Y Pwyllgor Archwilio a Sicrwydd

Mon 18 January 2021, 13:30 - 16:15

Drwy gyfrwng Microsoft Teams/Telegynadledda

Agenda

13:30 - 13:40
10 min

TRAFODAETHAU PREIFAT RHWNG AELODAU'R PWYLLGOR AG ATAL TWYLL, ARCHWILWYR MEWNOL AC ALLANOL

13:40 - 13:50
10 min

1. MATERION RHAGARWEINIOL

1.1. Croeso a Chyflwyniadau

Cyflwynydd: Cadeirydd - Ar lafar

1.2. Ymddiheuriadau am Absenoldeb

Cyflwynydd: Cadeirydd - Ar lafar

1.3. Datgan Buddiannau

Cyflwynydd: Cadeirydd - Ar lafar

1.4. Cofnodion Drafft Cyfarfod y Pwyllgor Archwilio a gynhaliwyd ar Dydd Mawrth, 20 Hydref 2020

Cyflwynydd: Cadeirydd - Atodiad

- 1.4 - cy-Unconfirmed Minutes Audit_Assurance Committee_2020-10-20 (Open) V3_approved by GL cym.pdf (14 pages)

1.5. Cofnod Camau Gweithredu

Cyflwynydd: Cadeirydd - Atodiad

- 1.5 - cy-Action Log Audit_Assurance Committee_2020-10-20 (Open) V1 cym.pdf (4 pages)

1.6. Materion yn Codi

Cyflwynydd: Cadeirydd - Ar lafar

13:50 - 16:10
140 min

2. MATERION I'W HYSTYRIED

2.1. Memorandwm Cyd-ddealltwriaeth a Chytundeb Rhannu Gwybodaeth gyda’r Cyngor Fferyllol Cyffredinol

Cyflwynydd: Ysgrifennydd y Bwrdd - Atodiad

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- 2.1a - cy - Cover Report Pharmacy MoU for AAC Jan 2020 cym.pdf (4 pages)
- 2.1b - Appendix 1 GPhC HEIW MoU v2.0 signed.pdf (9 pages)
- 2.1c - Appendix 2 GPhC HEIW ISA v3.0 signed.pdf (12 pages)
- 2.1d - Appendix 3 Schedule 1 v3.0_signed.pdf (3 pages)
- 2.1e - Appendix 4 Schedule 2 v3.0signed.pdf (3 pages)
- 2.1f - Appendix 5 Schedule 3 v3.0signed.pdf (3 pages)

2.1g - Appendix 6 Schedule 4 v3.0 signed.pdf (3 pages)

2.2. Atal Twyll:

2.2.1. Adroddiad Cynnydd

Cyflwynydd: Rheolwr Atal Twyll - Atodiad

2.2 - cy - HEIW Audit Assurance Committee LCFS Update_January 2021 cym.pdf (5 pages)

2.3. Archwilio Cymru:

2.3 - cy - Audit Wales Reports Cover Sheet_Audit Assurance Committee_January 2021 (002) cym.pdf (1 pages)

2.3.1. Adroddiad Archwilio Blynyddol 2020

Cyflwynydd: Archwilio Cymru - Atodiad

2.3.1 - 2216A2020-21_HEIW_Annual_Audit_Report_2020_Eng.pdf (18 pages)

2.3.2. Cynllun Blynyddol Dangosol 2021

Cyflwynydd: Archwilio Cymru - Atodiad

2.3.2 - 2219A2020-21_HEIW_Audit_Plan_2021_Eng.pdf (14 pages)

2.4. Archwiliad Mewnol:

2.4 - cy- Internal Audit Reports Cover Sheet_Progress Report_ January 2021 cym.pdf (1 pages)

2.4.1. Adroddiad Cynnydd

Cyflwynydd: Archwiliad Mewnol - Atodiad

2.4.1 - HEIW Internal Audit Progress Report_ January 2021.pdf (6 pages)

2.4.2. Adroddiad Archwilio Mewnol Proses Adolygu Datblygiad Personol

Cyflwynydd: Archwiliad Mewnol - Atodiad

2.4.2 - Appendix 1 - HEIW Personal Development Review Process Internal Audit Final Report.pdf (19 pages)

2.4.3. Adroddiad Archwilio Mewnol ar Systemau Ariannol

Cyflwynydd: Archwiliad Mewnol - Atodiad

2.4.3 - Appendix 2 - HEIW Financial Systems Internal Audit Final Report.pdf (25 pages)

2.4.4. Adroddiad Cryno COVID-19 Cymru Gyfan

Cyflwynydd: Archwiliad Mewnol - Atodiad

2.4.4 - Appendix 3 - Governance Arrangements during COVID19 - All Wales Summary Advisory Review Report Final.pdf (10 pages)

15:00 - 15:10 EGWYL

2.5. Adroddiad Llywodraethu Gwybodaeth a Rheoli Gwybodaeth

Cyflwynydd: Ysgrifennydd y Bwrdd - Atodiad

2.5 - cy - IG and IM Update for AAC (January 2021) (F) cym.pdf (21 pages)

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2.6. Adroddiad ar Gydymffurfiaeth o ran Caffael

Cyflwynwyr: Cyfarwyddwr Cyllid ac Pennaeth Caffael - Atodiad

- 2.6a - cy - HEIW Procuement Compliance Report_Jan 2021-en-cy-C.docx CYM.pdf (3 pages)
- 2.6b - Appendix 1 and Appendix 3 Health Education Improvement Wales Jan-21.pdf (3 pages)

2.7. Adolygiad Blynyddol o'r Rheolau Sefydlog

Cyflwynydd: Ysgrifennydd y Bwrdd - Atodiad

- 2.7a - cy - Review of Standing Orders_January 2021 (F)-en-cy-C.docx cym.pdf (5 pages)
- 2.7b - Appendix 1 DRAFT HEIW Standing Orders V4_January 2021 V2.pdf (72 pages)

2.8. Cynllun Cyfrifon Blynyddol 2020/21

Cyflwynydd: Cyfarwyddwr Cyllid - Atodiad

- 2.8 - cy - Annual Accounts Plan 2020-21 cym.pdf (7 pages)

2.9. Cofrestr Risgiau Corfforaethol

Cyflwynydd: Ysgrifennydd y Bwrdd - Atodiad

- 2.9a - cy - Corporate Risk Register_AAC Cover Paper_January 2021 (Final)-en-cy-C.docx CYM.pdf (7 pages)
- 2.9b - Appendix 1 - Corporate Risk Register for AAC (January 2021) (F).pdf (16 pages)

2.10. Adnodd Tracio Argymhellion Archwiliad

Cyflwynydd: Ysgrifennydd y Bwrdd - Atodiad

- 2.10a -cy-Audit Recommendations Tracker Cover Report_January 2021 cym.pdf (6 pages)
- 2.10b - HEIW Audit Tracker Internal Open Recommendations_January 2021(F).pdf (2 pages)
- 2.10c - HEIW Audit Tracker External Open Recommendations_January 2021 (F).pdf (2 pages)
- 2.10d - HEIW Audit Tracker Internal Audit Advisory Open_January 2021(F).pdf (1 pages)

2.11. Blaenraglen Waith 2021

Cyflwynydd: Ysgrifennydd y Bwrdd - Atodiad

- 2.11 - Audit_Assurance Committee Work Plan 2021-22 V2 cym.pdf (1 pages)

16:10 - 16:15
5 min

3. CLOI

3.1. Unrhyw Fater Arall

Cyflwynydd: Cadeirydd - Ar lafar

3.2. Dyddiad y Cyfarfod Nesaf

3.2.1. Dydd Mercher, 7 Ebrill 2021 am 13:30 drwy Microsoft Teams/Ystafell Gyfarfod 1 AaGIC, Tŷ Dysgu

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GIG CYMRU NHS WALES | Addysg a Gwella Iechyd Cymru (AaGIC) Health Education and Improvement Wales (HEIW)

HEB EU CADARNHAU

Cofnodion DRAFFT y Pwyllgor Archwilio a Sicrwydd
a gynhaliwyd ar 20 Hydref 2020
drwy Microsoft Teams/Telegynadledda (drwy Tŷ Dysgu)

Yn bresennol:

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

Hefyd yn bresennol:

Dafydd Bebb	Ysgrifennydd y Bwrdd
Eifion Williams	Cyfarwyddwr Cyllid
Martyn Pennell	Pennaeth Cyfrifyddu Ariannol
Paul Dalton	Pennaeth Archwilio Mewnol (Partneriaeth Cydwasanaethau GIG Cymru)
Ken Hughes	Rheolwr Archwilio (Partneriaeth Cydwasanaethau GIG Cymru)
Clare James	Arweinydd Archwilio Perfformiad (Archwilio Cymru)
Helen Goddard	Rheolwr Archwilio Allanol (Archwilio Cymru)
Craig Greenstock	Rheolwr Atal Twyll (Bwrdd Iechyd Prifysgol Caerdydd a'r Fro)
Rhian Sadler	Rheolwr Busnes Caffael (Partneriaeth Cydwasanaethau GIG Cymru)
Nicola Johnson (Sylwedydd)	Cyfarwyddwr y Gwasanaethau Corfforaethol, Cynllunio a Pherfformiad
Angela Parry	Cyfarwyddwr Nyrsio Dros Dro (Sylwedydd)
Kay Barrow	Rheolwr Gwasanaethau Corfforaethol (Ysgrifenyddiaeth)

RHAN 1	MATERION RHAGARWEINIOL	Cam Gweithredu
AAC: 20/10/1.1	**Croeso a Chyflwyniadau**	
	Croesawodd y Cadeirydd bawb i'r cyfarfod ac, yn benodol, Rhian Sadler, a oedd yn bresennol yn absenoldeb Helen James (Pennaeth Caffael, Partneriaeth Cydwasanaethau GIG Cymru) a Ken Hughes (Rheolwr Archwilio, Partneriaeth Cydwasanaethau GIG Cymru). Cafodd Nicola Johnson (Cyfarwyddwr y Gwasanaethau Corfforaethol, Cynllunio a Pherfformiad) ac Angela Parry (Cyfarwyddwr Nyrsio Dros Dro) eu croesawu fel sylwedyddion hefyd.	
AAC: 20/10/1.2	**Ymddiheuriadau am Absenoldeb**	
	Cafwyd ymddiheuriad gan Heidi Phillips (Aelod Annibynnol), Helen James (Pennaeth Caffael, Partneriaeth Cydwasanaethau GIG Cymru), Anne-Marie Harkin (Cyfarwyddwr Ymgysylltu, Archwilio Cymru) ac Emma Samways (Dirprwy Bennaeth Archwilio Mewnol, Partneriaeth Cydwasanaethau GIG Cymru).	
AAC: 20/10/1.3	**Datgan Buddiannau**	

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	Nid oedd dim datganiadau o fuddiannau.	
AAC: 20/10/1.4	**Cofnodion y Cyfarfod a gynhaliwyd ar 16 Gorffennaf 2020**	
	Cafodd cofnodion y cyfarfod a gynhaliwyd ar 16 Gorffennaf 2020 eu **derbyn** a'u **cymeradwyo** fel cofnod cywir o'r cyfarfod. Tynnwyd sylw at y ffaith fod y cofnodion drafft yn cynnwys nifer o acronymau a allai fod yn ddryslyd i'r cyhoedd. Cadarnhawyd y byddai pob acronym yn cael ei roi yn llawn y tro cyntaf, gan ddefnyddio'r acronym wedi hynny.	
AAC: 20/10/1.5	**Cofnod Camau Gweithredu**	
	Roedd y Pwyllgor wedi **derbyn** ac **ystyried** y Cofnod Camau Gweithredu o'r cyfarfod a gynhaliwyd ar 16 Gorffennaf 2020. Cafwyd y diweddariadau canlynol: • **AAC 16/07/2.1 Cydymffurfedd Cofnod Staff Electronig y Gyfarwyddiaeth Feddygol â Hyfforddiant Gorfodol a'r Adolygiad Datblygu a Gwerthuso Perfformiad:** Nododd y Pwyllgor y gwaith y mae Tîm Gwybodaeth am y Gweithlu AaGIC yn ei wneud i roi sylw i'r mater o gofnodi hyfforddiant statudol a gorfodol ar gyfer y staff hynny sy'n gweithio mewn mwy nag un sefydliad y GIG. • **AAC 16/07/2.2 Adroddiad Cynnydd o ran Atal Twyll:** Nododd y Pwyllgor y cynnydd da sy'n cael ei wneud o ran codi ymwybyddiaeth o dwyll ymysg staff AaGIC.	
Penderfynwyd	Roedd y Pwyllgor wedi **nodi'r** Cofnod Camau Gweithredu a'r diweddariadau a gafwyd.	
AAC: 20/10/1.6	**Materion yn Codi**	
	Doedd dim materion yn codi.	
RHAN 2	**MATERION I'W HYSTYRIED**	
AAC: 20/10/2.1	**Atal Twyll:**	
AAC: 20/10/2.1.1	**Adroddiad Cynnydd**	
	Roedd y Pwyllgor wedi **derbyn** yr adroddiad. Wrth gyflwyno'r adroddiad, dywedodd Craig Greenstock fod 25 diwrnod o waith wedi'i gomisiynu wedi cael ei gwblhau. Cynhaliwyd un ymchwiliad, a oedd yn dal yn mynd rhagddo. Roedd cyfarwyddiaethau ac adrannau'n dangos mwy o ddiddordeb o lawer mewn sesiynau ymwybyddiaeth o dwyll 'rhithiol'. Mae 12 o sesiynau wedi'u cynnal â dros 130 o staff AaGIC ar draws amrywiaeth eang o feysydd, ac fel rhan o'r broses Cynefino Corfforaethol. Cadarnhawyd bod yr holl ddata a dynnwyd o AaGIC ar gyfer y Fenter Twyll Genedlaethol 2020/21 wedi cael eu cyflwyno i'r Fenter. Byddai'r wybodaeth ddiweddaraf am barau data 2020/21 yn cael ei darparu i'r Pwyllgor ar ôl y dyddiad cau, 31 Ionawr 2021, pan fydd unrhyw barau ar gael.	

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	Codwyd ymholiad ynglŷn ag adrodd twyll gan y cyhoedd o'u cymharu ag aelodau staff. Esboniwyd bod dau ddull ar gyfer adrodd twyll. Mae'r cyhoedd yn cael eu hannog i adrodd drwy Action Fraud, canolfan adrodd twyll a throseddau genedlaethol y DU. Mae'n bwynt cyswllt canolog ar gyfer adrodd twyll a throseddau lle mae arian yw'r cymhelliant. Mae staff y GIG yng Nghymru yn cael eu hannog i adrodd yn lleol drwy eu Gwasanaeth Atal Twyll Lleol, neu drwy Wasanaeth Atal Twyll y GIG (Cymru). Mae manylion cyswllt y ddau wasanaeth wedi'u darparu yn y Cylchlythyr Atal Twyll rheolaidd, ac ar safleoedd mewnrwyd sefydliadau'r GIG.	
Penderfynwyd	Roedd y Pwyllgor wedi **nodi'r** adroddiad.	
AAC: 20/10/2.1.2	**Adolygiad o Asesiad Deallusrwydd Strategol 2020 Awdurdod Atal Twyll y GIG ar gyfer 2018-2019, a'r Effaith ar AaGIC**	
	Dywedodd Craig Greenstock wrth y Pwyllgor mai er gwybodaeth y cyflwynwyd yr adroddiad yn y cyfarfod diwethaf. Roedd unrhyw themâu/pynciau ar gyfer dysgu neu godi ymwybyddiaeth a oedd yn berthnasol i AaGIC wedi cael eu rhannu â'r Cyfarwyddwr Cyllid a Chaffael. Esboniodd fod unrhyw hysbysiadau a gafwyd wedi'u rhannu yn yr un modd hefyd. Gofynnodd y pwyllgor a fyddai'n bosibl datblygu canllaw sy'n crynhoi'r cyngor er mwyn codi ymwybyddiaeth nid yn unig ymysg y rhai sy'n rhan o'r meysydd y mae twyllwyr a/neu sgamwyr yn eu targedu, ond ymysg gweithlu ehangach AaGIC hefyd. Esboniwyd bod astudiaethau achos diweddar yn cael eu cynnwys yn y Cylchlythyr Atal Twyll chwarterol. Dywedodd Archwilio Cymru wrth y Pwyllgor bod ei Adran TG yn anfon negeseuon e-bost gwe-rwydo prawf yn fewnol yn rheolaidd, ac yn dadansoddi'r ymatebion er mwyn rhannu'r gwersi a ddysgwyd a chodi ymwybyddiaeth.	
Penderfynwyd	Gwnaeth y Pwyllgor y canlynol: • **nodi'r** adroddiad ar lafar; • **cytuno** y bydd Cylchlythyrau Atal Twyll yn y dyfodol yn cynnwys rhagor o gyngor cyffredinol ar y meysydd allweddol sy'n cael eu targedu gan dwyllwyr a/neu sgamwyr ar y pryd.	**EW/CG**
AAC: 20/10/2.2	**Archwilio Cymru:**	
AAC: 20/10/2.2.1	**Adroddiad Cynnydd**	
	Roedd y Pwyllgor wedi **derbyn** yr adroddiad. Wrth gyflwyno'r adroddiad, cadarnhaodd Helen Goddard y bydd y gwaith o gynllunio'r archwiliad ariannol a'r asesiad risg ar gyfer cyfrifon blynyddol 2020/21 yn dechrau fis Rhagfyr 2020. Fodd bynnag, roedd cyfarfodydd chwarterol rheolaidd yn cael eu cynnal ag unigolion allweddol yn AaGIC. Nododd y Pwyllgor bod y gwaith prosiect lleol yn dal yn cael ei ddatblygu, a chafodd y wybodaeth ddiweddaraf am astudiaethau eraill yr Archwilydd Cyffredinol ac am ddigwyddiadau a chynnyrch Arferion	

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	Da. Cadarnhawyd bod Adnodd Data Cyllid GIG Cymru wedi cael ei ddiweddaru ar gyfer 2019/2020 a'i fod yn cynnwys AaGIC am y tro cyntaf. Mae'r adnodd rhyngweithiol yn ei gwneud hi'n bosibl dadansoddi tueddiadau ar draws Cymru neu yn ôl cyrff unigol y GIG. Roedd yr adroddiad yn cynnwys prosiect dysgu cyflym COVID, sef adnodd rhyngweithiol ar-lein a oedd yn darparu myfyrdodau sy'n dod i'r amlwg mewn amser real, ac yn rhannu gwybodaeth.	
Penderfynwyd	Roedd y Pwyllgor wedi **nodi'r** adroddiad.	
AAC: 20/10/2.2.2	**'Gwella ein Perfformiad' Mynd i'r Afael â Thwyll yng Nghymru – Adroddiad Archwilydd Cyffredinol Cymru**	
	Roedd y Pwyllgor wedi **derbyn** yr adroddiad. Dywedodd Clare James fod yr Archwilydd Cyffredinol wedi cyhoeddi Trefniadau Atal Twyll yn Sector Cyhoeddus Cymru: Trosolwg ar gyfer y Pwyllgor Cyfrifon Cyhoeddus ym mis Mehefin 2019. Roedd yr adroddiad hwn wedi canfod colledion sylweddol bob blwyddyn yng Nghymru o ganlyniad i dwyll. Ar ôl cyhoeddi'r adroddiad, roedd y Pwyllgor Cyfrifon Cyhoeddus wedi cymeradwyo cynnig yr Archwilydd Cyffredinol i wneud rhagor o waith ar draws amrywiaeth o gyrff yn sector cyhoeddus Cymru. Roedd hyd a lled yr archwiliad wedi edrych ar ba mor effeithiol oedd y trefniadau atal twyll yn ymarferol, a gwneud argymhellion ar gyfer gwella. Cafodd y Pwyllgor drosolwg o ganfyddiadau'r adroddiad a'r argymhellion yn ôl thema. Tynnwyd sylw at y ffaith fod GIG Cymru wedi perfformio'n dda o'i gymharu â chyrff eraill yn y sector cyhoeddus ar draws y saith thema yn hyd a lled yr archwiliad: • arweinyddiaeth a diwylliant; • fframweithiau rheoli risgiau; • polisïau a hyfforddiant; • capasiti ac arbenigedd; • adnoddau a data; • cydweithio; • adrodd a chraffu. Fodd bynnag, roedd yr adroddiad yn tynnu sylw at 15 o argymhellion ar draws y themâu fel meysydd i'w gwella. Ar wahân i'r adroddiad cenedlaethol, cafodd pob sefydliad sector cyhoeddus unigol adroddiad pwrpasol a oedd yn tynnu sylw at yr argymhellion penodol ar gyfer y sefydliad hwnnw.	
Penderfynwyd	Roedd y Pwyllgor wedi **nodi'r** adroddiad.	
AAC: 20/10/2.2.3	**Effeithiolrwydd Trefniadau Atal Twyll – AaGIC**	
	Roedd y Pwyllgor wedi **cael** yr adroddiad. Wrth gyflwyno'r adroddiad, darparodd Clare James drosolwg o'r prif ganfyddiadau a'r tri maes i'w gwella. Dywedodd Craig Greenstock fod AaGIC wedi canolbwyntio'n fwy penodol ar ymwybyddiaeth o dwyll a'i fod yn gwneud cynnydd da yn y	

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	maes hwn. Serch hynny, roedd rhagor o waith i'w wneud o ran gwneud hyfforddiant atal twyll yn orfodol a'i wneud ar gael fel modiwl ar y Cofnod Staff Electronig. Cadarnhawyd bod y capasiti yn y Gwasanaeth Atal Twyll Lleol yn ddigonol ar hyn o bryd i gyflawni llwyth gwaith Cynllun Atal Twyll Blynyddol AaGIC. Fodd bynnag, roedd capasiti ychwanegol yn y tîm rhanbarthol pe bai angen. Cafwyd eglurhad y byddai rhaid gwneud cais drwy'r Cyfarwyddwr Cyllid a cheisio cymeradwyaeth drwy'r Pwyllgor pe bai angen rhagor o adnoddau atal twyll. Cafwyd esboniad o'r term 'risg o dwyll economaidd' a nodwyd bod AaGIC yn cadw cofnod o golledion o ganlyniad i dwyll, a'r hyn sy'n cael ei adennill, sy'n cael ei ystyried yn arfer da. Serch hynny, cododd y Pwyllgor ymholiad ynglŷn ag AaGIC fel sefydliad comisiynu a'r broses o ganfod risg twyll wrth ystyried ei risgiau, ac a yw AaGIC yn cynnal asesiadau o risg twyll fel rhan o'i fframwaith rheoli risgiau cyffredinol. Cafwyd eglurhad nad yw asesiadau o risg twyll yn rhan o bolisi rheoli risgiau AaGIC, ond bod deialog parhaus rhwng Craig Greenstock a Dafydd Bebb. O ran dadansoddi data, er nad oedd hyn yn argymhelliad ar gyfer AaGIC, tynnwyd sylw at bwysigrwydd defnyddio dadansoddiadau data i raddau mwy er mwyn atal a chanfod twyll, yn ogystal â gwella'r cydweithio yn ehangach yn y sector cyhoeddus a thu hwnt. Er y cydnabuwyd bod AaGIC yn sefydliad unigryw yn y sector cyhoeddus, roedd y Gwasanaeth Atal Twyll Lleol yn defnyddio dadansoddiadau data a deallusrwydd o amrywiol ffynonellau, fel y Fenter Twyll Genedlaethol; awdurdodau lleol; yr Asiantaeth Pensiynau; corff benthyciadau myfyrwyr y DU.	
Penderfynwyd	Roedd y Pwyllgor wedi **nodi'r** adroddiad.	
AAC: 20/10/2.2.4	**Adroddiad Cenedlaethol ar Lesiant Cenedlaethau'r Dyfodol**	
	Roedd y Pwyllgor wedi **derbyn** yr adroddiad. Dywedodd Clare James mai er gwybodaeth oedd yr adroddiad gan fod Catryn Holzinger, yr Arweinydd Llesiant a Chenedlaethau'r Dyfodol yn Archwilio Cymru, yn dod i Sesiwn Datblygu Bwrdd AaGIC ar 29 Hydref 2020 i gyflwyno'r adroddiad.	
Penderfynwyd	Roedd y Pwyllgor wedi **nodi'r** adroddiad er gwybodaeth.	
AAC: 20/10/2.2.5	**Asesiad Strwythuredig 2020**	
	Roedd y Pwyllgor wedi **derbyn** yr adroddiad. Wrth gyflwyno'r adroddiad, esboniodd Clare James fod dull gweithredu Asesiad Strwythuredig y flwyddyn hon wedi cael ei addasu, er mwyn cael adolygiad byrrach a mwy penodol ar y meysydd canlynol: • Arweinyddiaeth a llywodraethu; • Rheolaeth ariannol; • Cynlluniau gweithredol;	

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	Cafodd y Pwyllgor drosolwg o'r negeseuon allweddol a thynnwyd sylw at y ffaith nad oedd hyd a lled yr archwiliad wedi cynnwys adolygiad o argymhellion y flwyddyn flaenorol, ond wedi cynnwys dau argymhelliad ychwanegol. Croesawodd y Pwyllgor yr adroddiad cadarnhaol. Pwysleisiwyd bod Bwrdd AaGIC yn trafod costau a gwerth, yn enwedig mewn cysylltiad ag achosion busnes a'r Cynllun Blynyddol/Cynllun Tymor Canolig Integredig. Nododd Eifion Williams bod angen i AaGIC sicrhau gwelliannau o ran costau a gwerth. Darparodd enghraifft o'r gwaith a wnaed i newid y contract ynni o gontract ar ei ben ei hun a symud i Fframwaith Cymru Gyfan, a oedd wedi arbed costau i AaGIC. Roedd nifer o feysydd eraill hefyd lle byddai modd dangos gwerth yn y buddsoddiad mewn addysg a hyfforddiant. Cadarnhaodd Dafydd Bebb y dylid ystyried y Gofrestr Risgiau Corfforaethol yn sesiwn 'agored' Bwrdd AaGIC a'r Pwyllgor Archwilio a Sicrwydd. Cadarnhaodd Ruth Hall bod amlder cyfarfodydd y Pwyllgor Addysg, Comisiynu ac Ansawdd wedi cael ei adolygu a phenderfyniad wedi'i wneud y dylai barhau i gyfarfod bedair gwaith y flwyddyn. Gellid galw cyfarfodydd ychwanegol yn ôl yr angen at ddibenion penodol. Esboniodd fod aelodaeth o'r Pwyllgor Addysg, Comisiynu ac Ansawdd wedi cael ei gryfhau. Roedd y Pwyllgor yn falch o sicrhau Archwilio Cymru bod yr argymhellion yn cael eu cymryd o ddifrif a bod cynnydd sylweddol eisoes yn cael ei adrodd. Diolchodd Clare James i Dafydd Bebb ac i Kay Barrow am hwyluso'r broses archwilio. Diolchodd hefyd i'r tîm Archwilio Mewnol am y dull cydweithredol i sicrhau nad oedd dyblygu o ran ymdrech.	
Penderfynwyd	Roedd y Pwyllgor wedi **nodi'r** adroddiad.	
AAC: 20/10/2.3	**Archwiliad Mewnol:**	
AAC: 20/10/2.3.1	**Adroddiad Cynnydd**	
	Roedd y Pwyllgor wedi **derbyn** yr adroddiad. Wrth gyflwyno'r adroddiad, tynnodd Paul Dalton sylw at statws y cynllun archwilio mewnol ar gyfer 2020/2021. Esboniodd fod COVID-19 yn parhau i amharu. Fodd bynnag, byddai pob ymdrech yn cael ei gwneud i sicrhau bod y rhaglen waith lawn yn cael ei chyflawni. Cadarnhaodd nad oedd pryderon i AaGIC ar hyn o bryd, ond bod Archwilio Mewnol yn edrych ar wahanol ddulliau o ddarparu Barn y Pennaeth Archwilio Mewnol pe na bai'r rhaglen archwilio lawn yn cael ei chyflawni. Roedd hyn yn cael ei drafod â Rhwydwaith Ysgrifenyddion y Bwrdd.	

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	Cafwyd eglurhad bod COVID-19 wedi cael effaith niweidiol ar AaGIC yn ei rôl fel comisiynydd a sicrhau bod addysg a hyfforddiant yn cael eu darparu i'w fyfyrwyr/hyfforddeion, a bod eu hadleoli yng ngweithlu dros dro y GIG mewn ymateb i'r argyfwng yn her sylweddol.	
Penderfynwyd	Roedd y Pwyllgor wedi **nodi'r** adroddiad.	
AAC: 20/10/2.3.2	**Adroddiad Archwilio Mewnol ar y Trefniadau Llywodraethu yn ystod COVID-19**	
	Roedd y Pwyllgor wedi **derbyn** yr adroddiad ac ymateb y tîm rheoli. Wrth gyflwyno'r adroddiad, dywedodd Ken Hughes fod yr archwiliad yn adolygiad cynghorol cyflym a gomisiynwyd gan Grŵp Cyfarwyddwyr Cyllid Cymru Gyfan, a'i fod yn canolbwyntio ar yr egwyddorion canlynol: • llywodraethu a rheoli risgiau; • dirprwyo ac uwchgyfeirio; • gwyriadau oddi wrth bolisïau a phrosesau presennol Cafodd y Pwyllgor drosolwg o'r tri maes a adolygwyd a oedd yn ymwneud â llywodraethu strategol; llywodraethu ariannol; a meysydd llywodraethu eraill a oedd yn canolbwyntio ar drefniadau partneriaeth a llywodraethu gwybodaeth. Ar y cyfan, roedd trefniadau llywodraethu AaGIC wedi gweithredu'n effeithiol wrth ymateb i bandemig COVID-19. Tynnwyd sylw nad oedd argymhellion, gan ei fod yn adolygiad cynghorol, ond bod nifer o feysydd i'w hystyried o ran sut gellid gwneud pethau'n wahanol. Roedd ymateb y tîm rheoli'n darparu sylwadau a safbwynt AaGIC ar yr ystyriaethau. Un maes i fyfyrio yn ei gylch oedd maint y Tîm Rheoli Argyfwng. Nodwyd bod AaGIC wedi myfyrio ar ganfyddiadau'r adolygiad ac, er bod gan y Tîm Rheoli Argyfwng aelodaeth fawr, roedd hyn wedi bod o gymorth uniongyrchol o ran cyfathrebu ag uwch reolwyr allweddol ac arweinwyr adrannau. Fodd bynnag, bydd aelodaeth y Tîm yn cael ei ailwampio er mwyn sicrhau proses gwneud penderfyniadau effeithiol. Cafwyd eglurhad bod trefniadau wrth gefn ar waith ar gyfer y Pwyllgor Addysg, Comisiynu ac Ansawdd cyn COVID-19, ond nad oedd hynny'n wir ar gyfer y Pwyllgor Archwilio a Sicrwydd. Yng nghyfarfod mis Mawrth y Bwrdd, roedd Cadeirydd AaGIC wedi cael awdurdod dirprwyedig i benodi Aelodau Annibynnol ychwanegol i'r Pwyllgorau fel mesur wrth gefn yn ystod y pandemig, pe bai salwch yn codi, er mwyn cadw cworwm Pwyllgorau. Nododd y Pwyllgor y byddai'r tîm Archwilio Mewnol yn casglu ynghyd y themâu â'r arsylwadau cyffredin o'r holl adroddiadau unigol, ac yn darparu adroddiad Cymru Gyfan cyfun.	
Penderfynwyd	Gwnaeth y Pwyllgor y canlynol: • **nodi'r** adroddiad; • **cytuno** y bydd y tîm Archwilio Mewnol yn diwygio'r naratif yn yr adroddiad i adlewyrchu trafodaeth y Pwyllgor.	**Archwilio Mewnol**
AAC: 20/10/2.3.3	**Adolygu Gwasanaeth – Adroddiad Archwilio Mewnol ar Fonitro Comisiynu Meddygol**	

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	Roedd y Pwyllgor wedi **derbyn** yr adroddiad. Wrth gyflwyno'r adroddiad, nododd Ken Hughes fod yr archwiliad hwn yn rhan o gynllun archwilio 2019/2020, a oedd wedi dechrau ym mis Chwefror 2020. Ond oherwydd COVID-19, nid oedd wedi'i gwblhau tan fis Gorffennaf 2020. Tynnwyd sylw at y ffaith fod y gwaith maes wedi'i wneud ar y trefniadau ar waith ar gyfer monitro comisiynu meddygol cyn COVID-19. Roedd yr asesiad cyffredinol yn darparu sicrwydd rhesymol. Ni wnaeth canfyddiadau'r adolygiad ddod ag unrhyw broblemau i'r golwg o ran dyluniad systemau/rheolaethau, a chafodd tri mater eu dosbarthu fel gwendidau o ran gweithredu'r system/rheolaeth a ddyluniwyd ar gyfer monitro comisiynu meddygol. Roedd tri argymhelliad – dau yn rhai blaenoriaeth ganolig ac un yn flaenoriaeth isel. Croesawodd y Pwyllgor yr adroddiad a'r cynnydd sy'n cael ei wneud o ran rhoi sylw i'r argymhellion.	
Penderfynwyd	Gwnaeth y Pwyllgor y canlynol: • **nodi'r** adroddiad; • **cytuno** y bydd yr adroddiad archwilio mewnol yn cael ei gyflwyno yng nghyfarfod nesaf y Pwyllgor Addysg, Comisiynu ac Ansawdd.	**DB**
AAC: 20/10/2.4	**Adroddiad Llywodraethu Gwybodaeth a Rheoli Gwybodaeth**	
	Roedd y Pwyllgor wedi **derbyn** yr adroddiad. Wrth gyflwyno'r adroddiad, dywedodd Dafydd Bebb fod cynnydd da wedi cael ei wneud o ran camau gweithredu'r tîm rheoli yn y cynllun gwaith llywodraethu gwybodaeth, a bod pob maes wedi cael statws 'gwyrdd'. Cadarnhaodd fod y Gofrestr Asedau Gwybodaeth yn ddogfen 'fyw' a fyddai'n cael ei hadolygu'n rheolaidd. Darparwyd diweddariad ar Geisiadau Rhyddid Gwybodaeth a Cheisiadau am Fynediad at Ddata gan y Testun. O ran seiberddiogelwch, tynnwyd sylw t y ffaith fod cynnydd sylweddol wedi'i wneud o ran cryfhau a chodi proffil seiberddiogelwch yn AaGIC, a hynny ers penodi Pennaeth Seiberddiogelwch. Roedd cynllun gwaith wedi'i ddatblygu a byddai'n cael ei weithredu er mwyn helpu i liniaru a lleihau'r lefel risg gorfforaethol bresennol o statws 'coch' i 'oren'. Roedd y Pwyllgor yn fodlon ar y cynnydd a oedd yn cael ei wneud, a oedd wedi darparu rhywfaint o sicrwydd. Codwyd pryder ynglŷn â'r statws 'gwyrdd' ar gyfer y tasgau hynny y mae angen eu monitro'n barhaus. Esboniwyd bod y statws yn seiliedig ar Ganllawiau cyfredol Swyddfa'r Comisiynydd Gwybodaeth ar dasgau y pennir eu bod yn brosesau parhaus. Fodd bynnag, gan fod y Swyddfa wedi newid ei Chanllawiau Arferion Gorau a'r Pecyn Cymorth Llywodraethu Gwybodaeth yn ddiweddar, byddai'r cynllun gwaith yn cael ei adolygu gan Swyddog Llywodraethu Gwybodaeth amser llawn newydd ei benodi.	
Penderfynwyd	Gwnaeth y Pwyllgor y canlynol:	

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	• **nodi'r** adroddiad er sicrwydd; • **cytuno** y bydd trefniadau adrodd ar y cynllun gwaith Llywodraethu Gwybodaeth yn cael eu hadolygu i adlewyrchu Canllawiau a Phecyn Cymorth diweddaraf Swyddfa'r Comisiynydd Gwybodaeth.	**DB**
AAC: 20/10/2.5	**Adroddiad ar Gydymffurfiaeth o ran Caffael**	
	Roedd y Pwyllgor wedi **derbyn** yr adroddiad. Wrth gyflwyno'r adroddiad, darparodd Eifion Williams drosolwg o'r gweithgareddau caffael a gyflawnwyd rhwng 1 Gorffennaf 2020 a 30 Medi 2020, ac yn unol â chyfeirnod 1.2 (Atodlen 2.1.2 o'r Cod Caffael a Chontractau ar gyfer Gwaith Adeiladu a Pheirianneg) y Cyfarwyddiadau Ariannol Sefydlog. Codwyd pryder ynglŷn â nifer parhaus y cofnodion 'nad ydynt wedi'u cymeradwyo'. Y rheswm am hyn yw nad oedd Cyfarwyddiaethau/Adrannau penodol yn dilyn y broses caffael. Ystyriodd y Pwyllgor wahodd y Cyfarwyddiaethau/Adrannau hyn i gyfarfod y Pwyllgor i esbonio eu gweithrediadau. Dywedodd Eifion Williams ei fod wedi cael drafft cychwynnol yr Adolygiad Annibynnol o Systemau a Phrosesau Caffael AaGIC, a gofyn i'r Pwyllgor ohirio ei benderfyniad nes ei fod wedi cael yr adroddiad terfynol ar yr adolygiad.	
Penderfynwyd	Roedd y Pwyllgor wedi **nodi'r** sefyllfa.	
AAC: 20/10/2.6	**Adolygiad Blynyddol o'r Gweithdrefnau Rheoli Ariannol**	
	Roedd y Pwyllgor wedi **derbyn** yr adroddiad. Wrth gyflwyno'r adroddiad, dywedodd Martyn Pennell fod adolygiad manwl o'r 15 o Weithdrefnau Rheoli Cyllid wedi cael ei gynnal, a darparodd grynodeb byr o'r diwygiadau i 13 o'r Gweithdrefnau. Esboniodd y sail resymegol dros ofyn am dynnu Gweithdrefn 14, Cydwasanaethau, a Gweithdrefn 15, Caffael. Ystyriodd y Pwyllgor y diwygiadau i'r Gweithdrefnau a oedd yn adlewyrchu sut roedd AaGIC yn aeddfedu fel sefydliad. Diolchodd y Pwyllgor i Martyn Pennell am ei waith caled yn adolygu'r Gweithdrefnau.	
Penderfynwyd	Gwnaeth y Pwyllgor y canlynol: • **cymeradwyo'r** diwygiadau i'r 13 o Weithdrefnau Rheoli Cyllid; • **cefnogi'r** sail resymegol a **chymeradwyo** tynnu Gweithdrefn 14, Cydwasanaethau, a Gweithdrefn 15, Caffael.	
AAC: 20/10/2.7	**Adolygiad Annibynnol o Systemau a Phrosesau Caffael AaGIC**	
	Dywedodd Eifion Williams ei fod wedi comisiynu adolygiad annibynnol o Systemau a Phrosesau Caffael AaGIC o ganlyniad i bryderon ynglŷn â nifer uchel y gweithgareddau caffael 'nad ydynt wedi'u cymeradwyo'.	

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	Dywedodd ei fod wedi cael drafft cyntaf o'r adroddiad, a oedd yn nodi rhai methiannau. Darparodd Rhian Sadler drosolwg byr o ganfyddiadau cychwynnol yr adolygiad. Esboniodd fod diffyg rhyngweithio wedi bod yn y berthynas rhwng AaGIC a'r Gwasanaethau Caffael. Roedd nifer o resymau am hyn a phwysleisiwyd bod rhyngweithio wyneb yn wyneb yn bwysig er mwyn dechrau meithrin y berthynas. Nododd y Pwyllgor fod nifer o fesurau gwella i'w rhoi ar waith, gan gynnwys ehangu'r cymorth Caffael sy'n cael ei neilltuo i AaGIC, a fydd wedi'i leoli yn Nhŷ Dysgu yn barhaol pan fydd y trefniadau gweithio arferol yn ailddechrau. Byddai rhaglen hyfforddiant caffael hefyd yn cael ei chynnal drwy Microsoft Teams er mwyn rhoi arweiniad i staff AaGIC ar y broses gywir i'w dilyn wrth brynu nwyddau a gwasanaethau. Nodwyd y byddai'r adroddiad terfynol a'r argymhellion yn cael eu cyflwyno i'r Tîm Gweithredol eu hystyried, ac y byddai'r adroddiad terfynol yn cael ei gyflwyno i'r Pwyllgor yn ei gyfarfod nesaf.	
Penderfynwyd	Gwnaeth y Pwyllgor y canlynol: • **nodi'r** diweddariad llafar ar yr adroddiad drafft cychwynnol; • **cytuno** y bydd Cadeirydd y Pwyllgor yn cael gweld yr adroddiad terfynol yn gynnar ar ôl i'r Tîm Gweithredol ei ystyried er mwyn penderfynu a ddylid gwahodd unrhyw dramgwyddwyr i gyfarfod nesaf y Pwyllgor i esbonio eu gweithrediadau. • **cytuno** y bydd yr adroddiad terfynol yn cael ei gyflwyno yng nghyfarfod nesaf y Pwyllgor.	**EW/AB** **EW/AB**
AAC: 20/10/2.8	**Adolygu Fframwaith Sicrwydd y Bwrdd**	
	Roedd y Pwyllgor wedi **derbyn** yr adroddiad. Wrth gyflwyno'r adroddiad, dywedodd Dafydd Bebb fod y Pwyllgor wedi cael sicrwydd rheolaidd ynghylch Fframwaith Sicrwydd y Bwrdd drwy'r diweddariadau a gafwyd ar y Gofrestr Risgiau Corfforaethol ym mhob cyfarfod. Esboniodd y byddai'r Fframwaith yn cael ei ddatblygu ymhellach i ymgorffori argymhellion Archwilio Cymru o ran map sicrwydd ar gyfer y prif reolaethau a ffynonellau sicrwydd, ac yn cael ei ddiweddaru i adlewyrchu amcanion strategol AaGIC. Byddai Archwiliad Trylwyr o'r amcanion strategol yn cael ei gynnal yn y Sesiwn Datblygu'r Bwrdd fis Hydref.	
Penderfynwyd	Roedd y Pwyllgor wedi **nodi'r** adroddiad.	
AAC: 20/10/2.9	**Y Gofrestr Risg Gorfforaethol**	
	Roedd y Pwyllgor wedi **derbyn** yr adroddiad. Wrth gyflwyno'r Gofrestr, darparodd Dafydd Bebb drosolwg o'r asesiad o'r 14 risg. O ran Risg 11, esboniodd y dylai'r naratif adlewyrchu'r ffaith fod y gwersi a ddysgwyd wedi cael eu cofnodi a'u defnyddio wrth ddatblygu Cynllun Gweithredol Ch3 a Ch4.	

