation programmes in 2021 and onward progression after that.</p> <p>Update 10.01.2020 The current position in Wales is that Graduation may be delayed slightly in Cardiff, but Foundation year could start almost on time.</p> <p>12.02.2021 - No Change</p> <p>04.03.2021 There is a specific problem emerging in relation to the filling of Foundation posts in Wales in Autumn of 2021 due to predicted late graduation in England. There are ongoing National discussions regarding this and local discussions with Cardiff Dental School to anticipate how this will develop.</p> <p>29.03.2021 - no known change. Expecting national update imminently</p> <p>Update - 14.05.2021 This is still a live situation, but the latest information for Wales is that 90% of our Dental Foundation posts will be filled this Autumn with a few posts deferred till March 2022. The impact is therefore reduced, and we can down grade the risk to 6 green</p> <p>Update - 24.05.2021 Over 90% of Dental Foundation Trainees in Wales will commence in the Autumn. We expect 4 individuals to be delayed until March 2022. There is still a risk of a delay in pre-employment checks which could delay direct clinical training, but this can be mitigated by non-clinical training being front loaded in the year. Confirm that the risk can be downgraded to Green 6 6 (Impact 2 Likelihood 3)</p>

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												Update - 25.06.2021 No change
11. July 2020	1.	If there is a second or multiple peaks of COVID-19 and HEIW does not re-assess its Quarterly Plan then it will not be able to re-allocate resources to provide the necessary support to the NHS workforce during the crisis and fail to manage expectations in the delivery of its objectives. Director of Performance, Planning and Corporate Services	4	4	16	LOW	HEIW undertook a review and pause of its IMTP objectives in Q2 and lessons learnt from this process have been captured and utilised. Our Q3 and Q4 Operational Plan has been agreed by the Board and submitted to WG. Our capacity to deliver our Q3&4 Plan remains under review but objectives have not been paused. Progress at the end of Q3 has been reviewed by the Executive Team and the majority of Objectives are on-track. The second wave started before Christmas 2020 and it is now the end of March. The end of year performance report is in progress all risks have been mitigated. The Board received an update on the COVID impact on education and training in March.	4	1	4		Living with COVID is now becoming business as usual. The final draft Annual Plan 2021/22 has been approved by the Board for sharing with Welsh Government. The Board agreed it will be reviewed quarterly to reflect the ongoing uncertainty and COVID response and recovery. Recommend: Close Risk
12. July 2020	1.	If HEIW is unable to access workforce data from other NHS organisations, then its workforce will not be able to provide modelling data and fail to meet expectations in respect of the same and have an adverse impact on NHS workforce planning. Director of Workforce and Organisational Development	4	3	12	LOW	HEIW to request access to live data from ESR and other workforce information systems as well as the current Data Warehouse information Requests for additional access to information in line with NHS Digital/Health Education England.	4	2	8		Discussions with Welsh Government and NWSSP to take place to understand the remit and responsibilities for each organisation. Data access discussions with NWSSP in progress Update – 30/06/2021 No change
13. July 2020	1.	If HEIW does not have sufficient capacity this may have an impact on its ability to support the NHS, delivery of the Annual Plan	4	4	16	LOW	Assessment and costing of workforce requirements made as part of the development of the Quarterly/ Annual plans.	4	2	8		Plans actively reviewed and monitored to assess delivery trajectories and inform revisions/mitigation. 'Reset' under consideration in context of draft 2021-22 Annual Plan to ensure

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		commitments and levels of performance. Director of Workforce and Organisational Development										that capacity and resources are aligned to priority areas Update – 30/06/2021 A Workforce Resourcing and Utilisation Group has been established and are due to meet in the next 2 weeks.
15. Aug 2020	2	If there are insufficient employment opportunities available for graduating Allied Health Professionals and Health Care Science students who have opted into the bursary tie-in the investment in education for these students may be lost. Interim Director of Nursing	3	5	15	LOW	A deep dive was undertaken in August 2020 to examine underlying reasons for employment shortages and the bursary appeals process that releases/enforces students from their bursary responsibilities. Following a period of enhanced monitoring (September 2020) and Targeted Support (October – December 2020) the whereabouts of graduates was confirmed, and a revised recruitment approach implemented for 2021 graduates to maximise the opportunity for Welsh Bursary students to obtain employment in Wales. The existing appeals process was paused due to the pandemic and revised to include a two-stage process incorporating a review stage. Weekly verbal updates provided to Executive with written reports to Executive and to Board as needed. A Welsh bursary relationship manager post was created to act as a reference point for all stakeholders and to progress EIA processes and communications. A managed process (Streamlining) introduced for all AHP and HCS students graduating in 2021 implemented. Evaluation of this is currently underway.	4	3	12		Update June 2021 362 of 475 graduating AHP and HCS 2020 students recruited to Band 5 jobs in Wales. Location of 474 is now known. Streamlining implemented for Physicians Associates, Midwives alongside nurses, ODPs, AHPs and HCS in 2021. Regarding AHPs and HCS students 381 were employed through the matching scheme. This is 75% of all students but others have also obtained employment prior to streamlining commencing so we anticipate the final % will be higher than it is currently. Approximately 25% of students either chose not to opt in to streamlining / were not successfully matched to a post through streamlining/ have obtained a post outside of streamlining / have asked to repay their tuition fees – this data is currently being reconciled. Unintended consequences of streamlining include recognition that employment opportunities and commissioned numbers are not the same; insufficient posts for Welsh domiciled students who had studied outside of Wales returning to Wales. This may impact on volume of Welsh language practitioners in North Wales many of whom study in England An evaluation process of the outcomes of the summer 2021 streamlining process is progressing.

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												An evaluation process of AHP and HCS process has been undertaken and noted by the Executive Team. Plans for 2022 graduate recruitment will be negotiated and agreed by September 2022.
16. Aug 2020		<p>If there is an increase in cases of COVID 19 that impacts on 'usual' service delivery there may be disruptions to placement opportunities for trainees and students thereby impacting their ability to progress, graduate or complete training in their field. This in turn will impact the workforce with shortages that may have a long-term effect on service delivery.</p> <p>Interim Director of Nursing & Medical Director</p>	4	3	12	LOW	<ul style="list-style-type: none"> Continuation of the mapping of cohort/programme delays Supporting Education Placements (Eps) and service to implement HEIWs placement recovery principles Continuous engagement with regulators, EPs CoDs medical Colleges and other statutory educational bodies (4 nation approach) to ensure continuity of education. Placement recovery principles. Revised processes for ARCPs and curriculum derogations for medical trainees to continue until September 2021 to support progression Established communication channels with LEPs for medical trainees to ensure time limited approach to any redeployment in context of second wave Data gathering at individual medical and dental trainee level The UK approval of a COVID 19 vaccine on 2/12/20, with NHS staff prioritised, followed by the wider UK population provides assurance that programmes will be able to revert to pre COVID approaches by spring 2021. 	4	3	12		<p>Update10.01.2020 <u>Medicine</u> The second wave has resulted in the potential for further redeployment of trainees. This activity is being carefully monitored and more effective management and communication plans are in place. 4 nation agreed revised ARCP processes and derogations to curricula to continue until September 2021 to enable progression of trainees as far as possible but further disruption will have a cumulative impact on trainee progression and potential. There are ongoing discussions at UK level in Medicine and Dentistry to ensure that the beneficial changes across the UK are maintained.</p> <p><u>Medicine</u> Redeployment has happened when needed at a local level and with the agreement and involvement of the Appropriate Deanery. February rotations have proceeded as planned. There are ongoing concerns about experience for Craft specialties with the reduction of planned surgery.</p> <p>04.03.2021 <u>Medicine</u> Ongoing concerns about craft specialties. This may become clearer with new planned care programmes.</p> <p>29.03.2021 <u>Medicine</u> No change in the position from 04.03.2021</p> <p>29 April 2021 - Nursing and AHP</p>

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												<p>The Directorate is in continuous conversations with regulators, EPs, CoDs and Government. Following a resurgence of the COVID pandemic in October 2020 a review as to whether students should be deployed again has been under review by the 4 nations and key stakeholders. It is not the intention of Wales to deploy students at this point thereby enabling the students to complete their learning and enter the workforce as planned. 350+ nursing student are due to enter the workforce in March 2021. Additionally, several e-resources have been made available to students to reduce any concerns they may have of entering placement / travelling to placement during the pandemic situation. Instigation of emergency standards is again under review. Engagement with WG has ensured that students on placement have parity of access to COVID vaccinations as paid staff.</p> <p><u>Medicine – Updated 24.05.21</u> All rotations and training have been progressing, but concern regarding Craft specialties remains.</p> <p><u>Nursing – Updated 26.05.21</u> In Feb 2021 WG confirmed there are no plans to redeploy students to support the workforce during the second wave of COVID. The current fall in infection rates across Wales provides greater certainty that this position will remain. ECQT led placement recovery group continues to support the safe reopening and expansion of placements. Engagement with WG has ensured that students on placement have parity of access to COVID vaccinations as paid staff.</p> <p><u>Medicine Update - 25.06.2021</u> No change</p> <p><u>Nursing – updated 21.06.21</u></p>

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												A new role has been developed and appointed to – Head of Placement Experience and Improvement within the Nurse and Health Professional Education Directorate. The overarching remit is to develop capacity, quality and learning opportunity
17. Oct 2020		<p>If there is a lack of interest from Education Providers in lots as detailed in ITT. Then this may result in an interruption to the workforce pipeline and a reputational risk to HEIW. Whilst extensive consultation has been undertaken in developing the ITT, the landscape for education providers has shifted in 2020 due to the COVID pandemic and resurgence.</p> <p>Director of Finance/Interim Director of Nursing</p>	5	4	20	LOW	<ul style="list-style-type: none"> Detailed consultation with all stakeholders in developing the ITT. Development of carefully crafted lots. Education which has previously been difficult to recruit to has been incorporated in larger lots ensuring that there will be bidders – for example Radiography Assistant Practitioners has been incorporated into the largest Diagnostic Radiography lot All Healthcare Science PTP's have been incorporated into one lot – therefore increasing numbers and funding for the lot which should result in all small HCS PTPs being commissioned 	4	2	8		<p>Nursing update - 26.05.21</p> <p>April 21 - valuation is complete with successful tenderers identified. Report prepared for consideration by Execs and Joint Committees. On track for submission to Board and WG. Once the approvals phase is complete this risk may be closed.</p> <p>Nursing – updated 21.06.21</p> <p>Education providers will be informed of the outcome of the procurement 28 June.</p>
19. Dec 2020		<p>If we continue to commission post registration and post-graduation education from Higher Education Institution's (HEIs) in England and Wales without a contract then HEIs may withdraw education provision or fail to provide high quality education that can be performance managed in the usual contractually governed way.</p> <p>Interim Director of Nursing</p>	3	6	18	MEDIUM	<p>Strategic review phase 2 to be a standing item in contract meetings with HEI's.</p> <p>Continue to engage with regular discussions with the National School (4 countries meetings held quarterly) Phased approach with those programmes most at risk in first wave.</p> <p>Imperative to keep to agreed timeline and ensure project is sufficiently</p>	3	4	12		<p>May 2021</p> <p>Staff resources to support phase 2 have been agreed, programme manager post to be advertised shortly.</p> <p>Project boards initiated. Further internal scoping meetings planned.</p> <p>Update 21-06-21</p> <ul style="list-style-type: none"> Scoping meetings commenced and linking with subject experts and established education workforce groups

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							resourced e.g. appointing a project manager					<ul style="list-style-type: none"> 2 T&F groups established Project Manager post out to advert Draft plan presented to the Executive Team. Timeline remains tight and is being kept under close review involving discussions with procurement colleagues
20.		Strategic Review If Higher Education Institutions who are successful in their tenders for Phase 1 of the Strategic Review of Health Professional Education fail to mobilise the new education programmes within the time specified by contract, then new students will be unable to benefit from programmes in 2022. Interim Director of Nursing	3	4	12	Medium	Each HEI has supplied an implementation plan to which they will be required to follow. A senior team member of the ECQ will sit on each HEIs implementation project board to ensure processes are being followed to ensure validation, recruitment and curriculum implementation.	2	4	8		Risk added 03.06.2021
21		Nurse Staffing Programme If HEIW fails to identify & implement a national data capture and reporting solution health boards/NHS Trusts will be unable to access the data required to meet the requirements of the Nurse Staffing Levels (Wales) Act and adhere to the 'Once for Wales' approach. Interim Director of Nursing	4	3	12	Moderate	Undertake scoping of existing and requirements of national solution. Identify & implement a national data capture and reporting solution. Implement the use of Power BI across section 25B areas Appoint to IT posts Scope IT systems & map data flows. Complete Data Protection Impact Assessment. Collaborative working with IT team/HEIW, health boards/trusts, NDR unit/ DHCW to identify means of support. Identify responsibilities for organisations – formalise arrangements.	4	2	8		Updated 07.06.2021 The HCMS system has been adapted as an interim measure whilst national IT system (Allocate/Safecare) is being implemented (Allocate) system adapted -2 versions pending implementation. Initial scoping exercise undertaken to identify current systems. Further work is required Meetings held with IT team/HEIW and National Data Resource unit to identify means of support. Plans to formalise agreements to be put in place. Review of IT posts, adverts pending for 2 IT posts.

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Risk Scoring Matrix

L I K E L I H O O D	Probable	5	10	15	20	25	Level	Colour	Score Range
	Likely	4	8	12	16	20	Low		1 – 6
	Possible	3	6	9	12	15	Moderate		7 – 14
	Unlikely	2	4	6	8	10	High		15 – 25
	Rare	1	2	3	4	5			
		Negligible	Minor	Moderate	Major	Critical			
		IMPACT							

Risk Appetite Levels

Appetite Level	Described as:	What this means
None	Avoidance of risk and uncertainty is a key organisational objective.	Avoidance of loss is key objective, play safe, avoidance of developments. Priority for tight controls and oversight.
Low	Minimal, or as little as reasonably possible, is preferred for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential.	Prepared to accept the possibility of very limited financial loss if essential. Win any challenges re compliance. Innovations avoided unless essential.
Moderate	Cautious is preferred for safe delivery options that have low degree of inherent risk and may only have limited potential for reward.	Prepare to accept some possibility of some financial loss. Limited tolerance for sticking neck out. Tendency to stick with status quo, innovation in practice avoided unless really necessary
High	Open and willing to consider all potential delivery options and choose while also providing an acceptable level of reward (and Value for Money).	Prepared to invest for return & minimise the possibility of financial loss. Value and benefits considered. Gains outweigh adverse consequences. Innovation supported.
Very High	Seek and be eager to be innovative and too chose options offering potentially higher business rewards (despite greater inherent risk). Or also described as mature and confident in setting high levels of risk appetite because controls, forwards scanning, and responsiveness systems are robust.	Investing for best possible return & acceptance of possibility of financial loss. Chances of losing any challenge are real and consequences would be significant. Desire to break the mould. High levels of devolved authority – management by trust, not control.



Dyddiad y Cyfarfod	21ain o Orffennaf 2021	Eitem ar yr Agenda	2.13
Teitl yr Adroddiad	Cofrestr Risg Gorfforaethol		
Awdur yr Adroddiad	Catherine English, Rheolwr Llywodraethu Corfforaethol		
Noddwr yr Adroddiad	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Cyflwynir gan	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Rhoi trosolwg o'r risgiau a nodir ar hyn o bryd yn y Gofrestr Risg Gorfforaethol.		
Materion Allweddol	<p>Mae'r adroddiad hwn yn rhoi'r wybodaeth ddiweddaraf am y Gofrestr Risg Gorfforaethol(CRR), sydd wedi'i hatodi yn Atodiad 1.</p> <p>Mae'r CRR yn cadarnhau bod gan AaGIC 11 o risgiau ar hyn o bryd sy'n cael eu hasesu fel a ganlyn:</p> <ul style="list-style-type: none"> • Un risg statws 'coch' • Wyth risg statws 'ambr' • Dau risg statws 'gwyrrdd'. 		
Cam Penodol a Fynnir (✓un yn unig)	Gwybodaeth	Trafodaeth	Sicrwydd
			✓
Argymhellion	<p>Gofynnir i'r Pwyllgor Archwilio a Sicrwydd:</p> <ul style="list-style-type: none"> • Sylwi ar yr adroddiad er sicrwydd a • Chymeradwyo bod y ddau risg statws 'gwyrrdd', risg 10 a risg 11, yn cael eu dileu o'r Gofrestr Risg Gorfforaethol. 		

Cofrestr Risg Gorfforaethol

1. CYFLWYNIAD

Gofynnir i'r Pwyllgor Archwilio a Sicrwydd nodi'r sefyllfa bresennol o ran y Gofrestr Risg Gorfforaethol (Atodiad 1) fel yr amlinellir yn yr adroddiad hwn.