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	Roedd yr un risg statws ‘coch’ yn ymwneud â seiberddiogelwch. Nododd y Pwyllgor y tair risg newydd: • Risg 15 – Cyfleoedd Cyflogaeth mewn cysylltiad â’r Bwrsari; • Risg 16 – Effaith COVID-19 ar ddarpariaeth ‘arferol’ gwasanaethau a’r amhariadau posibl ar gyfleoedd lleoliadau i fyfyrwyr, a’u gallu i gamu ymlaen neu raddio; • Risg 17 – Diffyg diddordeb gan Ddarparwyr Addysg mewn ‘lotiau’ fel yr amlinellir yn y Gwahoddiad i Dendro. Codwyd ymholiad mewn cysylltiad â Risg 11 a chafwyd eglurhad y dylai’r cam lliniaru ddarllen ‘… ac mae’r gwersi a ddysgwyd o’r broses hon wedi cael eu cofnodi’. Dylid ychwanegu brawddeg arall – ‘Mae ein Cynllun Gweithredol ar gyfer Ch3 a Ch4 yn caniatáu i AaGIC roi’r Cynllun Tymor Canolig Integredig ar waith, ac yn helpu i gefnogi ymateb y GIG i COVID-19 a Chynllun y Gaeaf ar gyfer iechyd a gofal cymdeithasol’. Awgrymodd John Hill-Tout y dylai Risg 15 hefyd gynnwys naratif ychwanegol i adlewyrchu y gellid lliniaru’r risg ymhellach, drwy gynyddu deallusrwydd y gweithlu i fonitro unrhyw fylchau mewn cyfleoedd cyflogaeth. Myfyriodd y Cadeirydd ar y drafodaeth gynharach ar ganfod risg twyll wrth ystyried risgiau fel rhan o fframwaith rheoli risgiau cyffredinol AaGIC.	
Penderfynwyd	Gwnaeth y Pwyllgor y canlynol: • **nodi’r** Gofrestr Risgiau Corfforaethol a’r asesiad o’r risgiau; • **cytuno** y bydd y cam lliniaru ar gyfer Risg 11 yn cael ei ddiweddaru fel y nodir uchod; • **cytuno** y bydd Risg 15 yn cynnwys naratif ychwanegol i adlewyrchu y gellid lliniaru’r risg ymhellach, drwy gynyddu deallusrwydd y gweithlu i fonitro unrhyw fylchau mewn cyfleoedd cyflogaeth; • **cytuno** y bydd Ysgrifennydd y Bwrdd yn gofyn i’r Tîm Gweithredol ystyried integreiddio’r broses o ganfod risg twyll fel rhan o’r fframwaith rheoli risgiau; • **cytuno** y bydd unrhyw risgiau sy’n cael eu hasesu fel statws ‘gwyrdd’ yn cael eu tynnu.	**DB** **DB** **DB** **DB**
AAC: 20/10/2.10	**Adolygu’r Gofrestr Datgan Buddiannau**	
	Roedd y Pwyllgor wedi **derbyn** y Gofrestr. Wrth gyflwyno’r Gofrestr, tynnodd Dafydd Bebb sylw at y ffaith fod y Rheolau Sefydlog yn mynnu bod y Pwyllgor yn adolygu digonolrwydd y trefniadau ar gyfer datgan, cofrestru a delio â buddiannau bob blwyddyn. Cafwyd eglurhad y gofynnwyd i holl aelodau’r Bwrdd a’r Uwch Dîm Arwain, ynghyd â deiliaid cyllideb ac aelodau staff a allai ddylanwadu ar y broses caffael, lenwi ffurflen Datgan Buddiannau. Dim ond nifer isel o	

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	unigolion oedd heb ddychwelyd eu ffurflen ar gyfer y flwyddyn hon, ac roedd y rhain yn cael eu hymofyn yn frwd.	
Penderfynwyd	Roedd y Pwyllgor wedi **nodi'r** Gofrestr.	
AAC: 20/10/2.11	**Adolygu'r Gofrestr Rhoddion, Lletygarwch a Nawdd**	
	Roedd y Pwyllgor wedi **derbyn** y Gofrestr. Wrth gyflwyno'r Gofrestr, tynnodd Dafydd Bebb sylw at y ffaith fod Rheolau Sefydlog AaGIC yn mynnu bod gan yr holl Aelodau Bwrdd a gweithwyr gyfrifoldeb personol i wirfoddoli gwybodaeth mewn cysylltiad â rhoddion, lletygarwch, honoraria a nawdd sy'n cael eu cynnig, gan gynnwys y cynigion sydd wedi cael eu gwrthod. Cydnabyddir bod nifer isel o gofnodion yn y Gofrestr a bod hynny'n adlewyrchu'n rhannol effaith cyfyngiadau COVID-19. Nododd y Pwyllgor y byddai Ysgrifennydd y Bwrdd yn gwneud rhagor o waith i godi ymwybyddiaeth ac i ddarparu arweiniad ar y mathau o roddion, lletygarwch, honoraria a nawdd y gellid eu derbyn neu y mae'n rhaid eu gwrthod.	
Penderfynwyd	Roedd y Pwyllgor wedi **nodi'r** Gofrestr a'r gwaith codi ymwybyddiaeth pellach i'w wneud.	
AAC: 20/10/2.12	**Polisi Cwynion**	
	Roedd y Pwyllgor wedi **derbyn** y Polisi. Wrth gyflwyno'r Polisi, darparodd Dafydd Bebb drosolwg byr o'r sail resymegol ar gyfer datblygu'r Polisi, a oedd yn adlewyrchu rôl AaGIC fel darparwr addysg a hyfforddiant. Esboniodd fod dyddiad adolygu byr o flwyddyn, oherwydd ei fod yn bolisi newydd, er mwyn gallu ymgorffori unrhyw wersi a ddysgir wrth weithredu yn yr adolygiad o'r polisi. Roedd nifer o ymholiadau wedi cael eu codi wrth ddatblygu'r polisi a chafwyd eglurhad bod y term 'pryder' hefyd yn cael ei adnabod fel cwyn anffurfiol, a oedd yn cael sylw prydlon gan y gwasanaeth dan sylw adeg ei godi fel arfer. Byddai'r holl bryderon/cwynion anffurfiol yn cael eu cofnodi'n ganolog er mwyn dadansoddi tueddiadau i adolygu'r themâu a dysgu gwersi, a hynny i sicrhau proses o wella parhaus. Roedd y polisi ar gyfer myfyrwyr, hyfforddeion, hyfforddwyr a Chyfarwyddwyr Rhaglenni Hyfforddi. Roedd hefyd ar gyfer staff nad oedd modd iddynt gwyno o dan Bolisi Anghydfod presennol GIG Cymru; Polisi Disgyblu GIG Cymru, na'r Weithdrefn i Staff y GIG Godi Pryderon. Cafwyd eglurhad, ar gyfer Apeliadau ar ôl Cam 2 ar hyn o bryd, bod y sawl sy'n cwyno yn cael ei gyfarwyddo i Ombwdsmon Gwasanaethau Cyhoeddus Cymru. Ymgynghoriad staff oedd cam nesaf y broses datblygu polisi. Ystyriodd y Pwyllgor y Polisi a nodwyd y pwyntiau canlynol:	

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	• Roedd angen eglurhad ynghylch teitl y Polisi gan ei fod yn anghyson yn y ddogfen glawr a'r Polisi ei hun, h.y. Polisi Delio â Chwynion ynteu Polisi Cwynion. • Roedd angen eglurhad ynghylch sut gallai unigolyn ddarparu sylw heb godi pryder neu gwyno; • Mae angen sicrhau bod rheolaeth dosturiol wedi'i gwreiddio yn y broses; • Mae angen archwilio proses adolygu mewnol cyn cyfeirio at Ombwdsmon Gwasanaethau Cyhoeddus Cymru; • Mae angen i'r Bwrdd ystyried a thrafod ymhellach cyn cyflwyno'r Polisi am gymeradwyaeth yn ffurfiol.	
Penderfynwyd	Yn amodol ar ymgorffori'r diwygiadau, yr esboniadau a'r ystyriaethau pellach a drafodwyd gan y Pwyllgor yn fersiwn nesaf y Polisi, **argymhellodd** y Pwyllgor y Polisi i'r Bwrdd i'w ystyried a'i drafod ymhellach cyn ei gyflwyno'n ffurfiol i'r Bwrdd am gymeradwyaeth.	**DB**
AAC: 20/10/2.13	**Adnodd Tracio Argymhellion Archwiliad**	
	Roedd y Pwyllgor wedi **derbyn** yr Adnodd Tracio. Wrth gyflwyno'r adroddiad, dywedodd Dafydd Bebb fod 29 o argymhellion archwilio mewnol cyfredol. O blith yr 14 a oedd yn hwyr, roedd un yn y categori blaenoriaeth uchel. Roedd 12 o argymhellion archwilio allanol cyfredol. Roedd saith o'r rhain yn hwyr. Tynnwyd sylw fod nifer o'r argymhellion yn hwyr o ganlyniad i effaith COVID-19 a'r oedi wrth recriwtio dwy swydd Cyfarwyddwr newydd. Dechreuodd Cyfarwyddwr y Gwasanaethau Corfforaethol, Cynllunio a Pherfformiad ym mis Medi 2020 ac roedd y Cyfarwyddwr Datblygu Digidol yn dal yn y cam recriwtio. Er bod y Pwyllgor yn fodlon ar y sefyllfa gyffredinol, roedd yn disgwyl i'r sefyllfa wella o ran nifer yr argymhellion hwyr erbyn cyfarfod nesaf y Pwyllgor.	
Penderfynwyd	Gwnaeth y Pwyllgor y canlynol: • **nodi'r** cynnydd; • **cymeradwyo** tynnu'r argymhellion gwyrdd yr aseswyd eu bod wedi'u cwblhau, neu sydd wedi'u cwblhau yn llwyr.	**DB**
AAC: 20/10/2.14	**Adolygu Cylch Gorchwyl y Pwyllgor**	
	Roedd y Pwyllgor wedi **derbyn** ei Gylch Gorchwyl. Wrth gyflwyno'r adroddiad, dywedodd Dafydd Bebb fod y Bwrdd, yn ei gyfarfod ym mis Medi, wedi cymeradwyo ailbenodiad Aelodau presennol y Pwyllgor ac wedi cymeradwyo'r argymhelliad i gryfhau aelodaeth y Pwyllgor, drwy gadarnhau Is-gadeirydd y Pwyllgor ac Aelod ychwanegol o'r Pwyllgor.	
Penderfynwyd	Gwnaeth y Pwyllgor y canlynol: • **nodi** ailbenodiad Aelodau presennol y Bwrdd am gyfnod pellach o flwyddyn; • **nodi** penodiad ffurfiol Is-gadeirydd y Pwyllgor;	

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	• **cymeradwyo'r** diwygiadau i'w Gylch Gorchwyl; • **argymell** i'r Bwrdd bod Cylch Gorchwyl y Pwyllgor yn cael ei ddiwygio i gyfeirio at rôl Is-gadeirydd yn ei aelodaeth.	**DB**
AAC: 20/10/2.15	**Adolygu'r Diwygiadau y Cytunwyd Arnynt i'r Terfynau Ariannol Dirprwyedig/Rheolau Sefydlog**	
	Roedd y Pwyllgor wedi **derbyn** yr adroddiad. Wrth gyflwyno'r adroddiad, darparodd Dafydd Bebb drosolwg o'r diwygiadau i Reolau Sefydlog AaGIC a'r rhesymau am y diwygiadau. Roedd y diwygiadau arfaethedig yn ymwneud â'r canlynol: • Cynyddu terfynau ariannol dirprwyedig y Prif Weithredwr a'r Dirprwy Brif Weithredwr ar gyfer anfonebau Partneriaeth Cydwasanaethau GIG Cymru mewn cysylltiad â chyflogau Un Prif Gyflogwr i Feddygon Teulu yn unig, o £2 filiwn i £3 miliwn; • Diwygio Cylch Gorchwyl y Pwyllgor Addysg, Comisiynu ac Ansawdd i gadarnhau penodiad y rôl Is-gadeirydd, a diwygio penodiad y tri Deon fel bod 'yn bresennol' yn hytrach nag yn aelodau llawn o'r Pwyllgor; • Diweddaru dau deitl swydd yn yr aelodaeth 'yn bresennol'.	
Penderfynwyd	Gwnaeth y Pwyllgor y canlynol: • **cymeradwyo'r** diwygiadau i Reolau Sefydlog AaGIC; • **argymell** bod y diwygiadau i Reolau Sefydlog AaGIC yn cael eu cyflwyno i'r Bwrdd.	**DB**
	Gadawodd Eifion Williams y cyfarfod.	
RHAN 3	**CLOI**	
AAC: 20/10/3.1	**Unrhyw Fater Arall**	
	Gan nad oedd unrhyw fater arall, penderfynodd y Pwyllgor symud i'r sesiwn gaeedig.	
AAC: 20/10/3.2	**Dyddiad y Cyfarfod Nesaf**	
	Dyddiad y cyfarfod nesaf yw dydd Llun, 18 Ionawr 2021 am 13:30, i'w gadarnhau, naill ai drwy Microsoft Teams/Telegynadledda neu yn Ystafell Gyfarfod 1 AaGIC, Tŷ Dysgu, Nantgarw.	

....

Gill Lewis (Cadeirydd) **Dyddiad:**

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

Eitem ar yr Agenda 1.5

Y Pwyllgor Archwilio a Sicrwydd (Agored)
20 Hydref 2020
Cofnod Camau Gweithredu

(Mae'r Daflen Weithredu hefyd yn cynnwys camau gweithredu a gytunwyd arnynt mewn cyfarfodydd blaenorol o'r Pwyllgor Archwilio a Sicrwydd ac sydd eto i'w cwblhau neu sydd i'w trafod gan y Pwyllgor yn y dyfodol. Mae'r rhain wedi'u hamlygu yn yr adran gyntaf. Pan fydd y Pwyllgor Archwilio a Sicrwydd wedi rhoi sêl bendith i'r camau gweithredu hyn, byddant yn cael eu tynnu oddi ar y daflen weithredu.)

Cyfeirnod y Cofnod	Camau a Gytunwyd	Arweinydd	Dyddiad Targed	Cynnydd/ Wedi Cwblhau
AAC: 27/10/2.10	**Datgan Buddiannau – Adolygu'r Arferion mewn sefydliadau eraill**			
	• Y Pwyllgor i gael adborth o'r adolygiad 'ôl-weithredol' o'r eitemau hynny a gofnodwyd yn y Adroddiad ar Gydymffurfiad ym maes Caffael fel bod 'heb eu cymeradwyo' mewn cysylltiad ag unrhyw wrthdaro rhwng buddiannau.	**Pennaeth Caffael**	I'w gadarnhau	Oherwydd pandemig y Coronafeirws, caiff yr adolygiad hwn ei gynnal pan fydd gwaith 'busnes fel arfer' wedi ailddechrau.
AAC: 01/04/3.1	**Disgwyliadau Gafael a Rheoli Llywodraeth Cymru**			
	• Cyflwyno unrhyw gynigion o ran arferion da i'w mabwysiadu gan AaGIC yn un o gyfarfodydd y Pwyllgor yn y dyfodol	**Cyfarwyddwr Cyllid**	I'w gadarnhau	Mae'r Cynigion Arferion Da wrthi'n cael eu hadolygu. Bydd unrhyw rai y mae angen eu mabwysiadu yn cael eu hychwanegu at Flaenraglen Waith y Pwyllgor yn ôl y gofyn er mwyn eu hystyried.
AAC: 20/10/2.1.2	**Adolygiad o Asesiad Deallusrwydd Strategol 2020 Awdurdod Atal Twyll y GIG ar gyfer 2018-2019, a'r Effaith ar AaGIC**			
	• Cylchlythyrau Atal Twyll yn y dyfodol i gynnwys rhagor o gyngor cyffredinol ar y meysydd allweddol sy'n cael eu targedu gan dwyllwyr a/neu sgamwyr ar y pryd.	**Cyfarwyddwr Cyllid/ Rheolwr Atal Twyll**	O fewn mis	I'w ystyried ar gyfer y cylchlythyr nesaf. Daw diweddariadau rheolaidd gan y gwasanaeth Gwrth Dwyll ac fe'u rhannir drwy e-bost uniongyrchol neu eu rhoi ar safle mewnrwyd AaGIC.

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Cyfeirnod y Cofnod	Camau a Gytunwyd	Arweinydd	Dyddiad Targed	Cynnydd/ Wedi Cwblhau
AAC: 20/10/2.3.2	**Adroddiad Archwilio Mewnol ar y Trefniadau Llywodraethu yn ystod COVID-19**			
	• Y Tîm Archwilio Mewnol i ddiwygio'r naratif yn yr adroddiad i adlewyrchu trafodaeth y Pwyllgor.	**Archwilio Mewnol**	Wedi cwblhau	Diweddarwyd yr adroddiad i adlewyrchu sylwadau bod maint mawr y Tîm Rheoli Argyfwng wedi helpu i gyfathrebu ag Uwch Reolwyr ac Adran allweddol. Arweinwyr, ac i egluro bod trefniadau wrth gefn eisoes ar waith ar gyfer y Pwyllgor Addysg, Comisiynu ac Ansawdd.
AAC: 20/10/2.3.3	**Adolygu Gwasanaeth – Adroddiad Archwilio Mewnol ar Fonitro Comisiynu Meddygol**			
	• Yr adroddiad archwilio mewnol i gael ei gyflwyno yng nghyfarfod nesaf y Pwyllgor Addysg, Comisiynu ac Ansawdd, a'r Pwyllgor hwnnw i fonitro cynnydd y camau gweithredu sy'n rhoi sylw i'r argymhellion.	**Ysgrifennydd y Bwrdd**	Chwefror 2021	Adroddiad Archwilio Mewnol wedi'i ychwanegu at agenda'r Pwyllgor Addysg, Comisiynu ac Ansawdd ar gyfer mis Chwefror 2021.
AAC: 20/10/2.4	**Adroddiad Llywodraethu Gwybodaeth a Rheoli Gwybodaeth**			
	• Adolygu'r adroddiad ar y cynllun gwaith Llywodraethu Gwybodaeth i adlewyrchu Canllawiau a Phecyn Cymorth diweddaraf Swyddfa'r Comisiynydd Gwybodaeth.	**Ysgrifennydd y Bwrdd**	Ionawr 2021	Wedi ychwanegu'r eitem at agenda'r Pwyllgor ar gyfer mis Ionawr 2021.
AAC: 20/10/2.7	**Adolygiad Annibynnol o Systemau a Phrosesau Caffael AaGIC**			
	• Cadeirydd y Pwyllgor i gael gweld yr adroddiad terfynol yn gynnar ar ôl i'r Tîm Gweithredol ei ystyried er mwyn penderfynu a ddylid gwahodd unrhyw dramgwyddwyr i gyfarfod nesaf y Pwyllgor i esbonio eu gweithrediadau.	**Cyfarwyddwr Cyllid**	Ionawr 2021	Ystyriwyd yr adroddiad yn y Tîm Gweithredol ddechrau mis Ionawr 2021 ac fe'i rhannwyd â Chadeirydd y Pwyllgor.

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Cyfeirnod y Cofnod	Camau a Gytunwyd	Arweinydd	Dyddiad Targed	Cynnydd/ Wedi Cwblhau
	• Yr adroddiad terfynol i gael ei gyflwyno yng nghyfarfod nesaf y Pwyllgor.	**Cyfarwyddwr Cyllid**	Ionawr 2021	Wedi ychwanegu'r eitem at agenda'r Pwyllgor ar gyfer mis Ionawr 2021.
AAC: 20/10/2.9	**Cofrestr Risgiau Corfforaethol**			
	• Diwygio cam lliniaru Risg 11 i ddarllen '… ac mae'r gwersi a ddysgwyd o'r broses hon wedi cael eu cofnodi'. Ychwanegu brawddeg arall – 'Mae ein Cynllun Gweithredol ar gyfer Ch3 a Ch4 yn caniatáu i AaGIC roi'r Cynllun Tymor Canolig Integredig ar waith, ac yn helpu i gefnogi ymateb y GIG i COVID-19 a Chynllun y Gaeaf ar gyfer iechyd a gofal cymdeithasol'.	**Ysgrifennydd y Bwrdd**	Cyn pen 2 wythnos	Wedi Cwblhau
	• Risg 15 i gynnwys naratif ychwanegol i adlewyrchu y gellid lliniaru'r risg ymhellach, drwy gynyddu deallusrwydd y gweithlu i fonitro unrhyw fylchau mewn cyfleoedd cyflogaeth.	**Ysgrifennydd y Bwrdd**	Cyn pen 2 wythnos	Wedi Cwblhau
	• Ysgrifennydd y Bwrdd i ofyn i'r Tîm Gweithredol ystyried integreiddio'r broses o ganfod risg twyll fel rhan o'r fframwaith rheoli risgiau.	**Ysgrifennydd y Bwrdd**	Chwefror 2021	Ychwanegwyd y mater at y Flaenraglen Waith ar gyfer cyfarfod y Tîm Gweithredol ddiwedd mis Ionawr 2021.
	• Unrhyw risgiau statws 'gwyrdd' i gael eu tynnu o'r Gofrestr Risgiau Corfforaethol.	**Ysgrifennydd y Bwrdd**	Cyn pen 2 wythnos	Wedi Cwblhau.

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Cyfeirnod y Cofnod	Camau a Gytunwyd	Arweinydd	Dyddiad Targed	Cynnydd/ Wedi Cwblhau
AAC: 20/10/2.12	**Polisi Cwynion**			
	• Yn amodol ar ymgorffori'r diwygiadau, yr esboniadau a'r ystyriaethau pellach a drafodwyd gan y Pwyllgor yn fersiwn nesaf y Polisi, argymhellodd y Pwyllgor y Polisi i'r Bwrdd i'w ystyried a'i drafod ymhellach cyn ei gyflwyno'n ffurfiol i'r Bwrdd am gymeradwyaeth.	**Ysgrifennydd y Bwrdd**	Cyn pen 2 wythnos	Mae'r Polisi Cwynion yn cael ei ystyried gan y Bwrdd yn ei gyfarfod ym mis Ionawr 2021.
AAC: 20/10/2.13	**Adnodd Tracio Argymhellion Archwiliad**			
	• Tynnu argymhellion gwyrdd yr aseswyd eu bod wedi'u cwblhau, neu sydd wedi'u cwblhau yn llwyr, o'r Adnodd Tracio.	**Ysgrifennydd y Bwrdd**	O fewn mis	Wedi Cwblhau.
AAC: 20/10/2.14	**Adolygu Cylch Gorchwyl y Pwyllgor**			
	• Y Pwyllgor yn argymell i'r Bwrdd bod ei Gylch Gorchwyl yn cael ei ddiwygio i gynnwys rôl Is-gadeirydd yn ei aelodaeth.	**Ysgrifennydd y Bwrdd**	Tachwedd 2020	Eitem a ystyriwyd gan Fwrdd mis Tachwedd fel rhan o Adroddiad Materion Allweddol Cadeirydd y Pwyllgor.
AAC: 20/10/2.15	**Adolygu'r Diwygiadau y Cytunwyd Arnynt i'r Terfynau Ariannol Dirprwyedig/Rheolau Sefydlog**			
	• Y Pwyllgor yn argymell bod y diwygiadau i Reolau Sefydlog AaGIC yn cael eu cyflwyno i'r Bwrdd.	**Ysgrifennydd y Bwrdd**	Tachwedd 2020	Eitem a ystyriwyd gan Fwrdd mis Tachwedd fel rhan o Adroddiad Materion Allweddol Cadeirydd y Pwyllgor.

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GIG CYMRU NHS WALES | Addysg a Gwella Iechyd Cymru (AaGIC) Health Education and Improvement Wales (HEIW)

Dyddiad y Cyfarfod	**18 Ionawr 2021**	**Eitem ar yr Agenda**	**2.1**
Teitl yr Adroddiad	**Memorandwm Cyd-ddealltwriaeth (MOU) a Chytundeb Rhannu Gwybodaeth (ISA) newydd rhwng AaGIC a'r GPhC**		
Awdur yr Adroddiad	Michele Sehrawat		
Noddwr yr Adroddiad	Margaret Allan		
Cyflwynwyd gan	Pushpinder Mangat		
Rhyddid Gwybodaeth	Agored		
Diben yr Adroddiad	Rhoi cyfle i'r Pwyllgor Archwilio a Sicrwydd i gadarnhau'r set hon o ddogfennau a gafodd ei chymeradwyo gan dîm Gweithredol AaGIC ym mis Gorffennaf 2020.		
Materion Allweddol	Roedd gweithgor o arbenigwyr wedi poblogi templedi presennol GPhC i gytuno ar Femorandwm Cyd-ddealltwriaeth (MOU) a Chytundeb Rhannu Gwybodaeth (ISA) gyda phedair Atodlen debyg i rai Cyrff Addysg Statudol eraill. Mae'r dogfennau hyn yn ddatganiad o fwriad ymlaen llaw sy'n disgrifio'r data y mae ein sefydliadau yn eu rhannu'n rheolaidd. Mae holl Femoranda Cyd-ddealltwriaeth GPhC yn cael eu cyhoeddi ar eu gwefan ac mae hyn yn dangos i'r sawl sydd wedi cofrestru sut y bydd eu data'n cael eu rhannu. Gellir rhannu gwybodaeth arall fesul achos a bydd hyn yn sail i ddiweddariadau i'r dogfennau hyn yn y dyfodol. Cytunodd y Gweithgor fod y Memorandwm Cyd-ddealltwriaeth yn cynnwys cynrychiolaeth y canlynol: **AaGIC:** Cyfarwyddwr Meddygol, Digidol, Fferyllydd Cyn-cofrestru Arweiniol, Arweinydd y Gweithlu Fferyllol, Arweinydd Prosiectau Fferyllol, Arweinydd Llywodraethu Gwybodaeth. **GPhC:** Pennaeth Ansawdd a Sicrwydd, Cyfarwyddwr Cymru, Arweinyddion Cyn-gofrestru, Pennaeth Data a Dealltwriaeth		

Cam Penodol Gofynnol	**Gwybodaeth**	**Trafodaeth**	**Sicrwydd**	**Cymeradwyaeth**
(✓ un yn unig)	✓			
Argymhellion	Gofynnir i Aelodau:			

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	• Cadarnhau'r Memorandwm Cyd-ddealltwriaeth, y Cytundeb Rhannu Gwybodaeth a lofnodwyd a'r pedair atodlen (Atodiadau 1 i 6), a gymeradwywyd gan Dîm Gweithredol AaGIC, sy'n disgrifio sut y rhennir gwybodaeth arferol rhwng AaGIC a'r GPhC.

Memorandwm Cyd-ddealltwriaeth (MOU) a Chytundeb Rhannu Gwybodaeth (ISA) newydd rhwng AaGIC a'r GPhC

1. CYFLWYNIAD

Fel rheolydd cymharol ifanc, a sefydlwyd yn 2010, lluniodd y Cyngor Fferyllol Cyffredinol (GPhC) Femoranda Cyd-ddealltwriaeth â'r sawl yr oedd angen iddo gydweithio'n glos â hwy. Mae'r GPhC yn disgrifio'r Memoranda Cyd-ddealltwriaeth fel 'trefniadau ffurfiol sy'n amlinellu sut y bydd sefydliadau'n gweithio â'i gilydd'.

Mae'r holl Femoranda Cyd-ddealltwriaeth wedi'u cyhoeddi ar wefan y GPhC yn https://www.pharmacyregulation.org/about-us/who-we-work. Mae'r wefan yn cynnwys Memoranda Cyd-ddealltwriaeth â Chyrff Addysg Statudol eraill; Health Education England a National Education Scotland. Mae'r dogfennau hyn, a gymeradwywyd gan Dîm Gweithredol AaGIC ym mis Gorffennaf 2020, yn gweithredu fel Memorandwm Cyd-ddealltwriaeth cyntaf rhwng Addysg a Gwella Iechyd Cymru (AaGIC) a'r GPhC.

2. CEFNDIR

Mae gan AaGIC gontract â'r GPhC ar gyfer ei Wasanaeth Tanysgrifio Data blynyddol. Mae hyn yn ein galluogi i gadarnhau a oes gan unigolion sydd wedi cofrestru â'r GPhC hawl i ddefnyddio ein hadnoddau'n ddi-dâl. Fodd bynnag, gwelodd y tîm fferylliaeth fod angen rhoi sylw i ddiffyg Memorandwm Cyd-ddealltwriaeth â'r GPhC o ganlyniad i: -

- Nifer cynyddol o geisiadau gan GPhC am ddata penodol ar gyfer ein ffrydiau gwaith e.e. niferoedd rhagnodwyr annibynnol yng Nghymru ac Arolwg 2019 o'r rhai sydd wedi cofrestru ar gyfer gweithlu Cymru
- Cyfrifoldebau newydd a gafwyd yn Awst 2020, gan fod sicrhau ansawdd hyfforddiant pob fferyllydd cyn cofrestru yng Nghymru yn gofyn am lif di-dor o wybodaeth allweddol rhwng AaGIC a'r GPhC.

3. CYNNIG

Cafodd templed ar gyfer Memorandwm Cyd-ddealltwriaeth, Cytundeb Rhannu Gwybodaeth a 4 atodlen eu poblogi gan ein gweithgor arbenigol, eu hadolygu a'u cymeradwyo gan Brif Weithredwr a Chyfarwyddwr Meddygol Gweithredol AaGIC.

Bydd cyfarfodydd rheolaidd rhwng y Deon Fferylliaeth a Chyfarwyddwr Cymru'r GPhC, yn amlygu unrhyw angen i ddiweddaru neu ddatblygu'r dogfennau hyn ymhellach mewn modd amserol a bydd hyn yn cael ei uwchgyfeirio i lefel Weithredol eto yn ôl yr angen.

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4. MATERION LLYWODRAETHU A RISG

Er nad yw Memoranda Cyd-ddealltwriaeth yn rhwym mewn cyfraith, maent yn helpu partneriaid i rannu gwybodaeth yn ddidrafferth ac i osgoi dyblygu gwaith.

5. GOBLYGIADAU ARIANNOL

Ni chanfuwyd dim goblygiadau ariannol.

6. ARGYMHELLIAD

Ers y cytundeb ym mis Gorffennaf 2020, sicrhawyd yr holl lofnodion gofynnol.

Cyflwynir y dogfennau terfynol (Atodiadau 1 i 6) i Bwyllgor Archwilio a Sicrhau Ansawdd AaGIC i gadarnhau'r Memorandwm Cyd-ddealltwriaeth, y Cytundeb Rhannu Gwybodaeth a'r pedair atodlen a lofnodwyd, ac a gymeradwywyd gan Dîm Gweithredol AaGIC, sy'n disgrifio'r trefniadau rhannu gwybodaeth arferol rhwng AaGIC a'r GPhC.

Llywodraethu a Sicrwydd			
Cysylltu â nodau strategol y Cynllun Tymor Canolog Integredig (IMTP) ***(rhowch ✓)***	**Nod Strategol 1:** Arwain y gwaith o gynllunio, datblygu a llesiant gweithlu cymwys, cynaliadwy a hyblyg i helpu i gyflawni '*Cymru Iachach*'	**Nod Strategol 2:** Gwella ansawdd a hygyrchedd addysg a hyfforddiant i'r holl staff gofal iechyd gan sicrhau ei fod yn diwallu anghenion y dyfodol	**Nod Strategol 3:** Gweithio â phartneriaid i ddylanwadu ar newid diwylliannol yn GIG Cymru drwy feithrin arweinyddiaeth dosturiol sy'n gallu cyd-arwain ar bobl lefel
	✓	✓	✓
	Nod Strategol 4: Datblygu'r gweithlu i hybu diogelwch ac ansawdd	**Nod Strategol 5:** Bod yn gyflogwr enghreifftiol 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 cael Memorandwm Cyd-ddealltwriaeth a chytundeb rhannu data rhwng sefydliadau yn galluogi rolau partneriaid i wella ansawdd a diogelwch cleifion			
Goblygiadau Ariannol			
Dim			
Goblygiadau cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth)			
Mae atodlenni'n cael eu hysgrifennu gyda chyfeiriad at ddeddfwriaeth sy'n berthnasol i bob sefydliad.			
Goblygiadau Staffio			
Dim			
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)			
Dim wedi'u nodi			
Hanes yr Adroddiad	Dim		
Atodiadau	Atodiad 1 – Memorandwm Cyd-ddealltwriaeth Atodiad 2 – Cytundeb Rhannu Gwybodaeth Atodiad 3 - Atodlen 1 Atodiad 4 - Atodlen 2		

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	Atodiad 5 - Atodlen 3 Atodiad 6 - Atodlen 4

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General Pharmaceutical Council

GIG CYMRU NHS WALES | Addysg a Gwella Iechyd Cymru (AaGIC) Health Education and Improvement Wales (HEIW)

Memorandum of Understanding between Health Education and Improvement Wales (HEIW) and the General Pharmaceutical Council (GPhC)

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1. Introduction

1.1. The memorandum of understanding (MoU) outlines the basis of cooperation between HEIW and the GPhC. It is intended to provide a framework to assist the joint working of the two organisations in order to support each organisation's role and functions and the aims and objective of this MoU.

1.2. This MoU is a statement of principle; more detailed operational protocols and guidance will be developed, as and when these are required.

1.3. Although HEIW and the GPhC agree to adhere to the contents of this MoU, it is not intended to be a legally binding document. It does not override the organisations' statutory responsibilities or functions, nor infringe the autonomy and accountability of HEIW and the GPhC

2. Aims and objectives

2.1. The overarching aims of this MoU are to:

a. maintain the safe practice of pharmacy and confidence in pharmacy services and pharmacy professionals

b. contribute to an anticipatory and proportionate approach to regulation

2.2. Its specific objectives are to:

a. support the effective sharing of expertise and experience

b. support the sharing of information and intelligence as necessary to support each organisation's functions and the aims of this MoU

c. ensure that effective channels of communication and information sharing are established and maintained

d. define the circumstances in which the two organisations will act jointly and independently

e. facilitate working together more effectively

f. be transparent about areas of co-operation

3. Functions of the GPhC and HEIW

GPhC

3.1. The GPhC is the independent regulator for pharmacists, pharmacy technicians and pharmacy premises in England, Scotland and Wales. Its role is to protect, promote and maintain the health, safety and wellbeing of patients and the public who use pharmacy services in England, Scotland and Wales by upholding standards and public trust in pharmacy. The functions of the GPhC are set out in the Pharmacy Order 2010 and include:

a. **setting standards for the education and training** of pharmacists, pharmacy technicians and pharmacy support staff, and approving and accrediting their qualifications and training

b. **maintaining a register** of pharmacists, pharmacy technicians and pharmacies

c. **setting the standards that pharmacy professionals have to meet** throughout their careers

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d. **investigating concerns that pharmacy professionals are not meeting our standards**, and taking action to restrict their ability to practise when this is necessary to protect patients and the public or to uphold public confidence in pharmacy

e. **setting standards for registered pharmacies** which require them to provide a safe and effective service to patients

f. **inspecting registered pharmacies** to check if they are meeting our standards.

3.2. In addition, the GPhC has enforcement powers and duties under the Poisons Act 1972, the Medicines Act 1968, the Humans Medicines Regulations 2012 and the Veterinary Medicines Regulations. These enforcement duties/powers mainly relate to the sale and supply of medicines from registered pharmacies.

HEIW

3.3. 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". The organisation has a wide range of functions as listed below:

a. **Education Commissioning and Delivery** including for the whole pharmacy team

b. **Quality Management** to meet the required standards and make improvements where required

c. **Supporting regulation** HEIW liaises with regulators within the policy framework established by the Welsh Government

d. **Workforce intelligence** HEIW is a primary source of information about the Welsh Health Workforce and provides analytical insight and intelligence to support the development of the future workforce

e. **Workforce strategy and planning** HEIW provides strategic leadership for workforce planning working with Welsh Health Boards/Trusts and the Welsh Government.

f. **Leadership development and succession planning** HEIW is leading and planning the strategic direction for leadership and succession planning in the NHS Wales

g. **Careers and widening access** with a focus on opening access to people with skills currently underrepresented in our workforce

h. **Workforce improvement** HEIW provides strategic and practical support tor workforce transformation and improvement

i. **Professional support for Workforce and Organisational Development**

4. Principles of co-operation

4.1. HEIW and the GPhC intend that their working relationship will be characterised by:

a. making decisions that promote patient and public safety

b. sharing information and intelligence responsibly

c. subject to reasonable confidentiality restrictions, advising each other of matters of concern

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d. working together openly, transparently and constructively

e. respecting each other's independent status

f. using resources effectively and efficiently

g. addressing overlaps or gaps in activity or information gathering

5. Areas of co-operation

5.1. HEIW and the GPhC will collaborate and exchange information necessary to fulfil their statutory functions, to protect patients and improve the quality of pharmacy services.

5.2. The working relationship between HEIW and the GPhC will be characterised by regular contact and open exchange of information gathered in the course of their normal business, through both formal and informal meetings at all levels. This will be kept under review by the HEIW Executive Medical Director, Pharmacy Dean and the GPhC Director for Wales who will meet on a quarterly basis.

Concerns

5.3. The Pharmacy Order 2010 sets out the GPhC's duty to protect the public who use pharmacy services and the services provided by pharmacy professionals. To facilitate this work, it is important that intelligence held by HEIW that could indicate that a pharmacy professional's fitness to practise is impaired or that a pharmacy's service(s) pose a risk to the people using them, is shared with the GPhC on a timely basis.

5.4. HEIW is a corporate body and its functions must be carried out in accordance with its statutory powers and duties. HEIW's functions, set out in the Establishment Order and in Directions issued by Welsh Ministers (see section 3.3 of this document). The GPhC will share intelligence that impacts professional or premises registration and training programmes.

5.5. In general terms and subject to case law, confidential or personal information will only be disclosed if there is an overriding necessity: for example, a legal obligation or a patient or public safety reason. Personal data will be disclosed only to the appropriate staff member of the other party responsible for dealing with the issue to which such personal data relates.

5.6. Where HEIW or the GPhC encounter specific concerns that may impact on the work of the other, they will at the earliest opportunity convey the concerns and supporting information to a named individual with relevant responsibility at the other organisation (Appendix A).

5.7. HEIW will inform the GPhC of any information gathered in the course of its normal business that raises concern about ;

a. GPhC registrant's fitness to practise;

b. the safe and effective running of a registered pharmacy; or

c. the health, character or competence of a pre-registration trainee pharmacist

5.8. The information could relate but is not limited to complaints; death or injury to patients; alleged or suspected professional misconduct or health issue affecting an individual's capability; serious service failures; failure to supervise trainees; or adverse incidents or events.

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5.9. The GPhC will, in accordance with its referral policies, inform HEIW if it is investigating concerns about the following where there may be implications for an individual's pre-registration training:

a. the fitness to practise of a registrant who is a pre-registration tutor

b. the safe and effective running of a registered pharmacy that is an approved training site, or

c. the health, character, or competence of a pre-registration trainee pharmacist

5.10. If a staff member from either organisation is in doubt as to whether information should be referred, they will seek guidance from the relevant persons specified in appendix A.

Pre-registration training

5.11. HEIW will ensure its national pre-registration (pre-foundation) training programme meets the GPhC Standards and procedures for the initial education and training for pharmacists.

5.12. The GPhC will approve and recognise the HEIW national pre-registration programme for all pre-registration trainees based in Wales.

5.13. HEIW will assess training sites in Wales for GPhC approval as pre-registration training sites.

5.14. The GPhC will approve pre-registration training sites in Wales based on the HEIW assessment.

5.15. HEIW will ensure that pre-registration tutors/educational supervisors in Wales meet published GPhC requirements.

5.16. HEIW will provide the GPhC with current data on pre-registration trainees, training sites and tutors/educational supervisors in Wales in accordance with jointly agreed operational protocols at defined census dates each year.

5.17. HEIW will carry out the functions specified for all pre-registration trainees and training sites in Wales.

5.18. To avoid duplication of activity, the HEIW quality management of pre-registration training in Wales will mitigate the need for GPhC quality management processes.

5.19. The GPhC will seek evidence and assurance annually about how the HEIW quality management of pre-registration training programmes, training sites and tutors/educational supervisors in Wales meets GPhC standards and procedures for the initial education and training of pharmacists.

5.20. Working together, HEIW and the GPhC will liaise with other relevant organisations that may regulate or scrutinise pre-registration training sites, such as Healthcare Inspectorate Wales, where there are matters of concern relevant to those organisation's responsibilities.

Enforcement

5.21. Where either organisation has taken or intends to take enforcement action, the outcome of which is relevant to the other organisation, details will be shared with the other at the earliest possible opportunity to ensure patient and public safety. Disclosure of information between HEIW and the GPhC will be considered on a case by case basis. In each case, the party holding the information will decide whether or not to disclose, after careful consideration of relevant legislation and duty of confidentiality.

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Other

5.22. Other areas of cooperation will include:

a. Sharing of expertise and experience for example in working groups, drafting reports and guidance, conferences and in public discussion on matters of mutual relevance in order to ensure factual accuracy and to promote consistency of advice. Also, in relation to pre-registration training, such as improving operational procedures.

b. Discussions about strategy and policy, which may impact on each other's work. Exchange of information and co-ordinating activity, for example, developments or changes in education and training policy and procedures, regulatory standards or fitness to practise criteria.

c. Sharing trends in reported types of concerns relevant to mutual responsibilities-including concerns about trainees, registrants or registered pharmacies.

d. Sharing information about potential media interest, or when the media have actively shown an interest, on an issue of relevance to both organisations. This may include collaboration on external communications and assisting each other's activity in the dissemination of information of mutual interest, sharing and working together in approaches to data and initiatives which may be of interest to the other organisation for modelling and planning for safe public health services.

6. Sharing information

6.1. Both organisations hold and use information about organisations and individuals to perform their core functions. The GPhC and HEIW will share information where it is necessary in order to perform these functions effectively and where it is in the public interest.

6.2. The organisations recognise that this exchange of information needs to be carried out responsibly and within the guidelines set out in this MoU.

6.3. It is understood by both organisations that statutory and other constraints on the exchange of information will be fully respected, including the requirements of data protection legislation (including the Data Protection Act 2018 and the General Data Protection Regulation ((EU 2016/679) as applied in the UK), the Human Rights Act 1998 and the common law duty of confidentiality.

6.4. Both organisations are committed to the principle of using information more effectively to reduce the burden of administration and regulation. Where it supports the effective delivery of their respective roles and responsibilities, and the aims of this MoU, both organisations will explore systematically and routinely sharing specific data sets to the extent possible by law. Where such data sets are identified, both organisations agree to develop a formal information sharing agreement.

6.5. Ad hoc requests for information should be sent to the contacts specified in Appendix A. Requests will be responded to in line with the receiving organisation's operational procedures and data protection legislation, as appropriate.

6.6. Where information shared under this MoU falls within the scope of a request for information under either the Freedom of Information Act 2000 (FOIA) or data protection legislation, the organisation receiving the request will consult the other party before any disclosure is made. This is so that they are aware of the potential impact of any disclosure on the work of the other party. Both organisations recognise that the final decision on disclosure will rest with the organisation that receives the request.

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7. Data protection

7.1. Both organisations recognise their respective responsibilities as data controllers under data protection legislation (including the Data Protection Act 2018 and the General Data Protection Regulation ((EU 2016/679) as applied in the UK). Both will comply with any data sharing code published by the Information Commissioner under that legislation.

7.2. The following principles will apply to the sharing of personal information:

a. There must be a fair and lawful basis for sharing information.

b. Information must only be used for the purpose stated at the time it is shared.

c. Information to be shared will be limited to what is necessary for the purpose and will be anonymised or pseudonymised where appropriate.

d. Shared information that is not in the public domain must be treated as confidential and must not be shared with other parties without the written agreement of the organisation that provided the information.

e. Information must be transmitted securely, for example by secure email or other agreed method.

f. Information must be stored and processed securely and in a manner that reflects its sensitivity for example, where shared information includes special category and/or criminal information.

g. Shared information must not be stored or shared outside the UK or European Economic Area without prior written agreement and appropriate assurances in place.

h. The organisation receiving personal data will apply a reasonable retention period based on the purpose for which it was shared.

i. Each organisation will act as an independent data controller and take appropriate steps to protect the confidential nature of documents and information that the other may provide.

8. Duration and review

8.1. This MoU is not time-limited and will continue to have effect until the principles described need to be altered or cease to be relevant. Both organisations will monitor its impact and effectiveness on an ongoing basis and it will be formally reviewed every three years. The MoU may be reviewed more urgently at any time at the request of either party and updated as required on agreement by both parties.

8.2. Both organisations have identified a person responsible for the management of this MoU in Appendix A. They will liaise as required to ensure this MoU is kept up to date, identify any emerging issues and resolve any questions that arise in the working relationship between the two organisations.

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Signed for and on behalf of **General Pharmaceutical Council**		Signed for and on behalf of **Health Education and Improvement Wales**	
Name	Duncan Rudkin	Name	Alex Howells
Title	Chief Executive and Registrar	Title	Chief Executive
Date	23/11/2020	Date	29/07/2020

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Appendix A – MoU contacts

General Pharmaceutical Council

Name	Role	Contact details
MoU management:		
Claire Bryce-Smith	Director of Insight, Intelligence and Inspection	Claire.Bryce-Smith@pharmacyregulation.org 0203 713 7802
Other contacts:		
Liam Anstey	Director for Wales	Liam.Anstey@pharmacyregulation.org 0203 713 7994
Carole Gorman	Governance and Assurance Manager/Data Protection Officer	Carole.Gorman@pharmacyregulation.org 0203 713 7827

Health Education and Improvement Wales

	Role	Contact details
MoU management:	Content	Content
Dafydd Bebb	Board Secretary	Dafydd.Bebb@wales.nhs.uk
Tim Knifton	Information Governance Officer	Tim.Knifton@wales.nhs.uk
Other contacts		
Pushpinder Mangat	Executive Medical Director	Pushpinder.Mangat2@wales.nhs.uk
Margaret Allan	Pharmacy Dean	Margaret.Allan2@Wales.nhs.uk

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General Pharmaceutical Council

GIG CYMRU NHS WALES | Addysg a Gwella Iechyd Cymru (AaGIC) Health Education and Improvement Wales (HEIW)

Information Sharing Agreement

Parties

1. General Pharmaceutical Council (GPhC), whose office is at 25 Canada Square, Canary Wharf, London E14 5LQ

2. Health Education and Improvement Wales (HEIW), whose registered office is at Tŷ Dysgu, Cefn Coed, Nantgarw CF15 7QQ

(a) The Data Discloser agrees to share the Shared Personal Data with the Data Receiver in the European Economic Area (**EEA**) and the United Kingdom **(UK)** on terms set out in the agreement.

(b) The Data Receiver agrees to use the Personal Data within the EEA and the UK on the terms set out in this agreement.

Agreed terms

1. Interpretation

The following definitions and rules of interpretation apply in this agreement.

1.1. Definitions:

Agreed Purpose: has the meaning given to it in clause 2 of this Agreement.

Agreement: this Agreement.

Commencement Date: This Agreement commences on 1st September 2020

Data Discloser: the Party disclosing Shared Personal Data

Data Protection Legislation: (i) the UK Data Protection Act 2018 as revised and superseded from time to time; (ii) the General Data Protection Regulation (GDPR) as enacted into English law as revised and superseded from time to time; (iii) Directive 2002/58/EC as updated by Directive 2009/136/EC; and (iv) any other laws and regulations relating to the processing of personal data and privacy which apply to a party and, if applicable, the guidance and codes of practice issued by the relevant data protection or supervisory authority.

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Data Receiver: The Party in receipt of a disclosure of personal data by the other Party.

Data Sharing Code: the Information Commissioner's Data Sharing Code of Practice.

Joint Discloser: Shared Personal Data that may be disclosed by both Parties

Personal Data Breach: a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to the Shared Personal Data.

Shared Personal Data: the personal data and special category personal data to be shared between the parties under clause 2 of this Agreement. This may also include aggregated or anonymised data.

Subject Access Request: the exercise by a data subject of his or her rights of access to information under Article 15 of the GDPR.

Supervisory Authority: the relevant supervisory authority in the territories where the parties to this Agreement are established.

Term: The Agreement is not for a fixed term but may be amended or terminated as set out in clause 10.

1.2. Data Controller, Data Processor, Data Subject and Personal Data, Special Categories of Personal Data, Processing and "appropriate technical and organisational measures" shall have the meanings given to them in the Data Protection Legislation.

1.3. The Schedules form part of this Agreement and shall have effect as if set out in full in the body of this Agreement. Any reference to this Agreement includes the Schedules.

1.4. References to clauses and Schedules are to the clauses and Schedules of this agreement and references to paragraphs are to paragraphs of the relevant Schedule.

2. Purpose and shared personal data

2.1. This Agreement sets out the framework for the sharing of Personal Data between the Parties as Controllers. It defines the principles and procedures that the parties shall adhere to and the responsibilities the Parties owe to each other.

2.2. 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". The organisation has a wide range of functions as listed below:

- Education commissioning delivery
- Quality management
- Supporting regulation
- Workforce intelligence

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- workforce strategy and planning
- leadership development and succession planning
- careers and widening access
- workforce improvement
- professional support for workforce and organisational development

2.3. The GPhC is the regulator for pharmacists, pharmacy technicians and pharmacy premises in England, Scotland and Wales. The overarching object of the GPhC, set out in the Pharmacy Order 2010 is the protection of the public. This involves the following objectives:

- to protect, promote and maintain the health, safety and wellbeing of the public;
- to promote and maintain public confidence in the professions regulated by the GPhC;
- to promote and maintain proper professional standards and conduct for members of those professions; and
- to promote and maintain proper standards in relation to the carrying on of retail pharmacy businesses at registered pharmacies.

In addition, the GPhC has enforcement powers and duties under the Poisons Act 1972, the Medicines Act 1968 and the Veterinary Medicines Regulations. These enforcement duties/powers mainly relate to the sale and supply of medicines from registered pharmacies.

2.4. The GPhC is required by article 6(2)(b) of the Pharmacy Order to cooperate as far as is appropriate and reasonably practical with other organisations involved in the education or training of registrants, prospective registrants or other health or social care professionals. The Parties consider this data sharing initiative necessary to support the working relationship between the two organisations set out in the overarching Memorandum of Understanding (MoU). The aim of the data sharing initiative is to enable the two organisations to work together effectively to promote high quality healthcare education in Wales and to ensure the safety and well-being of the public and users of pharmacy services. It will serve to:

2.4.1. enable the GPhC to meet its statutory objectives in relation to public safety and carry out its public tasks set out in the Pharmacy Order 2010 and other legislation.

2.4.2. enable HEIW to deliver a centralised quality managed pre-registration training programme for Wales and to access registrant and premises data which will inform wider strategic and workforce planning for activities

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2.5. The Parties agree to share Personal Data (Shared Personal Data) in accordance with Data Protection Legislation and the current Data Sharing Code for specified purposes during the Term of this agreement. The Parties shall not process Shared Personal Data in a way that is incompatible with

the purposes described in the relevant Schedule (Agreed Purpose).

2.6. The Parties will treat the Shared Personal Data as confidential, excepting that which has been published in the GPhC register, and will not share it with other parties without the consent of the Data Discloser, except where required by law to do so, or as described in clause 5 for information rights requests.

2.7. Further detail on the Shared Personal Data is set out in the Schedules to this agreement, together with any access and processing restrictions as agreed and established by the Parties.

2.8. The Shared Personal Data must not be irrelevant or excessive with regard to the Agreed Purposes.

2.9. The following types of special categories of Personal Data will be shared between the Parties under this agreement where it is relevant to a concern and necessary to share in the public interest and will be recorded in relevant schedules. This will include data concerning a natural person's:

- physical or mental health or condition;
- sex life or sexual orientation;
- racial or ethnic origin;
- political opinions;
- religious or philosophical beliefs.

Information about criminal convictions, cautions and other law enforcement activity will be shared where lawful and necessary and recorded as above.

2.10. Other data, not personally identifiable, may also be shared under this agreement and will be recorded in relevant Schedules.

2.11. Each Party shall appoint a single point of contact (SPoC) who will work together to reach an agreement with regards to any issues arising from the data sharing and to actively improve the effectiveness of the data sharing initiative. The points of contact for each of the Parties are:

2.11.1. Mark Voce Director for Education and Standards, General Pharmaceutical Council
Telephone: 020 3713 7838
Email: **mark.voce@pharmacyregulation.org**

2.11.2. Pushpinder Mangat, Medical Director, Health Education and Improvement Wales
Email: **pushpinder.mangat2@wales.nhs.uk**

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2.11.3. They will be supported by the Data Protection Officers for each organisation:

Data Protection Officer for GPhC: Carole Gorman
Telephone: 020 3713 7827
Email: **carole.gorman@pharmacyregulation.org**

Data Protection Officer for HEIW: Dafydd Bebb
Email: **dafydd.bebb@wales.nhs.uk**

3. Lawful, fair and transparent processing

3.1. Each Party shall ensure that it processes the Shared Personal Data fairly and lawfully under this agreement.

3.2. Each Party shall ensure that it has legitimate grounds under the Data Protection Legislation for the processing of Shared Personal Data.

3.3. Each Party shall ensure it complies with data subjects' right to be informed by including appropriate information in relevant privacy policies and other notices.

4. Data quality

4.1. The Data Discloser shall ensure that Shared Personal Data are accurate and, where appropriate, up to date, prior to transferring the Shared Personal Data.

5. Information rights requests

5.1. The Parties each agree to provide such assistance as is reasonably required to enable the other Party to comply with requests from Data Subjects to exercise their rights under the Data Protection Legislation within the time limits imposed by the Data Protection Legislation.

5.2. The Data Receiver must seek the views of the Data Discloser before responding to Subject Access Requests relating to Shared Data. The request for views must be made as soon as practical after the Data Receiver receives the Subject Access Request and the Data Discloser must respond within 7 working days.

5.3. The Parties each agree to provide such assistance as is reasonably required to enable the other Party to comply with requests under Freedom of Information legislation within statutory time limits.

5.4. The Data Receiver must seek the views of the Data Discloser before disclosing any Shared Data in response to Freedom of Information requests, though the final decision rests with the Party that receives the request. Views must be requested as soon as practical after the Data Receiver receives the request and the Data Discloser must respond within 7 working days.

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5.5. Each Party is responsible for maintaining a record of individual requests for information, the decisions made and any information that was exchanged. Records must include copies of the request for information, details of the data accessed and shared and where relevant, notes of any meeting, correspondence or phone calls relating to the request.

6. Data retention and deletion

6.1. The Data Receiver shall not retain or process Shared Personal Data for longer than is necessary to carry out the Agreed Purposes.

6.2. Notwithstanding clause 6.1, Parties shall continue to retain Shared Personal Data in accordance with any statutory or professional retention periods applicable.

6.3. The Data Receiver shall ensure that any Shared Personal Data are returned to the Data Discloser, deleted or destroyed once processing of the Shared Personal Data is no longer necessary for the purposes it was originally shared for.

6.4. Following the deletion of Shared Personal Data in accordance with clause 6.3, where required by the Data Discloser, the Data Receiver shall notify the Data Discloser that the Shared Personal Data in question has been deleted.

7. Transfers

7.1. For the purposes of this clause, transfers of personal data shall mean any sharing of personal data by the Data Receiver with a third party, and shall include, but is not limited to, subcontracting the processing of Shared Personal Data.

7.2. If the Data Receiver appoints a third-party processor to process the Shared Personal Data it shall comply with Article 28 and Article 30 of the GDPR and shall remain liable to the Data Discloser for the acts and/or omissions of the processor.

7.3. The Data Receiver may not transfer Shared Personal Data to a third party located outside the EEA and UK unless it:

(a) complies with the provisions of Articles 26 of the GDPR (in the event the third party is a joint controller); and

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(b) ensures that (i) the transfer is to a country approved by the European Commission as providing adequate protection pursuant to Article 45 of the GDPR; (ii) there are appropriate safeguards in place pursuant to Article 46 of the GDPR; or (iii) one of the derogations for specific situations

in Article 49 of the GDPR applies to the transfer.

8. Security and training

8.1. The Data Discloser shall only provide the Shared Personal Data to the Data Receiver by using the agreed secure methods. This will be by secure email or password protected files and, for the data subscription, access to the secure portal.

8.2. The Parties undertake to have in place throughout the Term appropriate technical and organisational security measures to:

(a) prevent:
(i) unauthorised or unlawful processing of the Shared Personal Data; and
(ii) the accidental loss or destruction of, or damage to, the Shared Personal Data

(b) ensure a level of security appropriate to:
(i) the harm that might result from such unauthorised or unlawful processing or accidental loss, destruction or damage; and
(ii) the nature of the Shared Personal Data to be protected.

8.3. The level of technical and organisational measures will be agreed by the Parties at the Commencement Date having regard to the state of technological development and the cost of implementing such measures. The Parties shall keep such security measures under review and shall carry out such updates as they agree are appropriate under this Agreement.

8.4. It is the responsibility of each Party to ensure that its staff members are appropriately trained to handle and process the Shared Personal Data in accordance with the technical and organisational security measures as agreed in clause 8.3, together with any other applicable national data protection laws and guidance and have entered into confidentiality agreements relating to the processing of personal data.

8.5. The level, content and regularity of training referred to in clause 8.3 shall be proportionate to the staff members' role, responsibility and frequency with respect to their handling and processing of the Shared Personal Data.

9. Personal data breaches and reporting procedures

9.1. The Parties shall each comply with its obligation to report a Personal Data Breach to the appropriate Supervisory Authority and (where applicable) data subjects under Article 33 of the GDPR and shall each inform the other Party, as soon as practically possible, of any Personal Data Breach irrespective of whether there is a requirement to notify any Supervisory Authority or data subject(s).

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9.2. The Parties agree to provide reasonable assistance as is necessary to each other to facilitate the handling of any Personal Data Breach in an expeditious and compliant manner.

10. Review and termination of agreement

10.1. Parties shall review the effectiveness of this data sharing initiative every 12 months, having consideration to the aims and purposes set out in clause 2 and information in the Schedules. The Parties shall continue, amend or terminate the Agreement depending on the outcome of this review.

10.2. Each Party reserves its rights to inspect the other Party's arrangements for the processing of Shared Personal Data and to terminate the Agreement where it considers that the other Party is not processing the Shared Personal Data in accordance with this agreement.

10.3. Either Party may terminate the Agreement with 3 months' notice.

11. Resolution of disputes with data subjects or the supervisory authority

11.1. In the event of a dispute or claim brought by a data subject or the Supervisory Authority concerning the processing of Shared Personal Data against either or both Parties, the Parties will inform each other about any such disputes or claims and will cooperate with a view to settling them amicably in a timely fashion.

12. Warranties

12.1. Each Party warrants and undertakes that it will:

(a) Process the Shared Personal Data in compliance with all applicable laws, enactments, regulations, orders, standards and other similar instruments that apply to its personal data processing operations.

(b) Make available on request to the data subjects who are third party beneficiaries a copy of this Agreement, unless the Clause contains confidential information.

(c) Respond within a reasonable time and as far as reasonably possible to enquiries from the relevant Supervisory Authority in relation to the Shared Personal Data.

(d) Respond to Subject Access Requests in accordance with the Data Protection Legislation.

(e) Where applicable, maintain registration with all relevant Supervisory Authorities to process all Shared Personal Data for the Agreed Purpose.

(f) Take all appropriate steps to ensure compliance with the security measures set out in clause 8 above.

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12.2. The Data Discloser warrants and undertakes that it is entitled to provide the Shared Personal Data

to the Data Receiver and it will ensure that the Shared Personal Data are accurate.

12.3. The Data Receiver warrants and undertakes that it will not disclose or transfer the Shared Personal Data to a third-party controller located outside the EEA or UK unless it complies with the obligations set out in clause 7.3 above.

12.4. Except as expressly stated in this Agreement, all warranties, conditions and terms, whether express or implied by statute, common law or otherwise are hereby excluded to the extent permitted by law.

13. Limitation of liability

13.1. Neither Party excludes or limits liability to the other Party for:

(a) fraud or fraudulent misrepresentation;
(b) death or personal injury caused by negligence;
(c) a breach of any obligations implied by section 12 of the Sale of Goods Act 1979 or section 2 of the Supply of Goods and Services Act 1982; or
(d) any matter for which it would be unlawful for the Parties to exclude liability.

13.2. Subject to clause 13.1, neither Party shall in any circumstances be liable whether in contract, tort (including for negligence and breach of statutory duty howsoever arising), misrepresentation (whether innocent or negligent), restitution or otherwise, for:

(a) any loss (whether direct or indirect) of surplus, business, business opportunities, revenue, turnover, reputation or goodwill;
(b) loss (whether direct or indirect) of anticipated savings or wasted expenditure (including management time); or
(c) any loss or liability (whether direct or indirect) under or in relation to any other contract.

13.3. Clause 13.2 shall not prevent claims, for:

(a) direct financial loss that are not excluded under any of the categories set out in clause 13.2(a) or
(b) tangible property or physical damage.

14. Variation

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14.1. No variation of this agreement shall be effective unless it is in writing and signed by the Parties (or their authorised representatives).

15. Waiver

15.1. No failure or delay by a Party to exercise any right or remedy provided under this agreement or by law shall constitute a waiver of that or any other right or remedy, nor shall it prevent or restrict the further exercise of that or any other right or remedy. No single or partial exercise of such right or remedy shall prevent or restrict the further exercise of that or any other right or remedy.

16. Severance

16.1. If any provision or part-provision of this Agreement is or becomes invalid, illegal or unenforceable, it shall be deemed deleted, but that shall not affect the validity and enforceability of the rest of this agreement.

16.2. If any provision or part-provision of this agreement is deemed deleted under clause 16.1, the Parties shall negotiate in good faith to agree a replacement provision that, to the greatest extent possible, achieves the intended result of the original provision.

17. Changes to the applicable laws

17.1. If during the Term the Data Protection Legislation changes in a way that the Agreement is no longer adequate for the purpose of governing lawful data sharing exercises, the Parties agree that the SPoCs will negotiate in good faith to review the Agreement in the light of the new legislation.

18. No partnership or agency

18.1. Nothing in this agreement is intended to, or shall be deemed to, establish any partnership or joint venture between any of the Parties, constitute any Party the agent of another party, or authorise any party to make or enter into any commitments for or on behalf of any other party.

18.2. Each party confirms it is acting on its own behalf and not for the benefit of any other person.

19. Entire agreement

19.1. This Agreement constitutes the entire agreement between the Parties and supersedes and extinguishes all previous agreements, promises, assurances, warranties, representations and understandings between them, whether written or oral, relating to its subject matter.

19.2. Each Party acknowledges that in entering into this Agreement it does not rely on, and shall have no remedies in respect of any statement, representation, assurance or warranty (whether made innocently or negligently) that is not set out in this Agreement.

Darren Kelly 01/15/2021 16:59:01

19.3. Each Party agrees that it shall have no claim for innocent or negligent misrepresentation or

negligent misrepresentation based on any statement in this Agreement.

20. Notice

20.1. Any notice or other communication given to a Party under or in connection with this agreement shall be in writing, addressed to the SPoCs and shall be delivered by hand, delivered by first-class post or sent by email.

20.2. Any notice or communication shall be deemed to have been received:

(a) if delivered by hand, on signature of a delivery receipt; or

(b) if sent by pre-paid first-class post or other next working day delivery service, at 9.00am on the second working day after posting or at the time recorded by the delivery service.

(c) if sent by email, at the time of transmission, or if this time falls outside business hours in the place of receipt, when business hours resume. In this clause 20.2(c), business hours means 9:00 am to 5:00 pm Monday to Friday on a day that is not a public holiday in the place of receipt.

20.3. This clause does not apply to the service of any proceedings or other documents in any legal action or, where applicable, any arbitration or other method of dispute resolution.

21. Governing law

21.1. This Agreement and any dispute or claim (including non-contractual disputes or claims) arising out of or in connection with it or its subject matter or formation shall be governed by and construed in accordance with the law of England and Wales.

22. Jurisdiction

22.1. Each Party irrevocably agrees that the courts of England and Wales shall have exclusive jurisdiction to settle any dispute or claim (including non-contractual disputes or claims), arising out of or in connection with this Agreement or its subject matter or formation.

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This agreement has been entered into on the date stated in the Commencement Date given in clause 1.1.

Details of information to be shared is approved in separate Schedules.

Approved on behalf of		Approved on behalf of	
General Pharmaceutical Council		**Health Education and Improvement Wales**	
Name	Claire Bryce-Smith	Name	Pushpinder Mangat
Title	Director of Insight, Intelligence and Inspection	Title	Executive Medical Director
Date	21/08/2020	Date	30/07/2020

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General Pharmaceutical Council

GIG CYMRU NHS WALES | Addysg a Gwella Iechyd Cymru (AaGIC) Health Education and Improvement Wales (HEIW)

Information sharing agreement

Schedule 1 - Concerns and fitness to practise information

The information

- Concerns relating to individual pharmacy professionals or pre-registration trainees
- Concerns relating to registered pharmacies and training sites

Purpose for sharing

To assure:

- the safety and standard of care of the public and patients
- standards of pharmacy training
- suitability of training sites and tutors
- appropriate transfer of information and intelligence relating to a trainee's eligibility to register (FtP issues)

Data discloser

- Both organisations

Details

1.1. The GPhC and HEIW will both refer concerns when the matter falls within the remit of the other party. The information provided will differ depending on the nature of the concern, but is likely to include names of trainees, their tutors, registration numbers, pre-registration training numbers, contact information, and details of any behaviour or practice related to the concerns raised. Concerns may include names and other information about other pharmacy staff, patients or members of the public, where necessary to process the concern.

1.2. Information shared may, where necessary, include special category personal data, such as health information and may include information on fitness to practice issues, convictions, cautions or police investigations.

1.3. Referrals will be made and information shared on a case by case and ad-hoc basis, where there is an overriding public interest. This will include situations where it is necessary for the purposes of ensuring that pharmacy services are provided safely, that pharmacy professionals are fit to practise, that pre-registration training and other training of pharmacy professionals meets the required standards and is carried out in a safe environment. The need to share information will be judged on a case by case basis and reflect the balance of the public interest and the rights and freedoms of the

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individuals concerned.

Legal basis for sharing

1.4. The legal basis for sharing information includes the following

1.4.1. The GPhC's statutory public tasks are covered by **the Pharmacy Order 2010 and other legislation**. The Pharmacy Order includes a duty in article 42(3)(b) for the GPhC to take appropriate steps to satisfy itself that the standards and requirements for pharmacy education and training are met.

1.4.2. 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".

1.4.3. Where it is necessary to share information to carry out those public tasks, the condition for processing personal data in Article 6(1)(e) of the General Data Protection Regulation (GDPR) applies and Chapter 2 section 8(c) of the Data Protection Act 2018 (DPA). Where it is necessary to share special category information as part of the GPhC's public task, Article 9(2)(g) and Schedule 1(6)(2)(a) of the DPA apply.

1.4.4. The public task of both organisations contribute to the management of health care systems and article 9(2)(h) of the GDPR and Schedule 1(2)(2)(f) apply to the sharing of special category data for that purpose.

1.4.5. Where information to be shared concerns the fitness to practise of GPhC registrants, the GPhC is empowered by article 50(1)(a) of the Pharmacy Order to disclose information relating to a particular registrant's fitness to practise where it is in the public interest to do so. Article 49 empowers the GPhC to request information where it is necessary to ascertain a registrant's fitness to practise. The exemption in Schedule 2(7)(2) of the DPA also applies to disclosure of this data in response to such a request.

1.4.6. Where consent to share personal data has been given, the condition in GDPR Article 6(1)(a) applies. The equivalent provision for special category data is Article 9(2)(a).

1.4.7. In some circumstances a legal obligation may require information to be shared and Article 6(1)(c) will apply.

1.4.8. Where it is necessary to share special category data other conditions for processing under Article 9 of GDPR and Schedule 1 of the DPA could apply, depending on circumstances. These include:

- Schedule 1(2)(2), in particular (b) the assessment of the working capacity of an employee and (f) the management of health care systems or services or social care systems or services.
- Schedule 1(8) – equality of opportunity or treatment
- Schedule 1(10) – preventing or detecting unlawful acts
- Schedule 1(11) – protecting the public against (a) dishonesty, malpractice or other seriously improper conduct, or (b) unfitness or incompetence

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- Schedule 1(12) – complying with regulatory requirements
- Schedule 1(18) – safeguarding of children and of individuals at risk
- Schedule 1(33) – legal claims
- Schedule 1(34) – judicial acts

Approval

Approved on behalf of **General Pharmaceutical Council**		Approved on behalf of **Health Education and Improvement Wales**	
Name	Claire Bryce-Smith	Name	Pushpinder Mangat
Title	Director of Insight, Intelligence and Inspection	Title	Executive Medical Director
Date	21/08/2020	Date	30/07/2020

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General Pharmaceutical Council

GIG CYMRU NHS WALES | Addysg a Gwella Iechyd Cymru (AaGIC) Health Education and Improvement Wales (HEIW)

GPhC/HEIW Information sharing agreement

Schedule 2 – Data from the GPhC Registers

The information

- Data published on registered individual pharmacy professionals in Wales
- Data published on registered pharmacies in Wales
- Data on pre-registration trainees in Wales
- Additional data fields on registered pharmacy professionals in Wales

Purpose for sharing

- Validation of pharmacy professionals and pre-registration trainees

Data discloser

GPhC

Legal basis for sharing

1.1. The GPhC is required to publish lists from its registers under article 19(7) of the Pharmacy Order 2010 and most of the information in the table below is made public. The additional fields supplied on registered pharmacy professionals (postcode, registration start date and pre-registration number where applicable) and the details on pre-registration trainees and their training sites allow HEIW to effectively validate that people are eligible for training materials, programmes and work. This data supplied on the basis of the duty to cooperate, where appropriate, with organisations involved in the training and education of healthcare professionals under article 6(2)(b) of the Pharmacy Order. The lawful basis for processing is Article 6(1)(e) of the GDPR and section 8(c) of the Data Protection Act 2018 (DPA).

1.2. For HEIW, the following bases for processing apply to allow a strategic approach to developing the Welsh health workforce for now and for the future.

General Data Protection Regulation article 6 (Lawfulness of Processing)

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1. Processing shall be lawful only if and to the extent that at least one of the following applies:

(b) processing is necessary for the performance of a contract to which the data subject is party or in order to take steps at the request of the data subject prior to entering into a contract;

(e) processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller;

Details

1.3. This data will be shared through the GPhC secure portal for its data subscription service at the published standard fee for the purposes of cost recovery.

1.4. Access to the non-published data on registered pharmacy professionals and pre-registration trainees must be kept confidential and only authorised HEIW staff with a specific need for access may use the data for the specified purpose of validating registration or pre-registration status.

1.5. The data to be shared consists of:

Data	Frequency
From the published registers of pharmacists and pharmacy technicians: GPhC registration number Surname Forenames Postal town Country Independent/supplementary prescriber annotation (pharmacists only) Superintendent (pharmacists only) Registration status Expiry date of registration Fitness to practise information (a yes/no flag)	Daily
Additional non-published fields: Postcode Start date of registration Pre-registration number	Daily
Registered pharmacy premises: GPhC registration number Trading name Owner name Postal address Notices or conditions (a yes/no flag) Internet pharmacy logo	Daily
List of register leavers and joiners	Weekly
Non published data on pre-registration trainees: Pre-registration number Surname Forenames Postal town (of training site) Postcode (of training site) Country (of training site) Status	Daily

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Approved on behalf of		Approved on behalf of	
General Pharmaceutical Council		**Health Education and Improvement Wales**	
Name	Claire Bryce-Smith	Name	Pushpinder Mangat
Title	Director of Insight, Intelligence and Inspection	Title	Executive Medical Director
Date	21/08/2020	Date	30/07/2020

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General Pharmaceutical Council

GIG CYMRU NHS WALES | Addysg a Gwella Iechyd Cymru (AaGIC) Health Education and Improvement Wales (HEIW)

Information sharing agreement

Schedule 3 – Data from the GPhC survey of registered pharmacy professionals 2019

The information

- Anonymised registrant responses from the 2019 registrant survey

Purpose for sharing

- Planning for the future pharmacy workforce
- Planning for HEIW training programmes

Data discloser

GPhC

Basis for sharing

2.1 Under article 6(2)(b) of the Pharmacy Order 2010, the GPhC has a duty to cooperate, where appropriate, with organisations involved in the provision, supervision or management of health services and the training and education of healthcare professionals. The GPhC's overarching objective is to assure and improve standards of care for people using pharmacy services.

2.2 HEIW is the primary lead for workforce intelligence for NHS Wales and provides analytical insight and intelligence to support the planning, development and transformation of the future workforce. One of the HEIW's strategic objectives is to embed equality diversity and inclusion though all its work. It aims to ensure there is an NHS and social care workforce that is reflective of the population's diversity and cultural identity. HEIW has a responsibility to ensure that all sectors of pharmacy practice where they send trainees, and or provide education and training, support equality and diversity. GPhC survey data will be used in planning and measuring EDI initiatives.

2.3 The GPhC is sharing this data to support HEIW in carrying out its planning functions effectively in the public interest. HEIW undertakes that the data will only be used for this purpose. Participants were informed that data would be shared for this purpose in communications about the survey.

2.4 The data must be treated as confidential. HEIW will only grant access to employees whose roles require it and will not share the data externally without prior consent of the GPhC.

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2.5 HEIW will not attempt to identify individual respondents using this data and any other information they may hold.

Details

2.6 This data will be transferred in spreadsheets by secure email.

2.7 The data to be shared consists of:

Data
Registrant type
Date of registration
Route to the register
Place of MPharm qualification
Place of pre-registration training
All settings in last 12 months
Current working status
Caring responsibilities
Number of paid pharmacy jobs
Job title (main job)
Hours per week (main job)
All settings (main job)
Employment status (main job)
Geographical location (main job)
Patient facing/time with patients (main job)
Responsibilities (main job)
3 main responsibilities (main job)
Hours per week (second job)
All settings (second job)
Employment status (second job)
Hours per week (third job)
All settings (third job)
Employment status (third job)
Hours per weeks (jobs 4+)
Non-pharmacy work
Hours per weeks (non-pharmacy jobs)
Annotated as a prescriber
Intention to gain prescribing qualification
Specialism for prescribing training
Ever practised as a prescriber
Changed scope of practice
Prescribing areas/clinical areas
Prescribing settings
Number of patients as a prescriber
Time spent prescribing
Reasons for not practising
Additional qualifications
Intention to do further qualifications
Other registrations

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Data
Intention to renew Intention to continue practising Reasons for not renewing/practising Intention to change practice/location/hours etc Sex Gender identity Age Sexual orientation Disability Race/ethnicity Religion Maternity/paternity/adoption/shared leave Home location (county)

Approval

Approved on behalf of		Approved on behalf of	
General Pharmaceutical Council		**Health Education and Improvement Wales**	
Name	Claire Bryce-Smith	Name	Pushpinder Mangat
Title	Director of Insight, Intelligence and Inspection	Title	Executive Medical Director
Date	21/08/2020	Date	30/07/2020

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General Pharmaceutical Council

GIG CYMRU NHS WALES | Addysg a Gwella Iechyd Cymru (AaGIC) Health Education and Improvement Wales (HEIW)

Information sharing agreement

Schedule 4 – Pre-registration pharmacist training validation data

The information

- Data on pre-registration pharmacist trainees with training placements in Wales
- Data on pre-registration tutors working in training sites in Wales with a pre-registration pharmacist trainee in the relevant time period
- Data on pre-registration training sites in Wales

Purpose for sharing

To assure that:

- trainees, tutors and training placements are properly authorised for training to commence
- trainees, training sites and tutors remain eligible to be part of the pre-registration training scheme throughout the full training period
- records of trainees, tutors and placements are correct

Data discloser

- Both organisations

Legal basis for sharing

3.1. This data is shared on the basis that it is necessary to enable the GPhC and HEIW to each carry out their respective roles in the training of pre-registration pharmacists. The lawful basis of processing is Article 6(1)(e) of the GDPR and section 8(c) of the Data Protection Act 2018 (DPA).

3.2. For the GPhC, these responsibilities are set out in articles 42 and 44 of the Pharmacy Order 2010. The GPhC also has a duty of cooperation with other organisations involved in the education and training of healthcare professionals, set out in article 6(2)(b) of the Pharmacy Order.

3.3. HEIW will share data on the basis of our functions relating to education commissioning, delivery, supporting regulation and workforce improvement.

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Details

GPhC to share

3.4. Data will be provided three times during each training year as outlined in the operational guide.

3.5. The data will consist of:

- Training premises number
- First name of trainee
- Last name of trainee
- Registration status
- Pre-entry status
- Pre reg number
- Training start date
- Training end date
- Training site
- Training site address
- Tutor first name
- Tutor last name
- Tutor registration number
- Tutor registration status
- Tutor start date
- Tutor end date

3.6. For the purpose of validating a pre-registration trainee's status, names, pre-registration number, status, town and postcode of training site will also be available via the data subscription portal on a daily basis (see schedule 2).

HEIW to share

3.7. The data provided by HEIW will consist of

- Name and address of training sites assessed by HEIW as suitable for the forthcoming training year (provided between March/July each year)
- Changes to a trainee's training site or tutor (regular updates as changes occur)
- Names of tutors who have failed to make a declaration to HEIW that they meet published GPhC tutor requirements
- Trainee name and training progress reports of trainees whose progress has been deemed as unsatisfactory at training reviews.

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Approval

Approved on behalf of the General Pharmaceutical Council:

Approved on behalf of **General Pharmaceutical Council** Claire Bryce-Smith		Approved on behalf of **Health Education and Improvement Wales** 	
Name	Claire Bryce-Smith	Name	Pushpinder Mangat
Title	Director of Insight, Intelligence and Inspection	Title	Executive Medical Director
Date	24/08/2020	Date	30/07/2020

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GIG CYMRU
Addysg a Gwella lechyd Cymru

Y Pwyllgor Archwilio a Sicrwydd 18fed Ionawr 2021
Diweddariad Atal Twyll

Craig Greenstock
Rheolwr Atal Twyll
Bwrdd lechyd Prifysgol Caerdydd a'r Fro

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Y PWYLLGOR ARCHWILIO A SICRWYDD 18 IONAWR 2021

DIWEDDARIAD ATAL TWYLL

1. **Cyflwyniad**
2. **Diweddariad ar Achosion**
3. **Cynnydd a Materion Cyffredinol**
4. **Atodiad 1 - Crynodeb o'r Cynllun**

Datganiad Cenhadaeth

Darparu gwasanaeth safonol Atal Twyll yn y GIG i AaGIC, sy'n sicrhau yr ymchwilir i unrhyw adroddiad am dwyll yn unol â'r Cyfarwyddiadau ar Atal Twyll yn y GIG a bod pob ymchwiliad o'r fath yn cael ei gynnal mewn modd proffesiynol, tryloyw a chost effeithiol.

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1. CYFLWYNIAD

1.1 Yn uno' â'r Cyfarwyddiadau ar Atal Twyll yn y GIG, mae'n ofynnol i'r uned Atal Twyll ddarparu diweddariadau i'r Pwyllgor Archwilio a Sicrwydd ar y gwaith sydd wedi'i wneud yn erbyn y cynllun gwaith y cytunwyd arno.

Mae'r diweddariad hwn yn rhoi diweddariad hyd at 31ain Rhagfyr i'r Pwyllgor Archwilio.

2. DIWEDDARIAD AR ACHOSION

2.1 Ar 31ain Rhagfyr 2020, roedd cyfanswm o **27.5** diwrnod wedi'i dreulio ar waith atal twyll yn AaGIC a cheir dadansoddiad o'r gwaith hwn yn **Atodiad 1**.

2.2 Ers mis Tachwedd 2020 nid oes unrhyw ymchwiliadau yn ymwneud ag AaGIC

3. CYNNYDD A MATERION CYFFREDINOL

3.1 Cyflwyniadau Ymwybyddiaeth o Dwyll

Mae sesiynau ymwybyddiaeth twyll wyneb yn wyneb ar gyfer staff AaGIC wedi'u canslo oherwydd cyfyngiadau COVID-19 ond yn y cyfnod adrodd hwn cynhaliwyd tair sesiwn drwy 'Dimau' i 65 o gynrychiolwyr. Ar gyfer 2021 mae sesiwn ymwybyddiaeth 'Timau' wedi'i harchebu ar gyfer pob mis tan fis Rhagfyr 2021.

3.2 Menter Twyll Genedlaethol (NFI) 2020/21

Yn dilyn ymholiadau a wnaed gydag Archwilydd Cyffredinol Cymru p'un a oedd gofyn i AaGIW ymwneud â phroses Menter Twyll Genedlaethol 2020/21 a chymryd rhan ynddi, mae hynny wedi'i gadarnhau erbyn hyn a bellach mae cyfrif unigol ar gyfer AaGIC wedi cael ei sefydlu yn rhan o'r Fenter.

Mae'r Fenter wedi'i bwriadu i helpu Cyrff Cyhoeddus i ddatblygu eu gallu i ganfod twyll drwy baru data ar lefel genedlaethol, gan fod twyll yn drosedd amrywiol, sy'n datblygu.

O ran y gofyniad ar AaGIC i gyflwyno'r data gofynnol, mae trefniadau wedi'u gwneud gyda chydweithwyr ym Mhartneriaeth Cydwasanaethau GIG Cymru (hy Caffael a'r Gyflogres) i'r data gofynnol gael ei ddarparu a hynny yn y fformat gofynnol er mwyn cadw at y terfynau amser. Hefyd, mae Hysbysiadau Prosesu Teg wedi cael eu cynnwys ar slipiau cyflog y staff i wneud staff AaGIC yn ymwybodol, fel sy'n ofynnol, bod eu data personol yn cael ei rannu yn y fformat hwn.

Mae'r amserlen gyfredol ar gyfer Menter Twyll Genedlaethol 2020-21 fel a ganlyn ar hyn o bryd:

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Gweithgaredd	Dyddiad	Sefyllfa/Cynnydd cyfredol
Cyflwyno ffurflenni cydymffurfio hysbysiad preifatrwydd	Erbyn 25ain Medi 2020	Cwblhawyd hyn o dan yr 'Hysbysiad Prosesu Teg' a gynhwyswyd mewn slipiau cyflog.
Tynnu/cyflwyno data NFI 2020/21	9fed Hydref 2020	Cwblhau. Yr holl ddata AaGIC a gyflwynwyd
Dyddiad terfyn ar gyfer cyflwyno data	1af Rhagfyr 2020	Yr holl ddata perthnasol a gyflwynwyd erbyn 9 Hydref 2020
Achosion sy'n cyfateb ar gael 2020/21	O 31ain Ionawr 2021	Mae gemau ymarfer 2020-21 ar gael. Anfonir e-bost at Uwch Swyddogion Cyfrifol a Chysylltiadau Allweddol yn eu hysbysu bod y gemau ar gael.

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ATODIAD 1

DADANSODDIAD CRYNO O GYNLLUN ATAL TWYLL 2020/21

MAES GWAITH	Diwrnodau a Gynlluniwyd	Diwrnodau hyd yma
Gofynion Cyffredinol		
Presenoldeb LCFS mewn Cyfarfodydd Cymru Gyfan	1	0
Cynllunio/Paratoi'r Adroddiad Blynyddol a'r Rhaglen Waith	1	0.5
Cynhyrchu Adroddiadau a mynd i'r Pwyllgor Archwilio a Sicrwydd	4	3
Cysylltu â'r DoF, NHS CFA, Llywodraeth Cymru	0	0
Adnodd Hunanadolygu ac Asesiad Sicrhau Ansawdd	1	1
Gweithgareddau Blynyddol		
Creu Diwylliant Gwrth-dwyll	2	1
Cyflwyniadau, Briffio, Cylchlythyron etc.	15	11.5
Digwyddiadau Ymwybyddiaeth o Dwyll	0	0
Ataliaeth		
Adolygu/datblygu Polisïau/Strategaethau	2	0.5
Atal		
Lleihau'r cyfleoedd lle gallai Twyll a Llygredd ddigwydd.	0	0
Darganfod		
Ymarferiadau Cenedlaethol Rhagweithiol (ee Caffael)	2	0.5
Menter Twyll Genedlaethol 2020/21	4	3
Ymchwilio, Sancsiynau ac lawn		
Ymchwilio i unrhyw achosion honedig o dwyll	15	9
Sicrhau bod sancsiynau'n cael eu gosod ar achosion fel sy'n briodol	1	0
Ceisio iawn, lle profwyd bod twyll wedi digwydd	2	0.5
CYFANSWM ADDYSG A GWELLA IECHYD CYMRU	**50**	**27.5**

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GIG CYMRU NHS WALES | Addysg a Gwella Iechyd Cymru (AaGIC) Health Education and Improvement Wales (HEIW)

Dyddiad y Cyfarfod	**Dydd Llun, 18 Ionawr 2021**	**Eitem ar yr Agenda**	**2.3**
Teitl yr Adroddiad	**Adroddiadau Archwilio Cymru**		
Awdur yr Adroddiad	Anne-Marie Harkin, Clare James, Helen Goddard		
Noddwr yr Adroddiad	Eifion Williams		
Cyflwynwyd gan	Anne-Marie Harkin, Clare James, Helen Goddard		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiadau	Roedd dau Adroddiad yn cynnwys: • Adroddiad Archwilio Blynyddol 2020; • Cynllun Archwilio Dangosol 2021.		
Materion allweddol	Archwilio Cymru: • Crynhoi canlyniad gwaith archwilio 2020 yn yr Adroddiad Archwilio Blynyddol. • Cyflwyno Cynllun Archwilio Dangosol ar gyfer 2021 a Ffi Archwilio ddangosol arfaethedig 2021.		
Cam Penodol i'w Gymryd *(un ✓yn unig)*	**Gwybodaeth**	**Trafod**	**Sicrhau**	**Cymeradwyo**
			✓	
Argymhellion	Gofynnir i'r aelodau wneud y canlynol: • **Nodi** Adroddiad Archwilio Blynyddol 2020. • **Nodi** Cynllun Archwilio Dangosol 2021, gan gynnwys y ffi ddangosol arfaethedig ar gyfer 2021.		
Atodiadau	• Adroddiad Archwilio Blynyddol 2020; • Cynllun Archwilio Dangosol 2021.		

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Archwilio Cymru
Audit Wales

Annual Audit Report 2020 – Health Education and Improvement Wales

Audit year: 2019-20

Date issued: December 2020

Document reference: 2216A2020-21

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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 summarises the findings from my 2020 audit work at Health Education and Improvement Wales (the Authority) undertaken to fulfil my responsibilities under the Public Audit (Wales) Act 2004. That Act requires me to:

- examine and certify the accounts submitted to me by the Authority, and to lay them before the Senedd;
- satisfy myself that expenditure and income have been applied to the purposes intended and are in accordance with authorities; and
- satisfy myself that the Authority has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

2 I report my overall findings under the following headings:

- Audit of accounts
- Arrangements for securing economy, efficiency and effectiveness in the use of resources

3 This year's audit work took place at a time when public bodies were responding to the unprecedented and ongoing challenges presented by the COVID-19 pandemic. Given its impact, I re-shaped my planned work programmes by considering how to best assure the people of Wales that public funds are well managed. I considered the impact of the current crisis on both resilience and the future shape of public services and aimed to ensure my work did not hamper public bodies in tackling the crisis, whilst ensuring it continued to support both scrutiny and learning. All on-site audit work was suspended whilst we continued to work and engage remotely where possible through the use of technology. This inevitably had an impact on the delivery of some of my planned audit work but has also driven positive changes in our ways of working.

4 The delivery of my audit of accounts work was not without its challenges, not only in how and where we undertook the work, but also in taking account of new considerations for financial statements arising directly from the pandemic. The success in delivering to the amended timetable reflects a great collective effort by both my staff and the Authority's officers to embrace and enable new ways of working and remain flexible to and considerate of the many issues arising.

5 At the onset of the pandemic I suspended the publication of some performance audit reports nearing completion, reflecting the capacity of audited bodies to support remaining fieldwork and contribute to the clearance of draft audit outputs. I have also adjusted the focus and approach of some other planned reviews to ensure their relevance in the context of the crisis. New streams of work have been introduced, such as my review of the Test, Trace and Protect programme, and my local audit teams have contributed to my wider COVID-19 learning work.

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6 This report is a summary of the issues presented in more detailed reports to the Authority this year (see **Appendix 1)**. I also include a summary of the status of planned work currently being re-scoped.

7 **Appendix 2** presents the latest estimate of the audit fee that I will need to charge to cover the costs of undertaking my work, compared to the original fee set out in the 2020 Audit Plan.

8 **Appendix 3** sets out the financial audit risks set out in my 2020 Indicative Audit Plan and how they were addressed through the audit.

9 The Chief Executive and the Director of Finance have agreed the factual accuracy of this report. We presented it to the Audit Committee on 18 January 2021. The Board will receive the report at a later Board meeting and every member will receive a copy. We strongly encourage the Authority to arrange its wider publication. We will make the report available to the public on the Audit Wales website after the Board have considered it.

10 I would like to thank the Authority's staff and members for their help and co-operation throughout my audit.

Key messages

Audit of accounts

11 I concluded that the Authority's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in the Authority's internal controls (as relevant to my audit).

12 The Authority achieved financial balance for the year ending 31 March 2020, and had no other material financial transactions that were not in accordance with authorities nor used for the purposes intended, so I have issued an unqualified opinion on the regularity of the financial transactions within the Authority's 2019-20 accounts.

13 As the Authority achieved financial balance and had an approved One-Year plan in place and there were no other issues which warranted highlighting, no substantive report was placed on the Authority's accounts.

Arrangements for securing efficiency, effectiveness and economy in the use of resources

14 My programme of Performance Audit work has led me to draw the following conclusions:

- the Authority quickly adapted its governance, risk management and assurance arrangements to respond effectively to COVID-19. It continued to

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show strong leadership and maintained oversight of quality and safety and staff wellbeing.