2. CEFNDIR

Ers y cyfnod adrodd diwethaf, mae **11 o risgiau** ar y Gofrestr Risg Gorfforaethol ar hyn o bryd. Aseswyd y risgiau hyn fel a ganlyn: **un** statws coch, **wyth statws** ambr a **dau** statws gwyrrdd. Ceir rhagor o sylwadau mewn

perthynas â'r risg goch ynghyd ag unrhyw newidiadau perthnasol i'r CRR yn ystod y cyfnod adrodd isod.

2.1. Risg Goch

Risg 8 - Os nad yw AaGIC yn sicrhau bod pob cam rhesymol yn cael ei gymryd mewn perthynas â seiberddiogelwch, gall fod yn agored i doriad data, dirwyon posibl gan Swyddfa'r Comisiynydd Gwybodaeth a chyhoeddusrwydd gwael cysylltiedig.

Lliniaru: Mae hyn yn gofyn am weithredu argymhellion a amlygir yn Adroddiad Asesu Seiberddiogelwch AaGIC. Y Cynllun Gweithredu Seiberddiogelwch i'w ddrafftio a'i weithredu.

Cynnydd: Mae'r argymhellion yn Adroddiad Asesu Seiberddiogelwch AaGIC wedi'u gweithredu neu'n cael eu gweithredu.

Datblygiadau diweddar: Mae gweithgareddau i gefnogi'r gwaith o gyflawni'r cynllun seiberddiogelwch ar y gweill.

- Mae cwricwlwm Ymwybyddiaeth Seiberddiogelwch a datblygu cynlluniau ar y gweill.
- Mae cyfweiliadau Dadansoddwr Seiberddiogelwch wedi dod i ben, ac mae cynnig o gyflogaeth wedi'i wneud.
- Mae'r gwaith o gwmpasu gwasanaethau critigol Rheoliadau'r System Rhwydwaith a Gwybodaeth (NIS) wedi dechrau. Mae cwmpasu'n cael ei gydgyssylltu'n ganolog gan yr Uned *Seibergydnherthu* (CRU) sydd angen diweddariadau statws rheolaidd.
- Mae'r Canllawiau a Chynllun Ymateb i Ddigwyddiadau Cyber (*dogfennau drafft terfynol*) wedi'u hail-ddrafftio ac fe'u trafodwyd a'u hadolygu gan y Grŵp IGIM ym mis Mehefin 2021.
- Mae'r gwaith o gasglu gofynion diogelwch ar y gweill i gefnogi'r mudo system(au) arfaethedig i danysgrifiad Microsoft Azure (Cloud) AaGIC.

2.2. Risg gyda Sgôr Uwch

Bu un risg gyda sgôr uwch ers yr adroddiad diwethaf.

Risg 19: Os parhawn i gomisiynu addysg ôl-gofrestru ac addysg ôl-raddedig gan SAU yng Nghymru a Lloegr heb gontract, yna gall SAU dynnu darpariaeth addysg yn ôl neu fethu â darparu addysg o ansawdd uchel y gellir rheoli perfformiad yn y ffordd arferol sy'n cael ei llywodraethu gan gontract.

Lliniaru: Cam 2 yr Adolygiad Strategol o Addysg Broffesiynol i fod yn eitem sefydlog mewn cyfarfodydd contract gyda SAU. Bydd AaGIC yn parhau'n gymryd rhan mewn trafodaethau rheolaidd gyda'r Ysgol Genedlaethol (cynhelir cyfarfodydd 4 gwlad bob chwarter) a bydd yn mabwysiadu dull wedi'i nodi i'wgyflwyno, gan ganolbwyntio ar y rhaglenni hynny sydd fwyaf mewn perygl yn y don gyntaf. Mae'n anhydraidd cadw at amserlenni y cytunwyd arnynt a sicrhau bod gan y prosiect ddigon o adnoddau e.e. drwy benodi rheolwrprosiect.

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Cynnydd: Mae cyfarfodydd cwmpasu bellach wedi dechrau. Mae AaGIC yn cysylltu ag arbenigwyr pwnc ac mae wedi sefydlu grwpiau gweithlu addysg. Mae dau grŵp gorchwyl a gorffen wedi'u sefydlu ac mae swydd rheolwr y prosiect allan i'w hysbysebu. Mae'r cynllun drafft wedi'i gyflwyno i Weithredwyr ac mae'r amserlenni'n parhau'n dynn ac felly maent yn cael eu hadolygu'n agos gan gynnwys trafodaethau gyda chydweithwyr caffael.

Asesiad: Aseswyd y risg hon fel 8 a statws 'Ambr'. Fodd bynnag, ailaseswyd y risg ac mae wedi arwain at gynydd yn y sgôr i 12. Mae'r risg yn parhau i gael ei hasesu fel statws 'Ambr'.

2.3. Risgiau gyda Sgôr Is

Bu dau risg gyda sgôr is ers yr adroddiad diwethaf.

Risg 10: Os na chaiff effaith atal deintyddiaeth arferol ac atal gweithdrefnau cynhyrchu aerosol mewn ymateb i COVID-19, sy'n effeithio ar brosesau hyfforddi deintyddol mewn arenâu israddedig ac ôl-raddedig, ei lliniaru, bydd hyn yn effeithio ar sut mae myfyrwyr deintyddol a deintyddion sefydledig yn cael y lefel berthnasol o brofiad er mwyn cymhwyso a gall effeithio ar yr NHSworkforce a darparu gwasanaethau.

Lliniaru: Bydd newidiadau i'r rhaglenni hyfforddi yn cael eu datblygu. Bydd hyn yn cynnwys:

- Prawf sgiliau clinigol gorfodol cyn dechrau ar gleifion
- Ailgyfeirio rhaglen hyfforddi yn seiliedig ar egwyddorion diwygio contractau
- Llwytho elfennau o hyfforddiant ar y blaen i efelychu ac elfennau ystafell ddosbarth.
- Elfennau clinigol ymarferol o hyfforddiant i'w cynnal yn ddiweddarach yn y rhaglenni hyfforddi.

Cynnydd: Bydd dros 90% o Hyfforddeion y Sefydliad Deintyddol yng Nghymru yn dechrau yn yr hydref. Rydym yn disgwyl i lai na 5 unigolyn gael eu hoedi tan fis Mawrth 2022. Mae perygl o hyd y bydd oedi mewn archwiliadau cyn cyflogi a allai ohirio hyfforddiant clinigol uniongyrchol, ond gellir lliniaru hyn drwy roi hyfforddiant anghlinigol ar y blaen yn ystod y flwyddyn.

Asesiad: Aseswyd bod y risg hon yn statws 'Ambr'. Fodd bynnag, ailaseswyd y risg ac mae wedi arwain at y sgôr yn gostwng i 6 sy'n cael ei hasesu fel statws 'Gwyrdd'. Argymhellir cau'r risg hon.

Risg 11: Os oes ail uchafbwynt neu nifer o fawn o COVID-19 ac nad yw AaGIC yn ailasesu ei Gynllun Chwarterol, yna ni fydd yn gallu ail-ddyrannu adnoddau i ddarparu'r cymorth angenrheidiol i weithlu'r GIG yn ystod yr argyfwng a methu â rheoli disgwyliadau wrth gyflawni ei amcanion.

Lliniaru: Bu AaGIC yn cynnal adolygiad ac oedi o'i amcanion IMTP yn Ch2 a chrynwyd a defnyddiwyd y gwersi a ddysgwyd o'r broses hon. Cytunodd y Bwrdd ar ein Cynllun Gweithredol C3 a C4 a'i gyflwyno i Lywodraeth Cymru. Cadarnhaodd yr adroddiad perfformiad diwedd blwyddyn fod risgiau'r Cynllun

Chwarterol wedi'u lliniaru. Cafodd y Bwrdd y wybodaeth ddiweddaraf am effaith COVID-19 ar addysg a hyfforddiant ym mis Mawrth.

Cynnydd: Mae byw gyda COVID-19 bellach yn dod yn fusnes fel arfer. Mae Cynllun Blynnyddol drafft terfynol 2021/22 wedi'i gymeradwyo gan y Bwrdd i'w rannu â Llywodraeth Cymru. Cytunodd y Bwrdd y bydd yn cael ei adolygu bob chwarter i adlewyrchu'r ansicrwydd parhaus ac ymateb ac adferiad COVID-19.

Asesiad: Aseswyd bod y risg hon yn statws 'Ambr'. Fodd bynnag, mae'r risg wedi'i hailasesu ac mae wedi arwain at y sgôr yn gostwng i 4 sy'n cael ei hasesu fel statws 'Gwyrdd'. Argymhellir cau'r risg hon.

2.4. Tynnu Risg

Nid oes unrhyw risgiau wedi'u dileu o'r CRR ers yr adroddiad diwethaf.

2.5. Risgiau Newydd

Mae dau risg wedi'u hychwanegu at y CRR ers yr adroddiad diwethaf.

Risg 20: Os bydd Sefydliadau Addysg Uwch (SAU) sy'n llwyddiannus yn eu tendrau ar gyfer Cam 1 yr Adolygiad Strategol o Addysg Broffesiynol lechyd yn methu ag ysgogi'r rhaglenni addysg newydd o fewn yr amser a bennir gan y contractau yna ni fydd myfyrwyr newydd yn gallu elwa o raglenni addysg newydd yn 2022.

Lliniaru: Mae pob SAU wedi darparu cynllun gweithredu y bydd yn ofynnol iddynt ei ddilyn. Bydd uwch aelod o'r Tîm Addysg, Comisiynu ac Ansawdd yn eistedd ar fwrdd prosiect gweithredu pob SAU i sicrhau bod prosesau'n cael eu dilyn i sicrhau dilysu, recriwtio a gweithredu'r cwricwlwm.

Asesiad: Aseswyd bod y risg hon yn 8 sy'n statws 'Ambr'.

Risg 21: Os bydd AaGIC yn methu â nodi a gweithredu datrysiad cenedlaethol i gasglu ac adrodd ar ddata, ni fydd Byrddau lechyd/Ymddiriedolaethau'r GIG yn gallu cael gafael ar y data sydd ei angen i fodloni gofynion Deddf Lefelau Staff Nyrsio (Cymru) a chadw at y dull 'Unwaith am Gymru'.

Lliniaru: Cwblhau'r Asesiad o'r Effaith ar Ddiogelu Data. Cydweithio â thîm TG AaGIC, Byrddau lechyd, Ymddiriedolaethau, uned Adnoddau Data Cenedlaethol (NDR), Gofal lechyd Digidol Cymru i nodi dulliau cymorth. Nodi cyfrifoldebau ar gyfer sefydliadau a ffurfioli trefniadau.

Cynnydd: Cynhaliwyd cyfarfodydd gyda thîm TG AaGIC a'r uned NDR i nodi dulliau cymorth ac mae cynlluniau ar y gweill i ffurfioli cytundeb. Mae hysbysebion yn yr arfaeth ar gyfer dwy swydd TG.

Asesiad: Aseswyd bod y risg hon yn 8 oed ac mae'n statws 'Ambr'.

3. MATERION LLYWODRAETHU A RISG

Mae rheoli risg drwy'r Gofrestr Risg Gorfforaethol yn offeryn craidd ar gyfer llywodraethu risg o fewn AaGIC.

4. GOBLYGIADAU ARIANNOL

Mae rheoli risg drwy'r Gofrestr Risg Gorfforaethol yn un o swyddogaethau craidd AaGIC fel Awdurdod Iechyd Arbennig. Ni ragwelir unrhyw oblygiadau cost ychwanegol.

5. ARGYMHELLIAD

Gofynnir i'r Pwyllgor Archwilio a Sicrwydd:

- **Sylwi** ar gynnwys yr adroddiad a
- **Chymeradwyo** bod y ddau risg statws 'gwyrdd', risg 10 a risg 11, yn cael eu dileu o'r Gofrestr Risg Gorfforaethol.

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Llywodraethu a Sicrwydd			
Cyswilt â nodau strategol y Cynllun Tymor Canolig Integredig <i>(✓os gwelwch yn dda)</i>	Nod Strategol 1: Arwain cynlluniad, datblygiad a lles gweithlu cymwys, cynaliadwy a hyblyg i gefnogi'r broses o gyflawni 'Cymru Iachach'	Nod Strategol 2: Gwella ansawdd a hygyrchedd addysg a hyfforddiant i holl staff gofal iechyd gan sicrhau ei fod yn bodloni anghenion y dyfodol	Nod Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru trwy feithrin arweinyddiaeth dosturiol a chyfunol ar bob lefel
		✓	
	Nod Strategol 4: Datblygu'r gweithlu i gefnogi cyflawniad diogelwch ac ansawdd	Nod Strategol 5: Bod yn esiampl-gyflogwr ac yn lle gwych i weithio	Nod Strategol 6: Cael ein cydnabod fel partner, dylanwadwr ac arweinydd rhagorol.
Ansawdd, Diogelwch a Phrofiad y Claf Y Gofrestr Risg Gorfforaethol yw'r offeryn craidd i sicrhau rheolaeth risg effeithiol o fewn AaGIC. Mae dull cadarn o reoli risg yn fwy tebygol o gael effaith ffafriol ar ddiogelwch a phrofiad cleifion a staff.			
Goblygiadau Ariannol Mae rheoli risg yn un o swyddogaethau craidd AaGIC fel Awdurdod Iechyd Arbennig. Ni ragwelir unrhyw gostau ychwanegol.			
Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth) n/a			
Goblygiadau Staffio n/a			
Goblygiadau Hirdymor (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015) Y Gofrestr Risg Gorfforaethol yw offeryn craidd AaGIC i reoli risg wrth symud ymlaen.			
Hanes yr Adroddiad	Cyflwynir y Gofrestr Risg Gorfforaethol i'r Tîm Gweithredol a'r Uwch Dîm Arweinyddiaeth bob mis ac i'r Pwyllgor Archwilio a Sicrwydd bob chwarter.		
Atodiadau	<ul style="list-style-type: none"> Atodiad 1 - Cofrestr Risg Gorfforaethol 		

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Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Dyddiad y Cyfarfod	21 Gorffennaf 2021	Eitem Agenda	2.14
Teitl yr Adroddiad	Traciwr Argymhellion Archwilio		
Awdur yr Adroddiad	Catherine English, Rheolwr Llywodraethu Corfforaethol		
Noddwr yr Adroddiad	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Cyflwynwyd gan	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	<p>Cyflwyno'r Traciwr Argymhellion Archwilio (y Traciwr) i'r Pwyllgor Archwilio a Sicrwydd at ddibenion cydymffurfio a sicrwydd. Mae'r Traciwr yn cynnwys y camau gweithredu a gytunwyd mewn ymateb i'r argymhellion a'r ystyriaethau cyngor yn yr adroddiadau Archwilio a dderbyniwyd gan archwilwyr fel yr Archwilwyr Mewnol ac Archwilio Cymru.</p> <p>Rhoi diweddariad ar statws RAG nifer o argymhellion ar ôl i'r Tîm Gweithredol adolygu cynnydd y camau gweithredu yn y Traciwr.</p>		
Materion Allweddol	<p>Ar hyn o bryd mae'r Traciwr, sy'n defnyddio'r system sgorio Coch, Oren a Gwyrdd (RAG yn Saesneg), yn tracio 31 o argymhellion ac ystyriaethau cyngor.</p> <p>Mae'r Traciwr yn amgaeedig yn Atodiad 1.</p>		
Gweithredu Penodol sydd ei angen (un ✓ yn unig)	Gwybodaeth	Trafod	Sicrwydd
			Cymeradwyo
Argymhellion	<p>Gofynnir i'r Pwyllgor Archwilio a Sicrwydd:</p> <ul style="list-style-type: none"> • Nodi'r adroddiad; • Ystyried y cynnydd; • Cymeradwyo'r cynnig bod yr argymhellion gwyrdd a aseswyd i fod wedi eu cwblhau, neu a gwblhawyd, yn cael eu tynnu allan o'r Traciwr. 		

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TRACIWR ARGYMHELLION ARCHWILIO

1. RHAGARWEINIAD

Yn unol ag arfer da, dylai'r Pwyllgor Archwilio a Sicrwydd (y Pwyllgor) fonitro'n ofalus y cynnydd a wneir gyda'r rhaglen adroddiadau archwilio mewnol ac allanol ar gyfer AaGIC. Mae Traciwr Argymhellion Archwilio manwl (y Traciwr) wedi'i sefydlu i gofnodi cynnydd yr holl argymhellion ym mhob un o'r adroddiadau gan Archwilwyr Mewnol ac Allanol a gwblhawyd ers sefydlu AaGIC.

Bydd y Traciwr yn rhoi sicrwydd i'r Pwyllgor Archwilio a Sicrwydd bod cynnydd yn cael ei wneud gyda'r argymhellion a'u bod yn cael eu monitro a'u cwblhau yn ôl y disgwyl.

2. CEFNDIR

Dylai'r Pwyllgor chwarae rôl greiddiol mewn cynorthwyo i lywodraethu AaGIC yn effeithiol. Dylai chwarae rôl hanfodol mewn sicrhau bod AaGIC yn cael ei redeg yn unol ag arferion llywodraethu da gan gymhwyso safonau cyfrifyddu ac archwilio priodol a mabwysiadu trefniadau rheoli risg priodol.

3. LLYWODRAETHU A MATERION RISG

Yn unol â llywodraethu da, mae cydlynu ac adrodd ar gamau gweithredu sefydliadol i ateb y gofynion archwilio'n elfennau allweddol o drefniadau sicrwydd cyffredinol AaGIC.

Mae'r Traciwr yn monitro statws argymhellion yr Archwilwyr Mewnol ac Allanol, a'r ystyriaethau cyngor, yn ofalus. Mae hyn yn rhoi offeryn parod fel bod AaGIC yn gallu craffu'n fwy manwl ar yr argymhellion a chanolbwyntio'n fwy trylwyr ar y rhesymau pam fod yr argymhellion yn hwyr neu pam fod y cynnydd gyda gweithredu'r argymhellion ar ei hôl hi. Bydd hyn yn amlygu'r meysydd a allai fod angen cymorth ychwanegol gan sicrhau bod mesurau clir yn eu lle i godi pryderon.

Taenlen Excel yw'r Traciwr sydd wedi'i rannu'n chwe thab:

- Adolygiadau Archwilio Mewnol
- Allanol – Adolygiadau Swyddfa Archwilio Cymru a rhai Allanol eraill
- Adolygiadau Cyngor Mewnol
- Adolygiad Archwilio Mewnol a Gwblhawyd
- Adolygiad Archwilio Allanol a Gwblhawyd
- Adolygiad Cyngor Mewnol a Gwblhawyd

Blaenoriaethu'r Argymhellion

Mae argymhellion archwilio wedi eu categorio'n ôl lefel eu blaenoriaeth ac yn fras dylid eu cwblhau o fewn y terfynau amser canlynol oni bai y cytunir ar amserlen fwy priodol pan wneir yr archwiliad.

Uchel – i'w gwblhau'n syth

Canolig – i'w gwblhau o fewn un mis

Isel – i'w gwblhau o fewn tri mis

- **Tab 1 – Crynodeb o'r Adroddiadau Archwilio Mewnol**

Ar adeg cyhoeddi'r adroddiad, mae **27** argymhelliad archwilio mewnol ar y Traciwr.

Mae'r Traciwr yn nodi pa argymhellion a gwblhawyd ac y bwriedir eu tynnu allan o'r Traciwr, pa rai y gwnaed cynnydd sylweddol o ran eu gweithredu ond sydd heb eu cwblhau'n llawn eto, a pha argymhellion y gwnaed peth cynnydd o ran eu gweithredu ond sydd â nifer o ffactorau yn eu hatal rhag cael eu cwblhau'n llawn.

Mae'r tabl isod yn categoreiddio'r **27** argymhelliad o dan y tab archwilio mewnol.

Coch	0	Dim cynnydd a'r tu allan i'r terfyn amser targed gwreiddiol. Terfynau amser diwygiedig wedi eu dyrannu.
Gwyrdd	18	Aseswyd bod y cam gweithredu wedi'i gwblhau.
Oren	9	Cynnydd sylweddol ond heb gwblhau'n llawn eto neu'r Gweithredu heb gyrraedd dyddiad y terfyn amser.

Mae **18** o gamau gweithredu 'Gwyrdd' a aseswyd i fod wedi eu cwblhau, neu a gwblhawyd, ac y bwriedir eu tynnu allan o'r Traciwr gyda chytundeb y Pwyllgor Archwilio a Sicrwydd.

Cyfanswm yr Argymhellion Archwilio Mewnol Hwyr

Mae **7** o argymhellion hwyr ar y Traciwr ac a roddir mewn cyd-destun isod.

Mae rhai o'r argymhellion hwyr o dan y tab archwilio mewnol yn ymwneud â'r Dangosfwrdd Perfformiad. Trafodwyd y cynnydd a'r datblygiadau yn y maes hwn yn Sesiwn Ddatblygu'r Bwrdd ym mis Mehefin. Mae cynnydd amlwg wedi bod yn y ffocws ar hyn yn dilyn penodi Cyfarwyddwr y Gwasanaethau Cynllunio, Perfformiad a Chorfforaethol.

Mae'r diweddariadau ar gynnydd nifer o'r argymhellion yn cynnwys cynlluniau i gau'r argymhellion hyn yn Chwarter 2.

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Mae'r argymhellion hwyr wedi eu rhannu yn ôl lefel eu blaenoriaeth, fel y mae'r tabl isod yn ei ddangos:

Lefel blaenoriaeth	Nifer yr argymhellion hwyr
Uchel	1
Canolig	3
Isel	3
Cyfanswm	7

Nodir isod nifer yr argymhellion hwyr yn ôl eu sgoriau sicrwydd:

Sgôr sicrwydd	Nifer yr argymhellion hwyr
Prin	0
Rhesymol	6
Sylweddol	1
Heb ei sgorio	0
Cyfanswm	7

Tab 2 – Crynodeb o'r Adroddiadau Archwilio Allanol

Mae Tab 2 yn disgrifio'r argymhellion a wnaed yn dilyn Asesiadau Ffurfiol Archwilio Cymru ac unrhyw adroddiadau archwilio allanol eraill. Ar adeg cyhoeddi'r adroddiad, mae **3** argymhelliad archwilio allanol ar y Traciwr ar hyn o bryd.

Mae'r tabl isod yn disgrifio statws yr argymhellion archwilio allanol presennol:

Statws	Nifer yr argymhellion
Hwyr	2
Ddim yn ddyledus eto	1
Cwblhawyd yn y cyfnod hwn	0
Gwaith yn parhau	0
Cyfanswm	3

Mae gwaith pellach ar y gweill i sicrhau bod gweddill y camau gweithredu ar y data-bas yn cael eu cwblhau fel y cytunwyd.

Tab 3 – Crynodeb o Adolygiadau Cyngor yr Archwilwyr Mewnol

Mae Tab 3 yn disgrifio statws yr **1** ystyriaeth gyngor sydd ar ôl yn dilyn trefniadau Llywodraethu'r Archwilwyr Mewnol yn ystod Adroddiad Cyngori Pandemig Covid-19. Mae'r tabl isod yn disgrifio statws ystyriaeth bresennol yr Archwilwyr Mewnol:

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Statws	Nifer yr argymhellion
Hwyr	0
Ddim yn ddyledus eto	0
Cwblhawyd yn y cyfnod hwn	1
Gwaith yn parhau	0
Cyfanswm	1

Mae **1** cam gweithredu 'Gwyrdd' a aseswyd i fod wedi'i gwblhau, neu a gwblhawyd, ac y bwriedir ei dynnu allan o'r Traciwr gyda chytundeb y Pwyllgor Archwilio a Sicrwydd.

4. Y GOBLYGIADAU ARIANNOL

Gallai fod goblygiadau ariannol i'r camau gweithredu unigol ond nid oes effaith ariannol uniongyrchol yn gysylltiedig â'r adroddiad hwn ar hyn o bryd.

5. ARGYMHELLIAD

Gofynnir i'r Pwyllgor Archwilio a Sicrwydd:

- **Nodi'r** adroddiad;
- **Ystyried** y cynnydd;
- **Cymeradwyo'r** cynnig bod yr argymhellion gwyrdd a aseswyd i fod wedi eu cwblhau, neu a gwblhawyd, yn cael eu tynnu allan o'r Traciwr.

Llywodraethu a Sicrwydd			
Cysylltiad i'r amcanion strategol yn yr IMTP <i>(✓ os gwelwch yn dda)</i>	Nod Strategol 1: Arwain ar gynllunio, datblygu a lles gweithlu cymwys, cynaliadwy a hyblyg er mwyn cynorthwyo i ddarparu 'Cymru Iachach'.	Nod Strategol 2: Gwellu ansawdd a hygyrchedd addysg a hyfforddiant i'r holl staff gofal iechyd gan sicrhau eu bod yn ateb anghenion yn y dyfodol.	Nod Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliant yn GIG Cymru drwy greu capasiti arweinyddiaeth tosturiol a chyfunol ar bob lefel.
		✓	
	Nod Strategol 4: Datblygu'r gweithlu er mwyn cynorthwyo darparu diogelwch ac ansawdd.	Nod Strategol 5: Bod yn gyflogwr enghreifftiol a lle gwych i weithio.	Nod Strategol 6: Cael ein cydnabod fel partner, corff dylanwadol ac arweinydd rhagorol.
Ansawdd, Diogelwch a Phrofiad y Claf			
Bydd yr effaith ar ansawdd, diogelwch a phrofiad y claf, lle bo hynny'n briodol, yn cael ei amlygu yn y camau gweithredu unigol a'r gofynion sicrwydd.			
Y Goblygiadau Ariannol			
Gallai fod goblygiadau ariannol i'r camau gweithredu unigol ond nid oes effaith ariannol gysylltiedig uniongyrchol ar hyn o bryd.			
Y Goblygiadau Cyfreithiol (gan gynnwys asesiad cydraddoldeb ac amrywiaeth)			
Nid oes unrhyw oblygiadau cyfreithiol.			
Y Goblygiadau Staffio			
Nid oes unrhyw oblygiadau staffio.			
Y Goblygiadau Hirdymor (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)			
Lle bo'n briodol, bydd ystyriaethau Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) yn cael eu cynnwys wrth ystyried y camau unigol.			
Hanes Adroddiadau	Adolygiad gan y Tîm Gweithredol.		
Atodiadau	<ul style="list-style-type: none"> Traciwr Argymhellion Archwilio Atodiad 1. 		

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Internal Audit Open Recommendations