- the Authority's arrangements for managing its financial resources continue to work well, though further progressing reporting cost and value improvements would support good financial management for future sustainability.
- the Authority has developed effective operational plans and has robust arrangements to monitor and report progress. It has embraced new ways of working and has taken the lead on staff wellbeing nationally.
- the Authority demonstrates a commitment to counter-fraud, has suitable arrangements to support the prevention and detection of fraud and is able to respond appropriately where fraud occurs.

15 These findings are considered further in the following sections.

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Detailed report

Audit of accounts

16 This section of the report summarises the findings from my audit of the Authority's financial statements for 2019-20. These statements are how the organisation shows its financial performance and sets out its net assets, net operating costs, recognised gains and losses, and cash flows. Preparing the statements is an essential element in demonstrating the appropriate stewardship of public money.

17 My 2020 Audit Plan set out the financial audit risks for the audit of the Authority's 2019-20 financial statements. **Exhibit 3** in **Appendix 3** lists these risks and sets out how they were addressed as part of the audit.

18 My responsibilities in auditing the Authority's financial statements are described in my Statement of Responsibilities publications, which are available on the Audit Wales website.

Accuracy and preparation of the 2019-20 financial statements

19 **I concluded that the Authority's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in the Authority's internal controls (as relevant to my audit).**

20 The deadline for the provision of unaudited accounts was changed by the Welsh Government from 28 April 2020 to 22 May 2020, however, the Authority's management opted not to make use of the extension and were able to deliver good quality draft accounts and supporting working papers to the original timetable.

21 I reported no issues to those charged with governance before I issued my audit opinion on the accounts. There was no need to correct any misstatements as a result of our audit work, only disclosure amendments were made. There were no non-trivial misstatements identified in the accounts which remained uncorrected.

22 I did not identify any material weaknesses in the Authority's internal controls. I reported one medium priority recommendation to ensure delegated limits are put in place for the approval of material in-budget virements.

23 I also undertook a review of the Whole of Government Accounts return. I concluded that the counterparty consolidation information was consistent with the Authority's financial position at 31 March 2020 and the return was prepared in accordance with the Treasury's instructions.

Regularity of financial transactions

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24 **The Authority achieved financial balance for the year ending 31 March 2020, and had no other material financial transactions that were not in accordance with authorities nor used for the purposes intended, so I have issued an**

unqualified opinion on the regularity of the financial transactions within the Authority's 2019-20 accounts.

25 The Authority's financial transactions must be in accordance with authorities that govern them. The Authority must have the powers to receive the income and incur the expenditure. Our work reviews these powers and tests that there are no material elements of income or expenditure which the Authority does not have the powers to receive or incur.

26 Where the Authority does not achieve financial balance, its expenditure exceeds its powers to spend and so I must qualify my regularity opinion. In 2019-20, the Authority underspent £84,000 against its revenue resource allocation of £213,104,000 and broke even against is capital resource allocation of £95,000. During the prior period from establishment of the Authority on 5 October 2017 to 31 March 2019 (only six months of operational activity), the Authority underspent £68,000 against its revenue resource allocation of £105,718,000 and broke even against is capital resource allocation of £3,101,000.

27 **As the Authority achieved financial balance and had an approved one-year plan in place and there were no other issues which warranted highlighting, no substantive report was placed on the Authority's accounts.**

28 I have the power to place a substantive report on the Authority's accounts alongside my opinions where I want to highlight issues. As the Authority met both of its financial duties: to achieve financial balance (as set out above) and to have an approved annual plan for 2019-20 in place; and there were no other issues warranting report, I did not issue a substantive report on the accounts.

Arrangements for securing efficiency, effectiveness and economy in the use of resources

29 I have a statutory requirement to satisfy myself that the Authority has proper arrangements in place to secure efficiency, effectiveness and economy in the use of resources. I have undertaken a range of performance audit work at the Authority over the last 12 months to help me discharge that responsibility. This work has involved:

- undertaking a structured assessment review of the Authority's corporate arrangements for ensuring that resources are used efficiently, effectively and economically; and
- reviewing the effectiveness of the Authority's counter-fraud arrangements.

30 My conclusions based on this work are set out below.

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Structured assessment

31 My structured assessment work was designed in the context of the ongoing response to the pandemic. I ensured a suitably pragmatic and relevant approach to help me discharge my statutory responsibilities, whilst minimising the impact on NHS bodies as they responded to the next phase of the COVID-19 pandemic. The key focus of the work was on the corporate arrangements for ensuring that resources are used efficiently, effectively and economically. Auditors also paid attention to progress made to address previous recommendations where these related to important aspects of organisational governance and financial management especially in the current circumstances.

32 The structured assessment grouped our findings under three themes:

- governance arrangements;
- managing financial resources; and
- operational planning: to support the continued response to the pandemic balanced against the provision of other essential services.

Governance arrangements

33 My work considered the Authority's ability to maintain sound governance arrangements while having to respond rapidly to the unprecedented challenges presented by the pandemic. My work found that **the Authority quickly adapted its governance, risk management and assurance arrangements to respond effectively to COVID-19. It continued to show strong leadership and maintained oversight of quality and safety and staff wellbeing.**

34 The Authority has adapted well to revised governance arrangements, shown strong leadership throughout the crisis, and maintained transparency in the conduct of Board business. It has communicated openly with its internal and external stakeholders and is taking the opportunity to learn lessons from new ways of working. HEIW continues to strengthen its risk management processes and regularly scrutinises its corporate and operational risk registers, which appropriately reflected the risks posed by COVID-19. Throughout this period, HEIW maintained oversight of the quality and safety of its training adapting quality assurance methods where necessary. The Board received assurance on staff well-being and previous internal and external audit recommendations continued to be monitored.

Managing financial resources

35 I considered the Authority's financial performance, changes to financial controls during the pandemic and arrangements for monitoring and reporting financial performance. I found that **the Authority's arrangements for managing its financial resources continue to work well, though identifying and reporting**

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cost and value improvements would further improve good financial management for future sustainability.

36 The Authority achieved its financial objectives and is in a good position to continue doing so. Whilst there is not a requirement for HEIW to deliver cost improvements, identifying and reporting efficiencies and economies would further improve good financial management for future sustainability. It has strong financial controls that have remained in place throughout this period of remote working, with appropriate changes made in response to the immediate challenges posed by COVID-19. HEIW's monitoring and reporting of its financial position supports Board oversight and scrutiny, and is clear, timely and insightful.

Operational Planning

37 My work considered the Authority's progress in developing and delivering quarterly operational plans to support the ongoing response to COVID-19 and to provide other essential services and functions in line with Welsh Government planning guidance. At the time of our work, the focus was on essential services with the aim of restoring normal and routine activities when it is safe and practicable to do so. My work found that **the Authority had developed effective operational plans and had robust arrangements to monitor and report progress. It embraced new ways of working and took the lead on staff wellbeing nationally**.

38 It responded well to the Welsh Government's planning guidance, reflecting its own operations and contribution to the national COVID-19 response. It took a pragmatic approach to prioritising its work programme and embraced new ways of working. It continued to have a focus on staff wellbeing and took the lead in developing wellbeing resources for NHS Wales. HEIW's quarter 1 operating plan was regularly monitored by the Welsh Government, the Board and senior leaders. For quarter 2, HEIW had developed a clear monitoring framework.

Effectiveness of counter-fraud arrangements

39 In June 2019, I published an overview for the Public Accounts Committee describing counter-fraud arrangements in the Welsh public sector. My team then undertook a more detailed examination across a range of Welsh public sector bodies to examine how effective counter-fraud arrangements are in practice and to make recommendations for improvement. In July 2020, I published Raising Our Game – Tackling Fraud in Wales setting out a summary of my findings and seven 'key themes' that all public bodies need to focus on in raising their game to tackle fraud more effectively.

40 Whilst this work was not included in the Authority's audit plan, I also published an additional report setting out the Authority's specific arrangements for preventing and detecting fraud. I found that the Authority demonstrates a commitment to counter-fraud, has suitable arrangements to support the prevention and detection of fraud and is able to respond appropriately where fraud occurs.

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Appendix 1

Reports issued since my last annual audit report

Exhibit 1: reports issued since my last annual audit report

The following table lists the reports issued to the Authority in 2020.

Report	Date
Financial audit reports	
Audit of Accounts Report	June 2020
Opinion on the Financial Statements	July 2020
Performance audit reports	
Effectiveness of counter-fraud arrangements	June 2020
Structured Assessment 2020	October 2020
Other	
2020 Audit Plan	January 2020

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Exhibit 2: performance audit work still underway

The pieces of work that are still underway are shown in the following table, with the estimated dates for completion of the work.

Report	Estimated completion date
Local project: currently being scoped.	Spring 2021

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Appendix 2

Audit fee

The 2020 Audit Plan set out the proposed audit fee of £165,500 (excluding VAT).
My latest estimate is that the actual fee will match this.

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Appendix 3

Financial audit risks

Exhibit 3: financial audit risks

My 2020 Indicative Audit Plan issued in January 2020 set out the financial audit risks for the audit of the Authority's 2019-20 financial statements. In April 2020, I issued a letter which updated our assessment of audit risks in light of the COVID-19 national emergency. The table below lists these risks and sets out how they were addressed as part of the audit.

Audit risk	Proposed audit response	Work done and outcome
Impact of COVID-19 on Financial Statements production – timeliness and quality The COVID-19 national emergency may see a significant delay in the preparation and audit of accounts. The amended timetable for producing and certifying financial statements within NHS Wales remains demanding. Draft financial statements are required to be submitted for audit by 22 May 2020. The Board will need to approve the audited financial statements by 30 June, for Auditor General certification in July. This is also the first year the Authority is required to prepare financial statements to include a full year of operation and the comparative period. In 2018-19, I reported that some classification of	My audit team will: • provide support and advice to the Authority wherever possible without compromising our independence; • provide an audit-deliverables report to assist the Authority in the preparation of relevant working papers in support of the financial statements; • review the closedown timetable and action plans, including quality monitoring arrangements, to assess that arrangements are in place to produce robust and complete financial statements within the revised prescribed timetable; and • agree a timetable for the audit and	My audit team completed all planned work. At the request of the Authority's management, my audit team conducted the audit of accounts work largely to the original timetable and at the request of the Authority's Audit and Assurance Committee, presented my interim statement to the 26 May 2020 meeting. On completion of the audit work, I presented my Audit of Accounts report to the 23 June 2020 Audit and Assurance Committee meeting. I reported no issues. I certified the accounts with an unqualified opinion on 2 July 2020 and laid them before the Senedd on 3 July 2020.

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expenditure, accruals and accounting for prepayments could be improved, but in our view this finding was not unexpected for an organisation still in its relative infancy, where both staff and operating procedures are yet to be fully embedded. The COVID-19 national emergency increases the risk that the quality of the accounts and supporting working papers may be compromised leading to an increased incidence of errors. Quality monitoring arrangements may be compromised due to timing issues and/or resource availability.	certification of the financial statements. My audit team will also review the 2019-20 year-end 'closing pack', which will be prepared to inform and train the Authority's finance staff on the key processes and requirements for preparing the accounting information which feeds into the financial statements.	
Management override The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk.	My audit team will: • test the appropriateness of journal entries and other adjustments made in preparing the financial statements; • review accounting estimates for biases; and • evaluate the rationale for any significant transactions outside the normal course of business.	My audit team completed all planned work and identified no issues.
Supplementary funding to universities I reported during my 2018-19 audit that	My audit team will: • review the follow-up arrangements the Authority has	My audit team completed all planned work and identified no issues.

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arrangements for allocating supplementary funding to universities in-year should be strengthened. We understand the Authority is currently preparing to invite bids from universities in January 2020 for supplementary funding in the 2019-20 financial year. Hence there remains a risk that the funding will not be used for the purposes intended, and/or will not represent good value for money.	undertaken to verify the procurement of assets purchased with the 2018-19 funding; and • review the Authority's updated conditions attached to the 2019-20 funding to ensure the money is awarded for the purposes intended.	
Related party disclosures I reported during my 2018-19 audit that procedures should be strengthened to ensure a complete and accurate record of related party transactions and supporting audit trail. Hence, there remains a risk that related party transactions are not identified and disclosures are incomplete.	My audit team will: • provide support and advice to the Authority, wherever possible, to improve procedures without compromising our independence; • review the relationships identified by the Authority for completeness; • undertake substantive audit procedures to test the accuracy of disclosures; and • agree the format of disclosures to those required for compliance with the NHS Manual for Accounts and Financial Reporting Manual.	My audit team completed all planned work. One disclosure amendment was made within Note 30 to the financial statements.

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2021 Audit Plan (Indicative) – Health Education and Improvement Wales

Audit year: 2020-21

Date issued: December 2020

Document reference: 2219A2020-21

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2021 Audit Plan

About this document

1 This document sets out the work I plan to undertake during 2021 to discharge my statutory responsibilities as your external auditor and to fulfil my obligations under the Code of Audit Practice.

Impact of COVID-19

2 The COVID-19 pandemic continues to have an unprecedented impact on the United Kingdom and the work of public sector organisations.

3 Audit Wales staff will continue to work pragmatically to deliver the audit work set out in this plan. In response to the government advice and subsequent restrictions, we will continue to work remotely until such time that it is safe to resume on-site activities. I remain committed to ensuring that the work of Audit Wales staff will not impede the vital activities that public bodies need to do to respond to ongoing challenges presented by the COVID-19 pandemic.

4 This audit plan sets out an initial timetable for the completion of my audit work. However, given the ongoing uncertainties around the impact of COVID-19 on the sector, some timings may need to be revisited.

Audit of financial statements

5 I am required to issue a report on the Strategic Health Authority's (SHA) financial statements which includes an opinion on their 'truth and fairness' and the regularity of income and expenditure. In preparing such a report, I will:

- give an opinion on your financial statements;
- give an opinion on the proper preparation of key elements of your Remuneration and Staff Report; and
- assess whether your Annual Governance Statement and other information presented with the financial statements are prepared in line with guidance and consistent with the financial statements.

6 I will also report by exception on a number of matters which are set out in more detail in our Statement of Responsibilities, along with further information about our work.

7 There have been no limitations imposed on me in planning the scope of this audit. However, as our detailed audit planning work only commenced earlier this month, it is not yet possible to complete all aspects of our audit risk assessment. If any significant changes to our audit approach are required, we shall update the Audit and Assurance Committee at its next meeting.

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Audit of financial statement risks

8 The following table sets out the significant risks that have been identified to date for the audit of your financial statements.

Exhibit 1: audit of financial statement risks

Financial audit risks	Proposed audit response
Significant risks	
The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk.	The audit team will: • test the appropriateness of journal entries and other adjustments made in preparing the financial statements; • review accounting estimates for biases; and • evaluate the rationale for any significant transactions outside the normal course of business.
The COVID-19 national emergency continues and the pressures on staff resource and of remote working may impact on the preparation and audit of accounts. There is a risk that the quality of the accounts and supporting working papers may be compromised leading to an increased incidence of errors. Quality monitoring arrangements may be compromised due to timing issues and/or resource availability.	We will discuss your closedown process and quality monitoring arrangements with the accounts preparation team and monitor the accounts preparation process. We will help to identify areas where there may be gaps in arrangements.

Performance audit work

9 In addition to my Audit of Financial Statements, I must also satisfy myself that the SHA has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. I do this by undertaking an appropriate programme of performance audit work each year.

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10 My work programme is informed by specific issues and risks facing the SHA and the wider NHS in Wales. I have also taken account of the work that is being

undertaken or planned by other external review bodies and by internal audit. **Exhibit 2** sets out my current plans for performance audit work in 2021.

Exhibit 2: My planned 2021 performance audit work at the SHA

Theme	Approach/key areas of focus
NHS Structured Assessment	Structured assessment will continue to form the basis of the work auditors do at each NHS body to examine the existence of proper arrangements for the efficient, effective and economical use of resources. The plans for 2021 structured assessment work reflect the ongoing arrangements of NHS bodies in response to the COVID-19 emergency. My 2021 work will be undertaken in two phases. Phase 1 will review the effectiveness of operational planning arrangements to help NHS bodies continue to respond to the challenges of the pandemic and to recover and restart services. Building on last year's work, Phase 2 will examine how well NHS bodies are embedding sound arrangements for corporate governance and financial management, drawing on lessons learnt from the initial response to the pandemic.
Locally focused work	Where appropriate, I will also undertake thematic performance audit work that reflects issues specific to the SHA. The precise focus of this work will be agreed with executive officers and the Audit and Assurance Committee and will be reflected in the regular updates that are produced for the Audit and the Assurance Committee.
Implementing previous audit recommendations	My structured assessment work will include a review of the arrangements that are in place to track progress against previous audit recommendations. This allows the audit team to obtain assurance that the necessary progress is being made in addressing areas for improvement identified in previous audit work. It also enables us to more explicitly measure the impact our work is having. Expectations on the implementation of previous audit recommendations will be adjusted as appropriate to take account of the impact on COVID-19.

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11 Although not directly applicable to the SHA, we also intend to undertake All Wales thematic reviews of unscheduled care arrangements, and COVID-19-related output work. Our findings from these reviews will be made available on the Audit Wales website.

12 The performance audit projects included in last year's audit plan, which are either still underway or which have been substituted for alternative projects in agreement with you, are set out in **Appendix 1**.

Fee, audit team and timetable

13 My fees and the planned timescales for completion of the audit are based on the following assumptions:

- the financial statements are provided to the agreed timescales, to the quality expected and have been subject to quality assurance review;
- information provided to support the financial statements is in accordance with the agreed audit deliverables document[1];
- appropriate facilities and access to documents are provided to enable my team to deliver our audit in an efficient manner;
- all appropriate officials will be available during the audit;
- you have all the necessary controls and checks in place to enable the Accounting Officer to provide all the assurances that I require in the Letter of Representation addressed to me; and
- Internal Audit's planned programme of work is complete, and management has responded to issues that may have affected the financial statements.

Fee

14 We are unable to confirm our fee for the 2020-21 audit as yet as our fee consultation is still ongoing. Once the consultation closes on 8 January 2021, the Auditor General for Wales and the Wales Audit Office will submit our Fee Scheme to the Senedd's Finance Committee for consideration. Following this, we will write to you to confirm our estimated audit fee for 2020-21 and attaching an amended audit plan.

15 Planning will be ongoing, and changes to our programme of audit work and therefore the fee, may be required if any key new risks emerge. We shall make no changes without first discussing them with the Director of Finance.

16 Further information on my fee scales and fee setting can be found on our website.

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[1] The agreed audit deliverables documents sets out the expected working paper requirements to support the financial statements and includes timescales and responsibilities.

Audit team

17 The main members of the audit team, together with their contact details, are summarised in **Exhibit 3**.

Exhibit 3: my local audit team

Name	Role	Contact number	E-mail address
Ann-Marie Harkin	Audit Director (Financial Audit), and Audit Wales Engagement Director for the SHA	07967 321350	ann.marie.harkin@audit.wales
Dave Thomas	Audit Director (Performance Audit)	07798 503064	dave.thomas@audit.wales
Helen Goddard	Audit Manager (Financial Audit)	02920 320642	helen.goddard@audit.wales
Clare James	Audit Manager (Performance Audit)	07837 384617	clare.james@audit.wales
Helen Williams	Audit Lead (Financial Audit)	02920 320708	helen.williams@audit.wales

18 We can confirm that team members are all independent of you and your officers. In addition, we are not aware of any potential conflicts of interest that we need to bring to your attention.

Timetable

19 The key milestones for the work set out in this plan are shown in **Exhibit 4**. As highlighted earlier, there may be a need to revise the timetable in light of developments with COVID-19.

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Exhibit 4: Audit timetable

Planned output	Work undertaken	Report finalised
2021 Audit Plan	December 2020 to January 2021	January 2021
Audit of Financial Statements work: • Audit of Financial Statements Report • Opinion on Financial Statements • Financial Accounts Memorandum	February to June 2021	June 2021 June 2021 July 2021
Performance audit work: • Structured Assessment • Local project work	Timescales for individual projects will be discussed with you and detailed within the specific project briefings produced for each study.	
2021 Annual Audit Report	September 2021 to November 2021	November 2021

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Appendix 1

Performance audit work in last year's audit plan still in progress

The following table summarises the status of the audit work in last year's audit plan which is still in progress.

Exhibit 5: Performance audit work still in progress.

Performance audit project	Status	Comment
Local project	Scoping	We will be discussing our proposals for this project in January and intend to deliver it in the Spring.

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Appendix 2

Other future developments

Forthcoming key IFRS changes

This table details the key future changes to International Financial Reporting Standards.

Exhibit 6: changes to IFRS standards

Standard	Effective date	Further details
IFRS 16 Leases	1 April 2022	IFRS 16 will replace the current leases standard IAS 17. The key change is that it largely removes the distinction between operating and finance leases for lessees by introducing a single lessee accounting model that requires a lessee to recognise assets and liabilities for all leases with a term of more than 12 months, unless the underlying asset is of low value. It will lead to all leases being recognised on a balance sheet as an asset based on a 'right of use' principle with a corresponding liability for future rentals. This is a significant change in lessee accounting.
IFRS 17 Insurance Contracts	2023-24 at earliest	IFRS 17 replaces IFRS 4 **Insurance Contacts**, which permitted a variety of accounting practices resulting in accounting diversity and a lack of transparency about the generation and recognition of profits. IFRS 17 addresses such issues by requiring a current measurement model, using updated information on obligations and risks, and requiring service results to be presented separately from finance income or expense. It applies to all insurance contracts issued, irrespective of the type of entity issuing the contracts, so not relevant only for insurance companies. Entities will need to consider carefully whether any contractual obligations entered into meet the definition of an insurance contract. If that is the case, entities will need to determine whether they are covered by any of IFRS 17's specific scope exclusions.

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Good Practice Exchange

Audit Wales' Good Practice (GPX) helps public services improve by sharing knowledge and practices that work. Events are held where knowledge can be exchanged face to face and resources shared online. This year the work has focused on COVID-19 learning. Further information on this can be found our website.

Brexit: negotiating the United Kingdom's future relationship with the European Union

The United Kingdom left the European Union on 31 January 2020 under the terms of the Withdrawal Agreement and is now in a transition period until 31 December 2020. Until then the UK will continue to participate in EU programmes and follow EU regulations and is currently negotiating its future relationship with the EU post 31 December 2020. There remain significant uncertainties:

- given the pressing timetable there is a real possibility of the UK leaving the transition period at the end of 2020 without an agreement about the future relationship in place. In this scenario many of the issues previously identified around a 'no-deal Brexit', such as disruption to supply chains, would arise again.
- the UK Government's position of seeking a future relationship based on a free trade agreement (rather than a closer relationship aligned to the single market) has implications that are not yet clear, but which create opportunities and risks for Wales' economy, society and environment.
- there are significant unresolved constitutional questions around how powers in areas where devolved governments were directly applying EU law, such as regional development and agriculture, will be exercised after the transition period.

The Auditor General will continue to keep a watching brief over developments. In November, he wrote to the Chair of the External Affairs and Additional Legislation Committee setting out some observations on the latest position with respect to preparations for the end of the transition period. His letter can be found here. His previous report on public bodies' Brexit preparations can be found here with his follow-up on progress here.

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We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

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GIG CYMRU NHS WALES | Addysg a Gwella Iechyd Cymru (AaGIC) Health Education and Improvement Wales (HEIW)

Dyddiad y Cyfarfod	**Dydd Llun, 18 Ionawr 2021**	**Eitem ar yr Agenda**	**2.4**
Teitl yr Adroddiad	**Adroddiad ar Gynnydd yr Archwiliad Mewnol**		
Awdur yr Adroddiad	Archwilio Mewnol		
Noddwr yr Adroddiad	Pennaeth Archwilio Mewnol		
Cyflwynwyd gan	Archwilio Mewnol		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Diweddariad ar y gweithgarwch Archwilio Mewnol		
Materion allweddol	Diweddariad ar y gweithgarwch Archwilio Mewnol		
Cam Penodol i'w Gymryd *(un ✓ yn unig)*	**Gwybodaeth**	**Trafod**	**Sicrhau**	**Cymeradwyo**
	✓			
Argymhellion	Gofynnir i'r Aelodau **nodi'r** adroddiad er gwybodaeth.			
Atodiadau	Atodiad 1 – Adroddiad Archwilio Mewnol Proses Adolygu Datblygiad Personol AaGIC Atodiad 2 – Adroddiad yr Archwiliad Mewnol ar Systemau Ariannol AaGIC Atodiad 3 – Trefniadau Llywodraethu yn ystod COVID-19 – Adroddiad Cryno ac Adolygiad Cynghori Cymru Gyfan			

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Gwasanaethau Archwilio a Sicrwydd
Shared Services Partnership
Audit and Assurance Services

GIG CYMRU NHS WALES | Addysg a Gwella Iechyd Cymru (AaGIC)
Health Education and Improvement Wales (HEIW)

Health Education and Improvement Wales

INTERNAL AUDIT PROGRESS REPORT

Audit and Assurance Committee - January 2021

NHS Wales Shared Services Partnership

Audit and Assurance Services

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Appendix A: Table 1 - Status of 2020/21 assignments

Please note:

This audit progress report has been prepared for internal use only. Audit & Assurance Services reports are prepared, in accordance with the Internal Audit Charter and the Annual Plan, approved by the Audit and Assurance Committee.

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 the 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.

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1. Introduction

1.1. This progress report provides the Audit and Assurance Committee (the 'committee') with the current position regarding the work undertaken by Internal Audit as at 4 January 2021.

1.2. The report includes details of the progress made to date against individual assignments along with details regarding the delivery of the 2020/21 programme of work, and any required updates.

2. Outcomes from completed audit reviews

2.1 Since the October meeting of the committee three reports have been finalised and one report is in draft. We also have ongoing fieldwork for two other reviews. The three reports that have been finalised are:

Assignments	Assurance rating
Financial systems	Reasonable
Personal development process	Reasonable
Governance arrangements during Covid-19 – All Wales summary	N/A - Advisory review

3 Delivery of 2020/21 Internal Audit plan

3.1 The detail of the scheduling and current progress of the audit work is outlined in the assignment status schedule, which is included at Appendix A, table 1.

3.2 The schedule includes the planned timing of the audits. These dates may be subject to change as the audit work progresses, and any alterations will be communicated to the committee via future progress reports.

Covid-19 impact

3.3 As time moves on we are seeing a continuing disruption caused by Covid-19 across our health bodies. The experience of the year to date leads us to anticipate that it may not be possible to deliver our programmes of work in full. Therefore, we may need to explore alternative routes to the provision of the Head of Internal Audit opinion if fewer reviews are delivered than planned, or the scopes of reviews are limited. We are regularly discussing our approach with the Board Secretaries group.

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3.4 For HEIW, we continue to monitor the situation. At the present time the progress made and the reviews completed does not cause concern. However, if we need to consider an opinion approach that differs from that delivered in a 'normal' year. For example, would we be able to give a full or limited scope opinion, and what level of assurance can be given to inform the Annual Governance Statement, we will bring this to the committee's attention.

3.5 We will give a further update at the next committee meeting.

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Table 1: Status of 2020/21 assignments

Assignment	Indicative audit days	Status	Assurance	Timing	Notes
Annual Governance Statement	2	Complete	N/A	Q1	No formal report. Internal Audit feed into annual reporting process.
Medical commissioning monitoring	-	Final	Reasonable	-	-
Governance arrangements during Covid-19	-	Final	N/A	-	Advisory work.
Governance arrangements during Covid-19 – All Wales summary report	-	**Final**	N/A	-	For information.
Personal development process	12	**Final**	Reasonable	Q2	-
Financial systems	10	**Final**	Reasonable	Q3	-
Workplace culture	15	Draft	Reasonable	Q2 ~~Q4~~	Review brought forward due to other delays. Draft report issued 23.11.20.
Cyber security	15	WIP	-	~~Q2~~ Q3	Fieldwork ongoing following approval of audit brief.
Risk management	10	WIP	-	Q3	Fieldwork ongoing following approval of audit brief.

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Assignment	Indicative audit days	Status	Assurance	Timing	Notes
Performance management	15	Planned	-	Q3	Audit brief agreed. Management request for our fieldwork to start in February.
Governance arrangements	15	Planning	-	~~Q2~~ Q4	HEIW undertaking an internal review. Our work will be informed by the outcome of this review.
Communication and engagement strategy	15	Planning	-	Q4	Scoping meeting 07.01.21.
Pharmacy – pre-registration	15	Planning	-	Q4	Scoping meeting 07.01.21.
Information Governance toolkit	10	DELAY	-	Q3	WG have delayed the implementation of the toolkit to 2020/21. HEIW plan to complete preparation up to March 2021. So, reschedule for 2021/22.

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Partneriaeth Cydwasanaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services Partnership
Audit and Assurance Services

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

Personal Development Review Process

Internal Audit Report

HEIW 2020/21

December 2020

NHS Wales Shared Services Partnership

Audit and Assurance Services

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Opinion and key findings

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

Review reference:	HEIW-2021-11
Report status:	Final Internal Audit Report
Fieldwork commencement:	8 September 2020
Fieldwork completion:	23 October 2020
Draft report issued:	2 and 11 November 2020
Management response received:	11 December 2020
Final report issued:	14 December 2020
Auditors:	Geoffrey Woolley, Principal Auditor Ken Hughes, Audit Manager
Executive sign off:	Julie Rogers, Deputy CEO / Director of Workforce & OD
Distribution:	Foula Evans, Head of People Jeremy Ashdown, Leadership & Organisational Development Practitioner
Committee:	Audit and Assurance Committee

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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:

This audit report has been prepared for internal use only. Audit & Assurance Services reports are prepared, in accordance with the Internal Audit Charter and the Annual Plan, approved by the Audit and Assurance Committee.

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, 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.

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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 Personal Development Review process was undertaken. The review sought to provide assurance that there are effective systems in place to manage the potential risks associated with non-compliance with the process.

Performance appraisal has three basic functions: to provide feedback to individuals on their performance; to serve as a basis for modifying or changing behaviour towards more effective ways of working; and to provide management with information to inform future work assignments and remuneration. HEIW has developed a values-based performance appraisal and development policy that is based on six key principles and applies to all employees, though a simpler and more concise form is used for sessional workers.

A new pay progression policy came into effect across the NHS in Wales in April 2019 for new starters and newly promoted staff, and will apply to all staff from March 2021. The new pay progression policy is underpinned by the annual appraisal process.

The relevant lead for the review is the Deputy CEO / Director of Workforce and Organisational Development.

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 personal development process. 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:

- The performance appraisal and development policy ensures compliance with the new all Wales pay progression policy.
- Managers and appraisers carrying out annual appraisal reviews have received adequate training on the policy.
- Performance appraisals are undertaken annually for staff in accordance with the policy.
- A six-monthly review and regular monthly 'one to one' meetings are held between each annual end of year assessment.
- Standard documentation is used to record annual performance appraisals for staff.
- Objectives set for individual staff:
  - have links to the organisation's values and behaviours framework;
  - are in line with HEIWs' strategic and departmental objectives;

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- contain personal development objectives;
- are Specific, Measurable, Achievable, Relevant and Time-bound.

- Completed performance appraisals are promptly recorded on the ESR system.
- Compliance rates for the completion of annual performance development reviews are monitored, and where these are low, reasons are investigated, and action plans developed to improve compliance.

3. Associated Risks

The potential risks considered in the review were as follows:

- Good performance is not identified and recognised which may have a detrimental effect on staff morale and future performance.
- Poor performance or performance that is not in line with the organisation's values and behaviours framework is not identified and rectified.
- Non-compliance with the new all Wales pay progression policy resulting in incorrect salary payments to staff.

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 Personal Development Review process 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.

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Significant work has been undertaken by HEIW to develop and implement a Personal Development Review process which is based on its values and behaviours framework and complies with the new all Wales pay progression policy. The review process is underpinned by a range of standard forms and templates which make up the appraisal toolkit, and there is comprehensive, documented guidance in place for both appraisees and appraisers. In addition, in-house training is available and is being actively promoted, and at the end of September 2020 approximately 102 staff had been trained in the appraisal process.

The Welsh Government has set all NHS Wales organisations a target of achieving an 85% appraisal completion rate. Whilst the organisation has a robust framework in place for completion of personal development reviews, as at 31 August 2020 only one of HEIWs' directorates had achieved this rate. Three other directorates had compliance rates ranging from 67% to 77%, whereas one directorate, where the majority of staff are based, had an adjusted compliance rate of only 48%. HEIW compliance rates are adjusted to exclude sessional staff such as GP appraisers and pharmacy assessors and facilitators. Based on staffing numbers, the organisation's overall compliance rate at that time was 58%.

Our testing identified discrepancies between the dates recorded on a number of appraisals and those recorded in ESR, and this may be having a detrimental effect on compliance rates. The closure of the organisation's headquarters at Ty Dysgu at the end of March 2020, and restrictions due to Covid-19, may also have adversely affected compliance rates for 2019/20.

Our audit has also identified some areas where improvements could be made in relation to the completion of the appraisal forms. For example, the section for recording team and organisational objectives within the annual appraisal template lacked clarity, and consequently team and organisational objectives were not always recorded.

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.

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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	Compliance with policy				✓
2	Training				✓
3	Frequency of performance appraisals			✓	
4	Regular in year reviews			✓	
5	Appraisal documentation				✓
6	Personal objectives			✓	
7	Recording of appraisals within ESR			✓	
8	Monitoring compliance rates				✓

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

Design of Systems/Controls

The findings from the review have not highlighted any issues that are classified as weaknesses in the system control/design for the Personal Development Review Process.

Operation of System/Controls

The findings from the review have highlighted four issues that are classified as weaknesses in the operation of the designed system/control for the Personal Development Review Process.

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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: The performance appraisal and development policy ensures compliance with the new All Wales Pay Progression Policy.

We note the following areas of good practice:

- HEIW has developed a comprehensive values based performance appraisal and development policy that complies with the new all Wales pay progression policy.
- The policy is underpinned by an appraisal 'toolkit' that contains a comprehensive range of templates and detailed guidance notes.

We did not identify any findings under this objective.

Objective 2: Managers and appraisers carrying out annual appraisal reviews have received adequate training on the policy.

We note the following areas of good practice:

- Appraisal training has been developed which comprises of comprehensive training slides regarding the policy, supplemented by additional guidance and awareness raising information on the intranet.
- A training attendance list is maintained that can be used to identify staff that have not been trained.

We did not identify any findings under this objective.

Objective 3: Performance appraisals are undertaken annually for staff in accordance with the policy.

We identified the following finding:

- For 6/20 of the employees that we tested, no annual performance appraisal had been undertaken for 2019/20. (Finding 2)

  We note that compliance rates in the Medical directorate are lower than other directorates, even after adjustments for sessional staff. This directorate has the greatest volume of staff, including medical staff and consultants, who HEIW require to complete a full PADR even if one has already been completed in other Health Boards.

Objective 4: A six-monthly review and regular monthly 'one to one' meetings are held between each annual end of year assessment.

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We note the following area of good practice:

- The results of the 'Working from Home Survey' conducted in April 2020 indicate that 81% of respondents met with their manager at least weekly to discuss their work.

We identified the following finding:

- For 11/20 of the employees that we tested the previous six-monthly review had not been undertaken. (Finding 3)

Objective 5: Standard documentation is used to record annual performance appraisals for staff.

We note the following area of good practice:

- Standard documentation was used to record the performance appraisal for all but one of the appraisal forms that we tested.

We did not identify any findings under this objective.

Objective 6: Objectives set for individual staff have links to the organisation's values and behaviours framework, are in line with HEIW's strategic and departmental objectives, contain personal development objectives and are Specific, Measurable, Achievable, Relevant and Time-bound.

We note the following area of good practice:

- All of the appraisal forms that we tested had links to HEIWs' values and behaviours framework and contained personal development objectives that were Specific, Measurable, Achievable and Relevant.

We identified the following finding:

- For 9/14 appraisal forms that we reviewed, the team objectives section of the appraisal form had not been completed. Additionally, none of the forms documented the links between personal objectives and team / departmental objectives or relevant organisational objectives within the integrated medium term plan (IMTP). (Finding 4)

Objective 7: Completed performance appraisals are promptly recorded on the ESR system.

We identified the following finding:

- Performance metrics are drawn from ESR, however our testing identified a number of discrepancies between ESR records and appraisal records including completed appraisals dates not input on ESR, earlier appraisal dates being input in ESR, and in some cases employees missing from the reports extracted from ESR. (Finding 1)

Objective 8: Compliance rates for the completion of annual performance development reviews are monitored, and where these are low, reasons are investigated and action plans developed to improve compliance.

We note the following areas of good practice:

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- Compliance rates for the completion of annual performance development reviews are monitored on a monthly basis by the Workforce and OD team. Compliance rate reports are run at directorate, department and individual level to identify areas of low compliance.

- Responsibility for investigating areas of low compliance and taking action for improvement has been assigned to a Senior Workforce Business Partner. We understand work is ongoing with the Medical directorate, where compliance rates are low.

We did not identify any findings under this objective.

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**	**4**	**0**	**4**

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Finding 1 - Recording of Appraisals (Operating effectiveness)	Risk
When an annual appraisal has been completed, the line manager is required to record this on the ESR system. The system is then used to generate staff appraisal compliance rate reports. For the 14 appraisal forms, that we were able to test, we checked the appraisal dates on the forms to the dates recorded on the ESR system. We identified the following: • The ESR system had not been updated to show the date of the latest appraisal for 5/14 of the forms that we tested. • The employee was not included on the compliance rate report extracted from the ESR system for 3/14 forms that we tested. • The appraisal date on the ESR system was earlier than that recorded on the appraisal form for 1/14 forms tested. It was unclear from our testing whether the errors were due to inaccurate data input, a failure by line managers to update the ESR system promptly, or system errors. It is unclear how much the issues identified above are resulting in incomplete or inaccurate reporting and in turn contributing to the non-achievement of the WG compliance target.	Inaccurate compliance rate data reported to the Board and Welsh Government.
Recommendation	**Priority level**
1. The errors identified during the audit testing should be investigated to establish their cause and their potential impact on compliance rates.	**Medium**

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2. Line Managers should be reminded that all completed performance appraisals should be promptly and accurately recorded on the ESR system.	
Management Response	**Responsible Officer/ Deadline**
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.	Leadership and OD Practitioner with Senior HR Business Partners January 2021
2. Manager responsibility to ensure compliance is over 85% as reported on ESR (linked to pay progression). 'how to guides' to be reviewed and reminders issued to ensure staff are aware of the help available	Head of People Inclusion and OD and Senior Leadership Team February 2021
3. Regular reporting at team and directorate level as part of the performance metrics	Senior Leadership Team April 2021 - to coincide with the end of 2020/21 cycle review
4. Active intervention to support non-compliant to ensure capability of undertaking PADR and uploading into ESR	Head of People Inclusion and OD and Senior Leadership Team
5. Clarify the responsibilities to ensure accurate entry on ESR - whether directly or indirectly	People and Analytics Teams March 2021

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Finding 2 - Annual Performance Appraisal (Operating effectiveness)	Risk
The HEIW values based performance appraisal and development policy requires annual appraisals to be carried out for all staff during April each year that cover the previous 12-months. We tested a sample of 20 staff from across all directorates to ensure that their 2019/20 annual appraisal had been carried out. We were not provided with evidence that appraisals had been carried out for 6/20 (30%) of the staff in our sample. We acknowledge that in April 2020, when appraisals became due for renewal, staff were predominantly working from home due to Covid-19 restrictions. As such this may have had an impact on completion of appraisals. The data for August 2020 shows that 4/5 of the HEIW directorates had annual appraisal compliance rates between 67% and 86%. The fifth area, the Medical directorate, whose data is adjusted to exclude 115 sessional staff, had a compliance rate of only 48% after adjustment, and as such is impacting on the organisation's overall compliance rate, which was reported as 58% against the Welsh Government target of 85%. Our review of the detailed compliance rate data for the Medical Directorate shows that the areas with the lowest compliance rates are staffed mainly by consultants who are required to undertake a full performance appraisal for HEIW as well with their Health Board and also a revalidation annual review through their professional body.	Poor performance or performance that is not in line with the organisation's values and behaviours framework is not identified and rectified.

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Recommendation	Priority level
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.	**Medium**
Management Response	**Responsible Officer/ Deadline**
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.	Senior Leadership Team Immediately / Ongoing Review

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Finding 3 - Six Monthly Performance Review (Operating effectiveness)	Risk
In addition to the annual review, the HEIW Values Based Performance Appraisal and Development Policy requires a formal meeting to be held half yearly in September / October to review the previous six months. For the sample of 20 staff that we selected for testing, in 11/20 cases (55%) no evidence could be provided that a six-monthly review had been undertaken in September 2019 in accordance with the policy. We also note that for 2/9 staff where half-yearly appraisal forms were provided, not all sections of the appraisal form had been completed. In particular, neither form had any 'manager comments' recorded, and the section 'employee and manager demonstration of values and behaviours' was left blank.	Poor performance or performance that is not in line with the organisation's values and behaviours framework is not identified and rectified.
Recommendation	**Priority level**
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.	**Medium**

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Management Response	Responsible Officer/ Deadline
1. Managers and staff will be reminded of their responsibility under the PADR policy and Procedure.	Head of People Inclusion and OD Leadership and OD Practitioner February 2021
2. A system will be established for managers / staff to confirm their participation in the six monthly review.	Leadership and OD Practitioner April 2021

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Finding 4 - Objectives Setting (Operating effectiveness)	Risk
Section 2.1 of the standard appraisal form requires staff to consider how they can support the organisation's corporate and team objectives when setting personal objectives, and to record their team's primary objectives that support the achievement of organisational objectives. For 9/14 of the annual appraisal forms that we reviewed, team objectives within section 2.1 had not been completed. We note that the layout of the form does not include a separate text box to record team objectives or a link to relevant organisational objectives within the IMTP.	Objectives set for individual staff do not contribute towards the achievement of departmental or organisational objectives.
Recommendation	**Priority level**
1.The standard appraisal form should be reviewed and amended to make clear the link between personal objectives, team / departmental objectives and organisational objectives recorded in the IMTP. 2. Line managers carrying out annual appraisals should ensure that employees record these links on their appraisal forms.	**Medium**
Management Response	**Responsible Officer/ Deadline**
1. The documentation will be reviewed to incorporate a clear line of sight between individual, team and annual plan objectives. 2. These findings will be actioned and communicated in preparation for the	Leadership and OD Practitioner March 2021 Leadership and OD Practitioner

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end of year review and establishment of new objectives.	March 2021

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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.

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Partneriaeth Cydwasanaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services Partnership
Audit and Assurance Services

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

Financial Systems

Internal Audit Report

HEIW 2020/21

January 2021

NHS Wales Shared Services Partnership

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-2021-07
Report status:	Final Internal Audit Report
Fieldwork commencement:	15 October 2020
Fieldwork completion:	11 December 2020
Draft report issued:	16 and 22 December 2020
Management response received:	23 December 2020
Final report issued:	04 January 2021
Auditors:	Cara Vernon, Auditor Ken Hughes, Audit Manager
Executive sign off:	Eifion Williams, Director of Finance
Distribution:	Martyn Pennell, Head of Financial Accounting
Committee:	Audit and Assurance Committee

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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 and 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 and Assurance Services reports are prepared, in accordance with the Internal Audit Charter and the Annual Plan, approved by the Audit and Assurance Committee.

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, 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.

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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') we reviewed elements of the financial systems. The review sought to provide assurance to the HEIW Audit and Assurance Committee that there are effective processes in place to manage the risks associated with those areas of the financial systems selected for review. On a cyclical basis, we review different aspects of the financial systems dependant on risk and prior years audit findings where available.

HEIW, in line with other health organisations in Wales, uses Oracle as its financial software.

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

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 financial systems. 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:

Asset Register

- There is an appropriate Financial Control Procedure and guidance note in place, and these are up to date.
- There is an up to date asset register in place that accurately records all assets including valuation, depreciation and indexation.
- New assets and asset disposals are accurately identified and promptly recorded on or removed from the register.
- The asset register is periodically reconciled to the general ledger.

Cash Management

- There is an appropriate Financial Control Procedure and guidance note in place, and these are up to date.
- A full year forecast is produced in a format consistent with the Welsh Government financial monitoring return.
- Regular updates to the cash forecast are made and reviewed with significant changes being appropriately reported.
- Cash balances are regularly reviewed to ensure there are sufficient funds to meet forecasts with cash allocation requests being appropriately authorised.
- The Treasury Checklist is being fully completed and signed off each month end.