Ref. No.	Year	Report Title	Assurance Rating	Responsible Officer	Director	Priority Level	Recommendation	Management Response	Agreed Deadline	Status	Due	Reason overdue	Progress	Proposed completion date / Date completed	No. of months past agreed deadline	If action is complete, can evidence be provided upon request?	If closed and not complete, please provide justification	ET Sign Off	Risk Register? Yes/No
61	19/20	Board and Committee Governance Arrangements November 2019	Substantial	Board Secretary	Board Secretary	Medium	The Board should undertake a self-assessment of their effectiveness, within an appropriate timeframe, and thereafter on an annual basis. While we acknowledge that the Education, Commissioning and Quality Committee has been in existence for less than 12 months, the Board should consider when it would be appropriate for the Education, Commissioning and Quality Committee and Remuneration and Terms of Service Committee to undertake a self-assessment, and plan accordingly.	* Self-assessment for the Remuneration and Terms of Service Committee scheduled for Q4 of 2019/20	Mar-20	Partially complete	Overdue	Due to the increasing priority of Coronavirus, the self-assessment has been delayed until further notice.	Progress as at January 2020: All self-assessments are scheduled into the appropriate Forward Work Programme. Progress as at July 2020: It was planned for the Committee to undertake its self-assessment in Q4. However, due to the increased priority of Coronavirus, the draft Self Assessment Checklist will be considered at the July RATS Committee. Progress as at October 2020: Consideration of the self assessment took place at November RATS Committee. The checklist has been issued for completion by 4 January 2021 with the evaluation to be presented to the RATS Committee at the end of January 2021 Progress as at January 2021: The RATS Committee considered the draft self assessment checklist at its meeting in November. Completion of the checklist expected by early January 2021 with evaluation anticipated to be presented to the RATS Committee at the end of January 2021. Current Progress (May 2021): The RATS Committee began the process of completing the self assessment and it has been determined that the self-assessment checklist requires further development. The self assessment process be postponed until the Summer 2021 and FWP has been updated accordingly.	Sep-21	18				
77	19/20	Performance Management March 2020	Reasonable	Deputy Director Planning, Performance & Corporate Services	Director of Planning, Performance & Corporate Services	Medium	An assessment should be undertaken to identify the link between KPIs and projects and work programmes aimed at achieving the strategic objectives. Where no existing KPIs are identified in relation to a strategic objective, consideration should be given to developing relevant KPIs that will allow monitoring of progress to achieve the strategic objective.	Following approval of our IMTP, where feasible and through iterations of the report and dashboard, we will look to incorporate this recommendation where possible.	Jun-20	Partially complete	Overdue	Delayed due to COVID 19 Pandemic	Progress as at July 2020: This has been delayed given the impact of COVID-19 on normal activities. Following revision to the IMTP moving forward we will aim to consider KPI's that can feasibly measure progress of objectives. Progress as at October 2020: The drafting of the performance framework has provided an opportunity look at the data that we report on as well as the data that we had planned to commence reporting on pre-COVID. Work to ensure validated data is available to enhance performance reporting continues. In parallel, with the additional capacity provided by the new Director, and the impetus of the draft PM framework, we are commencing a review of the data we hold and our KPIs to ensure that we have the information and KPIs we need to measure and assure progress of our strategic aims on a sustainable basis. Progress as at January 2021: Following the appointment of the new Director of PPCS a Performance Dashboard Steering Group has been established to drive the development of KPIs and the Dashboard, framing it around the Six Strategic Aims. Departments were asked to identify local KPIs through the mid-year Service Reviews which took place in November 2020. Development of KPIs for Strategic Aims 2 and 4 have been agreed as the priorities. Progress as at May 2021: The Performance Dashboard Steering Group are making steady progress with the development of the priority KPIs for Strategic Aims 2 and 3 and this action aligns with HEIW Ref 133 Current Progress - Progress and developments have been shared and discussed with the Executive Team and at the Board Development Session in June.	Jan-21	7				
78	19/20	Performance Management March 2020	Reasonable	Deputy Director Planning, Performance & Corporate Services	Director of Planning, Performance & Corporate Services	Medium	Consideration should be given to include a wider range of KPIs within the performance management dashboard, that fall in line with the aims of performance reporting as outlined in performance management framework. The performance management dashboard should be further developed to include targets against each KPI and comparisons against previous quarters.	Work is ongoing with respective teams to consider data and information options that will enable monitoring and analysis of the value work being undertaken has on education, training and quality. A range of qualitative and quantitative options have been identified following meetings with teams to increase the range of metrics available to be reported and will be included over a period of report iterations.	Jun-20	Partially complete	Overdue	Delayed due to COVID 19 Pandemic	Progress as at July 2020: This has been delayed given the impact of COVID and the restricted data currently available. Progress as at October 2020: We had identified additional data to add value to performance reports prior to COVID-19 but implementation of this was put on hold. Work has continued however to ensure validated data is available to enhance performance reporting. Progress as at January 2021: Following the appointment of the new Director of PPCS a Performance Dashboard Steering Group has been established to drive the development of KPIs and the Dashboard, framing it around the Six Strategic Aims. Departments were asked to identify local KPIs through the mid-year Service Reviews which took place in November 2020. Development of KPIs for Strategic Aims 2 and 4 have been agreed as the priorities. Progress as at May 2021: The Performance Dashboard Steering Group are making steady progress with the development of the priority KPIs for Strategic Aims 2 and 3. Current Progress - Progress and developments have been shared and discussed with the Executive Team and at the Board Development Session in June.	Jan-21	7				
80	19/20	Performance Management March 2020	Reasonable	Deputy Director Planning, Performance & Corporate Services	Director of Planning, Performance & Corporate Services	Low	The dashboard KPIs reported could be extended to improve the information used for decision making. For example, the 'Fill Rate' is reported for a number of professions. Reporting of the associated 'Attrition Rate' would add an extra dimension to the management decision making process.	Work is ongoing with teams to enhance the data available to add value and insight and support future decision making. This includes furthering team interactions to learn from each other and share best practice.	Jun-20	Partially complete	Overdue	Delayed due to COVID 19 Pandemic	Progress as at July 2020: This has been delayed given the impact of COVID-19. As information flows recommence, we will review the feasibility and requirements for additional information. This will undoubtedly include COVID-19 specific information. Progress as at October 2020: We had identified additional data to add value to performance reports prior to COVID-19 but implementation of this was put on hold. Work has continued however to ensure validated data is available to enhance performance reporting. This will be articulated in the performance framework when finalised. Progress as at January 2021: See the entries above for development of the KPIs and the Dashboard. The Glossary will continue to be updated as the KPIs are agreed and the Dashboard is developed. Progress as at May 2021: A Performance Dashboard Steering Group has been established to drive the development of KPIs and the Dashboard, framing it around the Six Strategic Aims. Departments were asked to identify local KPIs through the mid-year Service Reviews which took place in November 2020. Development of KPIs for Strategic Aims 2 and 4 have been agreed as the priorities and the Performance Dashboard Steering Group are making steady progress with the development of the priority KPIs for Strategic Aims 2 and 3 with a particular focus on enhancing the dashboard aligned to information related to the Education and Training pipeline. Current Progress: Progress and developments have been shared and discussed with the Executive Team and at the Board Development Session in June.	Jan-21	7				
94	19/20	IT Review April 2020	Reasonable	Digital Manager/ IT Manager/ Head of Cyber Security	Director of Digital	Low	Work should continue to complete the Disaster Recovery Plan.	This is acknowledged. This work will be progressed further following appointment of Cyber Security Lead (offer made) and allowing for recovery after the impact of COVID-19.	Sep-20	Partially complete	Overdue	Delayed due to COVID 19 Pandemic	Progress as at July 2020: Head of Cyber Security commenced in post on 29 June 2020. Work has commenced on the Disaster Recovery Plan and was anticipated to e completed by the agreed deadline. Progress as at October 2020: Draft Disaster Recovery Plan is currently under review. In addition to this, other contributing elements including the re-drafting of the Business Continuity and Crisis Management Plan are in progress. The Cyber Incident Response Plan was considered by the IGIM Group on 29 September 2020 and recommended for approval by the Executive Team. Progress as at January 2021: Draft Disaster Recovery Plan prepared and consulted upon in autumn 2020. Sign off held back to ensure final draft was consistent with the revised HEIW Crisis and Business Continuity Plan and learning from COVID-19, as well as the recently approved Cyber Incident Response Plan and Policy. Executive sign off expected by end January 2021. Progress as at March: The draft Disaster Recovery Plan is currently under review and work on the final draft is underway. Given that HEIW outsource a considerable proportion of its technical infrastructure, network, services and systems it has been agreed that the plan should be service orientated and aligned to service deliverables and prioritisation of incidents. The draft Plan is expected to be completed by the end of March 2021 and will be submitted to the Executive Team for approval by the end of April 2021. Current Progress - We have documented our Digital Services Recovery Plan. The final draft documented will be shared with the IGIM group on the 18th June 2021.	Apr-21	7				
112	20/21	Personal Development Review Process December 2020	Reasonable	Leadership & OD Practitioner/ Senior HR Business Partners	Director of Workforce & OD	Medium	1. The errors identified during the audit testing should be investigated to establish their cause and their potential impact on compliance rates. 2. Line Managers should be reminded that all completed performance appraisals should be promptly and accurately recorded on the ESR system.	The errors appear to be a lack of manual updating of the PADR report in the ESR system. To improve this, HEIW will take the following action: 1. Reminder for staff and managers on their responsibilities to ensure this is completed as part of the PADR process.	May-21	Complete	Complete		Current Progress: Completed May 2021. 1. The errors that were identified during the audit have been investigated. 2. Further PADR training has been provided to managers and staff during March and May 2021. In addition guides on how to update PADR on ESR are available for all staff on the HEIW intranet. The Analytics Team will be delivering more workshop based ESR training late June to early July 2021.	May-21					
112	20/21	Personal Development Review Process December 2020	Reasonable	Head of People Inclusion & OD/Senior Leadership Team	Director of Workforce & OD	Medium	1. The errors identified during the audit testing should be investigated to establish their cause and their potential impact on compliance rates. 2. Line Managers should be reminded that all completed performance appraisals should be promptly and accurately recorded on the ESR system.	The errors appear to be a lack of manual updating of the PADR report in the ESR system. To improve this, HEIW will take the following action: 4. Active intervention to support non-compliant to ensure capability of undertaking PADR and uploading into ESR	May-21	Complete	Complete		Feb 2021: 1. As above. The errors that were identified during the audit have been investigated. 2. Responsibilities are clear and align across to NHS Wales. All managers are required to have PADR discussions with their staff in April 2021 with a suggested deadline of mid-May. HEIW has put in place timely and regular reminders for Line Managers and the Executive Team. To support the process where required, help is available through ESR and in supporting documentation and also on request from the analytics team. Regular 'clinics' will be established during March 2021 and ongoing to support staff where required in entering a range of data within ESR, which includes PADR data. Current Progress: Completed May 2021. Communications to all staff via the HEIW intranet has been published to remind staff that the end of year annual appraisals are due for completion along with further dates for staff training throughout May 2021. The Analytics team will be running ESR training workshops for all staff and managers throughout June and July 2021.	May-21					
113	20/21	Personal Development Review Process December 2020	Reasonable	Senior Leadership Team	Director of Workforce & OD	Medium	Performance appraisals should be undertaken annually for all staff in accordance with the values based performance appraisal and development policy. Management should decide whether consultants should continue to be required to undertake a full PADR for HEIW, or if the more concise form used for sessional staff would be more appropriate.	We have decided that consultants who are employed on 0.3 wte or less (defined as sessional workers and agency staff) should continue to use the more concise form (PADR Lite). For staff working less than 0.3 wte the lite version is to be used. Staff 0.31wte and above will complete the full PADR version. Regardless of the version of PADR utilised, the information must be entered in ESR.	May-21	Complete	Complete		Progress as at Feb 2021: A communications update is due soon which will remind all staff and managers of their obligations under the scheme, particularly the procedure for sessional staff. Presentations and training will be delivered to all Directorates who engage sessional staff who work 0.3 wte or less. Current Progress: Completed May 2021. Regular updates are provided by Senior Business Partners to directorates and to Executives where we are tracking completion by sessional workers who are engaged over 0.3 hours using the PADR Lite version. Further evaluation with sessional workers will take place to ensure that the lite version is fit for purpose.	May-21					
114	20/21	Personal Development Review Process December 2020	Reasonable	Head of People Inclusion & OD/ Leadership & OD Practitioner	Director of Workforce & OD	Medium	1. Staff should be reminded that a six-monthly review should be held for all staff between each annual end of year assessment, and that appraisal forms should be fully completed. 2. Consideration should be given to monitoring outstanding appraisals and sending out targeted reminders as appropriate.	1. Managers and staff will be reminded of their responsibility under the PADR policy and Procedure.	Feb-21	Complete	Complete		Current Progress: Completed May 2021 - A communications update was sent via the intranet together with updates at CEO Forums. Three levels of training was provided including full training for managers, refresher training together with an introduction to our values based PADR scheme throughout May 2021.	Mar-21					
114	20/21	Personal Development Review Process December 2020	Reasonable	Leadership & OD Practitioner	Director of Workforce & OD	Medium	1. Staff should be reminded that a six-monthly review should be held for all staff between each annual end of year assessment, and that appraisal forms should be fully completed. 2. Consideration should be given to monitoring outstanding appraisals and sending out targeted reminders as appropriate.	2. A system will be established for managers / staff to confirm their participation in the six monthly review.	Apr-21	Complete	Complete		Current Progress: Completed May 2021 - Staff have been reminded of the six monthly review process through the HEIW intranet, training events and Staff Conferences. HEIW will align the 360 appraisal process to mid term review in October to reinforce the cascading of information. The Values Based 360 scheme, developed in partnership with an external company Compass 360 will be evaluated in June 2021 to strengthen and improve our approach in the future. Development work is being progressed in relation to using our own 360 package called Orbit 360. 2. The People Team currently use ESR system to monitor completion of appraisals and target director and line managers where there has been non compliance.	Apr-21					
116	20/21	Financial Systems January 2021	Reasonable	Director of Digital	Director of Finance	High	1. Inventory lists should be prepared to support all grouped assets on the asset register. 2. Each asset listed in the asset register should be allocated as the responsibility of a named asset manager in line with the requirements of the Asset Register Financial Control Procedure.	1. Agree - A full inventory list will be prepared to provide the required backing to the asset register.	Mar-21	Partially complete	Overdue		Progress as at March 2021: Work is ongoing at the paper submission deadline for the Audit & Assurance Committee and it is anticipated that this will be complete by the end of March. Most assets have been identified and recorded and any discrepancies will be dealt with as part of the accounts closure process during April. Current Progress 17/06/2021: Paper outlining the recommendation of an asset management solution has been creted and submitted to the Information Governance and Information Management group. Once approved this will go to the executive team for approval. Following this, it is hoped that a solution will be in place early in quarter 2.	Mar-21					

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HEIW Ref. No.	Year	Report Title	Assurance Rating	Responsible Officer	Director	Priority Level	Recommendation	Management Response	Agreed Deadline	Status	Due	Reason overdue	Progress	Proposed completion date / Date completed	No. of months past agreed deadline	If action is complete, can evidence be provided upon request?	If closed and not complete, please provide justification	ET Sign Off	Risk Register? Yes/No
118	20/21	Financial Systems January 2021	Reasonable	Head of Financial Accounting	Director of Finance	Medium	All assets recorded on the asset register should be verified annually in line with the Asset Register Financial Control Procedure.	Agree - A plan for the verification of assets will be prepared for the 2020/21 financial year taking into account the following: • A 100% verification may not be possible due to the nature of the assets capitalised. As a significant element of capital costs were incurred for the initial equipping of HEIW many of the individual lines in the asset register relate to 'grouped assets'. As an example, this will include keyboards and mice, which are low-value high-quantity items that would be difficult and time-consuming to verify with any degree of accuracy. • Any access constraints as a result of building closures will need to be considered for 2020/21. It should be noted that whilst only 30 assets were marked as having been verified in 2019/20, further assets had been checked but these had not been included on the register in error. The total Net Book Value of assets verified during the year was £1.85m out of the total of £2.60m. The asset register will be fully updated for all verified assets for the 2020/21 financial year.	Mar-21	Complete	Complete		Current Progress: COMPLETE - Due to the 'grouping' of assets on the formation of HEIW it is not possible or effective to verify a number of small value items on the asset register, such as computer accessories, mice, monitors etc. Replacement purchases for items these would not qualify as 'capital' on a standalone basis, and therefore once these are fully depreciated they will be written out of the accounts. Due to access issues not all assets could be verified by 31st March 2021, but these items have subsequently been checked. Laptops have been logged on a spreadsheet and a longer term solution will be sought later in the financial year. Progress to April 2021: Work is ongoing at the paper submission deadline for the Audit & Assurance Committee and it is anticipated that this will be complete by the end of March. Most assets have been verified, although this cannot be finalised until the balance sheet date (31/03/21). Any discrepancies will be dealt with as part of the accounts closure process during April.	Mar-21					

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123	20/21	Workplace Culture February 2021	Reasonable	Head of People and OD	Director of Workforce & OD	Medium	<p>1. A review of the exit questionnaire process should be undertaken, including the content and format of the questionnaire to see if it could be made more user friendly and simpler to fill in. Consideration should be given to a combination of scaled and narrative style questions and it should be ensured that questionnaires are issued promptly after resignation is tendered to increase the chances of being returned.</p> <p>2. Furthermore, staff leaving HEIW could be offered an exit interview, either with their line manager or someone from Workforce, before they leave the organisation.</p>	<p>Although all leavers are offered an exit interview, it is currently optional whether they take this opportunity. Recognising the importance of creating a positive work culture, the feedback from leavers is essential to assess the overall employee experience.</p> <p>In light of this, we will make the following modifications to our process with immediate effect:</p> <p>a) Undertake a review of the current Exit Questionnaire.</p> <p>b) Ensure all leavers are offered an Exit Interview and actively encouraged to take up the offer</p> <p>c) Actively offer leavers who did not take up the opportunity of an exit interview, to complete the exit questionnaire post exit and return to the People team.</p>	Mar-21	Complete	Complete		<p>Current Progress: Completed May 2021. (a) the questionnaire is currently under review and a tracking progress is being considered to help with tracking leaver processes. (b) All leavers are sent a separate letter inviting them to have an exit interview. The People and OD Team will continue to contact leavers via the standard letter and email correspondence. Any areas for concern would be identified to the relevant People Business Partner for action. This will include establishing the reason for why they are leaving. The tracking system will include flags for reference and follow up with the colleague and manager as necessary. (c) all leavers have a questionnaire to complete. They have the choice to do either or both.</p>	May-21					

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124	20/21	Workplace Culture February 2021	Reasonable	Assistant Director of Planning, Performance and Corporate Services	Director of Planning, Performance & Corporate Services	Low	1. Where actions are taken to mitigate against recorded risks, the risk register should be updated accordingly. 2. The use of physical space at Ty Dysgu should continue be reviewed to determine whether it could be used to further improve the integration of staff and develop a healthy workplace culture.	1. The importance of updating the risk register with the latest information has been reinforced with our teams. 2. The recommendation is noted. We had already taken action, prior to the closure of TY Dysgu, to 'mix up' the teams between floors and also taken steps to preserve staff areas for staff use rather than for business. It is our intention to keep the use of our physical space under review in line with health and wellbeing, exemplar practices, biodiversity and also the legacy of the covid pandemic which has changed substantially our operating model. Work has been undertaken to plan for a phased return once national guidance permits, this has included a review of accommodation and workstations, as well as use of meeting space in the context of a blended operating model.		Complete	Complete		Completed						
125	20/21	Workplace Culture February 2021	Reasonable	Head of People and OD	Director of Workforce & OD	Low	1. Where actions are taken to mitigate against recorded risks, the risk register should be updated accordingly. 2. Ongoing reviews of the organisational structure should take place to ensure it remains the most appropriate structure for the organisation.	1. The importance of updating the risk register with the latest information has been reinforced with our teams. 2. The recommendation is noted. The realignment of Director of Finance and Corporate Services function resulted in the appointment of two new Executive positions, a Director of Digital and a Director of Planning and Performance. Reviews are ongoing across directorates and teams, as part of our annual planning process and in response to changing demands and expectations. This is part of the normal evolution for any organisation in its early years and also best practice.	May-21	Complete	Complete		Current Progress: Completed May 2021. The recommendations were noted an all actions have been completed.						
126	20/21	Workplace Culture February 2021	Reasonable	Head of People and OD	Director of Workforce & OD	Low	Acknowledging that the Dignity at Work Process, Grievance Policy and Disciplinary Policy are All Wales procedures, HEIW should establish when they are due for review and ensure that the versions they have adopted remain fit for the organisation's needs. Where necessary, and if an All Wales review is not imminent, updates should be made.	This recommendation is noted. HEIW is part of NHS Wales and subject to all Wales agreements including in respect of the policies covered in this recommendation. We have no authority to move away from all-Wales policies. HEIW is currently leading conversations across NHS Wales on the establishment of a new Respect and Resolution policy working in partnership with Trade Union colleagues. If approved, this will supersede Disciplinary, Grievance and Dignity at Work policies on an all-wales basis. We would look to adopt this new policy, through our internal processes, as soon as it's ratified nationally.	May-21	Complete	Complete		Current Progress: Completed May 2021. The new policy has been agreed by the Local Partnership Forum and it has also been agreed for adoption by the Executive Team. It is due to be launched on 1st June 2021 in line with the All Wales timeline.	May-21					
127	20/21	Workplace Culture February 2021	Reasonable	Board Secretary	Board Secretary	Low	HEIW should consider / determine whether the Executive Team and Board Chair require any specific training to deal with concerns raised by staff.	The Board has regular 'development' days. Legal and Risk Services Team of the Shared Services Partnership (NWSPP) provided training on Upholding Professional Standards to Board and Executive on 19th December 2019. Training on the Raising Concerns policy and procedure for Board and Executive is currently under discussion with Legal Risk Team. The date to be confirmed.	Apr-21	Partially complete	Overdue		Current Progress (June): Training session has been organised with Legal and Risk for August 2021.						

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HEIW Ref. No.	Year	Report Title	Assurance Rating	Responsible Officer	Director	Priority Level	Recommendation	Management Response	Agreed Deadline	Status	Due	Reason overdue	Progress	Proposed completion date / Date completed	No. of months past agreed deadline	If action is complete, can evidence be provided upon request?	If closed and not complete, please provide justification	ET Sign Off	Risk Register? Yes/No
128	20/21	Risk Management	Substantial	Board Secretary	Board Secretary	Medium	The Corporate Risk Register should be reviewed to ensure that relevant risks have been included.	In Q1 the Corporate Risk Register was amended from being aligned to the 19/20 Annual Plan to be primarily aligned to the risk created by the response to the COVID-19 pandemic. The approach and updated CRR was considered by the Audit Committee in April. Following the first wave of the pandemic, the Executive Team Development Session on 9 July carried out a deep dive of the Corporate Risk Register and aligned it to the objectives of the approvable IMTP, taking into account the continued impact of the pandemic. The CRR was accordingly updated and the two risks identified above were removed from the register. The deep dive was referenced in the paper to the Audit Committee in October. More detailed notes of the deep dive should have been recorded and reported to the Audit Committee in October to reference and seek approval of the removal of the two risks. Going forward we will ensure that the Committee's approval is sought to remove any risks from the agenda.	n/a	Complete	Complete		Completed						
129	20/21	Risk Management	Substantial	Board Secretary	Board Secretary	Low	Refresher risk management training may be beneficial for some staff and more detailed training should be provided for all staff who did not attend the previous sessions. This provides an opportunity to provide staff with an update on the changes made to the risk management policy.	We have a risk management training timetable in place. Going forward we will arrange a timetable of training sessions to include both refresher and introductory courses.	Jun-21	Complete	Complete		Completed						
130	20/21	Risk Management	Substantial	Board Secretary	Board Secretary	Low	Management should consider developing a mechanism to raise issues, share best practice and support consistency between the directorates regarding their individual risk management procedures and risk registers.	A consistent approach to risk management can be achieved through the regular training session on risk which will include both refresher and induction training on our risk management policy.	Jun-21	Complete	Complete		Completed						
131	20/21	Risk Management	Substantial	Board Secretary	Board Secretary	Low	A review of directorate risk registers should be undertaken to consider best practice and ensure consistency between them.	The importance of ensuring that risk owners are named and that the dates that risks are entered onto the CRR will be highlighted to the directorates. The other minor inconsistencies highlighted within the report are not deemed to be material and therefore deemed to be low risk.	Jun-21	Complete	Complete		Completed						
132	20/21	Performance Management May 2021	Substantial	Assistant Director of Planning, Performance and Corporate Services	Director of Planning, Performance & Corporate Services	Medium	1. For clarity, the status / RAG rating of each individual strategic objective should be recorded in the Integrated Performance Report.	In future reports to be considered by the Board, the status of each objective will be given.	May-21	Complete	Complete		Completed - Appropriate changes were made to the End of Year Performance Report and will be replicated in future quarterly reports to highlight the individual status of each strategic objective.						
132	20/21	Performance Management May 2021	Substantial	Assistant Director of Planning, Performance and Corporate Services	Director of Planning, Performance & Corporate Services	Medium	2. Management should review the report to ensure that the summary status of strategic objectives for each strategic aim includes the number of deferred objectives, and the summary total agrees to the total number of strategic objectives for each strategic aim.	We will also ensure that the summary status and total includes deferred Objectives.	May-21	Complete	Complete		Completed - The status of Strategic Objectives was amended in the End of Year Performance Report considered by the Board in May 2021 to include deferred objective status. The summary total reconciled with the number of objectives.						

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Internal Audit Open Recommendations

HEIW Ref. No.	Year	Report Title	Assurance Rating	Responsible Officer	Director	Priority Level	Recommendation	Management Response	Agreed Deadline	Status	Due	Reason overdue	Progress	Proposed completion date / Date completed	No. of months past agreed deadline	If action is complete, can evidence be provided upon request?	If closed and not complete, please provide justification	ET Sign Off	Risk Register? Yes/No
133	20/21	Performance Management May 2021	Substantial	Assistant Director of Planning, Performance and Corporate Services	Director of Planning, Performance & Corporate Services	Medium	1. The data reported in the narrative of section two of the Integrated Performance Report should be consistent with that reported in the dashboard. If appropriate, a narrative report should be provided in section two of the performance report for all measures included in the dashboard. There should be a clear reconciliation between the body of the Integrated Performance Report and the dashboard appendix.	Agreed – We agree there should be a clear reconciliation between the body of the Integrated Performance Report and the dashboard. In line with best practice, we also seek to ensure that the Board's attention is concisely drawn to relevant matters, risks and KPIs that have changed. We will continue to seek a balance between the completeness of the report and a level of detail which could obscure the pertinent messages. We will appropriately consider the inclusion of narrative on indicators that may not have changed or are low risk	Sep-21	Complete	Complete		Completed - Performance reports are provided to the Board in line with best practice on drawing the Board's attention to the pertinent issues and risks.						
133	20/21	Performance Management May 2021	Substantial	Assistant Director of Planning, Performance and Corporate Services	Director of Planning, Performance & Corporate Services	Medium	2. Where possible targets should be developed for all the data sets reported in the dashboard, which should also show the direction of travel from the previous performance report and comparative data from the previous year where this is relevant.	Agreed – As part of our agreed programme of work, during 2021/22 work will be undertaken to agree targets (where relevant) and indicate trends in data movement where not provided currently.	Dec-21	Partially complete	Not yet due		Current Progress - Work is being taken forward by the Performance Management Steering Group and directorate teams to enable comparative data to be included in future reports as applicable.						
134	20/21	Performance Management May 2021	Substantial	Assistant Director of Planning, Performance and Corporate Services	Director of Planning, Performance & Corporate Services	Low	Where action to achieve strategic objectives has been deferred, for clarity and completeness, consideration should be given to recording the deferral reasons against the relevant objective.	Agreed – The Objectives were deferred with the approval of the Board as part of the organisation's review of its plans to support the system response to Covid-19. An explanation of this reason for the deferral of Strategic Objectives will be included in the upcoming end of year performance report, and future performance reports if this should reoccur.	May-21	Complete	Complete		Completed - The Strategic Objectives deferred in year were identified in the End of Year Report for completeness aligned to the RAG status of other strategic objectives.						
135	20/21	Performance Management May 2021	Substantial	Assistant Director of Planning, Performance and Corporate Services	Director of Planning, Performance & Corporate Services	Low	The success factors, as defined in the organisation's IMTP, should also be included in the integrated performance report with progress monitored and reported quarterly.	Agreed - For the Annual Plan 2021-22, success measures have been identified for each objective and the Plan will be Board-approved and submitted to Welsh Government by the end of June (and will therefore be in the public domain). The inclusion of quantifiable success factors in the report and dashboard will be tested with the Leadership programme (Strategic Aim 3), with the aim of rolling out across the rest of our Strategic Aims through the planning/performance cycle.	May-22	Partially complete	Not yet due		Current Progress - This will be taken forward following the end of the financial year within the End of Year Performance Report to enable reflection and reporting of whether indicated success factors defined in the plan have been achieved.						

Key
Less than 3 months
Between 3 and 6 months
Between 6 and 12 months
Over 12 months

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External Audit Open Recommendations

HEIW Ref. No.	Year	Report Title	Responsible Officer	Recommendation	Management Response	Agreed Deadline	Status	Due	Reason overdue / Reason closed	Progress	Proposed completion date / Date completed	No. of months past agreed deadline	ET Sign Off	Risk Register? Yes/No
68	2019	Structured Assessment 2019 January 2020	Director of Digital	Developing Strategic Plans: R6 HEIW should strengthen its strategic approach to digital and IT by: a) developing and approving a Digital and IT strategy;	Recommendation to be amended in line with discussions. a) Following our first operational year, we are to consider the appropriateness of a digital and IT strategy given changes proposed to NWIS and NHS Executive function.	Summer 2020	Partially complete	Overdue	Overdue	Progress as at July 2020: The appointment to Director of Digital has yet to be made. As such we anticipate following recruitment processes being undertaken this to commence in Q4. Progress as at October 2020: The Digital and IT Strategy is in early development and will be completed following the recruitment of the Director of Digital.It is expected that recruitment into the post of Director of Digital will be completed in Q4 2020/21. It is anticipated that the development of the Digital Strategy should be concluded by the end of Q1 2021/22. Progress: Director of Digital has been appointed and is due to commence in February 2021. Progress as at March 2021: Director of Digital commenced in post February 2021. Digital delivery plans will be developed by the end of Q2 2021/22 and will inform the strategic direction for digital and the development of the Digital and IT Strategy. Current Progress: Annual plan and roadmap for 21/22 completed and approved by the organisation. This will be foundations phase of the digital strategy.	Sep-21	12		
68	2019	Structured Assessment 2019 January 2020	Director of Digital	Developing Strategic Plans: R6 HEIW should strengthen its strategic approach to digital and IT by: c) developing and reporting IT KPIs for challenge and scrutiny.	IT KPI's will be considered within the iterative development of the Performance report. It would be helpful to understand examples from other health boards to ascertain applicability to HEIW.	Ongoing	Partially complete	Not yet due	Not yet due	Progress as at October 2020: The overarching performance framework will be finalised now that the Director of Performance, Planning & Corporate Services has commenced in post. However, the further development to include IT KPI's within the performance reporting will be undertaken once the Director of Digital is recruited. It is expected that recruitment into the post of Director of Digital will be completed in Q4 2020/21. Progress as at January 2021: The Director of Digital has been appointed and is due to commence in February 2021. Progress as at March 2021: Work is in progress to develop plans with Directorates and Departments to inform the measures and Digital and IT KPIs aligned to the Digital and IT Strategy. Current Progress: Annual plan and roadmap for 21/22 completed and approved by . Monthly performance meetings are scheduled to review performance and develop KPI's.	Sep-21	18		
109	2020	Effectiveness of Counter Fraud Arrangements - HEIW September 2020	Head of Counter Fraud/ Board Secretary	Recording and Monitoring of Economic Fraud Risk: Implement consistency in the recording and monitoring of economic fraud risk in line with the HEIW's risk management policy and strategy. Intended Outcome Benefit: To ensure prevention of fraud features prominently within the organisation's risk management framework.	As part of the Health Body's ongoing review of its risk management framework, fraud risk assessments relating to fraud will also be integrated within the wider risk management framework. This will ensure that wider corporate ownership and active management of risks can be implemented.	Mar-21	Complete	Complete	Complete	Progress as at January 2021: Fraud to be added as a standard risk on the Directorate Risk Registers to ensure it has a sufficient profile and that steps to mitigate the risk are considered and implemented. Progress at March 2021: Acting Head of Counter Fraud and Board Secretary have agreed that fraud should only appear on a risk register when identified as a risk. The Risk Management Policy will be amended to reflect this at its next annual review and will include narrative regarding the notification of any identified fraud risk to the Local Counter Fraud Service. The revised policy will be presented to the Audit and Assurance Committee in July 2021. Current Progress: The revised policy is currently going through the internal review process and will be presented to the Audit & Assurance Committee at its next meeting in October 2021. The matter is included	Jul-21	4		
				Key										
				Less than 3 months										
				Between 3 and 6 months										
				Between 6 and 12 months										
				Over 12 months										

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HEIW Ref. No.	Year	Report Title	Responsible Officer	What We Found	What Could Be Done Differently	Comments	Agreed Deadline	Status	Due	Reason overdue / Reason closed	Progress	Proposed completion date / Date completed	No. of months past agreed deadline	ET Sign Off	Risk Register? Yes/No
105	20/21	Governance Arrangements During COVID 19 Pandemic Advisory Report	Director of Finance	FINANCIAL GOVERNANCE: Budget and Savings Our review identified the following: <ul style="list-style-type: none">There is a budget in place for 2020/21 to support financial reporting.At the time of our review it was unclear whether the 2020/21 budget and financial reporting would require differentiation between Covid-19 and non-Covid-19 expenditure.HEIW’s small capital allocation has not been impacted by Covid-19.	We suggest the following considerations as the organisation looks forward: <ul style="list-style-type: none">Management should consider the impact of Covid-19 on the financial statements for 2020/21 so that if any adjustments are necessary, these can be identified and made in a timely manner.	We will consider the impact of COVID-19 in preparing the financial statements for 2020-21.	Apr-21	Complete	Complete	Complete	Current Progress: COMPLETE - The two COVID related expenditure items incurred by HEIW were separately identified in the annual accounts and the monthly monitoring returns, these being the increase in annual leave provision and the bonus payment made to all NHS staff. These costs were managed and recorded by the financial accounting team and were reconciled to the additional funding given by Welsh Government. Final Report March 21 - We were informed by the Head of Financial Accounting that there has been a minimal impact on the financial statements for 2020/21, and to date only two adjustments have been necessary: a reduction to the nursing budget due to the delay in starting courses and an increase in the year-end annual leave accrual.	Apr-21			
				Key											
				Less than 3 months											
				Between 3 and 6 months											
				Between 6 and 12 months											
				Over 12 months											

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GIG
CYMRU
NHS
WALES

Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Dyddiad y Cyfarfod	Gorffennaf 2021	Eitem ar yr Agenda	2.15
Teitl yr Adroddiad	Memorandwm Cyd-ddealltwriaeth y Weinyddiaeth Amddiffyn gydag AaGIC ar gyfer Hyfforddeion Arbenigol Graddedig		
Awdur yr Adroddiad	Helen Baker		
Noddwr yr Adroddiad	Push Mangat		
Cyflwynwyd gan	Push Mangat		
Rhyddid Gwybodaeth	Caeedig		
Pwrpas yr Adroddiad	Gofynnir i'r Tîm Gweithredol gymeradwyo a nodi Memorandwm Cyd-ddealltwriaeth y Weinyddiaeth Amddiffyn gydag AaGIC.		
Materion Allweddol	Mae'r adroddiad sydd ynghlwm yn argymhell bod Memorandwm Cyd-ddealltwriaeth y Weinyddiaeth Amddiffyn yn cael ei gymeradwyo a'i lofnodi i sicrhau parhad hyfforddeion y Weinyddiaeth Amddiffyn yng Nghymru.		
Cam Penodol i'w Gymryd (un ✓ yn unig)	Gwybodaeth	Trafodaeth	Sicrwydd
	✓		✓
Argymhellion	Gofynnir i'r aelodau wneud y canlynol: <ol style="list-style-type: none"> Derbyn a nodi'r diweddariad hwn Cymeradwyo defnydd o'r Memorandwm Cyd-ddealltwriaeth 		

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**MEMORANDWM CYD-DDEALLTWRIAETH Y WEINYDDIAETH AMDDIFFYN
GYDAG ADDYSG A GWELLA IECHYD CYMRU AR GYFER HYFFORDDEION
ARBENIGOL GRADDEDIG**

CYFLWYNIAD

O bryd i'w gilydd, bydd Deoniaeth Feddygol i Raddedigion y Gwasanaethau Amddiffyn yn gofyn i AaGIC letya un neu ragor o'i hyfforddeion Milwrol ar gyfer eu Hyfforddiant Arbenigol i Raddedigion. Trefniadau ad hoc yw'r rhain, ac mae'r niferoedd yn fach – ar hyn o bryd 2 hyfforddai sy'n cael ei letya – a hynny fel arfer oherwydd bod gan yr hyfforddai gysylltiad milwrol neu bersonol â Chymru.

CEFNDIR

Mae tîm cyfreithiol y Weinyddiaeth Amddiffyn wedi cyfarwyddo'r Ddeoniaeth Amddiffyn i ffurfioli ei threfniadau gyda Deoniaethau a Chyrff Addysg Statudol ledled y DU drwy gyflwyno Memorandwm Cyd-ddealltwriaeth sy'n rhoi manylion am y disgwyliadau sy'n gysylltiedig â'r trefniadau lletya hyn.

Mae AaGIC wedi bod yn gweithio'n agos gyda'r Ddeoniaeth Amddiffyn i gytuno ar gynnwys y Memorandwm Cyd-ddealltwriaeth, sydd wedi'i amgáu gyda'r adroddiad hwn i'w nodi a'i gymeradwyo.

LLYWODRAETHU A RISGIAU

Ni fydd AaGIC yn derbyn hyfforddai Milwrol oni bai fod y capasiti gennym o ran addysg a hyfforddiant i allu gwneud hynny. Bydd Cyfarwyddwyr Rhaglenni Hyfforddi yn cysylltu â swyddogion cyfatebol yn y gwasanaethau Amddiffyn i bennu gofynion hyfforddi a chytuno ar leoliadau addas ar gyfer yr unigolion hyn. Bydd y berthynas waith agos hon yn cael ei chynnal drwy gydol cyfnod yr Hyfforddai yng Nghymru.

Mae'r Ddeoniaeth Amddiffyn yn dal yn gyfrifol am yr hyfforddai o ran cymorth, lles, contract cyflogaeth a'r gofynion cysylltiedig, yn ogystal â'r gwaith o reoli ei hyfforddiant a'i gynnydd yn gyffredinol.

Bydd y Byrddau Iechyd sy'n derbyn yr hyfforddeion hyn yn cael gwybod am eu statws, yr ymrwymadau Milwrol sydd ganddynt a'r potensial iddynt gael eu hadleoli er mwyn gwneud yn siŵr bod y pethau hyn yn cael eu hystyried fel rhan o unrhyw ofynion gwasanaeth yn y dyfodol.