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General Ledger

- There is an appropriate Financial Control Procedure and guidance note in place, and these are up to date.
- Access to the Oracle financial system is appropriately administered, monitored and controlled.
- Relevant monthly reconciliations are appropriately completed and reviewed.
- Journals posted to the general ledger are appropriately authorised and supported with appropriate evidence.
- Changes to the coding structure of the general ledger are appropriately administered.
- The Oracle month-end checklist is fully completed and signed off each month.

Income and Debtors

- There is an appropriate Financial Control Procedure and guidance note in place, and these are up to date.
- Income due is appropriately identified and invoices are accurately and promptly raised.
- Receipts are accounted for properly, promptly and in full.
- Outstanding debt is appropriately monitored and followed up.
- Debt write-off is managed appropriately in accordance with Standing Financial Instructions.
- The Accounts receivable month-end checklist is fully completed and signed off each month.

Manual Payments

- There is procedural guidance in place that limits the circumstances under which manual payments can be made.
- Manual payments are properly authorised in advance.
- Manual payments are accurately and promptly recorded on the main accounting system.

3. Associated Risks

The potential risks considered in the review were as follows:

- Assets are not accurately recorded or valued.
- There are insufficient funds in the current account to meet payments or excessive funds resulting in loss of interest.
- Poor decisions are made based on inaccurate financial data and misleading financial statements are produced.
- The organisation does not receive timely payment for all debts due.

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- Erroneous or fraudulent payments are made or payments are not adequately recorded.

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 Financial Systems 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.

We confirmed that there is an up to date Financial Control Procedure (FCP) covering the control of the organisation's non-current assets. An asset register is maintained that is reconciled to the General Ledger annually and included expected fields, with the exception of a named asset manager for each asset, which is a requirement of the FCP. In addition, there were no desk notes in place to support specific processes related to the asset register, which is also a requirement of the FCP. We note that the physical verification of all assets is not being undertaken annually, and there were no inventories in place to support grouped assets, in particular IT equipment.

Our review of Cash Management confirmed that a cash flow forecast was prepared in April for the year ahead and was used to determine the monthly drawdown of the organisation's core funding from the Welsh Government. We did not identify any issues during our review of cash management.

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There was an up to date General Ledger FCP in place, and Oracle access to the general ledger for new users and leavers that we looked at was well controlled. Changes to the coding structure were appropriately administered in line with the FCP. However, the journal tracker was not always fully completed, and we identified a small number of instances

where month-end reconciliations had been undertaken and reviewed by the same person.

There is an up to date FCP for income and debtors. Where appropriate, invoice request forms were being completed prior to the invoice being raised, and there was adequate proof of debt for the sample of invoices that we tested. Income received was promptly and accurately posted to the Oracle system. However, there was no standardised recovery procedure in place for chasing outstanding debts, and the organisation had difficulty securing cost effective, external debt recovery services due to the low volume of debts.

We confirmed there was adequate guidance in place in the form of process notes for manual payments. All of the manual payments that we tested had been appropriately authorised and promptly and accurately recorded in the general ledger. However, neither the payment request form or bank payments log specifies the reason why a manual payment has been made and some dates within the log were inaccurate.

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	Asset Register		✓		
2	Cash Management				✓
3	General Ledger			✓	
4	Income and Debtors			✓	
5	Manual Payments			✓	

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

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Design of Systems/Controls

The findings from the review have not highlighted any issues that are classified as weaknesses in the system control / design for the Financial Systems reviewed.

Operation of System/Controls

The findings from the review have highlighted seven issues that are classified as weaknesses in the operation of the designed system / control for the Financial Systems reviewed.

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).

Asset Register

We note the following areas of good practice:

- There was an up to date and comprehensive Financial Control Procedure (FCP) in place covering the asset register.
- The Asset Register is reconciled to the General Ledger annually.

We identified the following findings:

- Inventories detailing individual assets recorded in the asset register in groups were not being maintained, and responsibility for assets had not been assigned to an asset manager (Finding 1).
- Asset verification is not being undertaken regularly, as required by the Financial Control Procedure (Finding 3).
- There were no Asset Register Desk Notes as required by the FCP (Finding 4).

Cash Management

We note the following areas of good practice:

- The Head of Financial Accounting produces a full year cash flow at the beginning of each year.
- Funding is drawn down monthly in line with estimated requirements based on forecast expenditure and non-core income.
- Actual income and expenditure is compared to that estimated each month.

We did not identify any findings under the objective.

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General Ledger

We note the following areas of good practice:

- There was an up to date and comprehensive FCP in place covering the general ledger.
- Access to the Oracle system for new starters and leavers is appropriately controlled.
- Changes to the coding structure were appropriately administered in line with the FCP.

We identified the following findings:

- There were instances where not all upload and posting reference fields had been recorded on the journal tracker (Finding 5).
- Month-end reconciliations were in some instances being recorded on the reconciliation front sheet as having been prepared and reviewed by the same person (Finding 6).

Income and Debtors

We note the following areas of good practice:

- There was an up to date and comprehensive FCP in place covering accounts receivable.
- There was an Oracle user guide in place for raising invoices.
- For the sample of invoices that we tested, invoice request forms had been completed and there was adequate proof of debt.
- Income received was allocated against debts on the Oracle system in a prompt and timely manner.

We identified the following finding:

- There was no standardised debt recovery procedure in place, and no cost-effective debt collection agency in place (Finding 2).

Manual Payments

We note the following areas of good practice:

- There is procedural guidance in place in the form of process notes covering manual payments.
- All manual payments were found to be appropriately authorised by authorised signatories.
- Manual payments had been accurately recorded to the ledger in a timely manner.

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We identified the following finding:

- The bank payments Log does not specify the reason why a manual payment has been made and some dates within the log were found to be inaccurate (Finding 7).

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	**1**	**3**	**3**	**7**

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Finding 1 - Asset register (Operating effectiveness)	Risk
Assets on the asset register are listed by date purchased and each asset has a unique asset reference. In accordance with the procedures, IT equipment is recorded as a number of grouped assets. For example, asset reference HEIW0050 listed as 'Dell Latitude 7380', has a gross value of £321,552. The individual laptops within this asset group should be recorded on a separate inventory maintained by the IT department. We requested an inventory list to undertake testing. We understand that this information is held on a spreadsheet. During our fieldwork, despite our requests, a copy of the spreadsheet was not provided. In addition, the procedures require each listed asset to be allocated as the responsibility of a named asset manager, but this had not been done.	Assets are not accurately recorded leading to lack of control and financial loss.
Recommendation	**Priority level**
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.	**High**

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Management Response	Responsible Officer/ Deadline
1. Agree - A full inventory list will be prepared to provide the required backing to the asset register.	Director of Digital - End of March 2021
2. Agree - Asset managers to be identified and recorded for all assets on the register.	Head of Financial Accounting - End of March 2021

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Finding 2 - Debt recovery (Operating Effectiveness)	Risk
We reviewed the aged debt report as at 30 September 2020. There were two customers whose debts were more than 181 days old: Inv. Ref. 800102 for £1,290.95 Inv. Ref. 800129 for £1,404.85 We acknowledge that one of these debts has subsequently been repaid in full. However, while both debts had been chased, this does not appear to be in a structured way with no clear evidence trail or standardised approach. We understand that organisation has had difficulty securing cost effective, external debt recovery services due to their low volume of debts.	Payment of outstanding debts is not received within a reasonable timescale.
Recommendation	**Priority level**
1. A set of standard reminder letters should be developed and issued within pre-determined timescales to chase outstanding debts. 2. Recovery action should be escalated for debts that remain outstanding after standard reminders have been issued. This could involve referral to a debt collection agency or the commencement of legal proceedings. Due to the relatively low number and value of debts at present, we would suggest that HEIW make enquiries with Shared Services with a view to referring any future unpaid debts for recovery via the Shared Services debt recovery contract.	**Medium**

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Management Response	Responsible Officer/ Deadline
1. Agree - As part of the FCP update in November 2020 reminder letters and timescales were produced for the salary overpayments process, but this was not replicated for 'standard' debt recovery. These documents will be prepared.	Head of Financial Accounting - End of January 2021
2. Agree - Following discussion with the NWSSP procurement team a framework debt recovery contract has been identified and is available to HEIW.	Complete

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Finding 3 - Asset verification (Operating effectiveness)	Risk
The FCP requires all assets on the asset register to be verified annually. Our review of the asset register showed that of the 156 assets listed, 30 were marked as having been verified in November 2019, but there was no verification date for the remaining 126 entries.	The existence of assets on the asset register is not physically verified leading to unidentified losses.
Recommendation	**Priority level**
All assets recorded on the asset register should be verified annually in line with the Asset Register Financial Control Procedure.	**Medium**
Management Response	**Responsible Officer/ Deadline**
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.	Head of Financial Accounting - End of March 2021

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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.	

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Finding 4 - Asset Register Desk Notes (Operating effectiveness)	Risk
There is an updated FCP in place covering the asset register that was approved by the Audit & Assurance Committee in October 2020. The FCP requires 'desk notes' to be held for all processes relating to the asset register (see para 6.3 on page 6). As a minimum, these should cover additions, disposals, transfers, depreciation, indexation, and revaluation. However, there were no desk notes in place.	Non-compliance with the Asset Register Financial Control Procedure leads to a lack of control over the organisation's assets and financial loss.
Recommendation	**Priority level**
Desk notes should be prepared to cover the following Asset Register processes in accordance with the Asset Register Financial Control Procedure: • Additions; • Disposals; • Transfers; • Depreciation; • Indexation; and • Revaluation.	**Medium**

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Management Response	Responsible Officer/ Deadline
Agree - The asset register was developed towards the end of 2019/20 and appropriate desk notes were not able to be prepared at that point due to the year-end deadlines. During 2020/21 it has been possible to review and revise the processes for the completion of the register and these will now be documented.	Head of Financial Accounting - End of January 2021.

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Finding 5 - Journal tracker (Operating effectiveness)	Risk
There are three categories of manual journal: budget, reversing and standard. When creating and uploading a journal, users are required to allocate the journal a sequential reference number from the journal tracker. An upload reference and posting reference are then automatically generated when the journal is posted, and the user is required to record these references on the journal tracker. Our testing identified that upload and posting reference fields are not always completed on the journal tracker. At the time of our audit, 172 standard journals had been posted of which 77 did not have the upload and posting reference recorded. A further 99 budget journals had been posted of which 26 did not have the upload and posting reference recorded, and 165 reversing journals had been posted of which 15 did not have the upload and posting reference recorded.	Journals cannot be identified due to an inadequate audit trail.
Recommendation	**Priority level**
Users should be reminded to ensure that they fully complete all fields of the journal tracker when posting journals. Alternatively, the need to record the upload and posting references on the journal tracker should be reviewed.	**Low**
Management Response	**Responsible Officer/ Deadline**
The upload and posting references are not used to identify the journal as this is done through the journal name that is provided for all lines on the tracker.	Head of Financial Accounting, End of January 2021

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Therefore, there is no risk that the journal cannot be identified and cross-referenced to the backing documents. However, a standard process will be implemented for the recording of journal posting references to ensure that they are recorded consistently.	

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Finding 6 - Monthly reconciliations (Operating effectiveness)	Risk
The Head of Financial Accounting provided monthly reconciliations for the periods April to September 2020. Our review of the completed reconciliations identified the following anomalies: • In both the August and September reconciliations, one reconciliation had been recorded on the front sheet as being prepared and reviewed by the same person. August's VAT reconciliation had been recorded as being prepared and reviewed by a Financial Accountant and September's accounts payable reconciliation had been recorded as prepared and reviewed by the same person. However, we were provided with evidence that both reconciliations had been carried out by different staff, but the front sheet had been incorrectly completed. • The August and September month-end reconciliation review front sheets had not been updated from July. As a result, both August and September's final sign off was recorded against the month of July.	Lack of segregation of duties in the reconciliation process leads to the errors not being identified and corrected.
Recommendation	**Priority level**
1. Finance staff responsible for completing month-end reconciliations should ensure there is an appropriate division of duties between preparation and sign-off of month end reconciliation activities. 2. Staff should also ensure that the month-end reconciliation front sheet is updated to reflect the month that is being reviewed.	**Low**

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Management Response	Responsible Officer/ Deadline
1. The issues identified above were administration errors on the cover of the overall reconciliation review only. There was appropriate segregation of duties as the reconciliation and reviews had been completed by different people, and this was recorded on each individual reconciliation. 2. A final check will be carried out on future reviews to ensure that the information is correct.	Complete

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Finding 7 - Bank payments log (Operating effectiveness)	Risk
All of the manual payments that we tested were appropriately authorised in line with the scheme of delegation. However, our testing identified that the reason why a payment has been made manually is not recorded on the payment request form or the bank payments log. In addition, we note that the approver for two manual payments was recorded on the bank payments log by payroll number rather than by name. Our testing identified that the invoice dates in the bank payments log were incorrectly recorded for all of the sample of five manual payments that we reviewed.	Manual payments are not properly recorded resulting in inaccurate financial statements and / or duplicate payments being made.
Recommendation	**Priority level**
1. The reason why a manual payment has been requested should be recorded on the payment request form and bank payments log. 2. The officer approving each manual payment should be recorded on the bank payments log by name. 3. Finance staff should ensure the invoice date is correctly recorded on the bank payments log.	**Low**

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Management Response	Responsible Officer/ Deadline
Agreed - The process note for manual payments will be updated and re-issued to the financial accounting team to ensure the log provides the required information.	Head of Financial Accounting - End of December 2020
The date format in the payments log had been set to the American version (MM-DD-YY), resulting in errors for some entries. This has now been amended.	Complete

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Appendix B - Assurance opinion and action plan risk rating

Audit Assurance Ratings

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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.

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Partneriaeth Cydwasanaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services Partnership
Audit and Assurance Services

Governance Arrangements during the Covid-19 Pandemic

Advisory Reviews

2020/21

All-Wales Summary Report

Audit and Assurance Services

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Review reference:	All-Wales Summary
Report status:	FINAL
Final report issued:	November 2020

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.

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Please note:
This 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 Audit Committees. Advisory review reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit and Assurance Services, and addressed to Independent Members/Non-Executive Directors or officers including those designated as Accountable Officer. They are prepared for the sole use of the organisations referred to herein 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.

1. INTRODUCTION

During the summer of 2020 we completed rapid reviews of the governance arrangements in place within twelve NHS Wales organisations ('the organisations') as they responded to the initial phase of the Covid-19 pandemic from March 2020. The organisations reviewed were:

- Aneurin Bevan University Health Board
- Betsi Cadwaladr University Health Board
- Cardiff and Vale University Health Board
- Cwm Taf Morgannwg University Health Board
- Health Education and Improvement Wales
- Hywel Dda University Health Board
- NHS Wales Shared Services Partnership (financial governance)
- Powys Teaching Health Board
- Public Health Wales NHS Trust
- Swansea Bay University Health Board
- Velindre University NHS Trust
- Welsh Ambulance Service NHS Trust

In addition, as part of the 2020/21 NWIS Internal Audit Programme we are undertaking a review of Covid-19 governance arrangements.

The key objective of the reviews was to assess whether relevant guidance was followed appropriately and to provide independent, timely feedback to identify if changes needed to be made to temporary governance arrangements if they are to be continued or re-instated in the future.

Each organisation has received an advisory report which contains considerations for the future that are specific to its circumstances. In addition, where appropriate, good practice examples have also been identified. This summary report seeks to identify common themes and development areas.

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2. SUMMARY OF CONSISTENT MESSAGES

Overall

All NHS Wales organisations responded effectively, quickly establishing temporary governance and decision making arrangements and maintaining financial governance. From our reviews, we consistently identified the following areas for consideration for the future:

- Developing a protocol pack for future events that require similar arrangements, to swiftly implement the required measures. For example, formally establish meeting etiquette, membership, platform to use, and meeting arrangements.
- Refreshing business continuity plans to reflect changes required and lessons learnt from responding to the pandemic.
- Review and identify best practice in decision making, including command structure or framework, group membership, clarity of reporting lines and opportunities of safe decision making at pace.

In addition, our review of financial governance in NWSSP covered the national procurement of PPE and found due diligence and scrutiny arrangements developed to be robust and risk was mitigated, as far as possible, in the circumstances.

Board and Committee Meetings

Board, Audit Committee and Quality and Patient Safety Committee meetings continued during the early peak of the pandemic and the business of those meetings was appropriate, balanced with regular briefings of independent members outside of the formal committee forums.

There were examples of other committees continuing where it was felt that it was important for the business of those committees to be maintained.

Where committees were suspended there was generally good evidence of how the business of those committees was to be either paused or continued through an alternative route, including remitting to continuing committees during the temporary arrangements.

Arrangements were put in place by organisations to brief independent members outside of the formal meeting structures which were generally welcomed. The balance struck between Executive Directors managing through the pandemic, information sharing and maintaining governance was generally seen as appropriate.

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We consistently identified the following area for consideration for the future:

- Ensuring all committee papers are published as soon as possible following meetings or using meeting summaries if this is not possible.

Virtual Meetings

'Virtual' meetings using Skype, Webex and latterly Microsoft Teams have developed over time, with initial teething troubles and connectivity problems nationally across NHS Wales. All planned meetings have gone ahead and the disciplines and etiquette involved is evolving.

This was a steep learning curve for all organisations which was dealt with well, with guidance on chairing and other etiquette developing at a number of organisations, and support given to enable members to attend wherever possible.

Latterly, live streaming of Board and other meetings has become more regular and organisations are refining their approaches to this, in conjunction with other channels of communication with the public such as social media.

We consistently identified the following area for consideration for the future:

- Consider the continued use of virtual meetings and supporting arrangements, within the Board and Committee structure.

Command Structure

Command structures differed between organisations but all were considered by those we interviewed to have operated effectively, with some development and refinement necessary over time. Arrangements enabled organisations to make decisions in an agile way.

There are opportunities in a number of organisations to strengthen the evidence retained in support of decisions made in their command structures, noting the balance between rapid decision making and the need to ensure approvals and evidence are retained.

We consistently identified the following areas for consideration for the future:

- Establishing or refining the decision making framework that sets out which decisions (operational and strategic) require approval by which group (e.g. Tactical / Strategic / Independent Members).
- Documenting decisions in a consistent format, with a clear audit trail.
- Guidance for the level of information required to be documented in the Decision Log may be helpful, and this could include an indication of when information should be escalated to the Board. This can be used for future mobilisation of the process in the event of future peaks.

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Financial Governance

Financial governance was consistently maintained, with changes to Schemes of Delegation and Standing Orders following appropriate approval routes, although in some organisations no changes were made.

Year-end reporting deadlines, with Welsh Government extensions taken into account, were met by all organisations and financial monitoring and reporting arrangements were maintained.

We consistently identified the following areas for consideration for the future:

- Reviewing insurance and indemnity arrangements to ensure adequate cover is in place for all additional sites established within Health Board areas, e.g. staff testing units.
- Detailed Finance Department Business Continuity Plans should be produced, communicated and kept up to date.

Covid-19 related Expenditure

The level of Covid-19 related expenditure varied between organisations, with Trusts being understandably less impacted than Health Boards. The majority of PPE procurement was undertaken nationally by NWSSP on behalf of NHS Wales.

Robust arrangements were put in place by organisations to separately identify, scrutinise and report upon Covid-19 related expenditure.

The arrangements put in place by NWSSP to undertake due diligence and other checks on large, short-notice PPE contracts included the establishment of a Financial Governance Group. This provided effective scrutiny in extremely challenging circumstances to support decision making and approvals by the Velindre University NHS Trust Board, and risks were mitigated where possible.

We consistently identified the following areas for consideration for the future:

- Develop appropriate stock control procedures for the management of PPE in business as usual and pandemic scenarios.
- Taking a retrospective report to Audit Committees on contract awards and *value for money/appropriate use of public money* assessments made during the Covid-19 period.

Risk Management

Corporate risk management arrangements continued within all organisations with some including new Covid-19 related risks within their corporate risk registers and others taking the decision to utilise a separate Covid-19 risk register.

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Where separate Covid-19 risk registers were maintained these were found to be useful by senior managers to continue to review the levels of risk and the effectiveness of organisational responses.

We consistently identified the following area for consideration for the future:

- Ensuring all applicable risks (Covid-19 related and non-Covid-19 related) are considered and reported to the relevant committees in a timely manner.

Ongoing Review of Arrangements

All organisations set review dates to assess the ongoing applicability of their temporary arrangements and continued to keep the position under review, with the ability to step up or step down arrangements if required.

A number of organisations are taking the opportunity to revise committee structures, taking into account the learning from the temporary arrangements and there are a number of other internal 'lessons learnt' exercises being undertaken.

In our meetings with Executive Directors and Independent Members/Non-Executive Directors there was a real appetite to secure the learning from the experience and realise the opportunities for more streamlined working afforded by the pandemic.

Partnership Arrangements

Where applicable, partnership working such as involvement of the Community Health Council and working with local authority partners was seen as effective, with communication with other partners undertaken as required.

Information Governance

We made suggestions for ensuring that sufficient coverage is maintained of new GDPR and information governance risks represented by increased remote working.

We consistently identified the following area for consideration for the future:

- Continue to ensure GDPR requirements are maintained, given the continued and increased use of home working arrangements, including the use of personal equipment for work related activities (e.g. mobile phone to access Office 365 Teams and Outlook).

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3. INFORMING FORWARD WORK PROGRAMMES

Our reviews are part of a suite of review activities that has taken place over recent months which needs to be brought together into coherent work programmes both at individual organisations and where beneficial, on a national basis.

To facilitate this, we have considered the consistent messages and set out below the areas of development that we believe would benefit from a collaborative approach.

Category	Development Activity
Overall	Development of a protocol pack for future events that require similar arrangements that can be tailored to individual circumstances.
Overall	Review and identify best practice in decision making, including command structure or framework, group membership, clarity of reporting lines and opportunities of safe decision making at pace.
Overall	Organisations need to refresh business continuity plans to reflect changes required and lessons learnt from the pandemic.
Board and Committees	Confirm the consistent platform to be used to engage with the public (maintaining privacy and security requirements) that is user friendly and robust.
Board and Committees	Develop support tools and guidance to ensure that all members / participants in virtual meetings are suitably trained and given equal opportunity to participate.
Board and Committees	Learn together from the pandemic regarding changes to committee and any other governance arrangements that may need to be made, engaging with Welsh Government to ensure that statutory responsibilities continue to be met.
Board and Committees	Agree a portal or solution that organisations have access to that captures the relevant guidance for all organisations to consistently have access to.
Command Structure	Establishing or refining the decision making framework that sets out which decisions (operational and strategic) require approval by which group (e.g. Tactical / Strategic / Independent Members).
Financial Governance	The benefits and disadvantages of preparing the final accounts and completing the accompanying statutory audit remotely should be reviewed and retained for future financial years.

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Category	Development Activity
Financial Governance	Liaise with the Welsh Risk Pool team to establish what the indemnity/insurance requirements are for operating additional sites.
Financial Governance	Agreeing a template to ensure a clear audit trail of financial decisions made is retained for each decision.
Financial Governance	Development of appropriate stock control procedures for the management of PPE in business as usual and pandemic scenarios.
Financial Governance	Development of reporting to Audit Committees on contract awards and *value for money/appropriate use of public money* assessments made during the Covid-19 period.
Covid Expenditure	Developing common narrative / explanations to set out why additional revenue funding is required for Covid related expenditure.
Covid Expenditure	With the additional expenditure incurred as a result of Covid, organisations need to refocus efforts onto savings and efficiencies plans and making the most of sharing examples where efficiencies have been identified as a result of the pandemic through digital developments, for example.
Covid Expenditure	Consulting and agreeing in advance pay rates that will apply during any future period of pandemic induced surge, if possible, to reduce the amount of off-contract agency expenditure.
Information Governance	Continue to ensure GDPR requirements are maintained, given the continued and increased use of home working arrangements, including the use of personal equipment for work related activities (e.g. mobile phone to access Office 365 Teams and Outlook).

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GIG CYMRU NHS WALES | Addysg a Gwella Iechyd Cymru (AaGIC) Health Education and Improvement Wales (HEIW)

Dyddiad y Cyfarfod	**18 Ionawr 2021**	**Eitem ar yr Agenda**	**2.5**
Teitl yr Adroddiad	**Adroddiad Llywodraethu Gwybodaeth a Rheoli Gwybodaeth AaGIC**		
Awdur yr Adroddiad	Kay Barrow, Rheolwr Llywodraethu Corfforaethol		
Noddwr yr Adroddiad	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Cyflwynwyd gan	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Rhoi'r wybodaeth ddiweddaraf i'r Pwyllgor Archwilio a Sicrwydd am faterion sy'n ymwneud â Llywodraethu Gwybodaeth (IG) a Rheoli Gwybodaeth (IM).		
Materion allweddol	Mae'r adroddiad yn rhoi'r wybodaeth ddiweddaraf am feysydd allweddol sy'n ymwneud â Llywodraethu Gwybodaeth a Rheoli Gwybodaeth gan gynnwys: • y Cynllun Gwaith Llywodraethu Gwybodaeth; • crynodeb o Geisiadau Rhyddid Gwybodaeth a Cheisiadau am Fynediad at Ddata gan y Testun; • Seiberddiogelwch.		

Cam Gweithredu Penodol *(un ✓ yn unig)*	**Gwybodaeth**	**Trafodaeth**	**Sicrhau**	**Cymeradwyo**
			✓	

Argymhellion	Gofynnir i'r Aelodau nodi'r adroddiad er **sicrwydd**.

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ADRODDIAD LLYWODRAETHU GWYBODAETH A RHEOLI GWYBODAETH

1. CYFLWYNIAD

Mae Llywodraethu Gwybodaeth (IG) a Rheoli Gwybodaeth (IM) yn effeithiol yn ei gwneud yn ofynnol i AaGIC fel sefydliad ddeall ei rwymedigaethau i gydymffurfio. Mae hefyd yn golygu sicrhau bod yr holl staff yn deall pwysigrwydd sicrhau bod gwybodaeth yn cael ei rheoli'n effeithiol.

2. CEFNDIR

Pwrpas y papur hwn yw rhoi'r wybodaeth ddiweddaraf i'r Pwyllgor Archwilio a Sicrwydd (A&AC) am y sefyllfa bresennol o ran y Cynllun Gwaith Llywodraethu Gwybodaeth (Atodiad 1), a'r wybodaeth ddiweddaraf mewn perthynas â Cheisiadau Rhyddid Gwybodaeth, Ceisiadau am Fynediad at Ddata gan y Testun a dderbyniwyd gan AaGIC ynghyd â Seiberddiogelwch.

Nodau sylfaenol IG ac IM o fewn AaGIC yw:

- hyrwyddo defnyddio gwybodaeth yn effeithiol ac yn briodol yn y GIG (gan gynnwys gwybodaeth bersonol gyfrinachol a data masnachol sensitif);
- darparu'r adnoddau a'r gefnogaeth briodol i staff er mwyn eu galluogi i reoli gwybodaeth mewn ffordd gyfrifol a phroffesiynol;
- sicrhau bod yr holl wybodaeth yn cael ei phrosesu'n deg ac yn effeithiol ac yn unol â'r gyfraith.

2.1 Cynllun Gwaith Llywodraethu Gwybodaeth

Nod cyffredinol y Cynllun Gwaith Llywodraethu Gwybodaeth (y Cynllun Gwaith), a atodir yn Atodiad 1, yw sicrhau y defnyddir gwybodaeth o fewn AaGIC yn effeithiol, yn effeithlon, yn ddiogel, yn gyfrifol ac yn gyfreithlon ni waeth beth yw'r fformat, a sicrhau bod y camau angenrheidiol i gyflawni'r rhwymedigaethau hyn yn cael eu cymryd. Mae'r cynllun gwaith wedi cael ei gwblhau gan y Swyddog Llywodraethu Gwybodaeth sydd newydd ei benodi, ac am y tro cyntaf, yn unol â 10 Cam i Atebolrwydd Swyddfa'r Comisiynydd Gwybodaeth, a ddatblygwyd ym mis Hydref 2020. Pwrpas hyn yw rhoi fframwaith wedi'i ddiweddaru i sefydliadau er mwyn sicrhau eu bod yn cydymffurfio â deddfwriaeth diogelu data. Mae'r cynllun hefyd yn caniatáu cwblhau camau gweithredu i baratoi ar gyfer cyflwyniad AaGIC i'r Pecyn Cymorth Llywodraethu Gwybodaeth.

Mae'r Cynllun Gwaith wedi'i ddiweddaru yn cynnwys cyfanswm o 30 o gamau rheoli, ac mae gan 7 ohonynt statws Melyn a 23 statws Gwyrdd RAG (Coch; Melyn; Gwyrdd).

2.2 Rhyddid Gwybodaeth

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Derbyniodd AaGIC 7 cais Rhyddid Gwybodaeth ar gyfer y cyfnod 1 Hydref 2020 i 31 Rhagfyr 2020. Ymatebwyd i bob cais o fewn yr amserlenni a nodir yn Neddf

Rhyddid Gwybodaeth 2000. Roedd y gyfradd gydymffurfio (ymateb o fewn 20 diwrnod gwaith) i dderbyn y ceisiadau yn **100%**. Ni dderbyniwyd unrhyw geisiadau am adolygiad na chwynion gan Swyddfa'r Comisiynydd Gwybodaeth.

- **Ffynonellau Ceisiadau**

Unigolyn Preifat	6
Ymchwilydd/Dadansoddwr	0
Cwmni Preifat	0
Y Cyfryngau	0
Grŵp, Cymdeithas, Cymdeithas Siartredig	0
Ymgyrchydd (Whatdotheyknow.com)	1
Llywodraeth Cymru	0
Cyflogeion GIG Cymru	0
Bwrdd/Ymddiriedolaeth Iechyd	0
AS/Aelod Cynulliad	0
Llywodraeth Leol/Awdurdod Lleol/Trydydd Sector	0
Myfyriwr/Hyfforddai	0
Cyfreithiol	0
Coleg Brenhinol/RCN	0
CYFANSWM	**7**

- **Testun Ceisiadau**

Cais Testun am Wybodaeth	**Nifer**
Corfforaethol	0
Staff/Cyflogaeth	2
Contractau/Comisiynu	1
Hyfforddiant/Addysg	1
Ariannol	1
Ystadegol	2
Llywodraethu Gwybodaeth	0
CYFANSWM	**7**

- **Eithriadau a Ddefnyddiwyd**

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Mae'r Ddeddf Rhyddid Gwybodaeth yn cynnwys nifer o eithriadau sy'n caniatáu i sefydliadau gadw gwybodaeth yn ôl oddi wrth rywun sy'n

gwneud cais. Mewn rhai achosion, bydd y rhain hefyd yn caniatáu i AaGIC wrthod cadarnhau na gwadu a yw'r wybodaeth gan y sefydliad.

Mae rhai eithriadau yn ymwneud â math arbennig o wybodaeth, tra bo eraill yn seiliedig ar y niwed a fyddai'n cael ei achosi neu a fyddai'n debygol o gael ei achosi o'i datgelu, er enghraifft, pe bai datgelu'n debygol o niweidio ymchwiliad troseddol neu niweidio buddiannau masnachol rhywun. Mae eithriad hefyd yng nghyswllt data personol pe bai rhyddhau'r data yn mynd yn groes i'r Rheoliad Cyffredinol ar Ddiogelu Data. Darparodd AaGIC ddatgeliad llawn ar gyfer 4 o'r 7 ymateb a gaewyd. Cymhwyswyd 2 eithriad fel a nodir isod:

Eithriad	**Nifer o Weithiau y'i Defnyddiwyd**
Adran 16: Cynghori a Chynorthwyo	5
Adran 40(2): Gwybodaeth Bersonol	2
Adran 43(2): Diogelu Buddiannau Masnachol	1
CYFANSWM	**8**

Mae AaGIC yn rhoi gwybod i Lywodraeth Cymru am geisiadau sy'n dod i law sy'n cael eu hystyried yn sensitif neu'n gynhennus fel rhan o broses adrodd wythnosol Cymru Gyfan. Mae copïau o'r ymatebion hynny hefyd yn cael eu hanfon ymlaen at Lywodraeth Cymru er gwybodaeth.

2.3 – Ceisiadau am Fynediad at Ddata gan y Testun (DSARS)
Cafwyd un DSAR yn ystod y cyfnod rhwng 1 Gorffennaf a 31 Rhagfyr, ac ymatebwyd iddo ar amser.

2.4 – Seiberddiogelwch

Mae Cynllun Gweithredu Gwaith a Rhaglen Seiberddiogelwch AaGIC wedi cael ei ddiffinio'n benodol i leihau proffil risg seiberddiogelwch AaGIC a gwella ei gyflwr o ran seiberddiogelwch. Mae'r Cynllun yn parhau i gael ei wreiddio ac mae'n canolbwyntio ar dri amcan strategol, sef Amddiffyn, Ymateb a Datblygu, a phum blaenoriaeth strategol allweddol:

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Amcan	Blaenoriaethau Strategol
Amddiffyn	• Deall cyflwr presennol seiberddiogelwch. • Sicrhewch fod glendid seiber yn iawn ac adeiladu sylfaen ddiogel.
Ymateb	• Ymateb yn gyflym ac yn effeithiol i ddigwyddiadau seiberddiogelwch.
Datblygu	• Ymgysylltu â swyddogaethau AaGIC a thu hwnt. • Hyrwyddo diwylliant o fod yn ymwybodol o seiber.

3. Y CYNNIG

Nodi'r adroddiad er sicrwydd.

4. MATERION LLYWODRAETHU A RISG

Mae diffyg cydymffurfio â Llywodraethu Gwybodaeth yn gallu arwain at ymchwiliad ffurfiol, cyhoeddusrwydd gwael ac, o bosib, cosb ariannol gan Swyddfa'r Comisiynydd Gwybodaeth.

5. GOBLYGIADAU ARIANNOL

Nid oes unrhyw oblygiadau ariannol.

6. ARGYMHELLIAD

Gofynnir i'r Aelodau **nodi'r** adroddiad er sicrwydd.

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Llywodraethu a Sicrwydd			
Cysylltu â nodau strategol y Cynllun Tymor Canolig Integredig *(rhowch ✓)*	**Nod Strategol 1:** Arwain y broses o gynllunio a datblygu gweithlu cymwys, cynaliadwy a hyblyg, a sicrhau ei lesiant, er mwyn helpu i gyflawni *'Cymru Iachach'*	**Nod Strategol 2:** Gwella ansawdd a hygyrchedd addysg a hyfforddiant ar gyfer yr holl staff gofal iechyd er mwyn sicrhau ei fod yn diwallu anghenion y dyfodol	**Nod Strategol 3:** Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol yn GIG Cymru drwy ddatblygu capasiti arwain tosturiol a chydweithredol ar bob lefel
	✓	✓	✓
	Nod Strategol 4: Datblygu'r gweithlu er mwyn helpu i ddarparu diogelwch ac ansawdd	**Nod Strategol 5:** Bod yn gyflogwr rhagorol ac yn lle gwych i weithio ynddo	**Nod Strategol 6:** Cael ei gydnabod fel partner, dylanwadwr ac arweinydd rhagorol
	✓	✓	✓

Ansawdd, Diogelwch a Phrofiad Cleifion	
Mae'n bwysig bod AaGIC yn sicrhau defnyddwyr gwasanaeth y bydd IG ac IM yn cael eu hystyried a'u cynnal mewn diwylliant o gyfrinachedd effeithiol.	
Goblygiadau Ariannol	
Does dim goblygiadau ariannol i'w hystyried.	
Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth)	
Os nad ydynt yn cael eu hystyried, gallai goblygiadau cyfreithiol diffyg cydymffurfio ag IG ac IM wneud y sefydliad yn agored i'r posibilrwydd o weithdrefnau ymchwiliad ffurfiol a chosb ariannol gan Swyddfa'r Comisiynydd Gwybodaeth.	
Goblygiadau Staffio	
Dim goblygiadau staffio.	
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)	
Dim wedi'u nodi.	
Hanes yr Adroddiad	Mae Adroddiad Llywodraethu Gwybodaeth a Rheoli Gwybodaeth yn cael ei gyflwyno i'r Pwyllgor Archwilio a Sicrwydd bob chwarter.
Atodiadau	Atodiad 1 – Cynllun Gwaith Llywodraethu Gwybodaeth

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Cynllun Gwaith Llywodraethu Gwybodaeth (IG)

Atodiad 1 – Crynodeb o Gynllun Gwaith Llywodraethu Gwybodaeth AaGIC (Tachwedd 2020 i Ragfyr 2020)

Mae'r cynllun gwaith hwn wedi cael ei ddatblygu a'i ddiweddaru yn unol â'r deg cam ar gyfer atebolrwydd a ddatblygwyd yn ddiweddar gan Swyddfa'r Comisiynydd Gwybodaeth. Mae'r amcanion hyn wedi cael eu creu fel camau gweithredu sy'n sicrhau cydymffurfiad cyffredinol â deddfwriaeth diogelu data.

Allwedd

Mae Gwyrdd yn dynodi 'wedi cwblhau' neu fod camau gweithredu sydd â sail dreigl wedi cael eu hystyried yn y cynllun gwaith hwn

Mae Melyn yn dynodi bod peth gweithredu yn angenrheidiol i gwblhau a'i fod wedi cael ei ystyried

Mae coch yn dynodi bod y weithred yn disgwyl sylw, ond mae wedi cael ystyriaeth ond nid oes dim wedi'i gwblhau hyd yma

Amcan / Argymhelliad	Camau Rheoli	Arweinydd Cyfrifol	Statws RAG/ Cwblhau erbyn	Cynnydd	Buddion
1. Adolygu ac asesu'r ddeddfwriaeth diogelu data ar gyfer AaGIC	1.1 Sicrhau bod y ddeddfwriaeth diogelu data yn cael ei hadlewyrchu yn y dogfennau ac ym mhrosesau AaGIC	Ysgrifennydd y Bwrdd/Swyddog Gwybodaeth Llywodraethu	Y broses adolygu bresennol i'w chwblhau erbyn diwedd Rhagfyr 2020	Mae'r rhan fwyaf o feysydd wedi'u cwblhau. Prif flaenoriaeth y gwaith sydd i'w gwblhau yw'r Gofrestr Asedau Gwybodaeth.	Yn rhoi sicrwydd bod y sefydliad yn cydymffurfio â'r ddeddfwriaeth ddiweddaraf

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Amcan / Argymhelliad	Camau Rheoli	Arweinydd Cyfrifol	Statws RAG/ Cwblhau erbyn	Cynnydd	Buddion
2. Datblygu dogfennau sy'n canolbwyntio ar IG.	2.1 Datblygu protocolau a chanllawiau IG i sicrhau bod gan y sefydliad y rhestr gywir o ddogfennau ac mae hyn yn cynnwys cyfeiriadau at ddeddfwriaeth (gan gynnwys dogfennau cychwyn Prosiect) a Hysbysiadau Preifatrwydd.	Ysgrifennydd y Bwrdd/Swyddog Gwybodaeth Llywodraethu	Cwblhawyd	Mae swyddogaeth Llywodraethu Gwybodaeth AaGIC wedi datblygu protocolau, ffurflenni a dogfennau sy'n canolbwyntio ar AaGIC ar gyfer y swyddogaeth Llywodraethu Gwybodaeth. Mae hyn wedi cynnwys datblygu Hysbysiadau Preifatrwydd ar gyfer Staff.	Yn rhoi sicrwydd bod y sefydliad yn cydymffurfio â'r ddeddfwriaeth ddiweddaraf
3. Cysylltiad llywodraethu gwybodaeth â cheisiadau am rannu data	3.1 Sicrhau bod y swyddogaeth IG yn cael ei gwneud yn ymwybodol o brosesau sy'n gofyn am ddatblygu cytundebau a dogfennau proses gan nodi lle nad oes rhai	Swyddog Llywodraethu Gwybodaeth	Cwblhawyd	Mae cytundeb mynediad safonol a chytundeb peidio â datgelu wedi'u datblygu i'w defnyddio gyda cheisiadau am ddata ac at ddibenion prosesu.	Yn dogfennu cyfrifoldebau pob parti o ran yr hyn sy'n ofynnol ar gyfer ei dderbyn
4. Cysylltiad llywodraethu gwybodaeth o ran creu, defnyddio a chyflwyno gwaith newydd gan ddefnyddio prosesau Preifatrwydd drwy Ddylunio	4.1 Sicrhau bod y swyddogaeth IG yn cael gwybod am wasanaethau newydd sy'n cael eu trosglwyddo o sefydliadau eraill (nid dim ond GIG Cymru) i AaGIC ac unrhyw brosiectau newydd sy'n cynnwys	Perchennog y Prosiect/Swyddog Llywodraethu Gwybodaeth	Mae gwaith wedi dechrau ar hyn. Proses i gael ei sefydlu'n gadarn a'i defnyddio erbyn diwedd mis Chwefror.	Bydd IG yn ymwneud â gofynion penodol pob gwasanaeth ac a yw newidiadau neu ddefnydd o gyfrinachedd yn cael eu mesur a'u gwerthuso.	Ystyrir cyfrinachedd ac IG ar gyfer pob prosiect/system newydd a newidiadau presennol i waith/neu gynigion/newidiadau

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Amcan / Argymhelliad	Camau Rheoli	Arweinydd Cyfrifol	Statws RAG/ Cwblhau erbyn	Cynnydd	Buddion
	gwybodaeth adnabyddadwy				
	4.2 Cyfathrebu a chodi ymwybyddiaeth o ofynion yr Asesiad o'r Effaith ar Ddiogelu Data	Swyddog Cyfathrebu a Llywodraethu Gwybodaeth	Parhaus	Cafodd cyfathrebiad ei ddatblygu a'i anfon at yr holl staff ynglŷn â'r gofynion ar gyfer cwblhau Asesiad o'r Effaith ar Ddiogelu Data a phan fydd angen cwblhau un ddiwedd mis Mehefin 2020.	Ystyrir cyfrinachedd ac IG ar gyfer pob prosiect/system newydd a newidiadau presennol i waith/neu gynigion/newidiadau
5. Sicrhau bod systemau Teledu Cylch Cyfyng wedi'u lleoli'n gywir a bod yr asesiadau priodol wedi'u cynnal	5.1 Sicrhau bod y Swyddog Llywodraethu Gwybodaeth yn cael gwybod am gynigion i osod systemau diogelwch Teledu Cylch Cyfyng	Perchennog/arweinydd Prosiect/Swyddog Llywodraethu Gwybodaeth	Parhaus	Mae gan AaGIC brotocol Teledu Cylch Cyfyng sy'n cynnwys gwybodaeth am leoli, cydymffurfio ac arwyddion cywir, cadw ac ati.	Mae Teledu Cylch Cyfyng yn monitro gan gydymffurfio'n gywir ac nid yw'n torri unrhyw un o'r cyfreithiau'r SCC na phrotocol AaGIC.
6. Sicrhau bod digwyddiadau o dorri neu golli cyfrinachedd sy'n cael eu hamau, eu honni neu eu cadarnhau yn cael eu hadrodd a'u hymchwilio'n adweithiol/rhagweithiol	6.1 Mae staff yn ymwybodol o'r broses o roi gwybod am dorri cyfrinachedd ac yn gwybod sut i ganfod digwyddiad lle mae amheuaeth o dorri a ble i roi gwybod amdano.	Swyddog Llywodraethu Gwybodaeth	Cwblhawyd	Mae protocol adrodd ar dorri cyfrinachedd cyfredol AaGIC ar waith i adlewyrchu'r newidiadau a wnaed dan y Rheoliadau newydd. Mae hwn wedi cael ei gymeradwyo gan y Tîm Gweithredol ac mae wedi cael ei roi ar y fewnrwyd	Hyrwyddo diwylliant o gyfrinachedd, gan reoli risgiau i'r sefydliad o ran torri rheolau gwybodaeth ac atal y rhain.