GOBLYGIADAU ARIANNOL

Bydd pob hyfforddai Milwrol yn parhau i fod yn weithwyr cyflogedig i'r Weinyddiaeth Amddiffyn, felly nid oes goblygiadau ariannol i AaGIC. Ni fydd yn ofynnol i Fyrddau Iechyd sy'n derbyn yr unigolion hyn fod yn gyfrifol am daliadau y tu allan i oriau gan mai'r Weinyddiaeth Amddiffyn fydd yn gyfrifol am dalu'r rhain hefyd.

ARGYMHELLIAD

Gofynnir i'r tîm Gweithredol wneud y canlynol:

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1. **Derbyn** a nodi'r diweddariad hwn
2. **Cymeradwyo** defnydd o'r Memorandwm Cyd-ddealltwriaeth

Llywodraethu a Sicrwydd			
Cyswllt â nodau strategol y Cynllun Tymor Canolig Integredig (nodwch ✓)	Nod Strategol 1: Arwain y gwaith o gynllunio, datblygu ac ymorol am les gweithlu cymwys, cynaliadwy a hyblyg i gefnogi'r gwaith o gyflawni 'Cymru Iachach'	Nod Strategol 2: Gwella ansawdd a hygyrchedd addysg a hyfforddiant ar gyfer yr holl staff gofal iechyd gan sicrhau ei fod yn diwallu anghenion y dyfodol	Nod Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol yn GIG Cymru drwy feithrin gallu arwain tosturiol ac ar y cyd ar bob lefel
	Nod Strategol 4: Datblygu'r gweithlu i gefnogi'r gwaith o ddarparu diogelwch ac ansawdd	Nod Strategol 5: Bod yn gyflogwr rhagorol ac yn lle gwych i weithio ynddo	Nod Strategol 6: Cael ein cydnabod fel partner, dylanwadwr ac arweinydd rhagorol
Ansawdd, Diogelwch a Phrofiad Cleifion			
Amh.			
Goblygiadau Ariannol			
Dim			
Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth)			
Dim			
Goblygiadau Staffio			
Dim			
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)			
Amh.			
Hanes yr Adroddiad			
Atodiadau	Memorandwm Cyd-ddealltwriaeth rhwng y Ddeoniaeth Amddiffyn ac Addysg a Gwella Iechyd Cymru		

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MEMORANDWM CYD-DDEALLTWRIAETH RHWNG Y DDEONIAETH AMDDIFFYN AC ADDYSG A GWELLA IECHYD CYMRU

CYFRANOGWYR

1. Yr Ysgrifennydd Gwladol dros Amddiffyn, DMS Whittington, Lichfield, Staffs, WS14 9PY (yr "Awdurdod").
2. Addysg a Gwella Iechyd Cymru (AaGIC) – Tŷ Dysgu, Cefn Coed, Nantgarw, CF15 7QQ

CEFNDIR

3. Mae'r Ddeoniaeth Amddiffyn, ar ran y Gwasanaethau Meddygol Amddiffyn (DMS), yn rheoli lleoliadau a hyfforddiant o fewn GIG Cymru ar gyfer Hyfforddeion Milwrol Arbenigol mewn rhaglenni hyfforddi Gofal Iechyd Eilaidd.
4. Mae'r Memorandwm Cyd-ddealltwriaeth hwn yn ymwneud â darparu rhaglenni hyfforddi a gymeradwywyd gan y Cyngor Meddygol Cyffredinol (GMC) o fewn GIG Cymru. Mae'r Awdurdod ac AaGIC wedi penderfynu cydweithio i sicrhau bod hyfforddiant yn cael ei ddarparu, ac maent yn dymuno cofnodi ar ba sail y byddant yn cydweithio â'i gilydd i fodloni'r gofynion hyfforddi hyn. Nid oes unrhyw fwriad i greu perthynas sy'n eu rhwymo'n gyfreithiol yng nghyswllt y Memorandwm Cyd-ddealltwriaeth hwn. Mae'r Memorandwm Cyd-ddealltwriaeth yn nodi:
 - a. Prif ofynion y ddau Gyfranogwr.
 - b. Y gwahanol rolau a chyfrifoldebau fydd gan y Cyfranogwyr o ganlyniad i'r trefniant hwn.
5. Ar gyfartaledd, mae 49 o feddygon yn cael eu lleoli ar raglenni hyfforddi Gofal Iechyd Eilaidd yn y GIG bob blwyddyn.

GOFYNIION

Bydd AaGIC yn goruchwyllo, yn monitro ac yn awdurdodi hyfforddiant meddygol proffesiynol o'r dechrau i'r diwedd (run-through), craidd ac uwch, yn ogystal â datblygiad proffesiynol parhaus Hyfforddeion Milwrol Arbenigol.

6. Bydd AaGIC yn gwneud y canlynol:
 - a. Ystyried ceisiadau gan yr Awdurdod i leoli Hyfforddeion Milwrol Arbenigol mewn rhaglenni hyfforddi a gymeradwywyd gan y GMC, a chadarnhau lleoliadau gyda Rheolwr Hyfforddiant Gofal Iechyd Eilaidd y Ddeoniaeth Amddiffyn 12 wythnos cyn dyddiad dechrau'r lleoliad cychwynnol;

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- a. Lleoli hyfforddeion milwrol yn Ysbyty Athrofaol Cymru, Caerdydd. Os nad yw hyn yn bosibl, bydd AaGIC yn cysylltu â Rheolwr Hyfforddiant Gofal Iechyd Eilaidd y Ddeoniaeth Amddiffyn i drafod a negodi dewis priodol arall;
- b. Cysylltu â'r Ymgynghorwyr Amddiffyn (DCA)¹ perthnasol ynghylch gofynion hyfforddi Hyfforddeion Milwrol Arbenigol cyn dechrau'r hyfforddiant, ac ar unrhyw adeg yn ystod yr hyfforddiant, fel sy'n ofynnol gan AaGIC neu'r Ddeoniaeth Amddiffyn;
- c. Darparu addysg, hyfforddiant a chymorth cyffredinol i Hyfforddeion Milwrol Arbenigol sy'n cael eu lleoli ar raglenni hyfforddi a gymeradwywyd gan y GMC, i'r un lefel â'r hyn y bydd eu cydweithwyr yn y GIG yn ei gael ar Raglenni Hyfforddi cyfatebol. Bydd hyn yn cynnwys unrhyw hyfforddiant gorfodol a gynigir i gydweithwyr yn y GIG heb unrhyw gost ychwanegol i'r Awdurdod.

CYFRIFOLDEBAU ADDYSG A GWELLA IECHYD CYMRU

7. Bydd AaGIC yn gwneud y canlynol:

- a. Sicrhau bod yr Awdurdod² yn cael gwybod am bob Hyfforddai Milwrol Arbenigol sy'n cael problemau o fewn 5 diwrnod gwaith dros y ffôn neu drwy e-bost. Bydd AaGIC yn delio â'r holl faterion 'yn fewnol' yn unol â phrotocolau presennol yr Uned Cymorth Proffesiynol, a bydd y cymorth yn cyfateb i'r hyn y bydd cydweithwyr yn y GIG yn ei dderbyn;
- b. Sicrhau bod yr Awdurdod yn cael gwybod am bob Hyfforddai Milwrol Arbenigol sydd â phryderon difrifol, ac os bydd y GMC yn dod yn rhan o'r mater, o fewn 24 awr drwy e-bost neu dros y ffôn. Bydd yr holl bryderon difrifol yn cael eu hadolygu gan y Deon Amddiffyn, fel yr Awdurdod i asesu faint o gysylltiad sydd ei angen a chymryd rhan yn y cynllun rheoli. Bydd yr Awdurdod neu ei gynrychiolydd yn cael ei wahodd i bob panel canlyniadau anffafriol. Bydd cynrychiolydd nad oedd ar y panel gwreiddiol yn eistedd ar unrhyw baneli apêl dilynol a gynhelir gan AaGIC;
- c. Yn unol â'r amserlenni ar gyfer cydweithwyr yn y GIG, sicrhau bod Hyfforddeion Milwrol Arbenigol yn cael y dogfennau priodol, fel Contract Anrhydeddus, yr ID angenrheidiol, hawliau mynediad/mewngofnodi a rota o leiaf 4 wythnos cyn dechrau'r hyfforddiant a 4 wythnos cyn symud i Ymddiriedolaeth wahanol yn ystod yr hyfforddiant;
- d. Sicrhau bod pob Hyfforddai Milwrol Arbenigol, lle bynnag y bo modd, yn gweithio'n unol â Chyfarwydddebau Oriau Gwaith Ewropeaidd (EWTD)/Rheoliadau Amser Gweithio (WTR) a'u bod yn cael cyfle i optio allan, yn yr un modd â chydweithwyr yn y GIG. Mae hyn yn hanfodol ar gyfer y rheini sy'n ymgymryd â dyletswyddau ychwanegol neu ar gyfer cyfleoedd hyfforddi eithriadol;
- e. Sicrhau bod y Sefydliad sy'n Lletya yn deall y gall fod yn ofynnol i Hyfforddeion Milwrol Arbenigol ymgymryd â Dyletswyddau Milwrol ar gyfer nifer fach o ddigwyddiadau milwrol gorfodol (yn ogystal â chael eu lleoli, gan gynnwys hyfforddiant ar gyfer hyn) bob blwyddyn. Bydd absenoldebau o'r fath yn cael eu cynnwys yn yr

¹Yn y byd milwrol, rôl yr Ymgynghorwyr Amddiffyn, neu'r Defence Consultant Advisors (DCA), yw'r rôl agosaf at Gyfarwyddwr Rhaglenni Hyfforddi'r GIG.

²Ar gyfer y Memorandwm Cyd-ddealltwriaeth hwn, Rheolwr Hyfforddiant Gofal Iechyd Eilaidd y Ddeoniaeth Amddiffyn neu'r Deon Amddiffyn yw'r Awdurdod.

uchafswm o 14 diwrnod "Amser Allan o Hyfforddiant" yn unol â chyfarwyddyd y GMC. Gan fod yr Hyfforddeion Milwrol Arbenigol ar ddyletswydd, ni fydd diwrnodau Dyletswyddau Milwrol yn cael eu cyfrif fel "diwrnodau i ffwrdd" at ddibenion rota. Bydd diwrnodau i ffwrdd yn lle'r oriau hyn yn cael eu darparu a bydd y ddyletswydd/digwyddiad yn cael eu hystyried at ddibenion EWTD/WTR wrth lunio'r rota;

f. Cynorthwyo Hyfforddeion Milwrol Arbenigol i gydymffurfio â'r gofyn i gwblhau arolwg cenedlaethol blynyddol y GMC ac arolygon hyfforddeion mewnol yn ôl yr angen gan ymddiriedolaethau a Byrddau Iechyd Cenedlaethol unigol;

g. Galw panel yr Adolygiad Blynyddol o Gynnydd Cymhwysedd (ARCP) ynghyd a rhoi o leiaf 3 mis o rybudd i Gynorthwy-ydd Gweinyddol Hyfforddiant Gofal Iechyd Eilaidd y Ddeoniaeth Amddiffyn ynghylch dyddiad y panel er mwyn galluogi'r Ddeoniaeth Amddiffyn i drefnu bod Ymgynghorydd Milwrol Arbenigol penodol neu Ddeon Cyswllt Milwrol yn bresennol, naill ai wyneb yn wyneb neu drwy alwad cynadledda;

h. Wrth adolygu Ffurflen R yn yr ARCP, os yw'r Amser Allan o Hyfforddiant (TOOT) yn fwy na 14 diwrnod oherwydd dyletswyddau milwrol gorfodol, ni fydd y cyfnod Cwblhau Hyfforddiant (CCT) yn cael ei ymestyn oni bai ei bod yn amlwg ar ôl adolygu bod y dyletswyddau hyn wedi effeithio ar gynnydd yn ystod y flwyddyn hyfforddi honno. Os bydd yr holl gymwyseddau angenrheidiol wedi cael eu bodloni, ni fydd y CCT yn cael ei ymestyn oherwydd Dyletswyddau Milwrol Gorfodol. Mae'r Coleg Brenhinol Meddygaeth Frys (RCEM) wedi cefnogi rhoi'r awdurdod i hyfforddeion Meddygaeth Frys y Gwasanaethau Amddiffyn gael HYD AT 14 diwrnod ychwanegol o TOOT ar gyfer pob blwyddyn hyfforddi;

i. O fewn 30 diwrnod i'r ARCP, bydd AaGIC yn darparu copi electronig o'r ddogfen sy'n rhoi canlyniad yr ARCP i'r Cynorthwy-ydd Gweinyddol ar gyfer Hyfforddiant Gofal Iechyd Eilaidd i alluogi'r Ddeoniaeth Amddiffyn i gyflawni ei gyfrifoldeb i ail-ddilysu hyfforddeion unigol;

j. Bydd AaGIC yn dilyn protocolau adrodd byw ac yn rhoi gwybod i'r Awdurdod ac i Arweinydd Ail-ddilysu'r Ddeoniaeth Feddygol i Raddedigion Amddiffyn am bryderon ail-ddilysu sy'n ymwneud â Hyfforddeion Milwrol Arbenigol;

k. Rhoi gwybod am newidiadau o ran lleoliadau ysbytai, a lle bo modd, dyddiadau dechrau a gorffen, i'r Cynorthwy-ydd Gweinyddol ar gyfer Hyfforddiant Gofal Iechyd Eilaidd o fewn mis i'r symud;

l. Gweithio gyda'r Awdurdod i reoli Lleoliadau Trawsffiniol (Trosglwyddo Rhwng Deoniaethau i feddygon y GIG) yn uniongyrchol. Yn ddelfrydol, rhoddir 6 mis o rybudd – 3 mis fan leiaf i bob Cyfranogwr;

m. Rhannu gwybodaeth berthnasol am Reoli Ansawdd gyda'r Awdurdod yn dilyn unrhyw arolygiad neu ymweliad yn ymwneud ag ansawdd sy'n ofynnol o fewn Bwrdd Iechyd Cenedlaethol;

n. Sicrhau bod y Sefydliad sy'n Lletya yn caniatáu gwisgo lifrai gwaith milwrol taclus ar wardiau lle bo hynny'n briodol i'r Arbenigedd;

o. Sicrhau bod gan bob Hyfforddai Milwrol Arbenigol fynediad at y Tîm Cyfadran Lleol ym Mwrdd Iechyd y Lleoliad a'u bod yn gallu defnyddio'r broses ar gyfer adrodd am eithriadau yng nghyswllt torri rota, yn yr un modd â chydweithwyr yn y GIG;

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p. Cefnogi'r Awdurdod o ran cael mynediad at Hyfforddeion Milwrol Arbenigol ar Brosiect Cwricwlwm Llawfeddygol Rhyng-golegol (ISCO) drwy gynnal hawliau Dirprwyo Cyfarwyddwyr Rhaglenni Hyfforddi;

q. Rhoi'r wybodaeth ddiweddaraf am gamau gweithredu Ymweliadau Ansawdd y Ddeoniaeth Amddiffyn. Cynhyrchir y camau hyn drwy eithriad fel rhan o'r adroddiad yn dilyn ymweliad gan yr Awdurdod. Dylid cyflwyno diweddariadau ysgrifenedig drwy e-bost o fewn 3 mis i dderbyn yr adroddiad gan Reolwr Ansawdd Academi Feddygol y Gwasanaethau Amddiffyn.

CYFRIFOLDEBAU AWDURDODAU

8. Bydd yr Awdurdod yn gwneud y canlynol:

a. Cysylltu â DCA y DMS a Chyfarwyddwyr Rhaglenni Hyfforddi AaGIC ynghylch rhaglenni hyfforddi;

b. Darparu Cytundeb Dysgu'r Ddeoniaeth Amddiffyn i'r Hyfforddeion Milwrol Arbenigol ar ôl iddynt gael eu recriwtio'n llwyddiannus ac o leiaf 2 wythnos cyn dechrau'r hyfforddiant;

c. Sicrhau bod Hyfforddeion Milwrol Arbenigol yn ymwybodol o'r angen i roi digon o rybudd o absenoldeb o'r hyfforddiant (ar gyfer arholiadau, gwyliau blyneddol), gan gynnwys pan fyddant yn ymgymryd â Dyletswyddau Milwrol;

d. Darparu i AaGIC Ffurflen R gyfredol (rhannau A a B) a CV yr Hyfforddeion Milwrol Arbenigol sy'n dechrau ar Hyfforddiant Craidd 1/Hyfforddiant Arbenigol 1 a Hyfforddiant Arbenigol 3/4 12 wythnos cyn dechrau'r hyfforddiant;

e. Pan fydd Hyfforddeion Milwrol Arbenigol yn rhan o raglen hyfforddi Graidd, o'r Dechrau i'r Diwedd ac Uwch, derbyn y bydd disgwyl iddynt fel rheol aros o fewn y rhaglen honno drwy gydol eu hyfforddiant;

f. Rhoi cymaint o rybudd ag sy'n ymarferol am unrhyw newid arfaethedig yn y rhaglen hyfforddi a lle mae angen Trosglwyddo ar draws Ffiniau (Trosglwyddiad Rhwng Deoniaethau ar gyfer meddygon y GIG) o AaGIC i wlad ddatganoledig arall neu Dîm Lleol HEE, bydd yr Awdurdod ac AaGIC yn gweithio gyda'i gilydd i hwyluso'r broses yn unol â threfniadau Deon i Ddeon y Gynhadledd Deoniaid Meddygol i Raddedigion (COPMeD) y cytunwyd arnynt yn Chwefror 13. Yn ddelfrydol, rhoddir 6 mis o rybudd – 3 mis fan leiaf;

g. Cysylltu â chynrychiolwyr enwebedig AaGIC ynghylch symudiadau Hyfforddeion Milwrol Arbenigol nawr ac yn y dyfodol o fewn 5 diwrnod i dderbyn y wybodaeth;

h. Cadarnhau y bydd Hyfforddeion Milwrol Arbenigol sy'n cael eu lleoli yn Rhaglenni Hyfforddi AaGIC yn ymuno'n llawn â'r rhaglenni hynny ochr yn ochr â

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chydweithwyr sy'n dilyn hyfforddiant Arbenigol yn y GIG, ac y bydd disgwyl iddynt ymgymryd â dyletswyddau 'ar alwad' sy'n cyfateb i'w cydweithwyr yn y GIG;

i. Prosesu'r holl geisiadau Hyfforddiant y Tu Allan i'r Rhaglen (OOPT), Seibiant Gyrfa y Tu Allan i'r Rhaglen (OOPC), Profiad y Tu Allan i'r Rhaglen (OOPE) ac Ymchwil y Tu Allan i'r Rhaglen (OOPR). Yn ddelfrydol, rhoddir 6 mis o rybudd – 3 mis fan leiaf;

ADNODDAU

9. O ran Hyfforddeion yr Awdurdod, bydd AaGIC a'r Sefydliad sy'n Lletya yn gyfrifol am yr holl gostau teithio a chynhaliaeth sy'n gysylltiedig â darparu gwasanaeth y GIG.

10. Bydd AaGIC a'r Sefydliad sy'n Lletya yn gyfrifol am gyflenwi'r holl gyfarpar a'r cyflenwadau i fodloni'r gofynion a gymeradwywyd.

CYMWYSTERAU

11. Bydd AaGIC yn sicrhau bod gan bob lleoliad hyfforddi staff cymwys sydd â'r wybodaeth a'r profiad priodol i ddarparu'r hyfforddiant angenrheidiol fel y nodir yn y Memorandwm Cyd-ddealltwriaeth.

DIOGELU DATA

12. Bydd AaGIC yn gyfrifol am storio a chadw'n ddiogel unrhyw wybodaeth bersonol a roddir iddynt gan yr Awdurdod, a bydd yn cydymffurfio â'r holl ddeddfwriaeth berthnasol yn hyn o beth (e.e. Deddf Diogelu Data 2018, y Rheoliad Cyffredinol ar Ddiogelu Data (GDPR) 2018, a glynu wrth Egwyddorion Caldicott). O bryd i'w gilydd, gall yr Awdurdod ofyn – yn ysgrifenedig – am gael gweld cofnodion.

13. Bydd Cyfranogwyr y Memorandwm Cyd-ddealltwriaeth hwn yn gwneud y canlynol:

a. Trin Gwybodaeth Gyfrinachol sy'n eiddo i'r llall gyda'r un gofal ag y mae'n ei ddefnyddio ar gyfer ei Wybodaeth Gyfrinachol ei hun;

b. Peidio, heb ganiatâd ymlaen llaw gan y llall, â datgelu Gwybodaeth Gyfrinachol sy'n eiddo i'r llall – naill ai'n gyfan gwbl neu'n rhannol – i unrhyw berson arall ac eithrio is-gontractwyr neu asiantau ei weithwyr sy'n ymwneud â darparu neu dderbyn y Gwasanaethau, sydd angen gwybod y Wybodaeth Gyfrinachol dan sylw;

c. Defnyddio'r Wybodaeth Gyfrinachol sy'n eiddo i'r llall dim ond mewn cysylltiad â darparu neu dderbyn y gwasanaethau ac nid er ei fudd ei hun nac er budd unrhyw drydydd parti;

d. Sicrhau bod pob is-gontractwr ac asiantau gweithwyr sy'n berthnasol yn ymwybodol o ofynion cyfrinachedd y Wybodaeth Gyfrinachol sy'n eiddo i'r llall.

DANGOSYDDION PERFFORMIAD/ANSAWDD

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14. Rhestrir Dangosyddion Perfformiad Allweddol yn Atodiad A.

ADOLYGU'R MEMORANDWM CYD-DDEALLTWRIAETH

15. Bydd trafodaeth ar faterion yn ymwneud â'r Memorandwm Cyd-ddealltwriaeth a'r modd y'i cyflwynir yn eitem sefydlog ar agenda cyfarfodydd COPMeD ddwywaith y flwyddyn rhwng yr Awdurdod ac AaGIC. Bydd hyn yn sicrhau bod unrhyw faterion a nodir gan unrhyw un o'r Cyfranogwyr i'r Memorandwm Cyd-ddealltwriaeth hwn yn mynd rhagddynt yn ddidrafferth ac yn cael eu datrys yn gynnar.

16. Mae rhestr lawn o'r byrfoddau i'w gweld yn Atodiad B.

GORCHYMYN A RHEOLI

17. Rhaid ymdrin â'r holl faterion sy'n ymwneud â gweinyddu, lles a disgyblu yn unol â pholisï'r Bwrdd Iechyd, a rhoi gwybod i'r Awdurdod o fewn 24 awr ar ôl i unrhyw fater godi neu ar ôl i drosedd gael ei gyflawni. Bydd yr Awdurdod, drwy un Gadwyn Awdurdod y Gwasanaeth, yn delio ag unrhyw drosedd sy'n torri Cyfraith y Gwasanaeth.

DIOGELWCH

18. Mae diogelwch a gwarchodaeth personél milwrol yn parhau'n fater i'r Awdurdod. Bydd AaGIC yn defnyddio pob mesur sydd ar gael i sicrhau nad yw manylion personol personél y Weinyddiaeth Amddiffyn yn cael eu rhannu ag unigolion nad ydynt yn meddu ar yr awdurdod priodol. Fel y bo'n briodol, bydd yr Awdurdod yn rhoi gwybod i AaGIC am newidiadau mewn gofynion diogelwch.

CYLLID

19. Egwyddor ariannol gyffredinol y trefniant hwn yn bod yn niwtral o ran costau, a derbynnir y pwyntiau canlynol:

a. Bydd yr Hyfforddeion Milwrol Arbenigol yn cael eu hystyried yn ychwanegol yn ariannol, ac yn cael eu hariannu gan yr Awdurdod;

b. Ni fydd yr Awdurdod yn hawlio unrhyw ad-daliad ar gyfer yr elfen darparu gwasanaeth sy'n rhan o hyfforddiant yr Hyfforddeion Milwrol Arbenigol;

c. Ni fydd timau lleol AaGIC yn hawlio unrhyw ad-daliad am gostau addysgol na gwasanaethau locwm ar gyfer Hyfforddeion Milwrol Arbenigol sy'n absennol am ba bynnag reswm;

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d. Mewn amgylchiadau eithriadol lle mae'r Awdurdod ac AaGIC yn derbyn bod angen gwasanaethau adfer lleol ychwanegol ar gyfer Hyfforddai Milwrol Arbenigol sy'n cael anawsterau, yr Awdurdod fydd yn ysgwyddo'r costau sy'n gysylltiedig â'r gwasanaeth hwn, ar ôl cytuno arnynt cyn i'r cymorth ychwanegol gael ei ddarparu.

TRYLOYWDER

20. Mae AaGIC yn deall y gall yr Awdurdod gyhoeddi Gwybodaeth Dryloyw i'r cyhoedd ynghylch y trefniant hwn os derbynnir cais Rhyddid Gwybodaeth. Bydd AaGIC yn cynorthwyo'r Awdurdod ac yn cydweithio ag ef er mwyn ei alluogi i gyhoeddi'r Wybodaeth Dryloyw.

21. Cyn cyhoeddi'r Wybodaeth Dryloyw i'r cyhoedd yn unol â pharagraff 20, bydd yr Awdurdod yn golygu unrhyw Wybodaeth a fyddai wedi'i heithrio rhag cael ei datgelu os oedd yn destun cais am wybodaeth o dan Ddeddf Rhyddid Gwybodaeth 2000 neu Reoliadau Effaith Amgylcheddol 2004.

22. Gall yr Awdurdod ymgynghori ag AaGIC cyn golygu unrhyw Wybodaeth o'r Wybodaeth Dryloyw yn unol â pharagraff 21. Mae AaGIC yn cydnabod ac yn derbyn ei bod yn bosibl na fydd ei sylwadau ar olygu yn ystod ymgynghoriad yn rhai penderfynol, a bod y penderfyniad i olygu Gwybodaeth neu beidio yn fater lle bydd yr Awdurdod yn defnyddio ei ddisgresiwn ei hun, yn amodol bob amser ar ddarpariaethau Deddf Rhyddid Gwybodaeth 2000 neu Reoliadau Effaith Amgylcheddol 2004.

TERFYNU'R MEMORANDWM CYD-DDEALLTWRIAETH

23. Bydd y Memorandwm Cyd-ddealltwriaeth hwn yn dechrau ar y dyddiad y bydd y ddau Gyfranogwr yn ei lofnodi a bydd yn parhau i fod yn effeithiol am gyfnod cychwynnol o 2 flynedd. Ar ôl y cyfnod hwn, bydd y Memorandwm Cyd-ddealltwriaeth yn cael ei adolygu gan y ddau Gyfranogwr.

24. Gall unrhyw un o'r Cyfranogwyr derfynu'r Memorandwm Cyd-ddealltwriaeth hwn drwy roi dim llai nag 20 diwrnod gwaith o rybudd ysgrifenedig i'r Cyfranogwr arall.

AMRYWIADAU

25. Gall unrhyw un o'r Cyfranogwyr ofyn am wneud amrywiadau i'r Memorandwm Cyd-ddealltwriaeth hwn, a gellir eu gwneud drwy drefniant ar y cyd, yn ysgrifenedig.

UWCHGYFEIRIO

26. Os oes gan unrhyw un o'r Cyfranogwyr unrhyw broblemau, pryderon neu gwynion ynghylch gweithredoedd y Cyfranogwr arall, neu unrhyw fater yn y Memorandwm Cyd-ddealltwriaeth hwn, bydd y Cyfranogwr hwnnw'n hysbysu'r Cyfranogwr arall a bydd y Cyfranogwyr wedyn yn ceisio datrys y mater drwy broses ymgynghori. Oni ellir datrys y

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mater o fewn 5 diwrnod gwaith, bydd y mater yn cael ei uwchgyfeirio i'r cyfarfod adolygu y cyfeirir ato ym mharagraff 15 o'r Memorandwm Cyd-ddealltwriaeth hwn.

SETLO ANGHYDFODAU

27. Bydd anghydfodau rhwng neu ymysg y Cyfranogwyr sy'n codi o dan y Memorandwm Cyd-ddealltwriaeth hwn neu mewn cysylltiad ag ef yn cael eu datrys dim ond drwy ymgynghori rhwng neu ymysg y Cyfranogwyr, ac ni fyddant yn cael eu cyfeirio at lys cenedlaethol, at dribiwnlys rhyngwladol, nac unrhyw berson nac endid arall er mwyn cael setliad.

Llofnodwyd gan yr Athro Push Mangat

ar gyfer ac ar ran AaGIC

Teitl Swydd – Cyfarwyddwr Meddygol



Llofnodwyd gan Is-farsial yr Awyrlu
Clare Walton QHP RAF

.....

**ar gyfer ac ar ran yr YSGRIFENNYDD
GWLADOL DROS AMDDIFFYN**

Teitl Swydd – Cyfarwyddwr Personél a
Hyfforddiant Meddygol

Dyddiad

Atodiad:

A: Dangosyddion Perfformiad Allweddol

B: Byrfoddau

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Atodiad A:

Memorandwm Cyd-ddealltwriaeth AaGIC – Gofal Iechyd Eilaidd:

Dyddiad: 7 Mehefin 21

SOR RHIF PARAGRAFF	DANGOSYDD PERFFORMIAD	CAM GWEITHREDU	MESUR CANLYNIADAU	GAN BWY	ERBYN PRYD
7a	Rhoi gwybod am broblemau	Rhoi gwybod i'r Rheolwr Hyfforddiant Gofal Iechyd Eilaidd neu'r Deon Amddiffyn am bob Hyfforddai Milwrol Arbenigol sy'n cael unrhyw broblemau	100%	AaGIC	O fewn 5 diwrnod gwaith
7b	Rhoi gwybod am bryderon difrifol	Rhoi gwybod i'r Rheolwr Hyfforddiant Gofal Iechyd Eilaidd neu'r Deon Amddiffyn am bob Hyfforddai Milwrol Arbenigol sy'n wynebu pryderon difrifol ac os yw'r GMC yn dod yn rhan o'r mater o fewn 24 awr	100%	AaGIC	O fewn 24 awr
7c	Dogfennau	Darparu'r ID angenrheidiol, yr hawliau mynediad/mewngofnodi a'r rota	100%	AaGIC ar y cyd â'r Sefydliad sy'n Lletya	O fewn 4 wythnos cyn dechrau hyfforddi a chylchdroi
7g	Galw'r panel ARCP ynghyd	Rhoi dyddiadau ARCP i Gynorthwy-ydd Gweinyddol Hyfforddiant Gofal Iechyd Eilaidd y Ddeoniaeth Amddiffyn	100%	AaGIC	3 mis o rybudd

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7i	Dogfennau hyfforddeion unigol mewn perthynas ag ail-ddilysu canlyniad ARCP	Darparu copi electronig o ddogfen ganlyniadau'r ARCP i'r Cynorthwy-ydd Gweinyddol ar gyfer Hyfforddiant Gofal Iechyd Eilaidd	100%	AaGIC	30 diwrnod ar ôl dyddiad yr ARCP.
7q	Diweddariadau ysgrifenedig	Diweddariadau ysgrifenedig ar ôl derbyn Adroddiad Rheolwr Ansawdd Academi Feddygol y Gwasanaethau Amddiffyn	100%	AaGIC	Cyflwyno o fewn 3 mis i dderbyn yr adroddiad

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Atodiad B:

Memorandwm Cyd-ddealltwriaeth AaGIC – Gofal Iechyd Eilaidd:

Dyddiad: 7 Mehefin 21

BYRFODDAU

BYRFODDAU	YN LLAWN
AaGIC	Addysg a Gwella Iechyd Cymru
ARCP	Adolygiad Blynnyddol o Gynnydd Cymhwysedd
CCT	Cwblhau Hyfforddiant
COPMeD	Cynhadledd Deoniaid Meddygol Uwchraddedig
CV	Curriculum Vitae
DCA	Ymgynghorydd Meddygol y Gwasanaethau Amddiffyn
DMS	Gwasanaethau Meddygol Amddiffyn (Yr Awdurdod)
EWTd	Cyfarwyddbau Oriau Gwaith Ewropeaidd
GDPR	Rheoliadau Cyffredinol ar Ddiogelu Data
GIG	Gwasanaeth Iechyd Gwladol
GMC	Y Cyngor Meddygol Cyffredinol
ID	Dogfennau Adnabod
ISCP	Prosiect Cwricwlwm Llawfeddygol Rhyng-golegol
OOPC	Seibiant Gyrfa y Tu Allan i'r Rhaglen
OOPE	Profiad y Tu Allan i'r Rhaglen
OOPR	Ymchwil y Tu Allan i'r Rhaglen
OOPT	Hyfforddiant y Tu Allan i'r Rhaglen
PSU	Unedau Cymorth Proffesiynol
RCEM	Coleg Brenhinol Meddygaeth Frys
TOOT	Amser Allan o Hyfforddiant
WTR	Rheoliadau Amser Gweithio

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GIG
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WALES

Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Dyddiad y Cyfarfod	21 Gorffennaf 2021	Eitem Agenda	3.1
Teitl yr Adroddiad	Traciwr Argymhellion Archwilio		
Awdur yr Adroddiad	Catherine English, Rheolwr Llywodraethu Corfforaethol		
Noddwr yr Adroddiad	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Cyflwynwyd gan	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Prif bwrpas yr Adroddiad Blynnyddol i'r Pwyllgor Addysg, Comisiynu ac Ansawdd yw sicrhau'r Bwrdd bod y system sicrwydd yn addas i'r pwrpas ac yn gweithio'n effeithiol. Mae'r adroddiad yn crynhoi'r prif feysydd gwaith busnes a wnaed gan y Pwyllgor yn ystod 2020/21.		
Materion Allweddol	Mae'r adroddiad hwn yn crynhoi'r prif feysydd gwaith busnes a wnaed gan y Pwyllgor yn 2020/21 gan dynnu sylw at rai o'r materion allweddol y mae'r Pwyllgor yn bwriadu eu hystyried ymhellach dros y 12 mis nesaf.		
Gweithredu Penodol sydd ei angen (un ✓ yn unig)	Gwybodaeth	Trafod	Sicrwydd
	✓		
Argymhellion	<p>Gofynnir i'r Pwyllgor Archwilio a Sicrwydd:</p> <ul style="list-style-type: none"> • Nodi bod y Pwyllgor Addysg, Comisiynu ac Ansawdd wedi cymeradwyo Adroddiad Blynnyddol 2020/21 er mwyn ei gyflwyno i'r Bwrdd ar gyfer sicrwydd. • Nodi Adroddiad Blynnyddol y Pwyllgor Addysg, Comisiynu ac Ansawdd ar gyfer 2020/21, er gwybodaeth. 		