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Amcan / Argymhelliad	Camau Rheoli	Arweinydd Cyfrifol	Statws RAG/ Cwblhau erbyn	Cynnydd	Buddion
7. Sicrhau bod proses yr Asesiad o'r Effaith ar Ddiogelu Data (DPIA) yn cael ei defnyddio i sicrhau bod yr holl brosesau, gwasanaethau, systemau gwybodaeth ac asedau gwybodaeth perthnasol eraill yn cael eu datblygu, eu gweithredu a'u defnyddio mewn ffordd ddiogel a strwythuredig, tra'n cydymffurfio â gofynion achredu Diogelwch IG, Ansawdd Gwybodaeth, Cyfrinachedd a Diogelu Data	7.1 Gweithdrefnau wedi'u dogfennu wedi'u sefydlu i sicrhau bod pob proses newydd yn cael asesiad effaith ar Ddiogelu Data er mwyn sicrhau eu bod yn cydymffurfio â gofynion cyfrinachedd a Diogelu Data	Swyddog Llywodraethu Gwybodaeth	Cwblhawyd Mae gan staff ymwybyddiaeth a dealltwriaeth fod proses DPIA lle bydd prosiectau neu ffyrdd newydd o ddefnyddio PII sydd eisoes yn bodoli o bosib angen asesiad o dan yr egwyddorion pan fo'n cael ei ystyried neu ei weithredu	Mae'r ddogfen DPIA wedi'i chymeradwyo ac yn cael ei defnyddio lle bo angen. Mae'r holl staff yn cael gwybod am y broses Asesiad o'r Effaith ar Ddiogelu Data mewn sesiynau hyfforddi ac ymwybyddiaeth i sicrhau bod y swyddogaeth IG yn cael ei defnyddio pan fydd prosiectau neu wasanaethau newydd yn cael eu cynnig yn y sefydliad. Mae bwletin sy'n cynnwys gwybodaeth ynghylch pryd mae angen DPIA a beth i'w wneud nesaf wedi cael ei ddatblygu a'i ryddhau ddiwedd mis Mehefin 2020.	Mae materion sy'n ymwneud â chyfrinachedd bob amser yn cael eu nodi, eu hateb a'u datrys yn unol â gofynion Diogelu Data ar gyfer pob system/proses/ llif gwaith newydd

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	7.2 Mae pob Asesiad Effaith Preifatrwydd terfynol yn cael ei gymeradwyo a'i lofnodi gan grŵp lefel uwch pan fydd yr argymhellion wedi'u cwblhau gan Berchennog y Prosiect a'u cytuno gan y Swyddog Llywodraethu Gwybodaeth	Swyddog Llywodraethu Gwybodaeth	Proses yn ei lle	Mae templedi DPIA newydd sy'n adlewyrchu newidiadau o dan y Rheoliadau newydd. Mae'r rhain bellach wedi cael eu cymeradwyo i'w defnyddio. Ar ôl eu cwblhau, bydd y Swyddog Llywodraethu Gwybodaeth yn eu cymeradwyo ac yn eu cyflwyno er gwybodaeth a thrafodaeth yn y Tîm Gweithredol.	
8. Mae hyfforddiant ac ymwybyddiaeth o lywodraethu gwybodaeth ar waith ac mae'r holl staff priodol yn cael hyfforddiant (ystafell ddosbarth ac e-Ddysgu)	8.1 Ymgyrch weithredol i hyrwyddo hyfforddiant IG a'r gofyniad bod rhaid i staff sydd wedi cael eu nodi fel staff sy'n trin data adnabyddadwy gwblhau hyfforddiant wyneb yn wyneb ddwywaith y flwyddyn.	Swyddog Llywodraethu Gwybodaeth	Mae angen ystyried hyfforddiant parhaus. Bydd amserlen hyfforddiant yn cael ei chreu ar gyfer y flwyddyn 20-21 erbyn diwedd mis Chwefror.	Mae hyfforddiant Llywodraethu Gwybodaeth yn cael ei hyrwyddo a'i gyflwyno ar draws y sefydliad. Dechreuodd hyfforddiant IG ym mis Awst 2019. Ceir cofrestr o'r cyfrif pennau, yr adran a chyfanswm nifer y staff sydd wedi'u hyfforddi hyd yma Oherwydd ymrwymiadau'r Swyddog Llywodraethu Gwybodaeth a'r nifer sy'n defnyddio'r sesiynau a drefnwyd, ni threfnwyd	

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Amcan / Argymhelliad	Camau Rheoli	Arweinydd Cyfrifol	Statws RAG/ Cwblhau erbyn	Cynnydd	Buddion
				sesiynau pellach yn yr ystafell ddosbarth yn 2020 hyd yma.	
	8.2 Sicrhau bod yr holl staff yn ymwybodol o'u cydymffurfiad blynyddol ac yn ei gwblhau gan ddefnyddio'r modiwl sgiliau craidd eDdysgu	Swyddog Llywodraethu Gwybodaeth	Mae angen cwblhau eDdysgu bob blwyddyn ar gyfer yr holl staff ac mae hyn yn gysylltiedig â'r broses PADR.	Anfonir nodiadau atgoffa o fewn y Cofnod Staff Electronig ar y modiwlau eDdysgu Llywodraethu Gwybodaeth. Bydd y rhain yn rhan o unrhyw adroddiadau hyfforddiant IG ar gyfer adran orfodol unrhyw ddiweddariadau a roddir i'r Tîm Gweithredol. Mae angen gweithredu ar hyn o bryd i gynyddu lefel cydymffurfiad staff yn AaGIC.	
	8.3 Datblygu tudalennau mewnrwyd AaGIC i gynnwys Llywodraethu Gwybodaeth	Swyddog Llywodraethu Gwybodaeth	Cwblhawyd	Mae'r rhain wedi cael eu cyhoeddi erbyn hyn. Nodwyd ei fod wedi'i gwblhau, ond bydd angen ei adolygu'n flynyddol a'i ddiweddaru yn ôl yr angen	Bydd canllawiau clir yn helpu staff.

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Amcan / Argymhelliad	Camau Rheoli	Arweinydd Cyfrifol	Statws RAG/ Cwblhau erbyn	Cynnydd	Buddion
	8.4 Datblygu cyflwyniad Llywodraethu Gwybodaeth ar gyfer tudalen we AaGIC	Swyddog Llywodraethu Gwybodaeth	Cwblhawyd	Mae'r rhain wedi cael eu cyhoeddi erbyn hyn. Nodwyd ei fod wedi'i gwblhau, ond bydd angen ei adolygu'n flynyddol. Mae rhagor o wybodaeth wedi cael ei hychwanegu at y safle i gynnwys adran IG gyda pholisïau a gweithdrefnau.	
	8.5 Datblygu taflenni a chanllawiau Llywodraethu Gwybodaeth ar arferion da	Swyddog Llywodraethu Gwybodaeth	Cwblhawyd	Mae taflenni sy'n ymwneud ag IG, GDPR ac e-bost wedi cael eu creu ac yn cael eu defnyddio ac wedi cael eu cyhoeddi ar fewnrwyd AaGIC	

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Amcan / Argymhelliad	Camau Rheoli	Arweinydd Cyfrifol	Statws RAG/ Cwblhau erbyn	Cynnydd	Buddion
9. Cynhaliwyd adolygiad llawn o sut mae gwybodaeth yn cael ei defnyddio ledled y sefydliad drwy'r swyddogaeth Cofrestr Asedau Gwybodaeth	9.1 Rheoli'r broses ar gyfer cofnodi Asedau Gwybodaeth neu "Mapio" sy'n cynnwys: • Testun gwybodaeth • Mathau o wybodaeth • sail gyfreithiol dros brosesu • atebolrwydd y wybodaeth a gedwir	Swyddog Llywodraethu Gwybodaeth	Mae angen gwneud gwaith parhaus i gynnal y Gofrestr Asedau Gwybodaeth (IAR). Peth ymwybyddiaeth bod gwaith pellach i'w wneud ar hyn i adlewyrchu'r data sydd gan AaGIC. Bydd yr IAR wedi'i chwblhau erbyn diwedd Chwefror 2021. Mae'r Swyddog Llywodraethu Gwybodaeth newydd wedi nodi bod angen manylion pellach yn y Gofrestr Asedau Gwybodaeth, mewn perthynas â gwybodaeth sy'n ymwneud â chadw a sail gyfreithlon.	Fel rhan o gydymffurfio â deddfwriaeth diogelu data, mae perchnogaeth asedau gwybodaeth yn ofyniad. Dim ond yn rhannol y mae hyn wedi'i gwblhau ar hyn o bryd. Cafodd cofrestr o asedau sy'n ymwneud â safle Sharepoint AaGIC ei chwblhau ym mis Mai 2019 ac mae'n aros i gael ei hadolygu gan adrannau unigol. Mae hwn yn ymarfer i asesu pa mor addas yw'r dogfennau etifeddol a'r dogfennau hŷn a gedwir yn Sharepoint ar hyn o bryd. Mae e-bost wedi cael ei anfon at yr holl staff i ofyn am wybodaeth am brosesu data adnabyddadwy unigol yn y sefydliad ac mae e-bost arall a anfonwyd at yr holl staff ym mis Mai 2020 wedi arwain at dros 160 o staff sydd wedi darparu ymateb i gadarnhau neu wadu	

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Amcan / Argymhelliad	Camau Rheoli	Arweinydd Cyfrifol	Statws RAG/ Cwblhau erbyn	Cynnydd	Buddion
				defnyddio data adnabyddadwy ac sydd wedi darparu ymateb unigol neu gyfunol i restru eu defnydd.	

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Amcan / Argymhelliad	Camau Rheoli	Arweinydd Cyfrifol	Statws RAG/ Cwblhau erbyn	Cynnydd	Buddion
	9.2 Sicrhau, wrth adnabod a chofnodi Asedau Gwybodaeth, bod risgiau'n cael eu nodi i'r asedau sy'n cael eu dal a'u cofnodi ar gofrestr risg a bod gwaith yn cael ei wneud i leihau unrhyw broblemau	Swyddog Llywodraethu Gwybodaeth/ Perchnogion Asedau Gwybodaeth	Angen gwaith parhaus. Bydd yr IAR wedi'i chwblhau erbyn diwedd Chwefror 2021. Pe bai proses risg uchel yn cael ei nodi, byddai angen adlewyrchu hyn yn y gofrestr risg, a byddai proses ar waith i sicrhau bod hyn yn digwydd.	Mae'r broses o gasglu Asedau Gwybodaeth yn mynd rhagddi ar hyn o bryd ac mae staff yn cadarnhau (neu'n gwadu) yn unigol eu bod yn defnyddio data personol ac yn llenwi ffurflen os yw'n berthnasol iddynt hwy. Fodd bynnag, ni nodwyd unrhyw waith prosesu risg uchel hyd yma.	
	9.3 Sicrhau bod proses barhaus ar waith i gofnodi'r holl asedau Gwybodaeth yn y dyfodol a dileu gwybodaeth nad yw o werth mwyach er mwyn sicrhau bod y gofrestr yn gywir	Swyddog Llywodraethu Gwybodaeth	Mae angen gwaith i sicrhau bod y broses yn casglu gwybodaeth bersonol, lle mae AaGIC yn cynefino tîm newydd. Bydd y broses hon ar waith erbyn diwedd mis Chwefror 2021, yn unol â gofynion eraill y Gofrestr Asedau Gwybodaeth.	Rhoddir sylw i'r broses hon yn flynyddol ac atgyfnerthir yr arferion diweddaru. Bydd angen adolygu gwybodaeth a gedwir ar Sharepoint yn drylwyr er mwyn cael gwared ar hen ddogfennau a dogfennau etifeddol nad ydynt yn cael eu defnyddio.	

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Amcan / Argymhelliad	Camau Rheoli	Arweinydd Cyfrifol	Statws RAG/ Cwblhau erbyn	Cynnydd	Buddion
10. Adrodd yn effeithiol ar fonitro a rheoli Risgiau Llywodraethu Gwybodaeth mewn datganiadau o reolaethau mewnol. Hyn i gynnwys manylion am achosion o golli data a thorri cyfrinachedd yn AaGIC	10.1 Rhoi'r wybodaeth ddiweddaraf i Dîm Gweithredol AaGIC yn rheolaidd a sicrhau bod pynciau, pryderon a/neu risgiau Llywodraethu Gwybodaeth yn weladwy	Swyddog Llywodraethu Gwybodaeth	Mae'r gofrestr risg ddrafft wedi'i chwblhau	Mae cofrestr risg ddrafft ar gyfer IG yn ei lle	
	10.2 Canfod rhagor o risgiau yn dilyn prosesau'r Gofrestr Asedau Gwybodaeth	Swyddog Llywodraethu Gwybodaeth	Angen proses adolygu barhaus ar gyfer IAR. Proses adolygu i'w sefydlu yn unol â gofynion eraill IAR erbyn diwedd mis Chwefror 2021.	Mae'r Gofrestr Asedau Gwybodaeth yn casglu gwybodaeth am y sefydliad ac yn nodi unrhyw risgiau posibl a allai achosi tor-cyfrinachedd. Mae gwaith yn mynd rhagddo ar hyn o bryd i gasglu ac adolygu asedau gwybodaeth o fewn y sefydliad er mwyn gwneud y penderfyniadau hynny ynghylch risgiau.	

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Amcan / Argymhelliad	Camau Rheoli	Arweinydd Cyfrifol	Statws RAG/ Cwblhau erbyn	Cynnydd	Buddion
11. Sicrhau bod y sefydliad yn parhau i gydymffurfio â'r holl asesiadau Llywodraethu Gwybodaeth gan gynnwys ymarferion hunanasesu	11.1 Sicrhau bod yr holl ymarferion i gydymffurfio â'r holl ddeddfau a moeseg perthnasol yn cael eu cwblhau er mwyn rhoi sicrwydd bod gwybodaeth bersonol adnabyddadwy yn cael ei thrin a'i rheoli'n effeithiol	Swyddog Llywodraethu Gwybodaeth	Angen cynnal asesiadau bob blwyddyn.	Bydd y Pecyn Cymorth IG yn rhan o asesiad IG wrth symud ymlaen yn 2020. Oherwydd cynnydd IG o fewn AaGIC ym mis Ebrill 2019, ni chafodd yr ymarfer cychwynnol ei gwblhau nes bod rhagor o gynnydd wedi cael ei wneud. Caiff y broses o gofrestru ar gyfer Diogelu Data ei chwblhau'n flynyddol ym mis Hydref. Bydd archwiliadau mewnol ac ymarferion y Comisiynydd Gwybodaeth yn cael eu cwblhau ar sail ad hoc.	
	11.2 Sicrhau bod y gwaith o adrodd yn effeithiol ar weithgareddau Llywodraethu Gwybodaeth yn cael ei gwblhau'n amserol i'r Tîm Gweithredol. Bydd hyn yn cynnwys datblygiadau yn y swyddogaeth Llywodraethu Gwybodaeth,	Swyddog Llywodraethu Gwybodaeth	Proses wedi'i sefydlu. Bydd y Swyddog Llywodraethu Gwybodaeth yn ysgrifennu ac yn cyflwyno papurau pan fydd angen.	Dylid rhoi gwybod i'r Tîm Gweithredol am weithgarwch Llywodraethu Gwybodaeth pan fydd gofyniad. Dylai'r gweithgaredd hwn hefyd helpu i lywio meysydd fel adroddiadau blynyddol a datganiadau Llywodraethu.	

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Amcan / Argymhelliad	Camau Rheoli	Arweinydd Cyfrifol	Statws RAG/ Cwblhau erbyn	Cynnydd	Buddion
	cydymffurfio â hyfforddiant ac adroddiadau torri cyfrinachedd			Cyflwynir papurau yn y grŵp IGIM bob chwarter.	
12. Cynhwysiant ac ymwybyddiaeth o ddigwyddiadau diogelwch TG a allai effeithio'n uniongyrchol neu'n anuniongyrchol ar Lywodraethu Gwybodaeth	12.1 Cynnwys TG a Seiberddiogelwch o fewn gwaith Llywodraethu Gwybodaeth	Swyddog Llywodraethu Gwybodaeth	Mae'r cysylltiad hwn wedi'i sefydlu ac mae'r Swyddog Llywodraethu Gwybodaeth yn cael gwybod am ddigwyddiadau lle bo angen.	Hysbysiad IG i gael ei gynnwys yn y broses hysbysu am ddigwyddiadau Seiber.	
13. Cydweithredu ag awdurdodau goruchwylio ynghylch adrodd ar ddigwyddiadau a sicrhau bod yr holl bartïon yn ymwybodol o ddigwyddiadau sy'n gysylltiedig ag IG	13.1 Sicrwydd bod y swyddogaeth Llywodraethu Gwybodaeth yn ymwneud ag unrhyw adroddiadau torri cyfrinachedd a'r camau i'w cymryd yn dilyn digwyddiad	Swyddog Llywodraethu Gwybodaeth	Wedi cwblhau	Mae gan AaGIC weithdrefn Adrodd ar Dorri Amodau Cyfrinachedd ar waith a bydd yn cysylltu â'r Tîm Gweithredol mewn achosion o ddigwyddiadau lefel uchel.	
14. Cynrychioli AaGIC mewn unrhyw fforymau Llywodraethu Gwybodaeth Cymru	14.1 Sicrhau bod Llywodraethu Gwybodaeth yn cael ei gynnwys mewn	Swyddog Llywodraethu Gwybodaeth	Wedi'i gwblhau ar hyn o bryd, gofyniad parhaus i'w ystyried	Bydd cysylltiad â chyfarfodydd a phwyllgorau ar ran AaGIC yn cael ei	Sicrhau cynrychiolaeth briodol i'r sefydliad

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Amcan / Argymhelliad	Camau Rheoli	Arweinydd Cyfrifol	Statws RAG/ Cwblhau erbyn	Cynnydd	Buddion
gyfan ac ymrwymiadau ffurfiol sy'n berthnasol i'r rôl	cyfarfodydd lle mae angen cyngor ynghylch cyfrinachedd			benderfynu yn ôl yr angen	
15. Mae archwiliadau Rheoli Cofnodion yn cael eu cwblhau i fesur lefelau'r wybodaeth wedi'i harchifo a'i storio sy'n cael ei chadw yn AaGIC	15.1 Sicrhau bod AaGIC ond yn cadw cofnodion a ffeiliau sy'n ofynnol a bod cofnodion wedi'u harchifo'n cael eu dinistrio o fewn yr amserlen cydymffurfio	Swyddog Llywodraethu Gwybodaeth	Mae hyn yn mynd rhagddo.	Mae angen egluro'r trefniadau Rheoli Cofnodion a'r archwiliadau arfaethedig o hyd a bydd hyn yn rhan o'r broses Asedau Gwybodaeth sy'n mynd rhagddi yn y sefydliad. Bydd unrhyw waith rheoli cofnodion yn cael ei ystyried ar sail yr adroddiadau a ddarperir gan staff AaGIC ac a oes pryder ynghylch y papur sydd wedi cael ei storio.	
16. Mae ceisiadau am Fynediad at Ddata gan y Testun yn cael eu cwblhau'n effeithiol ac yn drylwyr	16.1 Datblygu protocol Cais am Fynediad at Ddata gan y Testun	Swyddog Llywodraethu Gwybodaeth	Cwblhawyd	Mae Tîm Gweithredol AaGIC wedi cymeradwyo hyn fel rhan o'r gyfres o brotocolau IG sydd ar waith	
	16.2 Datblygu gweithdrefn unioni er mwyn i Destunau Data ofyn am newid/golygu neu ddileu gwybodaeth o'u cofnodion eu hunain	Swyddog Llywodraethu Gwybodaeth	Cwblhawyd	Mae Tîm Gweithredol AaGIC wedi cymeradwyo hyn fel rhan o'r gyfres o brotocolau IG sydd ar waith	

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Amcan / Argymhelliad	Camau Rheoli	Arweinydd Cyfrifol	Statws RAG/ Cwblhau erbyn	Cynnydd	Buddion
17. Gwaith sy'n gysylltiedig â Grŵp Llywio Llywodraethu Gwybodaeth AaGIC	17.1 Llunio Cylch Gorchwyl	Aelodau IGIM	Cwblhawyd	Mae'r Grŵp IGIM wedi adolygu a chymeradwyo cylch gorchwyl terfynol.	
18. Cyfathrebu'n rheolaidd â staff ar bynciau penodol sy'n ymwneud â Llywodraethu Gwybodaeth	18.1 Cyfathrebiadau rheolaidd yn Gymraeg ac yn Saesneg i staff drwy gyfrwng y Tîm Cyfathrebu ac Ymgysylltu	Swyddog Llywodraethu Gwybodaeth	Angen gwaith parhaus.	Amserlen i'w sefydlu ar gyfer y cyfathrebiadau hyn.	
19. Llywodraethu Gwybodaeth i ymwneud â chyflwyno gwasanaethau newydd drwy ymarferion caffael safonol	19.1 Sicrhau bod y Swyddog Llywodraethu Gwybodaeth yn cael gwybod am wasanaethau newydd sy'n cael eu prynu a allai gynnwys gwybodaeth gyfrinachol a bod angen ei defnyddio	Swyddog Llywodraethu Gwybodaeth	Bydd hyn yn cael ei ymgorffori yn y prosesau presennol.	Gwaith i ymgorffori hyn yn y prosesau presennol.	

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GIG CYMRU NHS WALES | Addysg a Gwella Iechyd Cymru (AaGIC) Health Education and Improvement Wales (HEIW)

Dyddiad y Cyfarfod	**18 Ionawr 2021**	**Eitem agenda**	**2.6**
Teitl yr Adroddiad	**Adroddiad Cydymffurfio â Chaffael AaGIC**		
Awdur yr Adroddiad	Christine Thorne, Pennaeth Caffael, NWSSP		
Noddwr yr Adroddiad	Eifion Williams, Cyfarwyddwr Cyllid Dros Dro		
Cyflwynwyd gan	Eifion Williams, Cyfarwyddwr Cyllid Dros Dro		
Rhyddid Gwybodaeth	Agored		
Diben yr Adroddiad	Diben yr adroddiad hwn yw rhoi'r wybodaeth ddiweddaraf i'r Pwyllgor Archwilio a Sicrwydd mewn perthynas â gweithgarwch caffael a gynhaliwyd yn ystod y cyfnod1 Hydref 2020– 31 Rhagfyr 2020 ac ynunol â'r cyfeirnod 1.2 (Atodlen 2.1.2 Cod Caffael a Chontractau ar gyfer Gwaith Adeiladu a Pheirianneg) o'r Cyfarwyddiadau Ariannol Sefydlog.		
Materion Allweddol	Mae esboniad o'r rhesymau, yr amgylchiadau a manylion unrhyw gamau pellach a gymerwyd hefyd wedi'i gynnwys yn yr atodiadau i'r adroddiad.		
Camau Penodol sy'n Ofynnol ***(un ✓ yn*** unig os gwelwch yn dda)	**Gwybodaeth**	**Trafodaeth**	**Sicrwydd**	**Cymeradwyo**
			√	
Argymhellion	Gofynnir i'r Aelodau: • **Nodi'r** adroddiad er sicrwydd		

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ADRODDIAD CYDYMFFURFIO Â CHAFFAEL AaGIC

1. CYFLWYNIAD

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

2. Cefndir

Diben yr adroddiad hwn yw rhoi'r wybodaeth ddiweddaraf i'r Pwyllgor Archwilio mewn perthynas â gweithgarwch caffael a gynhaliwyd yn ystod y cyfnod1 Hydref 2020- 31 Rhagfyr 2020 ac yn unol â'r cyfeirnod 1.2 (Atodlen 2.1.2 Cod Caffael a Chontractau ar gyfer Gwaith Adeiladu a Pheirianneg) o'r Cyfarwyddiadau Ariannol Sefydlog.

Mae esboniad o'r rhesymau, yr amgylchiadau a manylion unrhyw gamau pellach a gymerwyd hefyd wedi'i gynnwys.

Cyfeirnod SFI	Disgrifiad	Eitemau
3.5	Gweithredoedd Dyfynbris Sengl	3
4.2	Camau Gweithredu Tendr Sengl	3
5.3	Tendrau Sengl i'w hystyried yn dilyn galwad am Gystadleuaeth OJEU	0
10.8	Estyniadau i Gontractau	0
14.2	Dyfarnu cyllid ychwanegol y tu allan i delerau'r contract (a wneir drwy Nodyn Newid Contract (CCN) neu Amrywio Telerau)	2

3. GOBLYGIADAU LLYWODRAETHU AC ARIANNOL

Dylai'r Pwyllgor Archwilio a Sicrwydd nodi manylion yr Atodiadau amgaeedig a monitro nifer a gwerth y busnes sy'n cael ei gyflwyno ar gyfer cymeradwyaeth Tendr Sengl neu Ddyfynbris Sengl. Y canllawiau cyffredinol ar wario arian cyhoeddus yw y dylid ei gynnal mewn modd teg, tryloyw ac agored, gan sicrhau y ceisir cystadleuaeth lle bynnag y bo modd. Felly, dylid cadw cyn lleied o geisiadau am weithredu sengl â phosibl.

4. Argymhelliad

Gofynnir i'r Pwyllgor:

- **nodi'r** adroddiad er sicrwydd.

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Llywodraethu a Sicrwydd			
Linc i nodau strategol IMTP ***(os*** gwelwch yn ***ddau)***	**Nod Strategol 1:** Arwain y gwaith o gynllunio, datblygu a lles gweithlu cymwys, cynaliadwy a hyblyg i gefnogi'r gwaith 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 diwallu anghenion y dyfodol	**Nod Strategol 3:** Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru drwy feithrin gallu tosturiol ac arweinyddiaeth gyfunol ar bob lefel
	Nod Strategol 4: Datblygu'r gweithlu i gefnogi'r gwaith o ddarparu diogelwch ac ansawdd	**Nod Strategol 5:** Bod yn gyflogwr enghreifftiol ac yn lle gwych i weithio	**Nod Strategol 6:** I'w gydnabod fel partner, dylanwadwr ac arweinydd rhagorol
			✓

Ansawdd, Diogelwch a Phrofiad Cleifion
Nid oes unrhyw oblygiadau penodol o ran ansawdd a diogelwch yn gysylltiedig â'r gweithgaredd a nodir yn yr adroddiad hwn.
Goblygiadau Ariannol
SFIs, SOs, Rheolaethau ariannol a systemau a phrosesau cyfrifyddu yw sail llawer o reolaethau sefydliadol sy'n rhan o gyflawni targedau ariannol a llywodraethu da. Y canllawiau cyffredinol ar wario arian cyhoeddus yw y dylid ei gynnal mewn modd teg, tryloyw ac agored, gan sicrhau y ceisir cystadleuaeth lle bynnag y bo modd. Felly, dylid cadw cyn lleied o geisiadau am weithredu sengl â phosibl.
Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth)
Nid oes unrhyw oblygiadau cyfreithiol penodol yn gysylltiedig â'r gweithgaredd a amlinellir yn yr adroddiad hwn.
Goblygiadau Staffio
Nid oes unrhyw oblygiadau staffio penodol yn gysylltiedig â'r gweithgarwch a amlinellir yn yr adroddiad hwn.
Goblygiadau Hirdymor (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 Atodiad 2 Materion Pellach

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Health Education Improvement Wales - Audit Committee Report – January 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	Digital Services	HEIW-SQA-545	October 2020 – September 2022	Single Quotation	NHS Articulate 360 Teams	Ominplex	£8,019.00	Due to extensive software within HEIW, utilising another provider would cause significant disruption in terms of cost and human resource.	Endorsed	Market will be reviewed in a timely manner to understand if beneficial to proceed with another supplier.	First Submission.
HEIW	Nursing	HEIW-SQA-557	February 2021 – February 2021	Single Quotation	Advertising for the Director of Education within Nursing	Golley Slater	£7,362.80	Critical for advert to reach as many potential candidates as possible within a critical time.	Endorsed	Will review market for any future requirements to ensure best course of action is taken.	First Submission.
HEIW	Dental	HEIW-SQA-547	February 2021 – July 2021	Single Quotation	Maxinity Dental Software	Maxinity Software Ltd	£15,480	Bespoke system currently provided by Maxinity, procurement activity being undertaken for a System which will capture this requirement for all of HEIW.	Endorsed	Currently conducting a tender to fulfil the needs within all of HEIW to ensure no further single tenders are required.	First Submission.

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HEIW	Pharmacy	HEIW-STA-554	October 2020 – September 2023	Single Tender	Maintenance and Access to the HEIW Pharmacy Developed Avatars	University of Keele	£40,000	Continuation of work previously conducted as continuity required and no other provider available.	Endorsed	Market to be reviewed approaching end of contract to understand options available.	First Submission
HEIW	Corporate	HEIW-STA-553	November 2020 – March 2021	Single Tender	English to Welsh Translation	Cymen	£50,000	Framework available does not fulfil requirements, currently only supplier who fulfil all of HEIW needs.	Endorsed	Undergoing process to create own framework to ensure adequate suppliers utilised.	First Submission.
HEIW	Workforce	HEIW-STA-556	January 2021 – December 2023	Single Tender	Prince of Wales Cadet Scheme	Royal College of Nursing	£200,000	Financial obligation to support scheme which is only option currently within the UK.	Endorsed	No further action Required.	First Submission
HEIW	Digital	CCN-HEIW-036	July 2020 – July 2021	Change Control Notice	HEIW Web Pharmacy Platform	Overt Software Solutions Ltd	£27,400	Development of critical resources due to recent security breach.	Endorsed	Procurement to ensure additional scope is captured in the renewal	First Submission
HEIW	Dental	CCN-HEIW-037	March 2019 – March 2021	Change Control Notice	Maintenance of Dental Phantom Heads	L.G & D.L Evans Dental Equipment Repairs	£30,900	Additional requirement to support maintenance schedule where no other provider is an option.	Endorsed	Procurement to ensure additional scope is captured in the renewal.	First Submission

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Health Education Improvement Wales - Audit Committee Report – January 2021

Appendix 2 – Summary Further Matters

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	Medical	HEIW-FN-082	August 2020 – August 2021	File Note	Post Graduate Part Funding for F2 Doctors to complete a Post Graduate Certificate	Swansea University	£9,000	Continuation of funding for the Wales Foundation School.	Endorsed	Explore processes to move forward for future requirement	First Submission
HEIW	Dental	HEIW-FN-084	October 2020 – November 2021	File Note	Developing Dental Educators	KNJ Global Education Ltd	£8,250	Due to lack of understanding in procurement processes and issues with staff resource caused delay in processes.	Endorsed	Conduct training session with service for high level overview of requirement	First Submission.

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GIG CYMRU NHS WALES | Addysg a Gwella Iechyd Cymru (AaGIC) | Health Education and Improvement Wales (HEIW)

Dyddiad y Cyfarfod	**18 Ionawr 2021**	**Eitem agenda**	**2.7**
Teitl yr Adroddiad	**Adolygiad o Reolau Sefydlog AaGIC**		
Awdur yr Adroddiad	Kay Barrow, Rheolwr Llywodraethu Corfforaethol		
Noddwr yr Adroddiad	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Cyflwynwyd gan	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Rhyddid Gwybodaeth	Agored		
Diben yr Adroddiad	Cyflwyno Rheolau Sefydlog diwygiedig AaGIC i'r Pwyllgor Archwilio a Sicrwydd i'w hystyried, cyn eu cyflwyno ymlaen i'r Bwrdd i'w cymeradwyo ar 28 Ionawr 2021.		
Materion Allweddol	Mae'n ofynnol i sefydliadau'r GIG yng Nghymru adolygu eu Rheolau Sefydlog yn flynyddol er mwyn sicrhau eu bod yn cael y wybodaeth ddiweddaraf ac adlewyrchu unrhyw ddiwygiadau y cytunwyd arnynt gan y Bwrdd.		
Camau Penodol sy'n Ofynnol ***(un ✓ yn*** unig os gwelwch yn dda)	**Gwybodaeth**	**Trafodaeth**	**Sicrwydd**	**Cymeradwyo**
				✓
Argymhellion	Gofynnir i'r Aelodau: • **Nodi'r** diwygiadau a wnaed i'r Rheolau Sefydlog yn 2020 ac • **Argymell** y diwygiadau pellach i'r Rheolau Sefydlog fel yr amlinellir ym mharagraff 3, sydd wedi'u hymgorffori yn y fersiwn ddiwygiedig o Reolau Sefydlog AaGIC (Atodiad 1), i'r Bwrdd ar 28 Ionawr 2021 i'w cymeradwyo.		

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ADOLYGIAD BLYNYDDOL O REOLAU SEFYDLOG AaGIC

1. CYFLWYNIAD A CHEFNDIR

Cymeradwyodd AaGIC y fersiwn gwreiddiol o'i Reolau Sefydlog yn ei gyfarfod cyntaf o'r Bwrdd ar 2 Hydref 2018 a fersiwn ddiwygiedig ym mis Tachwedd 2019. Cymeradwywyd nifer o ddiwygiadau i Reolau Sefydlog AaGIC gan y Bwrdd ar wahanol adegau yn ystod 2020, a oedd naill ai'n barhaol neu dros dro.

2. ASESIAD

Mae'r adolygiad o Reolau Sefydlog AaGIC wedi tynnu sylw at y cronoleg ganlynol o gymeradwyaethau a wnaed gan y Bwrdd yn ystod 2020:

- **Bwrdd Mawrth 2020:**

  Mewn ymateb i'r pandemig, ac yn unol â chanllawiau cenedlaethol, cymeradwyodd y Bwrdd drefniadau llywodraethu diwygiedig fel a ganlyn:

  - Bwrdd (gan gynnwys Bwrdd mis Mawrth) a chyfarfodydd Pwyllgor i'w cynnal yn ffurfiol drwy delegynadledda a deialu i gyfarfod sy'n ddigonol i ffurfio cworwm.
  - Ni ddisgwylir i aelodau'r cyhoedd fynychu sesiynau agored o gyfarfodydd. Er mwyn gwneud iawn am hyn a hyrwyddo bod yn agored ac yn dryloyw, cytunwyd ar y mesurau canlynol a'u gweithredu mewn perthynas â chyfarfodydd y Bwrdd a'r Pwyllgorau:
    - i ddarparu crynodeb o'r cyfarfodydd o fewn 48 awr i gyfarfod (a estynnwyd i 72 awr ym Mis Gorffennaf y Bwrdd);
    - i gyhoeddi cofnodion heb eu cadarnhau o fewn pythefnos i gyfarfod.
  - Hwyluso'r ffordd newydd o weithio aelodau i anfon cwestiynau ac ymholiadau ar bapurau'r Bwrdd/Pwyllgor 24 awr cyn y cyfarfod a drefnwyd fel y gellir mynd i'r afael â hwy'n fwy effeithlon yn y drafodaeth. Yr ymholiadau i'w hanfon at y Cyfarwyddwr perthnasol a'u hanfon at Ysgrifennydd y Bwrdd.

    Yn unol â Rheolau Sefydlog sefydliadau iechyd eraill Cymru, nid yw'r Rheolau Sefydlog wedi'u diwygio hyd yma i ymgorffori'r uchod. Mae'r cyfnod ar gyfer cynnal cyfarfodydd y Bwrdd a'r Pwyllgorau drwy delegynadledda neu fideogynadledda wedi cael ei ystyried a'i ymestyn yn rheolaidd gan y Bwrdd.

- **Bwrdd Mai 2020:**

  - Cymeradwyodd y Bwrdd y diwygiad dros dro i'r Cynllun Dirprwyo i Gyfarwyddwyr Gweithredol, Cyfarwyddwyr a Swyddogion Eraill i ganiatáu i'r Pennaeth Addysg, Comisiynu ac Ansawdd gael ei ychwanegu fel swydd ychwanegol gyda'r Cyfarwyddwr Nyrsio yn y Terfynau Ariannol Dirprwyedig fel rhan o Atodlen 1 i'r Rheolau Sefydlog. Roedd hyn ar gyfer y cyfnod dros dro 1 Mehefin 2020 tan 31 Awst 2020.
  - Cymeradwyodd y Bwrdd yr estyniad i gyfarfodydd y Bwrdd a'r Pwyllgor i'w gynnal yn ffurfiol drwy delegynadledda tan ddiwedd mis Gorffennaf 2020.

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- **Bwrdd Gorffennaf 2020:**

  - Cymeradwyodd y Bwrdd yr estyniad i gyfarfodydd y Bwrdd a'r Pwyllgor i'w gynnal yn ffurfiol drwy delegynadledda tan ddiwedd mis Medi 2020.
  - Yn unol â Chylchlythyr Iechyd Cymru WHC 2020/011 "Diwygiadau Dros Dro i Reolau Sefydlog Enghreifftiol, Cronfeydd Wrth Gefn a Dirprwyo Pwerau - Byrddau Iechyd Lleol, Cymeradwyodd Ymddiriedolaethau'r GIG, Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru, y Pwyllgor Gwasanaethau Ambiwlans Brys ac Addysg a Gwella Iechyd Cymru", y gwelliannau canlynol a fydd yn peidio â bod yn effeithiol ar 31 Mawrth 2021 neu pan fo ***penodiad(au) wedi'i wneud o dan Reoliadau'r Gwasanaeth Iechyd Gwladol (Datgysylltu Deiliadaeth Swydd Dros Dro) (Cymru) (Coronafeirws) 2020*** ar ddiwedd y tymor hwnnw, pa un bynnag yw'r diweddaraf.
    - Tudalen 13 – **1.2 Deiliadaeth aelodau'r Bwrdd**
      1.2.1 Penodir Aelodau Annibynnol ac Aelodau Cyswllt a benodir gan y Gweinidog *dros Iechyd* a Gwasanaethau Cymdeithasol am gyfnod a bennir gan Weinidogion Cymru, ond am ddim mwy na 4 blynedd mewn unrhyw dymor. Gellir ailbenodi'r aelodau hyn ond ni ellir eu dal yn aelod neu'n aelod cyswllt ar gyfer yr un Bwrdd am gyfanswm o fwy nag 8*, mlynedd , ac* eithrio'r rhai a benodwyd neu a ailbenodwyd yn unol â Rheoliad 7 o **Reoliadau'r Gwasanaeth Iechyd Gwladol *(Datgymhwyso Deiliadaeth Swydd Dros Dro) (Cymru) (Coronafeirws) 2020.*** *Bydd yr aelodau hyn yn dal swydd yn unol â thelerau eu penodiad neu eu hail-benodi.* Nid oes angen i'r amser a weinir fod yn olynol a bydd yn dal i gael ei gyfrif tuag at gyfanswm y cyfnod hyd yn oed pan fydd toriad yn y tymor.
    - Tudalen 21 – *Cyfarfod Cyffredinol* Blynyddol (Cyfarfod Cyffredinol Blynyddol)
      5.2.5 Rhaid i AaGIC gynnal Cyfarfod Cyffredinol Blynyddol yn gyhoeddus *erbyn 30 Tachwedd 2020 erbyn 30 Tachwedd 2020 erbyn hyn.*

- **Bwrdd Medi 2020:**

  - Cymeradwyodd y Bwrdd yr estyniad i gyfarfodydd y Bwrdd a'r Pwyllgor i'w gynnal yn ffurfiol drwy delegynadledda tan ddiwedd mis Tachwedd 2020.

- **Bwrdd Tachwedd 2020:**

  - Cymeradwyodd y Bwrdd yr estyniad i gyfarfodydd y Bwrdd a'r Pwyllgor i'w gynnal yn ffurfiol drwy delegynadledda tan ddiwedd mis Mawrth 2021.
  - Cymeradwyodd y Bwrdd y diwygiadau i Gylch Gorchwyl y Pwyllgor Archwilio a Sicrwydd a'r Pwyllgor Addysg, Comisiynu ac Ansawdd fel a ganlyn:
    - cyfeirio at rôl yr Is-gadeirydd o fewn aelodaeth y Pwyllgor Archwilio a Sicrwydd;
    - cyfeirio at rôl yr Is-gadeirydd o fewn aelodaeth y Pwyllgor Addysg, Comisiynu ac Ansawdd ac ychwanegu'r tri Deon fel aelodau 'Yn bresennol' sefydlog yn hytrach nag fel aelodau llawn o'r Pwyllgor.

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- Cymeradwyodd y Bwrdd y diwygiad i'r Terfynau Ariannol Dirprwyedig o £2m i £3m ar gyfer anfonebau gan NWSSP yn ymwneud â chyflogau meddygon teulu Cyflogwr Arweiniol Sengl yn unig.

3. Cynnig

Yn dilyn yr adolygiad o'r Rheolau Sefydlog cynigir cymeradwyo'r gwelliannau canlynol ym Mis Ionawr :

- mae'r dyddiad cau ar gyfer cynnal y Cyfarfod Cyffredinol Blynyddol yn dychwelyd i 30 Medi ar gyfer pob blwyddyn;
- mae'r Cynllun Dirprwyo wedi'i ddiwygio i adlewyrchu penodiad a chyfrifoldebau'r Cyfarwyddwr Cynllunio, Perfformiad a Gwasanaethau Corfforaethol a'r Cyfarwyddwr Digidol;
- adlewyrchu'r teitl cywir ar gyfer rôl y Cyfarwyddwr Cyllid;
- bydd y terfyn ariannol dirprwyedig ar gyfer y Cyfarwyddwr Cynllunio, Perfformiad a Gwasanaethau Corfforaethol a'r Cyfarwyddwr Digidol yn £50,000 ar gyfer Contractau nad ydynt yn Gontractau Addysg a Hyfforddiant.

4. MATERION LLYWODRAETHU A RISG

Mae'n ofynnol i sefydliadau'r GIG yng Nghymru adolygu eu Rheolau Sefydlog yn flynyddol er mwyn sicrhau eu bod yn cael y wybodaeth ddiweddaraf ac adlewyrchu unrhyw newidiadau i reoleiddio eu trafodion a'u busnes y cytunwyd arnynt gan y Bwrdd.

5. GOBLYGIADAU ARIANNOL

Nid oes unrhyw oblygiadau ariannol.

6. Argymhelliad

Gofynnir i'r Aelodau:

- **Nodi'r** diwygiadau a wnaed i'r Rheolau Sefydlog yn 2020 ac
- **Argymell** y diwygiadau pellach i'r Rheolau Sefydlog fel yr amlinellir ym mharagraff 3, sydd wedi'u hymgorffori yn y fersiwn ddiwygiedig o Reolau Sefydlog AaGIC (Atodiad 1), i'r Bwrdd ar 28 Ionawr 2021 i'w cymeradwyo.

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Llywodraethu a Sicrwydd			
Linc i nodau strategol IMTP ***(os*** gwelwch yn ***ddau)***	**Nod Strategol 1:** Arwain y gwaith o gynllunio, datblygu a lles gweithlu cymwys, cynaliadwy a hyblyg i gefnogi'r gwaith o gyflawni '*Cymru lachach*'	**Nod Strategol 2:** Gwella ansawdd a hygyrchedd addysg a hyfforddiant i'r holl staff gofal iechyd gan sicrhau ei fod yn diwallu anghenion y dyfodol	**Nod Strategol 3:** Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru drwy feithrin gallu tosturiol ac arweinyddiaeth gyfunol ar bob lefel
	✓	✓	✓
	Nod Strategol 4: Datblygu'r gweithlu i gefnogi'r gwaith o ddarparu diogelwch ac ansawdd	**Nod Strategol 5:** Bod yn gyflogwr enghreifftiol ac yn lle gwych i weithio	**Nod Strategol 6:** I'w gydnabod fel partner, dylanwadwr ac arweinydd rhagorol
	✓	✓	✓

Ansawdd, Diogelwch a Phrofiad Cleifion
Mae sicrhau bod y Bwrdd yn cyflawni ei fusnes yn briodol ac yn cyd-fynd â'i reolau sefydlog yn ffactor allweddol yn ansawdd, diogelwch a phrofiad cleifion sy'n derbyn gofal.
Goblygiadau Ariannol
Dim goblygiadau ariannol i'r Bwrdd fod yn ymwybodol ohonynt.
Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth)
Mae'n hanfodol bod y Bwrdd yn cydymffurfio â'i reolau sefydlog.
Goblygiadau Staffio
Dim goblygiadau staffio i'r Bwrdd fod yn ymwybodol ohonynt.
Goblygiadau Hirdymor (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)
Nod y strwythur llywodraethu yw nodi materion yn gynnar er mwyn atal cynnydd ac mae'r Pwyllgor yn integreiddio i drefniadau cyffredinol y Bwrdd.

Hanes yr Adroddiad	
Atodiadau	Atodiad 1 – Rheolau Sefydlog AaGIC

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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:

28 January 2021

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19 March, 2019

Equality Impact Assessment Outcome:

No impact

Review Date:

January 2022

Version: V4

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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 paragraph 3(3) 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 currently apply to HEIW. It will apply at a future date but in the interim HEIW will develop a Welsh Language policy/scheme to deliver commitments

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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) 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) 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) 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.

xvi) The Welsh Ministers, reflecting their constitutional obligations, have 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.