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ADRODDIAD BLYNYDDOL Y PWYLLGOR ADDYSG, COMISIYNU AC ANSAWDD AR GYFER 2020/21

1. RHAGARWEINIAD

Prif bwrpas yr Adroddiad Blynyddol i'r Pwyllgor Addysg, Comisiynu ac Ansawdd yw sicrhau'r Bwrdd bod y system sicrwydd a gyfwlynodd y Pwyllgor yn addas i'r pwrpas ac yn gweithio'n effeithiol. Mae'r adroddiad hefyd yn cadarnhau bod y Pwyllgor wedi cyflawni ei Gylch Gorchwyl yn effeithiol.

2. CEFNDIR

Mae adroddiad blynyddol y Pwyllgor Addysg, Comisiynu ac Ansawdd wedi cael ei ddatblygu'n dilyn adolygu cofnodion cymeradwy a phapurau'r Pwyllgor gan roi sylw dyledus i gylch gwaith y Pwyllgor fel y disgrifiwyd yn y Cylch Gorchwyl.

3. Y CYNNIG

Mae'r adroddiad hwn yn crynhoi'r prif feysydd gwaith busnes a wnaed gan y Pwyllgor Addysg, Comisiynu ac Ansawdd yn 2020/21 gan dynnu sylw at rai o'r materion allweddol y mae'r Pwyllgor yn bwriadu eu hystyried ymhellach dros y 12 mis nesaf.

4. LLYWODRAETHU A MATERION RISG

Mae unrhyw fater a risg llywodraethu'n cael sylw yng nghyfarfodydd y Pwyllgorau, gydag adroddiadau eithriadau'n cael eu cyflwyno i'r Bwrdd gan y gwahanol gadeiryddion.

5. Y GOBLYGIADAU ARIANNOL

Nid oes unrhyw oblygiadau ariannol i'r Bwrdd eu hystyried / cymeradwyo.

6. ARGYMHELLIAD

Gofynnir i'r Pwyllgor Archwilio a Sicrwydd:

- **Nodi** bod y Pwyllgor Addysg, Comisiynu ac Ansawdd wedi cymeradwyo Adroddiad Blynyddol 2020/21 er mwyn ei gyflwyno i'r Bwrdd ar gyfer sicrwydd; a
- **Nodi** Adroddiad Blynyddol y Pwyllgor Addysg, Comisiynu ac Ansawdd ar gyfer 2020/21, er gwybodaeth.

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Llywodraethu a Sicrwydd			
Cysylltiad i'r amcanion strategol yn yr IMTP (✓ os gwelwch yn dda)	Nod Strategol 1: Arwain ar gynllunio, datblygu a lles gweithlu cymwys, cynaliadwy a hyblyg er mwyn cynorthwyo i ddarparu 'Cymru Iachach'.	Nod Strategol 2: Gwella ansawdd a hygyrchedd addysg a hyfforddiant i'r holl staff gofal iechyd gan sicrhau eu bod yn ateb anghenion yn y dyfodol.	Nod Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliant yn GIG Cymru drwy greu capasiti arweinyddol tosturiol a chyfunol ar bob lefel.
		✓	
	Nod Strategol 4: Datblygu'r gweithlu er mwyn cynorthwyo darparu diogelwch ac ansawdd.	Nod Strategol 5: Bod yn gyflogwr enghreifftiol a lle gwyh i weithio.	Nod Strategol 6: Cael ein cydnabod fel partner, corff dylanwadol ac arweinydd rhagorol.
Ansawdd, Diogelwch a Phrofiad y Claf Mae gwneud yn siŵr bod y Bwrdd yn cyflawni ei fusnes yn briodol drwy ei Bwyllgorau gan lynu wrth ei reolau sefydlog yn ffactor allweddol i sicrhau ansawdd, diogelwch a phrofiad cleifion sy'n derbyn gofal.			
Y Goblygiadau Ariannol Dim.			
Y Goblygiadau Cyfreithiol (gan gynnwys asesiad cydraddoldeb ac amrywiaeth) Mae'n hanfodol bod y Bwrdd yn cydymffurfio â'i reolau sefydlog, sy'n cynnwys derbyn diweddariadau gan ei bwyllgorau.			
Y Goblygiadau Staffio Dim.			
Y Goblygiadau Hirdymor (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015) Mae'r adroddiad yn amlinellu'r gwaith a wneir gan y Pwyllgor i gynghori a rhoi sicrwydd i'r Bwrdd ynglŷn ag addysg, comisiynu addysg a rheoli ansawdd contractau a'r ddarpariaeth addysg. Nod strwythur llywodraethu'r Pwyllgor yw adnabod unrhyw fater neu broblem yn gynnwys i'w hatal rhag gwaethygu; gweithio'n agos â'r Pwyllgor Archwilio a Sicrwydd ac integreiddio o fewn trefniadau cyffredinol y Bwrdd.			
Hanes Adroddiadau	Wedi'i gymeradwyo gan y Pwyllgor Addysg, Comisiynu ac Ansawdd.		
Atodiadau	<ul style="list-style-type: none"> Adroddiad Blynyddol y Pwyllgor Addysg, Comisiynu ac Ansawdd ar gyfer 2020/21. 		

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GIG
CYMRU
NHS
WALES

Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Committee Chairs Reflection

Reflecting on the past year, the second full year of the Education Commissioning and Quality Committee (ECQC), the onset of COVID 19 inevitably comes first to mind. As the months progressed and impacts of the pandemic grew, it became a year we are unlikely to forget.

Early on, our meetings were transferred on-line to enable remote working. Members adjusted quickly to the new arrangements which have worked well. The Committee's membership was strengthened with welcome additional appointments. ECQC's new internal advisory sub-committee (MPQEG) was convened and, although it proved more challenging to inaugurate the external sub-committee (EAG) in these circumstances, this is now established. I am grateful to both groups for their on-going contributions.

Through these means, and through incredible hard work from executive and secretariat staff, it has been possible to cover planned commitments, as well as contribute to education and training aspects of the COVID pandemic response.

The Committee has overseen a range of major initiatives on behalf of HEIW Board during the year, summarised in this Annual Report including Phase 1 and emerging work on Phase 11 of the Strategic Review of Health Professional Education; adapting approaches to assure quality of training and education during the COVID emergency response; and monitoring the wellbeing of those in training.

Thank you to all who have contributed, including my non-executive colleagues on the Committee.

Looking ahead new priorities are emerging, not least to ensure education programmes are restored fully, and capture and build on lessons of recent times. Digital technologies will be key to future education and training; ECQC will support the HEIW Board as this area of work escalates. Phase 11 of the Strategic Review is gathering pace and quality assurance remains a priority. The education and training implications of the Workforce Plan for Health and Social Care are significant and will also influence the Committee's agenda.

Monitoring the progress and facilitating support services for young people aspiring to and training for health service careers has already been a priority for HEIW. ECQC remains glad to contribute. The needs of health-professional refugee and asylum seekers will also be on our agenda.

Finally, it would be difficult to overstate the depth of appreciation due to the HEIW staff who have responded to the pandemic, kept substantial routine business on track, and supported the Committee and its sub-committees valiantly throughout. Thank you wholeheartedly.

1. Introduction and Background

The purpose of the Education, Commissioning and Quality Committee (the 'Committee') is to **advise** and **assure** the Board and Chief Executive (who is the Accountable Officer) on whether effective arrangements are in place to plan, commission, deliver and quality manage education systems and provides assurance on behalf of the organisation.

Membership of the Education, Commissioning and Quality Committee:

The membership of the Committee during 2020/21 was as follows:

Chair:	Dr Ruth Hall, Independent Member
Vice Chair:	Tina Donnelly, Independent Member
Deputy Member:	Gill Lewis, Independent Member*
Member	Ceri Phillips, Independent Member**

* The Deputy Member is a substitute Independent Member who is only required to attend Committee meetings if another Independent Member is unable to attend.

**In September 2020, the Board appointed Ceri Phillips to the Committee. Ceri Phillips resigned from HEIW on 31st March 2021 to take up the Vice Chair's role at Cardiff and Vale University Health Board.

HEIW officers also attend to support key matters.

The Committee met on five occasions between April 2020 and March 2021 and was well attended with good engagement from all attendees. The Committee continues to report regularly to the HEIW Board and to ensure an appropriate interaction with the Audit and Assurance Committee.

2. Planning and Review

In line with good practice, the Education, Commissioning and Quality Committee reviewed its Terms of Reference in October 2020 endorsing a number of revisions including the alignment of the appointment date of Committee Members with that of the Audit and Assurance Committee, the appointment of a Committee Vice Chair and the addition of the Dental Dean, Pharmacy Dean and Postgraduate Medical Dean as standing 'in attendance' members of the Committee.

The Committee also considered the revised **Terms of Reference for the Multi-Professional Quality Education Group (MPQEG) and Education Advisory Group (EAG)**, approving several changes in September. These were reviewed by each of the groups at their inaugural meetings and a number of additional members to the MPQEG were approved by the Committee in October.

During the year a review of the effectiveness of the Committee was carried out and the **Evaluation of Committee Effectiveness** was considered by the Committee at its meeting in October. The review highlighted how the Committee had been strengthened by the creation of two sub Committees the Education and

Advisory Group (EAG) and Multi-Professional Quality and Education Group (MPQEG), and the addition of a further Independent Member. The review also highlighted a number of areas for focus for the Committee including the development of an induction programme for new Committee members.

The Committee approved its **Annual Report 2019-20** which was noted and approved for publication by the Board in July 2020.

3. Key Achievements in 2020/21

Throughout the year, the Committee has received and considered regular updates on the progress of **Phase 1 of the Strategic Review of Health Professional Education**. This review sought to secure pre-registration health professional education in Wales for the next seven to ten years. The programme of work provided an opportunity to take a whole system review of the shape and focus of the education and training provision needed to support the NHS in Wales.

In April, the Committee received an update on the impact of COVID-19 on **Phase 1 of the Strategic Review of Health Professional Education** and the timetable of the impending tendering process. Recognising the significance of the procurement exercise and satisfied the decision had received due consideration, the Committee was supportive of revising the procurement timescales which retained the original September 2022 student start date. In September, the Committee considered the final procurement proposals in detail and endorsed the plan and procurement strategy, recommending submission of the Invitation to Tender (ITT) and Contract Specification to Board, and the submission of the Procurement Report to Welsh Government. The Committee received an update on the contract specification in October following the submission of the procurement report to Welsh Government. In February 2021, following the closing of the tendering window, the Committee received an overview of the next stage of the procurement process, including an update on the development and planning of the **Evaluation Framework**.

The Committee also received an overview of **Phase 2 of the Strategic Review of Health Professional Education**, and considered the lessons learned from Phase 1 of the review. Acknowledging the scale of the Phase 2 procurement exercise the Committee supported the creation of a three-year fixed term Project Manager post recognising it would help provide the due diligence required to ensure the new contracts were fit for purpose.

In July, the Committee considered the draft **Annual Education and Training Plan 2021/22** and highlighted the need to closely monitor the impact of COVID-19 on trainers to ensure there was sufficient capacity to support delivery of the Plan. The final Plan was supported by the HEIW Board on 30 July 2020 and submitted to Welsh Government for approval.

4. Scrutiny and Monitoring

The Committee received:

- The first **All Wales Quality Report of Health Education Contracts in April 2020** which summarised the quality measures in place to ensure the delivery of health professional contracts in Wales.

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- Regular reports on the **Quality Assurance Review of Post Graduate Medical Education (PGME)** and were reassured that despite service pressures in response to COVID-19, HEIW had maintained its regulatory accountability and had adopted an alternative approach to quality management during the crisis.
- Regular **Quality Management Reports** which provided an overview of the quality management monitoring arrangements within the Medical Deanery. This included updates on the areas within the Medical Deanery which were in enhanced monitoring status. The Committee noted the impact of COVID-19 on the Medical Deanery, in particular the pausing of routine elective operations and the impact on the progress of surgical trainees and were encouraged by efforts to mitigate the impact of a lack of face to face surgical operating time.
- A **Simulation Team Report** at its meeting in February 2021.
- A summary of the **Local Education Provider Commissioning Review 2019/2020** and welcomed the multi-professional format, noting the emergence of a number of all Wales themes including workforce development, curriculum change and simulation and several actions arising from lessons learned.
- The **General Medical Council (GMC) Annual Quality Assurance Summary** and were pleased with the positive outcome.
- A briefing on the **Four Nations Discussions on Quality Issues** in July 2020. Following feedback from the previous year's GMC Trainee Survey, the Committee requested HEIW review its complaint handling process and compare the approach to Quality Assurance Visits across the UK. The review highlighted the importance of communication throughout the complaints process and of sharing lessons learned. While the approach to quality assurance visits in Wales was similar to that in Scotland and Northern Ireland, feedback on the modified visits in Wales was shared with other nations.
- An update on the **Work-Based Learning and Apprenticeship Framework in Wales** and noted the potential additional required to facilitate implementation in July 2020. It also considered the **Open University Annual Report on Nurse Education for 2018-2019** and the potential to widen access to health professional education and learning into other professional disciplines.
- A presentation by members of the **South Wales Trauma Network (SWTN)** on their education and training plan and were encouraged by the multi-professional approach to education and training in October 2020.

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- The **GMC National Trainee Survey** and **Health Professional Education 2020 National Student Survey (NSS) Summary** and **All Wales Health Professional Education Performance Report for Academic Year 2019/20** in February 2021.

5. Key Risks/Issues

Impact of Covid-19 on Education, Commissioning and Quality

As a result of the Board approval to change its governance arrangements temporarily, members of the public were unable to attend or observe the Committee. To facilitate as much transparency and openness as possible during this extraordinary time, the Committee published on the HEIW website a synopsis of the meetings within 72 hours and the unconfirmed minutes within two weeks of a meeting.

HEIW has been and continues to be actively involved in the emergency planning response to the current COVID-19 crisis. The priority for HEIW during this time has been to mobilise the organisation to both fulfil the leadership and support requirements and to use its expertise and resources to support the NHS Wales frontline services in light of the increasing demands from the pandemic, and to maintain the safety and wellbeing of its staff and learners across Wales.

In response to the pandemic, the Committee received regular updates on COVID-19 and its impact on a number of key education and commissioning programmes throughout the year. In October 2020, the Committee noted the briefing paper **Enshrining the Positive Lessons from COVID-19: Defining the 'New Normal' in Education and Training in Wales** and considered the learning opportunities for education and training in Wales as a result of the NHS response to COVID-19. Recognising the importance of continuous improvement, the Committee recommended a briefing paper on the 'new normal' be drafted so the lessons learned could be captured for the purposes of implementation and monitoring.

6. Key Areas of Focus for 2021/22

To keep pace with the many developments in education and training currently taking place, the Committee will review its forward work programme regularly. However, the following are key areas that will be addressed during 2021/22:

- Lessons learned from COVID-19 and the implications on Education & Training
- Phase 2 of the Strategic Review of Health Professional Education.
- Emerging approaches from workforce planning and the impact on training programmes.
- Impacts and opportunities of digitalisation on health education.
- Widening access to education through differential attainment and alternative education routes.
- The development of an induction process for Committee members.

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Sponsored by: Dr Ruth Hall

Chair of Education, Commissioning and Quality Committee

Date: June 2021

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