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

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Citizen Centred Governance principles - are provided 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 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, 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. **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) Although these SOs are subject to regular, annual review by HEIW, 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;

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- 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) 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) 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) 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 and accountability framework set by the Welsh Ministers.

xxvi) 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 and Chief Executive, and reports on a day to day basis to the Chief Executive.

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xxvii) 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 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 ~~Corporate Services and~~ 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.

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

1.1.4 A total of 7 (including the Chair), appointed by the Cabinet Secretary for Health and Social Services.

Associate Members

1.1.5 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 for Health and Social Services. They will attend Board meetings on an ex-officio basis but will not have any voting rights.

Use of the term 'Independent Members'

1.1.6 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

Unless otherwise stated.

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1.2 Tenure of Board members

1.2.1 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.

1.2.2 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.

1.2.3 Executive Directors' tenure of office as Board members will be determined by their contract of appointment.

1.2.4 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 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 the Minister in writing of any such cases immediately.

1.2.5 HEIW will require Independent Board members to confirm in writing their continued eligibility on an annual basis.

1.3 The Role of the HEIW Board and responsibilities of individual members

Role

1.3.1 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
- Ensuring delivery of the organisation's aims and objectives through effective challenge and scrutiny of HEIW performance across all areas of activity.

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Responsibilities

1.3.2 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.

1.3.3 Independent Members appointed 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.

1.3.4 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.

1.3.5 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.

1.3.6 **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.

1.3.7 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.

1.3.8 **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.

1.3.9 **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.

1.3.10 **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

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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 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.

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

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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 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.

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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, sub-Committees, joint-Committees or joint sub-Committees which it has formally constituted.

2.3 Delegation to officers

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.

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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
- 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.

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

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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 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. Designated HEIW officers shall, however, be in attendance at such Committees, as appropriate.

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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.

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4. WORKING IN PARTNERSHIP

4.0.1 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.

4.0.2 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.

4.0.3 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.

5. MEETINGS

5.1 Putting Citizens first

5.1.1 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;
- The availability of papers in English and Welsh languages and in accessible formats, such as Braille, large print, easy read 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.

5.1.2 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

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interests of the communities served by HEIW.

5.2 Annual Plan of Board Business

5.2.1 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.

5.2.2 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.

5.2.3 The plan shall also incorporate formal Board meetings, regular Board Development sessions and, where appropriate, the planned activities of the Board's Committees.

5.2.4 The Board shall agree the plan for the forthcoming year by the end of March, and this plan will be included as a schedule to these SOs.

Annual General Meeting (AGM)

5.2.5 HEIW must hold an AGM in public no later than 30 ~~November 2020~~September of each year. Public notice of the intention to hold the AGM shall be given at least 10 days prior to the meeting, and this notice shall also be made available through community and partnership networks to maximise opportunities for attendance. 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 HEIWs annual Equality Report. A record of the meeting shall be submitted to the next ordinary meeting of the Board for agreement.

Commented [DB(1]: Reverts to original position – subject to final written confirmation from WG.

5.3 Calling Meetings

5.3.1 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.

5.3.2 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.

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5.4 Preparing for Meetings

Setting the agenda

5.4.1 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.

5.4.2 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 beneficial to the conduct of board business.

Notifying and equipping Board members

5.4.3 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.

5.4.4 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. Equality impact assessments (EIA) 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 EIA shall accompany the report to the Board to enable the Board to make an informed decision.

5.4.5 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.

5.4.6 In the case of a meeting called by Board members, notice of that meeting

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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

5.4.7 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.

5.4.8 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.

5.5 Conducting Board Meetings

Admission of the public, the press and other observers

5.5.1 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.

5.5.2 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).

5.5.3 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

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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.

5.5.4 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.

5.5.5 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.

Addressing the Board, its Committees and Advisory Groups

5.5.6 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

5.5.7 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.

5.5.8 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

5.5.9 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

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any formal business to take place at a Board meeting.

5.5.10 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.

5.5.11 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 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

5.5.12 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).

5.5.13 **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 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.

5.5.14 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.

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5.5.15 **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.

5.5.16 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.

5.5.17 **Motions under discussion –** When a motion is under discussion, any Board member may propose that:

- The motion be amended;
- The meeting should be adjourned;
- 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.

5.5.18 **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.

5.5.19 **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.

5.5.20 **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.

5.5.21 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

5.5.22 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

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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.

5.5.23 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.

5.5.24 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.

5.5.25 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.

5.6 Record of Proceedings

5.6.1 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.

5.6.2 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 HEIWs 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.

5.7 Confidentiality

5.7.1 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

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or legislation such as the Freedom of Information Act 2000, etc.

6. VALUES AND STANDARDS OF BEHAVIOUR

6.0.1 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.

6.1 Declaring and recording Board members' interests

6.1.1 ***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 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.

6.1.2 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.

6.1.3 ***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.

6.1.4 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.

6.1.5 In line with the Board's commitment to openness and transparency, the Board

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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.

6.1.6 ***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.

6.2 Dealing with Members' interests during Board meetings

6.2.1 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 decision making is based upon the best interests of HEIW and the NHS in Wales.

6.2.2 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.

6.2.3 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

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by the Board.

6.2.4 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.

6.2.5 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.

6.2.6 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.

6.2.7 ***Members with pecuniary (financial) interests –*** Where a Board member, or any person they are connected with[1] 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.

6.2.8 The Constitution 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.

6.2.9 ***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.

6.3 Dealing with officers' interests

6.3.1 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.

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[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.

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6.4 Reviewing how Interests are handled

6.4.1 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.

6.5 Dealing with offers of gifts[2] and hospitality

6.5.1 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.

6.5.2 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.

6.5.3 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:

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- **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);

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[2] The term gift refers also to any reward or benefit.

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- **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.

6.5.4 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.

6.6 Register of Gifts and Hospitality

6.6.1 The Board Secretary, on behalf of the Chair, will maintain a register of Gifts and Hospitality to record offers of gifts and hospitality made to Board members. Executive Directors will adopt a similar mechanism in relation to HEIW officers working within their Directorates.

6.6.2 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.

6.6.3 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

[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.

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need not be included in the Register. Further detail is provided in the framework policy on standards of behaviour.

6.6.4 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.

6.6.5 The Board Secretary will arrange for a full report of all offers of Gifts and Hospitality 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.

7. SIGNING AND SEALING DOCUMENTS

7.0.1 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.

7.0.2 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.

7.1 Register of Sealing

7.1.1 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.

7.2 Signature of Documents

7.2.1 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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7.2.2 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.

7.3 Custody of Seal

7.3.1 The Common Seal of HEIW shall be kept securely by the Board Secretary.

8. GAINING ASSURANCE ON THE CONDUCT OF HEIW BUSINESS

8.0.1 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.

8.0.2 The Board shall ensure that its assurance arrangements are operating effectively, advised by its Audit and Assurance Committee.

8.0.3 Assurances in respect of the Shared Services arrangements 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 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.

8.1 The role of Internal Audit in providing independent internal assurance

8.1.1 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 Internal Audit Standards (PSIAS) and any other requirements determined by the Welsh Ministers.

8.1.2 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 the code of ethics);

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- 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.

8.2 Reviewing the performance of the Board, its Committees and Advisory Groups

8.2.1 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.

8.2.2 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.

8.2.3 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 Government's Citizen Centred Governance Principles.

8.3 External Assurance

8.3.1 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.

8.3.2 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.

8.3.3 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 Public Accounts Committee and other appropriate bodies.

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8.3.4 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.

9. DEMONSTRATING ACCOUNTABILITY

9.0.1 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 and FE 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.

9.0.2 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.

9.0.3 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.

9.0.4 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.

10. REVIEW OF STANDING ORDERS

10.0.1 The Board Secretary shall arrange for an equality 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.

10.0.2 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 impact assessment.

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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 Boards authority, usually be via a main committee of the Board;

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) 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)

And 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.

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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 BOARD[1]

THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD
1	FULL	GENERAL	The Board may determine any matter for which it has statutory or delegated authority, in accordance with Standing Orders
2	FULL	GENERAL	The Board must determine any matter that will be reserved to the whole Board.
3	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
4	FULL	OPERATING ARRANGEMENTS	Approve, vary and amend: • Standing Orders (SOs); • Standing Financial Instructions (SFIs); • Schedule of matters reserved to HEIW; • Scheme of delegation to Committees and others; and • Scheme of delegation to Officers. In accordance with any directions set by Welsh Ministers.
5	FULL	OPERATING ARRANGEMENTS	Approve HEIW's Values and Standards of Behavior Framework
6	FULL	OPERATING ARRANGEMENTS	Approve HEIW's framework for performance management, risk and assurance
7	FULL	OPERATING ARRANGEMENTS	Approve the introduction or discontinuance of any significant activity or operation. Any activity or operation shall be regarded as significant if the Board determines it so based upon its contribution/impact on the achievement of HEIW's aims, objectives and 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

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THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD
8	FULL	OPERATING ARRANGEMENTS	Ratify any urgent decisions taken by the Chair and the Chief Executive in accordance with Standing Order requirements
9	FULL	OPERATING ARRANGEMENTS	Ratify in public session any instances of failure to comply with Standing Orders and Standing Financial Instructions
11	FULL	OPERATING ARRANGEMENTS	Approve policies for dealing with complaints
12	FULL	OPERATING ARRANGEMENTS	Approve individual compensation payments in line with Standing Financial Instructions
13	FULL	OPERATING ARRANGEMENTS	Approve individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Executive and officers
14	FULL	OPERATING ARRANGEMENTS	Approve proposals for action on litigation on behalf of HEIW
15	FULL	OPERATING ARRANGEMENTS	Authorise use of the HEIW's official seal
16	FULL	OPERATING ARRANGEMENTS	Seek updates and assurance in respect of the Revalidation Process.
17	FULL	ORGANISATION STRUCTURE & STAFFING	Ratify appointment, discipline and dismissal of the Chief Executive
18	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the appointment, discipline and dismissal of the Executive Directors and any other Board level appointments
19	FULL	ORGANISATION STRUCTURE & STAFFING	Require, receive and determine action in response to the declaration of Board members' interests, in accordance with advice received, e.g. from Audit & Assurance Committee

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THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD
20	FULL	ORGANISATION STRUCTURE & STAFFING	Approve, review, and revise HEIW's top level organisation structure and corporate policies
21	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, review, revise and dismiss Board committees, including any joint committees directly accountable to the Board
22	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss the Chair and members of any committee, joint committee or Group set up by the Board
23	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss individuals appointed to represent the Board on outside bodies and groups
24	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the terms of reference and reporting arrangements of all committees, joint-committees and groups established by the Board
25	FULL	STRATEGY & PLANNING	Determine HEIWs strategic aims, objectives and priorities
26	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	FULL	STRATEGY & PLANNING	Approve HEIW's Risk Management Strategy and plans
28	FULL	STRATEGY & PLANNING	Approve HEIW's communication plan

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THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD
29	FULL	STRATEGY & PLANNING	Approve HEIWs partnership and stakeholder engagement and involvement Strategies
30	FULL	STRATEGY & PLANNING	Approve the HEIWs key strategies and programmes related to: • 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; • Supporting delivery of 'A Healthier Wales including development of a high-level strategic workforce plan for Wales in partnership with Social Care Wales.
31	FULL	STRATEGY & PLANNING	Approve HEIW's budget and financial framework (including overall distribution of the financial allocation)
32	FULL	STRATEGY & PLANNING	Proposed commissioning, specification and contract variations on education and training agreements before submission of recommendation to Welsh Government for Cabinet Secretary approval in accordance with delegations set on in the Financial
33	FULL	STRATEGY & PLANNING	Approve individual contracts (other than NHS contracts) above the limit delegated to the Chief Executive set out in the Financial Delegations
34	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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THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD
35	FULL	STRATEGY & PLANNING	Approve the forward work programme for the Education Commissioning and Quality Committee.
36	FULL	PERFORMANCE & ASSURANCE	Approve HEIW's internal audit and assurance arrangements
37	FULL	PERFORMANCE & ASSURANCE	Receive reports from HEIW's Executive on progress and performance in the delivery of HEIW's strategic aims, objectives and priorities and approve action required, including improvement plans
38	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
39	FULL	PERFORMANCE & ASSURANCE	Receive reports on HEIW's performance produced by external auditors, regulators and inspectors that raise issue or concerns impacting on HEIW's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Board Committees (as appropriate)
40	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion of HEIW's Chief Internal Auditor and approve action required, including improvement plans
41	FULL	PERFORMANCE & ASSURANCE	Receive the annual audit report from HEIW's external auditor and approve action required, including improvement plans
42	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion on HEIW's performance against appropriate Health and Care Standards for Wales and approve action required, including improvement plans
43	FULL	REPORTING	Approve HEIW's Reporting Arrangements, including reports on activity and performance to partners and stakeholders and nationally to the Welsh Government
44	FULL	REPORTING	Receive, approve and ensure the publication of HEIW reports, including its Annual Report & Accounts

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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 OTHERS[3]

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.

[3] As 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~~LHB~~'s Scheme of Delegation to Officers.

DELEGATED MATTER	RESPONSIBLE OFFICER(S)
Representation in statutory partnerships	Chief Executive
Performance Management arrangements	~~Deputy Chief Executive and Director of Workforce & OD~~ Director of Planning, Performance and Corporate Services
Receipt and opening of quotations	Director of Finance ~~and Corporate Services~~
Land, Buildings and assets	~~Deputy Chief Executive and Director of Workforce & OD~~ Director of Planning, Performance ~~and Corporate Services~~
Facilities Management	~~Deputy Chief Executive and Director of Workforce & OD~~ Director of Planning, Performance ~~and Corporate Services~~
Sustainable Development	~~Deputy Chief Executive and Director of Workforce & OD~~ Director of Planning, Performance
Health, Safety & Fire	~~Deputy Chief Executive and Director of Workforce & OD~~ Director of Planning, Performance and Corporate Services
I M & T	~~Deputy Chief Executive and Director of Workforce & OD~~ Director of Digital
Senior Information Risk Owner (SIRO)	Board Secretary
CRB checks	Deputy Chief Executive and Director of Workforce & OD
Data Protection	~~Board Secretary~~ 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 ~~and Corporate Services~~
Budgetary delegation arrangements	Director of Finance ~~and Corporate Services~~
Banking arrangements	Director of Finance ~~and Corporate Services~~
Ex-gratia payments	Director of Finance ~~and Corporate Services~~
Losses and special payments	Director of Finance ~~and Corporate Services~~
Professional advice on supply of goods and services	Director of Finance ~~and Corporate Services~~
External Communications incl. Media enquiries	Chief Executive, supported by Board Secretary
Healthcare Standards	~~Executive~~ Director of Nursing/ Medical Director
Risk Management	Board Secretary
Legal Claims	Director of Finance ~~and Corporate Services~~
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	~~Deputy Chief Executive and Director of Workforce & OD~~ 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 Limit

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 ~~& Corporate Services~~	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
Delegated Budget Managers (within delegated budget area)			£10,000
Delegated Budget Managers (within delegated budget area)			£5,000

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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;
  - 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.

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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.

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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

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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

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- 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/Groups[4]

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.

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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

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:

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- 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, 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

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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

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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

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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

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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

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.

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 Remuneration and Terms of Service Committee ("the Committee") is to provide:

- **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.

The Committee shall have no powers to exercise on behalf of the Board.

3. Delegated Powers

With regard to its role in providing advice and assurance to the Board, the Committee will comment specifically upon the:

- 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 ~~and Corporate Services~~
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: i. Provide assurance to the Board as to the effective management

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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
- 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 CYMRU NHS WALES | Addysg a Gwella Iechyd Cymru (AaGIC) Health Education and Improvement Wales (HEIW)

Dyddiad y Cyfarfod	**Dydd Llun, 18 Ionawr 2021**	**Eitem ar yr Agenda**	**2.8**
Teitl yr Adroddiad	**Cynllun Cyfrifon Blynyddol**		
Awdur yr Adroddiad	Martyn Pennell, Pennaeth Cyfrifyddu Ariannol		
Noddwr yr Adroddiad	Eifion Williams, Cyfarwyddwr Cyllid.		
Cyflwynwyd gan	Martyn Pennell, Pennaeth Cyfrifyddu Ariannol		
Rhyddid Gwybodaeth	Sesiwn Agored		
Pwrpas yr Adroddiad	Mae'r ddogfen hon yn rhoi golwg gyffredinol ar y cynllun cau cyfrifon arfaethedig ar gyfer blwyddyn ariannol 2020/21 ac yn tynnu sylw at y prif faterion ariannol a thechnegol sy'n effeithio ar gau'r cyfrifon.		
Materion allweddol	Mae gan AaGIC gynllun ar waith i sicrhau ei fod yn bodloni'r gofynion adrodd statudol ar gyfer blwyddyn ariannol 2020/21. Fel rhan o'r broses gynllunio, nodwyd nifer o faterion allweddol ac maent wedi'u cynnwys yn yr adroddiad hwn er gwybodaeth.		

Cam Penodol i'w Gymryd *(un ✓yn unig)*	**Gwybodaeth**	**Trafod**	**Sicrhau**	**Cymeradwyo**
			✓	

Argymhellion	Gofynnir i'r Pwyllgor Archwilio a Sicrwydd wneud y canlynol: • **Nodi'r** adroddiad er sicrwydd

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CYNLLUN CYFRIFON BLYNYDDOL

1. CYFLWYNIAD

Mae'r ddogfen hon yn rhoi golwg gyffredinol ar y cynllun cau cyfrifon arfaethedig ar gyfer blwyddyn ariannol 2020/21 ac yn tynnu sylw at y prif faterion ariannol a thechnegol sy'n effeithio ar gau'r cyfrifon.

2. CEFNDIR

Mae'n ofynnol i gyrff GIG Cymru baratoi adroddiad blynyddol a chyfrifon yn unol â'r penderfyniad a'r cyfarwyddiadau a roddir gan Weinidogion Cymru. Caiff Llawlyfr Cyfrifon ei baratoi'n flynyddol gan y Grŵp Iechyd a Gwasanaethau Cymdeithasol yn Llywodraeth Cymru, sy'n rhoi canllawiau ar y gofynion statudol i helpu wrth gynhyrchu'r adroddiadau. Mater i bob sefydliad yw dehongli'r canllawiau a chymhwyso'r egwyddorion i'w amgylchiadau unigol.

Cyhoeddodd Llywodraeth Cymru y Llawlyfr Cyfrifon drafft ar gyfer 2019/21 ar 21ain Rhagfyr 2021, ar gyfer ymgynghori. Mae'r wybodaeth a ddarperir yn y papur hwn yn amodol ar unrhyw newidiadau a wneir i fersiwn derfynol y llawlyfr, sydd i'w gyhoeddi ym mis Chwefror 2021.

2.1 Y BROSES A'R AMSERLEN

O ganlyniad i bandemig COVID-19 yn 2020 cafodd amserlen y cyfrifon ar gyfer 2019/20 ei hymestyn, gan roi pedair wythnos ychwanegol i sefydliadau GIG Cymru i baratoi a chyflwyno eu datganiadau ariannol archwiliedig. Mae'r Llawlyfr Cyfrifon drafft ar gyfer 2020/21 yn dychwelyd yn fras i'r amserlenni arferol, gyda'r unig estyniad yn cael ei roi ar gyfer y broses archwilio a chyflwyno'r cyfrifon archwiliedig wedi hynny. Gan fod AaGIC wedi gallu bodloni'r terfynau amser gwreiddiol i raddau helaeth y llynedd, nid oes unrhyw newidiadau sylweddol yn cael eu cynnig i'r cynllun mewnol ar gyfer 2020/21. Trafodwyd yr amserlen gyffredinol gydag Archwilio Cymru mewn cyfarfod cynllunio diweddar a chytunwyd y byddai'r ddau barti'n gweithio i gwblhau'r archwiliad o fewn y terfynau amser byrrach gwreiddiol.

Mae'r cynllun mewnol a ddatblygwyd yn AaGIC yn nodi'r tasgau gofynnol ar gyfer y broses gau o ddydd i ddydd ac yn dyrannu pob un o'r eitemau hyn i unigolyn cyfrifol. Mae'r amserlen yn cael ei monitro a'i hadolygu'n rheolaidd i sicrhau bod y terfynau amser unigol yn cael eu cyflawni, gan ganiatáu i'r tîm cyllid ddyrannu adnoddau yn ôl yr angen.

Mae'r dyddiadau cau allweddol ar gyfer 2020/21 i'w gweld yn atodiad 1. Mae AaGIC eisoes wedi trefnu cyfarfod o'r Pwyllgor Archwilio a Sicrwydd a'r Bwrdd ym mis Mai i gymeradwyo'r datganiadau ariannol archwiliedig. Fodd bynnag, oherwydd y dyddiad cau estynedig ar gyfer cyflwyno, ni fydd modd i Archwilio Cymru lofnodi cyfrifon AaGIC nes bod unrhyw faterion Cymru gyfan yn cael eu hystyried. Felly, bydd angen i AaGIC ystyried diwygio dyddiadau'r ddau bwyllgor hyn.

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2.2 Y BROSES ARCHWILIO

Cynhaliwyd cyfarfod cynllunio cychwynnol gydag Archwilio Cymru ym mis Rhagfyr 2020 i drafod unrhyw faterion sy'n dod i'r amlwg a'r cynllun ar gyfer cyfrifon 2020/21. Cynhelir cyfarfodydd rheolaidd drwy gydol y broses yn ôl yr angen.

Bydd yr archwiliad interim yn cael ei gynnal dros bythefnos ym mis Ionawr a mis Chwefror 2021 a bydd y prif archwiliad yn dechrau ddydd Mawrth 4ydd Mai. Mae paratoadau ar gyfer yr archwiliad interim eisoes wedi dechrau i sicrhau bod y wybodaeth angenrheidiol ar gael ymlaen llaw.

Mae Archwilio Cymru wedi cadarnhau y byddant yn parhau i fod wedi'u lleoli gartref tan o leiaf fis Ebrill 2021. Oherwydd yr ansicrwydd parhaus, nid yw'n hysbys pryd y bydd Tŷ Dysgu ar agor ar gyfer mynediad i ymwelwyr, ond bydd hyn yn cael ei drafod pan fydd rhagor o wybodaeth ar gael. Mae cwblhau'r archwiliad yn llwyddiannus yn 2019/20 wedi dangos bod modd cynnal yr archwiliad ar-lein, gan gydnabod bod o leiaf rhywfaint o gyswllt wyneb yn wyneb yn fuddiol i'r broses.

2.3 MATERION ARIANNOL A THECHNEGOL ALLWEDDOL

Mae'r meysydd canlynol wedi cael eu nodi fel rhai y mae angen eu hystyried yn ychwanegol fel rhan o broses cau cyfrifon 2019/20:

<u>IAS 19 – Buddion Gweithwyr (Tâl Gwyliau Cronedig)</u>

Fel rhan o'r cyfrifon blynyddol, mae'n ofynnol i sefydliadau gronni ar gyfer costau tâl gwyliau a enillwyd ond sydd heb ei dalu ar ddiwedd y cyfnod adrodd (h.y. gwyliau heb eu cymryd). Ar 31ain Mawrth 2020, roedd AaGIC yn dal croniad o £203k mewn perthynas â'i staff ei hun a darpariaeth arall o £126k ar gyfer hyfforddeion deintyddol yn y gymuned, technegwyr fferyllol a fferyllwyr cyn cofrestru.

Yn ystod 2020, mae'r cyfleoedd i gymryd gwyliau wedi cael eu lleihau oherwydd pandemig COVID-19, a rhagwelir y gallai hynny gynyddu lefel y gwyliau heb eu cymryd ar draws y GIG yn sylweddol. Mae Llywodraeth Cymru yn ymwybodol o'r mater hwn ac yn adolygu'r cyllid yn-ystod-y-flwyddyn sydd ei angen i ddelio â'r gost ychwanegol hon. Mae'r Grŵp Cyfrifyddu Technegol wedi paratoi methodoleg gyfrifo arfaethedig i'w mabwysiadu ledled Cymru a bydd yn cael ei defnyddio i gynnwys amcangyfrif o'r gost ar ffurflen fonitro mis 9.

Yn AaGIC, mae staff ar delerau ac amodau'r GIG wedi cael gwybod y cânt drosglwyddo hyd at 5 diwrnod o wyliau i 2020/21, a fydd yn cyfyngu ar raddfa unrhyw gynnydd. Fodd bynnag, i staff ar delerau ac amodau Prifysgol Caerdydd, mae eu blwyddyn wyliau flynyddol nhw yn dod i ben ar 30ain Medi, ac felly ni fydd y terfyn hwn yn berthnasol ar 31/03/21.

Mae ystyriaeth bellach yn berthnasol i hyfforddeion a gyflogir fel rhan o'r Un Prif Gyflogwr (SLE), lle rhoddir cyfrif am unrhyw gost ychwanegol sy'n gysylltiedig â gwyliau nad ydynt wedi'u cymryd. Mae hyn yn cael ei adolygu ar hyn o bryd i sicrhau y rhoddir cyfrif am y costau yn GIG Cymru.

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Un Prif Gyflogwr

Yn ystod 2020/21, trosglwyddodd nifer o arbenigeddau hyfforddeion i'r SLE dan ofal Partneriaeth Cydwasanaethau GIG Cymru (NWSSP). Mae hyn wedi newid y llif cyllid ar draws GIG Cymru, a fydd felly'n effeithio ar ddatganiadau cyfrifyddu nifer o sefydliadau. Mae Llywodraeth Cymru wedi cynnal cyfarfod ar yr SLE, gyda ffocws penodol ar ddeall effaith cyfuno'r costau hyn a nifer y gweithwyr ar lefel Cymru gyfan.

Ar gyfer AaGIC, nid ystyrir bod yr hyfforddeion hyn yn 'staff gweithredol' yn y sefydliad, ac felly maent wedi'u cynnwys o fewn costau comisiynu yn hytrach na chostau gweithwyr. Bydd nodyn i egluro'r driniaeth gyfrifyddu yn cael ei gynnwys yng nghyfrifon AaGIC er mwyn rhoi cyd-destun i'r cyfuno yng Nghymru. Cynhelir rhagor o gyfarfodydd gyda Llywodraeth Cymru a sefydliadau eraill yn ôl yr angen.

Lwfans treth blynyddol pensiynau – Trefniadau y Cynllun sy'n Talu

Ar 18fed Rhagfyr 2019, cyhoeddodd y Prif Weinidog gyfarwyddyd gweinidogol ynghylch ariannu ffioedd treth lwfans blynyddol 2019/20 ar gyfer clinigwyr cymwys yng nghynllun pensiwn y GIG. O dan y broses hon, lle mae Llywodraeth Cymru wedi cytuno i ariannu'r costau, mae'n rhaid i'r cyflogwr adlewyrchu'r costau a'r cyllid yn ei gyfrifon.

Ar gyfer 2019/20 gofynnwyd i holl sefydliadau'r GIG gynnwys swm atebolrwydd wrth gefn yn eu cyfrifon ar gyfer unrhyw aelod o staff a oedd yn gallu manteisio ar y cynnig hwn, p'un a oeddent eisoes wedi gwneud hynny ai peidio. Ni wnaeth AaGIC nodi unrhyw aelodau o staff lle roedd hyn yn berthnasol.

Y dyddiad cau ar gyfer cyflwyno ffurflenni hunanasesu 2019/20 yw 31ain Ionawr 2021, ac mae angen i'r clinigwr roi gwybod i'r cynllun pensiwn ei fod yn manteisio ar y trefniant (drwy ddewis 'Scheme Pays') erbyn 31ain Gorffennaf 2021. Felly, bydd gan gyrff y GIG bellach well dealltwriaeth o unrhyw gostau posibl nag oedd ganddynt y llynedd, a gallai fod angen ymdrin â hynny'n wahanol yn y cyfrifon.

Bydd angen i AaGIC ddeall yn llawn yr effaith bosibl y bydd y cynllun yn ei chael o ran costau ar sail unrhyw un o'i weithwyr, gan sicrhau bod tystiolaeth briodol ar gael i gyfiawnhau'r ffigurau.

Safon Adrodd Ariannol Ryngwladol 16 (IFRS16) – Prydlesi

Fel rhan o'r papur diweddaru i'r Pwyllgor hwn ym mis Ionawr 2020, nodwyd y byddai IFRS16 yn dod i rym i gyrff sector cyhoeddus o 1af Ebrill 2020 ymlaen. O ganlyniad i bandemig COVID-19 gohiriwyd gweithredu'r safon tan 1af Ebrill 2021, ac yn ddiweddar mae Llywodraeth Cymru wedi cadarnhau gohirio pellach tan 1af Ebrill 2022.

Oherwydd y nifer fach o brydlesi sydd ar waith yn AaGIC, bydd yr effaith ar y sefydliad yn fach. Fodd bynnag, bydd unrhyw brydlesi newydd yn dal i gael eu cofnodi a'u hasesu i baratoi ar gyfer y safon.

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Model Gweithio

Ym mis Mawrth 2020, newidiodd AaGIC i fodel gweithredu gweithio o gartref ac, o ganlyniad, cafodd y prif gyfrifon eu paratoi ar-lein, ac felly hefyd y cwblhawyd yr archwiliad. Ar hyn o bryd, ni wyddys a fydd staff yn gallu gweithio'n llawn amser yn Nhŷ Dysgu yn ystod mis Ebrill a mis Mai, ond ni ragwelir y bydd hyn yn achosi unrhyw broblemau sylweddol oherwydd:

- Mae'r gwaith cynllunio cyn cau wedi cael ei ddatblygu dros y ddwy flynedd diwethaf a dim ond ar gyfer 2020/21 y bydd angen ei fireinio.
- Mae prosesau diwedd mis wedi parhau i wella drwy gydol y flwyddyn gan sicrhau y gellir dibynnu ar ansawdd y wybodaeth yn y cyfriflyfr.
- Mae'r tîm cyllid wedi parhau i weithio ar lefel uchel yn y cartref ac mae'r cyfarfodydd tîm rheolaidd yn sicrhau bod pawb yn ymwybodol o unrhyw faterion neu dasgau sydd i ddod. Ar ben hynny, mae'r tîm wedi cynnal eu perthynas â'r staff perthnasol ar draws y sefydliad.
- Bydd y pecyn cau a gyhoeddwyd ar gyfer 2019/20 yn cael ei ddiweddaru i nodi'r gofynion a'r amserlen ar gyfer y flwyddyn hon. Mae hwn yn aide-memoire defnyddiol i'w ddefnyddio drwy gydol y broses gau.
- Nid oes unrhyw newidiadau cyfrifyddu technegol sylweddol a fydd yn effeithio ar y cyfrifon. Mae'r gwaith o ystyried yr eitemau sydd wedi'u cynnwys uchod wedi dechrau'n gynnar gan sicrhau bod y bobl berthnasol yn cael eu cynnwys.

3. Y CYNNIG

Nodi'r adroddiad er sicrwydd.

4. MATERION LLYWODRAETHU A RISG

Mae'r papur hwn yn nodi cefndir y broses cau cyfrifon ar gyfer 2020/21, gan dynnu sylw at y prif faterion ariannol a thechnegol y mae angen eu hystyried. Bydd cynhyrchu'r cyfrifon yn llwyddiannus yn sicrhau bod AaGIC yn bodloni ei ofynion adrodd statudol ar gyfer y flwyddyn.

5. GOBLYGIADAU ARIANNOL

Nid oes dim goblygiadau ariannol uniongyrchol yn codi o'r papur hwn.

6. ARGYMHELLIAD

Gofynnir i'r aelodau wneud y canlynol:

- **Nodi'r** adroddiad er sicrwydd

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Llywodraethu a Sicrwydd			
Cysylltu â nodau strategol y Cynllun Tymor Canolig Integredig ***(rhowch ✓)***	**Nod Strategol 1:** Arwain y broses o gynllunio a datblygu gweithlu cymwys, cynaliadwy a hyblyg, a sicrhau ei lesiant, er mwyn helpu i gyflawni *'Cymru Iachach'*	**Nod Strategol 2:** Gwella ansawdd a hygyrchedd addysg a hyfforddiant ar gyfer yr holl staff gofal iechyd er mwyn sicrhau ei fod yn diwallu anghenion y dyfodol	**Nod Strategol 3:** Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol yn GIG Cymru drwy ddatblygu capasiti arwain tosturiol a chydweithredol ar bob lefel
	√	√	
	Nod Strategol 4: Datblygu'r gweithlu er mwyn helpu i ddarparu diogelwch ac ansawdd	**Nod Strategol 5:** Bod yn gyflogwr rhagorol ac yn lle gwych i weithio ynddo	**Nod Strategol 6:** Cael ei gydnabod fel partner, dylanwadwr ac arweinydd rhagorol

Ansawdd, Diogelwch a Phrofiad Cleifion
Nid oes dim effaith ar ansawdd, diogelwch na phrofiad cleifion.
Goblygiadau Ariannol
Does dim goblygiadau ariannol yn codi o'r papur hwn.
Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth)
Mae'r cynllun a amlinellir yn y papur hwn yn nodi sut bydd AaGIC yn bodloni ei ofynion statudol i gynhyrchu set o gyfrifon blynyddol ar gyfer blwyddyn ariannol 2020/21.
Goblygiadau Staffio
Nid oes dim goblygiadau uniongyrchol o ran staffio
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)
Nid oes dim goblygiadau tymor hir.

Hanes yr Adroddiad	Dim ar gyfer blwyddyn ariannol 2020/21.
Atodiadau	Atodiad 1 – Crynodeb o amserlen diwedd blwyddyn 2020/21

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Atodiad 1 – Crynodeb Drafft o Amserlen Diwedd Blwyddyn 2020/21

Dyddiad Gwreiddiol 2019/20	Dyddiad Arfaethedig 2020/21	Gweithgaredd	Unigolyn Cyfrifol
07/04/20	09/04/21	Cyflwyno'r sefyllfa diwedd blwyddyn ddangosol i Lywodraeth Cymru	Rhiannon Beckett
28/04/20	30/04/21 (hanner dydd)	Anfon y ffurflenni ariannol a'r cyfrifon drafft at Lywodraeth Cymru a Swyddfa Archwilio Cymru	Martyn Pennell
06/05/20	06/05/21	Y Pwyllgor Archwilio a Sicrwydd i adolygu'r cyfrifon blynyddol drafft	Eifion Williams
26/05/20	26/05/21*1	Y Pwyllgor Archwilio a Sicrwydd i adolygu'r cyfrifon blynyddol terfynol arfaethedig	Eifion Williams
28/05/20	27/05/21*2	Y Bwrdd i adolygu a chymeradwyo'r adroddiad blynyddol a'r cyfrifon	Eifion Williams a Dafydd Bebb
29/05/20 (hanner dydd)	11/06/21 (hanner dydd)	Cyflwyno fersiwn terfynol yr adroddiad blynyddol a'r cyfrifon wedi'u llofnodi i Lywodraeth Cymru	Archwilio Cymru

Mae'r amserlen yn un ddrafft ac yn destun ymgynghori ar hyn o bryd.

*1 – Mae Pwyllgor Archwilio a Sicrwydd ar y gweill ar gyfer 26ain Mai 2021. Fodd bynnag, oherwydd y cyfnod archwilio estynedig arfaethedig, bydd angen i AaGIC ystyried newid y dyddiad hwn.

*2 – Mae cyfarfod o'r Bwrdd wedi cael ei drefnu ar gyfer 27ain Mai 2021. Fodd bynnag, oherwydd y cyfnod archwilio estynedig arfaethedig, bydd angen i AaGIC ystyried newid y dyddiad hwn.

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GIG CYMRU NHS WALES | Addysg a Gwella Iechyd Cymru (AaGIC) Health Education and Improvement Wales (HEIW)

Dyddiad y Cyfarfod	**18 Ionawr 2021**	**Eitem agenda**	**2.9**
Teitl yr Adroddiad	**Cofrestr Risg Gorfforaethol**		
Awdur yr Adroddiad	Kay Barrow, Rheolwr Llywodraethu Corfforaethol		
Noddwr yr Adroddiad	Dafydd Bebb, Ysgrifennydd y Bwrdd		
A gyflwynir gan	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Rhyddid Gwybodaeth	Agored		
Diben yr Adroddiad	I ddarparu trosolwg o'r risgiau y manylir arnynt ar hyn o bryd yn y Gofrestr Risg Gorfforaethol.		
Materion Allweddol	• Mae'r adroddiad yn darparu diweddariad ar y Gofrestr Risg Gorfforaethol (CRR), sydd ynghlwm yn Atodiad 1. • Mae'r CRR yn cadarnhau: - **dwy** risg statws 'coch'; - **saith** risg statws 'ambr'; - **tair** risg statws gwyrdd.		
Camau Penodol sy'n Ofynnol ***(un ✓ yn*** unig os gwelwch yn dda)	**Gwybodaeth**	**Trafodaeth**	**Sicrwydd**	**Cymeradwyaeth**
			✓	
Argymhellion	Gofynnir i'r Pwyllgor Archwilio a Sicrwydd: • **Sylwi ar** gynnwys yr adroddiad; • Mae risg 1 ac 16 yn cael eu cyfuno i mewn i un risg 16 (dileu risg 1) • **Cymeradwyo** dileu'r risgiau 'gwyrdd' a aseswyd.		

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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. ASESIAD

Ers y cyfnod adrodd diwethaf, ar hyn o bryd mae [**12]** risg ar y Gofrestr Risg Gorfforaethol. Aseswyd y risgiau hyn fel a ganlyn: **dau** statws 'coch', **saith** statws 'ambr' a **thri** statws 'gwyrdd'. Mae'r sylwebaeth isod yn tynnu sylw at y newidiadau i'r CRR dros y mis diwethaf.

2.1 Cyfuno Risg

Roedd risg 1 yn canolbwyntio'n bennaf ar y risg i addysg a hyfforddiant i'r holl fyfyrwyr a hyfforddeion a berir gan don gyntaf y pandemig COVID-19. Canolbwyntiodd **risg 16** ar y risg i addysg a hyfforddiant i fyfyrwyr Nyrsio a achosir gan ail don y pandemig. Cynigir, yn amodol ar gymeradwyaeth y Pwyllgor Archwilio a Sicrwydd yn ei gyfarfod a drefnwyd ar gyfer 18 Ionawr 2021, bod y ddwy risg yn cael eu cyfuno i **Risg 16** a bod **Risg 1 yn** cael ei dileu.

2.2 Risgiau Coch

- **Risg 8 -** Os na fydd AaGIC yn sicrhau bod pob cam rhesymol yn cael ei gymryd mewn perthynas â seiberddiogelwch, gallai fod yn agored i dorri data, dirwyon posibl gan Swyddfa'r Comisiynydd Gwybodaeth a'r cyhoeddusrwydd gwael cysylltiedig.

  Lliniaru: Mae'r argymhellion yn adroddiad asesiad Seiberddiogelwch AaGIC wedi'u gweithredu neu'n cael eu gweithredu. Mae'r Rhaglen Seiberddiogelwch a'r Cynllun Gweithredu Gwaith wedi'i ddatblygu ac mae'n cael ei weithredu.

- **Risg 15 -** Os nad oes digon o gyfleoedd cyflogaeth ar gael ar gyfer graddio Gweithwyr Proffesiynol Perthynol i Iechyd (AHP) a myfyrwyr Gweithwyr Cymorth Gofal Iechyd (HCS) sydd wedi dewis clymu bwrsariaeth yn y buddsoddiad mewn addysg ar gyfer y myfyrwyr hyn, gellir eu colli.

  Lliniaru: Ymgymerwyd â phlymio dwfn i archwilio rhesymau sylfaenol dros brinder cyflogaeth a'r broses apelio bwrsariaethau sy'n rhyddhau / gorfodi myfyrwyr o'u cyfrifoldebau bwrsariaeth. Canlyniad hyn yw'r camau lliniarol canlynol:

  1. Monitro gwell o'r swyddi sydd ar gael ac apeliadau bwrsariaeth.

  2. Ymgysylltu â WoDs a DoFs i dynnu sylw at y bwlch rhwng ceisiadau comisiynu a chyfleoedd cyflogaeth.

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Mae'r Grŵp Monitro wedi'i Dargedu wedi disodli'r Grŵp Monitro Gwell. Mae hyn wedi tynnu sylw at y ffaith bod angen mireinio'r broses olrhain fel bod lleoliad myfyrwyr yn hysbys i AaGIC.

Mae'r broses fwrsariaeth wedi'i sefyll i lawr o'r Cymorth wedi'i Dargedu oherwydd y cynnydd a wnaed. Mae graddedigion rhagorol 2020 yn cael eu dilyn i fyny a rhoddir adroddiad i'r Weithrediaeth yn fisol. Mae symleiddio yn cael ei gyflwyno ar gyfer pob myfyriwr sy'n graddio yn 2021 ac mae'r protocolau i gefnogi hyn yn cael eu cwblhau.
Cynnydd: Gwell monitro a sgyrsiau gyda gwasanaeth yn mynd rhagddo.

Bydd graddedigion AHP yn cael eu cynnwys ym mhroses symleiddio haf 2021 i hwyluso'r broses o drosglwyddo i swyddi GIG Cymru. Cytundeb wedi'i wneud ym mis Rhagfyr / Ionawr 20-21.

2.3 Risg gyda Sgôr Cynyddol

- **Risg 16 -** (Cyfunwyd y risg hon â risg 1 - gweler uchod) Os bydd cynnydd mewn achosion o COVID 19 sy'n effeithio ar ddarparu gwasanaeth 'arferol' efallai y bydd tarfu ar gyfleoedd lleoli i hyfforddeion a myfyrwyr a thrwy hynny effeithio ar eu gallu i gynnydd, hyfforddiant graddedig neu gyflawn. Bydd hyn yn ei dro yn effeithio ar y gweithlu gyda phrinder a allai gael effaith hirdymor ar ddarparu gwasanaethau.

  Lliniaru:
  - Parhad i fapio oedi carfan / rhaglen
  - Cefnogi darparwyr addysg a gwasanaeth i weithredu egwyddorion adfer lleoliadau AaGIC
  - Ymgysylltiad parhaus â rheoleiddwyr, darparwyr addysg, CoDs, Colegau meddyginiaethol a chyrff addysgol statudol eraill (dull 4 gwlad) i sicrhau parhad addysg.
  - Egwyddorion adfer lleoliad.
  - Prosesau diwygiedig ar gyfer ARCP a rhanddirymiadau cwricwlwm i hyfforddeion meddygol barhau tan fis Medi 2021 i gefnogi dilyniant
  - Sefydlu sianeli cyfathrebu gyda LEPau ar gyfer hyfforddeion meddygol i sicrhau dull gweithredu â therfyn amser o unrhyw adleoli yng nghyd-destun yr ail don
  - Casglu data ar lefel hyfforddai meddygol a deintyddol unigol.
  - Mae cymeradwyaeth y DU i frechlyn COVID-19 ar 2/12/20, gyda staff y GIG yn cael eu blaenoriaethu, ac yna poblogaeth ehangach y DU yn rhoi sicrwydd y bydd rhaglenni'n gallu dychwelyd i ddulliau cyn COVID-19 erbyn gwanwyn 2021.

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Cynnydd:

- ***Nyrsio a Gweithwyr Proffesiynol Perthynol i lechyd***

Mae'r Gyfarwyddiaeth mewn sgyrsiau parhaus gyda rheoleiddwyr, Eps, CoDs a'r Llywodraeth.

Yn dilyn adfywiad y pandemig COVID-19 ym mis Hydref 2020, mae adolygiad ynghylch a ddylid lleoli myfyrwyr eto wedi cael ei adolygu gan y 4 gwlad a'r rhanddeiliaid allweddol. Nid bwriad Cymru yw defnyddio myfyrwyr ar y pwynt hwn a thrwy hynny alluogi'r myfyrwyr i gwblhau eu dysgu a mynd i mewn i'r gweithlu fel y cynlluniwyd. Disgwylir i 350+ o fyfyrwyr nyrsio ymuno â'r gweithlu ym mis Mawrth 2021. Yn ogystal, mae nifer o e-adnoddau ar gael i fyfyrwyr i leihau unrhyw bryderon a allai fod ganddynt o fynd i mewn i leoliad / teithio i leoliad yn ystod y sefyllfa bandemig. Mae gweithredu safonau brys yn cael ei adolygu eto.

Mae ymgysylltu â LIC wedi sicrhau bod myfyrwyr ar leoliad yn cael mynediad cyfartal at frechiadau COVID-19 fel staff taledig.

- ***Meddygaeth***

Mae'r ail don wedi arwain at y potensial i adleoli hyfforddeion ymhellach. Mae'r gweithgaredd hwn yn cael ei fonitro'n ofalus ac mae cynlluniau rheoli a chyfathrebu mwy effeithiol ar waith.

Cytunodd 4 gwlad ar brosesau a rhanddirymiadau ARCP diwygiedig i gwricwla i barhau tan fis Medi 2021 er mwyn galluogi hyfforddeion i symud ymlaen cyn belled ag y bo modd ond bydd aflonyddwch pellach yn cael effaith gronnus ar ddilyniant a photensial hyfforddeion.

Mae trafodaethau parhaus ar lefel y DU mewn Meddygaeth a Deintyddiaeth i sicrhau bod y newidiadau buddiol ledled y DU yn cael eu cynnal.

Asesiad: Aseswyd y sgôr risg hon yn wreiddiol fel 9 a statws 'ambr' ond mae'r risg wedi'i chyfuno a'i ailasesu. Mae hyn wedi arwain at i'r sgôr gynyddu i 12 ond mae'n parhau i fod yn statws 'ambr'.

2.4 Risg gyda Sgôr Llai

- **Risg 4 -** Os yw'r pwysau cyfredol yn effeithio ar y rhaglenni newid mawr sy'n ymwneud â Rhaglen Hyfforddi Meddygon Teulu a Rhaglen Cyn-Fferyllfa, mae risg i gyflawni, ac effaith ar gynnydd gweithlu yn y dyfodol yn y tymor canolig.

  Lliniaru: AaGIC i amddiffyn adnoddau i gynnal y rhaglenni hyn.

  Cwrs Darpar Hyfforddwr Ar-lein yn cael ei ddatblygu i wella gallu hyfforddwyr - gan aros am ymateb y Byrddau Iechyd i lansio hwn.

  Nid oes tystiolaeth hyd yn hyn bod Fferylliaeth neu Hyfforddiant Meddygon Teulu wedi effeithio ar ddarpariaeth Addysg.

  Adnoddau ychwanegol ar gyfer carfan Rhag-gofrestru Fferylliaeth a gymeradwywyd ym mis Rhagfyr 2020 i gefnogi cyflenwi.

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Asesiad: Aseswyd y sgôr risg hon yn wreiddiol fel 9 a statws 'ambr', fodd bynnag, mae'r risg wedi'i ailasesu ac wedi arwain at ostwng y sgôr i 6 a'i ostwng i statws 'gwyrdd'.

- **Risg 11 -** Os oes ail gopa neu fwy o gopaon COVID-19 ac nad yw AaGIC yn ailasesu ei Gynllun Chwarterol ni fydd yn gallu ailddyrannu adnoddau i ddarparu'r gefnogaeth angenrheidiol i weithlu'r GIG yn ystod yr argyfwng ac yn methu â gwneud hynny. Rheoli disgwyliadau wrth gyflawni ei amcanion.

  Lliniaru: Mae AaGIC wedi cynnal adolygiad ac oedi o'i amcanion Cynllun Tymor Canolig Integredig (IMTP) yn C1 ac mae'r gwersi a ddysgwyd o'r broses hon wedi'u dal a'u defnyddio. Mae ein Cynllun Gweithredol Ch3 a Ch4 yn caniatáu i AaGIC weithredu'r IMTP a helpu i gefnogi ymateb y GIG i COVID-19 a'r Cynllun Gaeaf ar gyfer iechyd a gofal cymdeithasol.

  Mae'r Bwrdd wedi cytuno ar ein Cynllun Gweithredol Ch3 a Ch4 a'i gyflwyno i LlC. Mae'n cynnwys ein cynlluniau i weithredu'r mwyafrif o amcanion IMTP a chefnogi ymateb y GIG i COVID-19 a'r Cynllun Gaeaf ar gyfer iechyd a gofal cymdeithasol trwy'r ail don sydd wedi digwydd yn ystod yr hydref a'r gaeaf. Mae ein gallu i gyflawni ein Cynllun C3 a C4 yn parhau i gael ei adolygu, ond nid yw'r amcanion wedi'u seibio ar adeg ysgrifennu'r adroddiad hwn (Ionawr 2021).

  Asesiad: Yn wreiddiol, aseswyd y sgôr risg hon fel 12 a statws 'ambr', fodd bynnag, mae'r risg wedi'i ailasesu ac wedi arwain at ostwng y sgôr i 8 a pharhau i fod yn statws 'ambr'.

2.5 Peryglon wedi'u Tynnu Ymaith

Nid oes unrhyw risgiau wedi'u dileu ers yr adroddiad diwethaf.

2.6 Risgiau Newydd

Mae un risg newydd:

- **Risg 19 -** Os ydym yn parhau i gomisiynu addysg cyn-gofrestru ac addysg ôl-radd gan Sefydliadau Addysg Uwch yng Nghymru a Lloegr heb gontract yna gall Sefydliadau Addysg Uwch dynnu darpariaeth addysg yn ôl neu fethu â darparu addysg o ansawdd uchel y gellir ei rheoli perfformiad yn y ffordd arferol a lywodraethir gan gontract.

  Lliniaru: Cam 2 yr adolygiad strategol i fod yn eitem sefydlog mewn cyfarfodydd contract gyda Sefydliadau Addysg Uwch. Parhau i ymgysylltu â thrafodaethau rheolaidd gyda'r Ysgol Genedlaethol (cynhelir cyfarfodydd 4 gwlad bob chwarter). Ymagwedd raddol gyda'r rhaglenni hynny sydd fwyaf mewn perygl yn y don gyntaf. Mae'n hanfodol cadw at y llinell amser y cytunwyd arni a sicrhau bod digon o adnoddau ar gyfer y prosiect ee penodi rheolwr prosiect

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Asesiad: I ddechrau, aseswyd y risg fel statws ambr gyda sgôr risg o 9. Fodd bynnag, gyda'r lliniaru ar waith, aseswyd y risg weddilliol gyda sgôr o 6 ac felly risg 'werdd'.

2.7 Risgiau Gwyrdd Argymhellir eu Tynnu Ymaith:

Mae tair risg 'werdd' wedi'u hasesu (risgiau wedi'u rhifo 4, 18 a 19) yr argymhellir eu tynnu o'r Gofrestr Risg Gorfforaethol.

3. MATERION LLYWODRAETHU A RISG

Mae rheoli risg trwy'r Gofrestr Risg Gorfforaethol yn offeryn craidd ar gyfer llywodraethu risg o fewn AaGIC.

4. GOBLYGIADAU ARIANNOL

Mae rheoli risg trwy'r Gofrestr Risg Gorfforaethol yn swyddogaeth graidd i 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 at ddibenion sicrwydd;
- Mae risg 1 ac 16 yn cael eu cyfuno i mewn i un risg 16 (dileu risg 1);
- **Cymeradwyo** dileu'r risgiau 'gwyrdd' a aseswyd.

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Llywodraethu a Sicrwydd			
Linc i nodau strategol IMTP *(os* gwelwch yn dda✓*)*	**Nod Strategol 1:** Arwain y gwaith o gynllunio, datblygu a lles gweithlu cymwys, cynaliadwy a hyblyg i gefnogi'r gwaith 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 diwallu anghenion y dyfodol	**Nod Strategol 3:** Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru drwy feithrin gallu tosturiol ac arweinyddiaeth gyfunol ar bob lefel
		✓	
	Nod Strategol 4: Datblygu'r gweithlu i gefnogi'r gwaith o ddarparu diogelwch ac ansawdd	**Nod Strategol 5:** Bod yn gyflogwr enghreifftiol ac yn lle gwych i weithio	**Nod Strategol 6:** I'w gydnabod fel partner, dylanwadwr ac arweinydd rhagorol

Ansawdd, Diogelwch a Phrofiad Cleifion	
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 effeithio'n ffafriol ar ddiogelwch a phrofiad cleifion a staff.	
Goblygiadau Ariannol	
Mae rheoli risg yn swyddogaeth graidd i AaGIC fel Awdurdod Iechyd Arbennig. Ni ragwelir unrhyw gostau ychwanegol.	
Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth)	
AMHERTHNASOL	
Goblygiadau Staffio	
Nid oes unrhyw oblygiadau staffio ychwanegol.	
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 i'r Tîm Gweithredol a'r UDA yn fisol. Mae'r Pwyllgor Archwilio a Sicrwydd yn adolygu bob chwarter.
Atodiadau	Atodiad 1 - Cofrestr Risg Gorfforaethol

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HEIW CORPORATE RISK REGISTER (JANUARY 2021)

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Date Added	Ref (Risk Area)	Risk Description and Executive Manager Owner	Inherent Risk			Risk Appetite	Mitigating Action	Residual Risk			RAG Status	Progress
		Details of risk If…then… impact…	Impact	Probability	Overall Score	None Low Moderate High V. 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	Impact	Probability	Overall Score	R/A/G & trend	
1. Apr 2020	**1**	If additional support is not put in place in response to the impact to education and training programmes as a result of COVID-19 there will be an adverse impact on progression and outcomes for students and trainees, which will also impact on NHS workforce in the medium term. **Medical Director/ Interim Director of Nursing** **[Risk 1 has been amalgamated with Risk 16. The January meeting of the Audit Committee will receive a recommendation that Risk 1 is removed from the CRR].**	**5**	**4**	**20**	LOW	HEIW is entering into dialogue with the regulators, Royal Colleges, Universities and other national bodies to seek alternative solutions to mitigate the impact on students and trainees. HEIW is also reviewing the infrastructure to establish and identify the support that will be available for students. We are aiming to achieve an agreement based on a 4 nation approach where possible. Consideration given to Virtual approach to learning competencies to be recognised.	**4**	**3**	**12**		From a Medical and Dental point of view, the ARCP process has been modified to allow trainees to progress without detriment if their progression has been hampered by COVID 19. Update 7.10.2020 Medical and Dental rotations have resumed, and the plan is that they will be maintained in the future. ARCP processes will be maintained virtually in the future Pharmacy Preregistration trainees have nearly all secured interim employment pending the registration exam which is now planned for January 2021. Update10.01.2020 There are ongoing discussions at UK level in Medicine and Dentistry to ensure that the beneficial changes across the UK are maintained The impact of the pandemic on student progression has been closely monitored and to date there is only one cohort of Radiography students whose programme completion (at the current time) may be delayed by 3 weeks. It is estimated it will be a further six months before a normal placements cycle can be resumed. Regarding Nursing and Midwifery, the NMC will be phasing out many of the emergency standards that came into operation early in the pandemic on 30 September 2020. This will support students returning to their normal studies and supernumerary placements.

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												The NMC standards are facilitative rather than directive which means Wales can choose to return to normal ahead of that date. The NMC have identified a number of emergency programme standards which will be retained as recovery standards. These facilitative standards include removal of the 12-week rule, and adoption of the Standards for Student Supervision and Assessment. The NMC are also recommending flexibility in how theoretical instruction is given, moving from distance to blended learning as university campuses begin to reopen.

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4. Apr 2020	**1**	If current pressures affect the major change programmes relating to GP Trainee and Pharmacy Pre reg programme there is a risk to delivery, and impact on future workforce increases in the medium term **Medical Director**	**4**	**4**	**16**	LOW	HEIW to protect resources to maintain these programmes. Maintain regular updates on progress	**3**	**2**	**6**		Alternative digital methods of training are being implemented across Primary Care. PEER group discussion, small group case discussions. Online Prospective Trainer course being developed to improve trainer capacity – awaiting Health Boards response to launching this. Update 10.01.2021 There is no evidence to this point that Education delivery has been affected with Pharmacy or GP Training. Extra resourcing for Pharmacy PreReg cohort approved in December to support delivery.

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8. Apr 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.	**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.

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10. May 2020	**1.**	The suspension of routine dentistry and the suspension of aerosol producing procedures in response to COVID-19 is affecting dental training processes both in undergraduate and postgraduate arenas. This will affect when, and, how dental students and foundation dentists gain the relevant level of experience in order to qualify, and therefore contribute to the NHS workforce. **Medical Director**	**4**	**4**	**16**	LOW	The matter is being considered at a 4 nations level to ensure a co-ordinated response. Changes to the training programmes will be developed. This will include: • 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 • Practical clinical elements of training to be undertaken in later in the training programmes	**3**	**3**	**9**		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. Update 7.10.2010 No change Update 2.11.2020 There are National discussions ongoing regarding Final Year Dental Students who were due to 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. Update10.01.2020 The current position in Wales is that Graduation may be delayed slightly in Cardiff, but Foundation year could start almost on time.

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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. It includes our plans to implement the majority of the IMTP objectives and support the NHS response to COVID-19 and the Winter Plan for health and social care through the second and third waves which have taken place during the autumn and winter. Our capacity to deliver our Q3&4 Plan remains under review but objectives have not been paused at the time of writing (Jan 2021).	**4**	**2**	**8**		

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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

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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 Annual Plan commitments and levels of performance. **Director of Workforce and Organisational Development**	**4**	**4**	**16**	LOW	Assessment and costing of workforce requirements made as part of the development of the Quartely/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 that capacity and resources are aligned to priority areas

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15. **Aug 2020**	**2**	If there are insufficient employment opportunities available for graduating AHPs and HCS 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 has been undertaken to examine underlying reasons for employment shortages and the bursary appeals process that releases/enforces students from their bursary responsibilities. The outcome of which are the following mitigating actions: 1. Enhanced monitoring of available posts and bursary appeals 2. Engagement with WoDs and DoFs to highlight the gap between commissioning requests and employment opportunities. The Enhanced Monitoring Group has been replaced by the Targeted Support Group. This has highlighted that there is a need to refine the tracking process so that the whereabouts of students are known to HEIW The bursary process has been stood down from Targeted Support due to the progress made. The outstanding 2020 graduates are being followed up and a report is given to the Executive on a monthly basis. Streamlining is being introduced for all students graduating in 2021 and the protocols to support this are being finalised'.	**3**	**5**	**15**		Enhanced monitoring and conversations with service proceeding AHP graduates will be included in the summer 2021 streamlining process to facilitate transition to NHS Wales posts. Agreement made in Dec/ Jan 20-21.

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16. Aug 2020		**Interim Director of Nursing & Medical Director** 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. **Interim Director of Nursing & Medical Director**	**4**	**3**	**12**	LOW	• Continuation of the mapping of cohort/programme delays • Supporting 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**		Nursing and AHP 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, a number of 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. Update10.01.2020 Medicine 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

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17 Oct 2020		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. **Director of Finance/Interim Director of Nursing**	**5**	**4**	**20**	LOW	• 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**	**3**	**12**		2/10/20 Final bidder event undertaken. No concerns around have been raised by possible bidders through the procurement mechanisms set out or through any direct communication with HEIW. 3/12/20 – All current contract holders have accessed the tender documents on sell2Wales. Jan 21 – One university has provided notice that they do not intend to bid for one of their current programmes, however assurances have been made to the Dept Dir of Ed that other Unis will bid.

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18 Nov 2020		If there is a failing to close any gaps in the indemnity cover for students who are put on placements outside of an NHS organisation, then this may undermine the drive to place students on such placement resulting in an interruption to the workforce pipeline and a reputational risk to HEIW and education providers. **Interim Director of Nursing**	**4**	**2**	**8**	LOW	HEIW to raise the matter with education providers and WG and other stakeholders and seek to put in place a state backed indemnity for students who are given placements based outside of the NHS organisation.	**2**	**1**	**2**		

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19 Dec 2020		If we continue to commission post reg and post grad education from HEI's 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. **Interim Director of Nursing**	**3**	**3**	**9**	Moderate	Strategic review phase 2 to be a standing item in contract meetings with HEI's. 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. Imperative to keep to agreed timeline and ensure project is sufficiently resourced e.g. appointing a project manager	**2**	**3**	**6**		

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Risk Scoring Matrix

LIKELIHOOD						
	Probable	5	10	15	20	25
	Likely	4	8	12	16	20
	Possible	3	6	9	12	15
	Unlikely	2	4	6	8	10
	Rare	1	2	3	4	5
		Negligible	Minor	Moderate	Major	Critical
		IMPACT				

Level	Colour	Score Range
Low		1 – 6
Moderate		7 – 14
High		15 – 25

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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.

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GIG CYMRU NHS WALES | Addysg a Gwella Iechyd Cymru (AaGIC) | Health Education and Improvement Wales (HEIW)

Dyddiad y Cyfarfod	**18 Ionawr 2021**	**Eitem ar yr Agenda**	**2.10**
Teitl yr Adroddiad	**Adnodd Tracio Argymhellion Archwiliad**		
Awdur yr Adroddiad	Kay Barrow, Rheolwr Llywodraethu Corfforaethol		
Noddwr yr Adroddiad	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Cyflwynwyd gan	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	At ddibenion cydymffurfio a sicrwydd, cyflwyno i'r Pwyllgor Archwilio a Sicrwydd yr Adnodd Tracio Argymhellion Archwiliad (yr Adnodd Tracio) sy'n cynnwys y camau gweithredu presennol y cytunwyd arnynt mewn ymateb i'r argymhellion a'r ystyriaethau cynghorol o fewn adroddiadau Archwilio a dderbyniwyd gan ffynonellau fel Archwilio Mewnol a Swyddfa Archwilio Cymru. Rhoi diweddariad ynghylch statws Coch Melyn Gwyrdd nifer o argymhellion ar ôl i'r Tîm Gweithredol adolygu cynnydd y camau gweithredu yn yr Adnodd Tracio.		
Materion allweddol	Mae'r Adnodd Tracio, y mae ei statws yn cael ei gynrychioli gan ddefnyddio proses sgorio Coch; Melyn; Gwyrdd (RAG), yn cwmpasu **33** o argymhellion ac ystyriaethau cynghorol ar hyn o bryd. Mae'r Adnodd Tracio wedi'i atodi yn Atodiad 1.		

Cam Penodol i'w Gymryd *(un ✓ yn unig)*	**Gwybodaeth**	**Trafod**	**Sicrhau**	**Cymeradwyo**
				✓

Argymhellion	Gofynnir i'r Pwyllgor Archwilio a Sicrwydd wneud y canlynol: • **Nodi'r** adroddiad; • **Ystyried** y cynnydd; • **Cymeradwyo** bod yr argymhellion gwyrdd yr aseswyd eu bod wedi'u cwblhau, neu sydd wedi'u cwblhau yn llwyr, yn cael eu tynnu o'r Adnodd Tracio.

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ADNODD TRACIO ARGYMHELLION ARCHWILIAD

1. CYFLWYNIAD

Yn unol ag arfer da, dylai'r Pwyllgor Archwilio a Sicrwydd fonitro cynnydd yn fanwl gan ddefnyddio'r rhaglen o adroddiadau archwilio mewnol ac allanol a gynhelir yn Addysg a Gwella Iechyd Cymru (AaGIC). Sefydlwyd Adnodd Tracio Argymhellion Archwiliad (Adnodd Tracio) i nodi cynnydd holl argymhellion yr adroddiadau Archwilio Mewnol ac Allanol ers sefydlu AaGIC.

Bydd yr Adnodd Tracio yn rhoi sicrwydd i'r Pwyllgor Archwilio a Sicrwydd bod yr argymhellion hynny yn cael eu datblygu, eu monitro a'u cwblhau.

2. CEFNDIR

Dylai'r Pwyllgor chwarae rôl allweddol yn cefnogi llywodraethiant effeithiol AaGIC. Dylai'r Pwyllgor chwarae rôl allweddol yn sicrhau bod AaGIC yn gweithio yn unol ag arferion llywodraethu da, drwy osod safonau cyfrifyddu ac archwilio priodol a thrwy fabwysiadu trefniadau rheoli risg priodol.

3. MATERION LLYWODRAETHU A RISG

Yn unol ag arferion llywodraethu da, mae cydlynu ac adrodd ar gamau gweithredu sefydliadau ar gyfer gweithgareddau archwilio yn rhai o brif elfennau trefniadau sicrwydd cyffredinol AaGIC.

Mae'r Adnodd Tracio'n monitro statws argymhellion ac ystyriaethau cynghorol yr Archwilwyr Mewnol ac Allanol yn agos. Mae hyn yn darparu adnodd ymarferol i AaGIC sy'n golygu bod modd craffu'n fanylach ar argymhellion archwilio. Mae wedi'i ddylunio er mwyn canolbwyntio'n fanylach ar y rhesymau pam mae argymhellion yn hwyr neu pam does dim cynnydd wedi'i wneud yn unol â'r amserlenni y cytunwyd arnynt. Bydd hyn yn amlygu meysydd mae'n bosib bod angen cymorth ychwanegol arnynt ac yn sicrhau bod mecanweithiau clir ar waith i godi unrhyw faterion.

Taenlen Excel yw'r Adnodd Tracio, ac mae wedi'i rhannu'n chwe tab:

- Adolygiadau Archwilio Mewnol
- Allanol - Adolygiadau Swyddfa Archwilio Cymru ac Adolygiadau Allanol Eraill
- Adolygiadau Cynghori Mewnol
- Adolygiad Archwilio Mewnol wedi'i Gwblhau
- Adolygiad Archwilio Allanol wedi'i Gwblhau
- Cynghori Mewnol wedi'i Gwblhau

Blaenoriaethu Argymhellion

Caiff argymhellion archwilio eu rhoi mewn categorïau yn ôl eu lefel blaenoriaeth ac, fel canllaw, dylent gael eu cwblhau o fewn yr amserlenni canlynol oni bai y cytunir ar amserlen fwy priodol yn ystod yr archwiliad.

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Uchel – i'w gwblhau ar unwaith
Canolig – i'w gwblhau cyn pen mis
Isel – i'w gwblhau cyn pen tri mis

- **Tab 1 – Crynodeb o Adroddiadau Archwilio Mewnol**

Adeg cyhoeddi'r adroddiad, roedd **19** o argymhellion archwilio mewnol cyfredol ar yr adnodd tracio.

Mae'r Adnodd Tracio yn dangos yr argymhellion sydd wedi cael eu cwblhau a'r rhai y bwriedir eu tynnu o'r Adnodd Tracio, y rheini sydd wedi gwneud cynnydd sylweddol ond sydd yn dal heb gael eu cwblhau'n llawn, a'r rheini lle mae cynnydd wedi'i wneud ond mae llawer o ffactorau yn parhau, sy'n atal y camau gweithredu rhag cael eu cwblhau'n llawn.

Mae'r **19** argymhelliad yn y tab archwiliad mewnol wedi'u rhoi mewn categorïau yn y tabl isod:

Coch	**0**	Dim cynnydd a'r tu allan i'r dyddiad targed gwreiddiol. Mae dyddiadau cau diwygiedig wedi cael eu pennu.
Gwyrdd	**10**	Aseswyd bod y cam gweithredu wedi'i gwblhau neu wedi'i gwblhau'n llwyr.
Melyn	**9**	Cynnydd sylweddol ond yn dal heb ei gwblhau'n llwyr, neu dydy'r Cam Gweithredu heb gyrraedd y dyddiad cau ar hyn o bryd.

Bwriedir tynnu'r **10** cam gweithredu 'Gwyrdd' yr aseswyd eu bod wedi'u cwblhau neu sydd wedi'u cwblhau'n llwyr o'r Adnodd Tracio os bydd y Pwyllgor Archwilio a Sicrwydd yn cytuno i wneud hynny.

Cyfanswm Argymhellion Archwiliad Mewnol Hwyr

Mae **8** argymhelliad yn hwyr ar yr adnodd tracio sy'n cael eu rhoi yn eu cyd-destun isod.

Gofynnir i aelodau'r pwyllgor nodi bod COVID 19 wedi achosi oedi o ran rhoi nifer o'r argymhellion ar waith oherwydd bod pwyslais AaGIC wedi symud i gefnogi ymateb GIG Cymru i'r pandemig.

Mae rhai o'r argymhellion hwyr yn ymwneud â meysydd lle mai dim ond yn ddiweddar y mae AaGIC wedi penodi aelodau allweddol o staff (Cyfarwyddwr Cynllunio, Perfformiad a Gwasanaethau Corfforaethol) neu lle mae'r sefydliad ar fin penodi aelod o staff o'r fath (Cyfarwyddwr Digidol). Yn dilyn penodi'r Cyfarwyddwr Cynllunio, Perfformiad a Gwasanaethau Corfforaethol, gwelwyd cynnydd amlwg yn y ffocws mewn meysydd fel y Fframwaith Perfformiad a'r Dangosfwrdd Perfformiad.

Mae nifer o'r argymhellion yn yr archwiliad mewnol yn ymwneud â'r un meysydd megis y Fframwaith Perfformiad a'r Dangosfwrdd Perfformiad.
Yn ogystal, ceir peth dyblygu mewn perthynas ag argymhellion yr archwiliad mewnol a'r archwiliad allanol gan eu bod yn ymwneud â'r un meysydd neu feysydd tebyg – y Fframwaith Perfformiad a'r Dangosfwrdd Perfformiad.

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Mae'r cyd-destun uchod hefyd yn berthnasol i argymhellion yr archwiliad allanol hwyr sy'n cael eu hystyried isod.

Mae'r argymhellion hwyr yn cael eu gwahanu yn ôl lefel blaenoriaeth fel y disgrifir yn y tabl isod:

Lefel Blaenoriaeth	Nifer yr Argymhellion Hwyr
Uchel	1
Canolig	5
Isel	2
Cyfanswm	**8**

Nodir isod nifer yr argymhellion hwyr yn ôl y sgoriau sicrwydd:

Sgôr Sicrwydd	Nifer yr Argymhellion Hwyr
Cyfyngedig	0
Rhesymol	6
Sylweddol	2
Heb ei Raddio	0
Cyfanswm	**8**

Mae rhagor o waith yn cael ei wneud i sicrhau bod gweddill y camau gweithredu ar y gronfa ddata yn cael eu cwblhau fel y cytunwyd.

- **Tab 2 – Crynodeb o Adroddiadau Archwilio Mewnol**

Mae Tab 2 yn disgrifio'r argymhellion a wnaed yn dilyn Asesiadau Strwythuredig Archwilio Cymru ac unrhyw adroddiadau archwilio allanol eraill. Adeg cyhoeddi'r adroddiad, roedd **13** o argymhellion archwilio mewnol cyfredol ar yr adnodd tracio. Amlinellwyd cefndir a chyd-destun ychwanegol yr argymhelliad allanol hwyr uchod yn yr adran ar argymhellion archwilio mewnol hwyr.

Mae'r tabl isod yn disgrifio statws argymhellion archwilio allanol cyfredol:

Statws	Nifer yr Argymhellion
Yn hwyr	7
Nid yw i fod yn barod eto	3
Wedi'i gwblhau yn y cyfnod hwn	3
Parhaus	0
Cyfanswm	**13**

Bwriedir tynnu'r **3** cam gweithredu Gwyrdd yr aseswyd eu bod wedi'u cwblhau neu sydd wedi'u cwblhau'n llwyr o'r Adnodd Tracio os bydd y Pwyllgor Archwilio a Sicrwydd yn cytuno i wneud hynny.

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Mae rhagor o waith yn cael ei wneud i sicrhau bod gweddill y camau gweithredu ar y gronfa ddata yn cael eu cwblhau fel y cytunwyd.

- **Tab 3 – Crynodeb o Adolygiadau Cynghorol Archwilio Mewnol**

Mae Tab 3 yn disgrifio statws yr 1 ystyriaeth ymgynghorol sydd ar ôl yn dilyn y Trefniadau Llywodraethu Archwilio Mewnol yn ystod Adroddiad Cynghorol Pandemig COVID-19. Mae'r tabl isod yn disgrifio statws argymhellion archwilio mewnol cyfredol:

Statws	Nifer yr Argymhellion
Yn hwyr	0
Nid yw i fod yn barod eto	1
Wedi'i gwblhau yn y cyfnod hwn	0
Parhaus	0
Cyfanswm	**1**

Mae rhagor o waith yn cael ei wneud i sicrhau bod gweddill y camau gweithredu ar y gronfa ddata yn cael eu cwblhau fel y cytunwyd.

4. GOBLYGIADAU ARIANNOL

Efallai y bydd sgil effeithiau ariannol i gamau gweithredu unigol ond, nid oes effaith ariannol uniongyrchol sy'n gysylltiedig â'r adroddiad yma ar hyn o bryd.

5. ARGYMHELLIAD

Gofynnir i'r Pwyllgor Archwilio a Sicrwydd wneud y canlynol:

- **Nodi'r** adroddiad;
- **Ystyried** y cynnydd;
- **Cymeradwyo** bod yr argymhellion gwyrdd yr aseswyd eu bod wedi'u cwblhau, neu sydd wedi'u cwblhau yn llwyr, yn cael eu tynnu o'r Adnodd Tracio.

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Llywodraethu a Sicrwydd			
Cysylltu â nodau strategol y Cynllun Tymor Canolig Integredig ***(rhowch ✓)***	**Nod Strategol 1:** Arwain y broses o gynllunio a datblygu gweithlu cymwys, cynaliadwy a hyblyg, a sicrhau ei lesiant, er mwyn helpu i gyflawni *'Cymru Iachach'*	**Nod Strategol 2:** Gwella ansawdd a hygyrchedd addysg a hyfforddiant ar gyfer yr holl staff gofal iechyd er mwyn sicrhau ei fod yn diwallu anghenion y dyfodol	**Nod Strategol 3:** Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol yn GIG Cymru drwy ddatblygu capasiti arwain tosturiol a chydweithredol ar bob lefel
		✓	
	Nod Strategol 4: Datblygu'r gweithlu er mwyn helpu i ddarparu diogelwch ac ansawdd	**Nod Strategol 5:** Bod yn gyflogwr rhagorol ac yn lle gwych i weithio ynddo	**Nod Strategol 6:** Cael ei gydnabod fel partner, dylanwadwr ac arweinydd rhagorol

Ansawdd, Diogelwch a Phrofiad Cleifion
Bydd yr effaith ar ansawdd, diogelwch a phrofiad cleifion yn cael ei hamlygu yn y camau gweithredu unigol ac yn y gofynion sicrwydd, lle bo'n briodol.
Goblygiadau Ariannol
Efallai bydd canlyniadau ariannol i gamau gweithredu unigol, ond nid oes effaith ariannol uniongyrchol cysylltiedig ar hyn o bryd.
Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth)
Nid oes unrhyw oblygiadau cyfreithiol.
Goblygiadau Staffio
Nid oes unrhyw oblygiadau staffio.
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)
Bydd ystyriaethau Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) yn cael eu cynnwys wrth ystyried camau gweithredu unigol lle bo'n briodol.

Hanes yr Adroddiad	Wedi cael ei adolygu gan y Tîm Gweithredol
Atodiadau	• Atodiad 1 - Adnodd Tracio Argymhellion Archwiliad.

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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
30	19/20	Health & Safety July 2019	Reasonable	Head of People & OD Team	Director of Workforce & OD	Medium	A timescale should be drawn up for completion of the outstanding safe work procedures. The Risk Assessment procedure should include a template for carrying out risk assessments. Management should consider developing a Lone Working policy to help protect staff that are not working out of the main office at Ty Dysgu. All policies and procedures should be made available to staff as they are approved.	It is acknowledged that procedures need to be put in place. It is anticipated that this will be completed over the course of the next 3 months.	Oct-19	Complete	Complete	Transferred from Planning & Performance to People & OD Team	**Progress as at November 2019:** A number of the Health and Safety procedures that underpin the H&S Policy have been drafted and reviewed by the H&S Group and forwarded to the Executive Team for approval. These are being actioned during October for formal release to the staff shortly: • Assessment and use of DSE; Fire safety; PEEP; First Aid; New and expectant mothers; Young persons; Incident reporting and investigation. The H&S Group also reviewed a draft homeworking procedure and identified a number of issues regarding what standard equipment should be issued to HEIW contracted staff working in Ty Dysgu, HEIW contracted staff working remotely and remote staff employed by the Health Boards (but salary is recharged to HEIW). This also highlighted what additional equipment was available on request and specialised equipment identified through DSE and OH referrals. This discussion also aided agreement on who should have a face to face or online DSE assessment and which groups of staff would be financially supported with a contribution to an eye test, and those items of equipment that will require PAT testing and a process for undertaking this for remote workers. It was felt that the homeworking procedure should be led by the People team and informed by this piece of work. On the 26 September, the H&S Group reviewed the following procedures: • driving for work; risk assessments; drugs and alcohol; mental health; manual handling and control of contractors. A number of these required further amendment and will return to the H&S Group in December prior to submission to the Senior Executive team for formal approval. It was also agreed that the drugs and alcohol and mental health procedures should be paused because of the current Health Needs Assessment being undertaken and agreed that these two specific procedures should then be taken forward by the people team. **Progress as at January 2020:** We have broadened out the Driving for Work Procedure to a Travelling for Work Procedure to be inclusive of other methods of transport i.e. cyclists/walkers. The Risk Assessment Procedure has been expanded and templates for a standard risk assessment form, corporate risk assessment form and a risk assessment inventory list have been revised. The Manual Handling Procedure and Control of Contractors has been rewritten by the Facilities Manager. These procedures were reviewed at the H&S Sub Group on 18 December 2019 and are due to be submitted to the Executive Team for approval during January 2020. The Drugs and Alcohol and Mental Health Procedures have been paused because of the current Health Needs Assessment and will sit now with the People Team. **Progress as at June 2020:** The Alcohol & Substance Misuse and Mental Health & Wellbeing Procedures are part of the Corporate Health Standards. Both policies have been out for staff consultation. The Alcohol & Misuse policy has concluded on 2.6.2020 and will be ratified by the Local Partnership Forum on 8th July. The Mental Health & Wellbeing Policy felt to be a more critical policy in light of the current COVID 19 pandemic. A task and finish group has been set up to support the development of this policy. Staff focus groups will be commencing on 29th June and to conclude in July. The development of a Agile/Flexible/Home/Remote Working Policy has now commenced. A task and finish group has been set up to drive forward the development of this policy. The first meeting is on 24th June. **Progress as at October 2020:** The HEIW Alcohol and Substance Misuse Policy was ratified on 8th July and published on the intranet. The HEIW Mental Health & Wellbeing Policy remains at the consultation stage, and continues to be enriched with staff feedback during the current COVID 19 pandemic. An Agile Working Task and Finish group has been developing a HEIW Agile Working Policy. As a National group has just been formed to develop a NHS Wales Agile Working policy, the work of the HEIW group has been shared and amalgamated into the national work (Head of People on this group). The HEIW Flexible Working Request Policy has been ratified and published. In the meantime and a draft HEIW Lone Working Policy should be in circulation by the end of September. Mental Health and Wellbeing focus groups have been completed, working group to develop policy due to meet 2nd week of September on a weekly basis with draft to be completed by 1st week in October ready for review by policy review group. **Current Progress:** Significant progress has been made since the recommendation was signed off, with many of the key policies now in place in this area. We have a timeline and agreed process for the finalisation of the remaining policy which relates to lone working and it is anticipated that this will go through our LPF in early 2021.	Jan-21	15			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 **Board** scheduled for Q4 of 2019/20.	Mar-20	Partially complete	Overdue	Decision made to undertake self-assessment during September/ October 2020	**Progress as at January 2020:** All self-assessments are scheduled into the appropriate Forward Work Programme. **Progress as at July 2020:** The Board planned to undertake its self-assessment as part of a Board Development Session in Q4. However, it has been agreed that the Board will undertake its self-assessment during September/October 2020 at its 2-year anniversary at the HEIW Chair's request. **Progress as at October 2020:** The Board will consider the process for undertaking the self assessment at its Development Session in October 2020. The outcome of the self-assessment will be considered at the November Board. **Current Progress:** Self Assessment has been completed by Board Members and evaluation report drafted. To be considered by the Board at its February Development Session.	Feb-21	11			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 **Current Progress:** 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	Jan-21	10			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 **Education, Commissioning and Quality Committee** scheduled for Q1 of 2020/21	Jun-20	Complete	Complete	Delayed due to COVID 19 Pandemic	**Progress as at January 2020:** All self-assessments are scheduled into the appropriate Forward Work Programme. **Progress as at April 2020:** It was planned for the Committee to undertake its self-assessment in Q4. However, due to the increased priority of Coronavirus, this has been postponed until further notice. **Progress as at July 2020:** Draft Effectiveness Checklist to be agreed at the July Committee. With an evaluation presented to the October Committee. **Progress as at October 2020:** The evaluation of the effectiveness review is being considered at the October Committee. **Current Progress:** COMPLETE evaluation considered by the Committee in October 2020.	Oct-20	4			Yes	No
74	19/20	Risk Management March 2020	Reasonable	Board Secretary	Board Secretary	Low	The Business Continuity Policy, Health and Safety Policy and Information Governance Policy should be revised to incorporate the relevant contents of the Board Assurance Framework into their narrative.	Business Continuity Policy, Health and Safety Policy and Information Governance Policy to be amended to include relevant contents of the BAF.	May-20	Complete	Complete	Delayed due to COVID 19 Pandemic	**Progress as at July 2020:** Due to the impact of COVID 19 the amendment to these policies has been delayed. It is anticipated that these will be concluded by the end of August 2020. **Progress as at October 2020:** The Business Continuity Policy and Health & Safety Policy have been updated. The IG Policy is being reviewed by the newly appointed IG Officer. **Current Progress:** The IG Policy has been updated and scheduled for approval by the Executive Team on 13 January 2021.	Jan-21	8			Yes	No
75	19/20	Performance Management March 2020	Reasonable	Deputy Director Planning, Performance & Digital	Director of Planning, Performance & Corporate Services	High	HEIW should continue to establish a formal Performance Management Framework that incorporates the objectives the organisation is trying to achieve from such a framework, reporting lines, responsible officers and executive leads. In doing so, similar organisations, including stakeholders that are furtheradvanced in developing a Performance Management Framework could be contacted.	A request has been made to Internal Audit for examples of best practice to help develop the Performance Management Framework. Whilst we have an indicative structure of the framework we need to articulate expectations, responsibilities and timings to support the development of the Performance Report and Performance Management Framework.	Apr-20	Partially complete	Overdue	Delayed due to COVID 19 Pandemic	**Progress as at July 2020:** A review of examples has supported the development of a draft framework. This provides details of expectations to oversee and manage the development of performance reports including responsibilites and reporting lines. The impact of COVID-19 has restricted further development and once an understanding and appreciation of the new normal is in place we intend to finalise the framework for implementation. **Progress as at October 2020:** A review of Frameworks from other organisations supported the development of a draft framework. Following the appointment of the new Director of PPCS the work has been taken forward and engagement on the draft Framework is underway, including with the Executive Team, SLT and Board. **Current Progress:** The draft Framework has been engaged upon and the final Framework will be presented to the Board for approval in January 2021.	Jan-21	9			Yes	No
77	19/20	Performance Management March 2020	Reasonable	Deputy Director Planning, Performance & Digital	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 activites. 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. **Current Progress:** Following the appointment of the new Director of PPCS a Performance Dashboard Steering Group has been esablished to drive the development of KPIs and the Dashboard, framing it around the Six Stratgic 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.	Jan-21	7			Yes	No
78	19/20	Performance Management March 2020	Reasonable	Deputy Director Planning, Performance & Digital	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. **Current Progress:** See entry above for latest on additional KPIs and the development of the Dashboard.	Jan-21	7			Yes	No
79	19/20	Performance Management March 2020	Reasonable	Deputy Director Planning, Performance & Digital	Director of Planning, Performance & Corporate Services	Medium	The 2018/19 Consolidated Plan should be reviewed to ensure that all relevant KPIs or performance metrics are captured in the Performance Management dashboard and Data Glossary.	A review will be undertaken and as indicated we will ensure that the dashboard encapsulates the range of metrics required to support managing our performance including reviewing the 18/19 consolidated plan. All measures in the dashboard will now have a 'Data Owner' (responsible officer) that will have overall responsible for the accuracy and validity of the data. This will be detailed in the data Glossary.	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:** This will be articulated in the performance framework when finalised. **Current Progress:** See the entries above for development of the Dashboard. The Glossary has been developed to include all measures currently included in the Dashboard and to identify Exec Leads and Responsible Owners and will continue to be updated as the KPIs are agreed and the Dashboard is developed.	Jan-21	7			Yes	No
80	19/20	Performance Management March 2020	Reasonable	Deputy Director Planning, Performance & Digital	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 requiremetns for additional infomration. 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. **Current Progress:** 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.	Jan-21	7			Yes	No

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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
81	19/20	Performance Management March 2020	Reasonable	Deputy Director Planning, Performance & Digital	Director of Planning, Performance & Corporate Services	Low	We would suggest that including an element of 'operational' peer review into the validation process as this would add a constructive element in helping to validate performance measures. Sense-checking report data prior to publication might detect some of the minor errors identified in the Q1 dashboard.	Agreed - As part of the development of the Performance Framework, this will form part of the expectations of data owners and data controllers. As we develop the Performance Framework, consideration will be made to enable appropriate validation from operational peers by attempting to provide more time between report completion and required submission for Executive and Board approval.	Jun-20	Complete	Complete	Delayed due to COVID 19 Pandemic	**Progress as at July 2020:** This forms part of the draft performance framework to be finalised. **Progress as at October 2020:** Validation with operational managers was undertaken for the September Board performance report. This proved beneficial in identifying some issues with data around fill rates across a number of specialties and professions. This will be embedded in the final version of the performance management framework. **Current Progress:** This is being undertaken and a performance reporting schedule, including review, has been issued for the twelve months ahead. The Board reporting scheudle has been moved to quarterly reporting to support the actions required to meet this recommendation.	Jan-21	7			Yes	No
92	19/20	IT Review April 2020	Reasonable	Deputy Director of Planning, Performance & Digital	Director of Workforce & OD	Medium	Work on developing a digital strategy should re-commence as soon as the Director of Digital is in place. In the interim, the organisation should not commit to any long-term (permanent) technology use.	This is agreed. Plans are in place to recruit to Director of Digital, which may be impacted as a result of COVID-19.	Sep-20	Complete	Complete	Delayed due to COVID 19 Pandemic	**Progress as at July 2020:** Progress to be made following appointment of Director of Digital. It is anticipated that the recruitment of the Director of Digital will be undertaken in Q3. **Progress as at October 2020:** 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 **Current Progress:** Director of Digital will start on 1.2.21 There have been no new commitments to long term technology use in the interim. Our IMTP and annual plan objectives have been revised – incl. to reflect COVID and a better understanding of our needs – since the audit was completed. Production of a digital strategy is no longer an immediate objective for the incoming Director. Therefore, once the new Director takes up post this objective will be completed.	Feb-21	5			Yes	No
93	19/20	IT Review April 2020	Reasonable	Digital Manager/ IT Manager	Director of Workforce & OD	Medium	Work on guidance should be completed, with the noted guidance documents provided.	We acknowledge the gaps in documentation and will work to develop HEIW policies and procedures for Executive approval.	Jul-20	Complete	Complete	Delayed due to COVID 19 Pandemic	**Progress as at July 2020:** Policies identified are being worked on in readiness for Executive approval. **Progress as at October 2020:** The gaps in local policies has been identified with HEIW specific policies drafted. A number of these policies were considered by the IGIM Group on 29 September 2020 and recommended to the Executive Team for approval. The remaining local policies will be finalised for IGIMG consideration and Executive Team approval. There are a number of national policies that are past their review date however, they remain the extant policies within HEIW until such time as the national IGMAG Group review and update them. **Current Progress:** Considerable work undertaken since report was signed off. Local IT policies and guidance for all key areas now in place. National policies past review date remain extant until reviewed by IGMAG (national IM&T Group), HEIW in line with all other NHS orgs	Dec-20	5			Yes	No
94	19/20	IT Review April 2020	Reasonable	Digital Manager/ IT Manager/ Head of Cyber Security	Director of Workforce & OD	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		**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 anticipted 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. **Current Progress: 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.	Feb-21	5			Yes	No
100	19/20	Service Review - Medical Commissioning Monitoring	Reasonable	Medical Director/Post Graduate Medical Dean	Medical Director	Medium	HEIW should work with LEP's to help develop a clear action plan to help them improve their responses to concerns raised by trainees. Improvement actions could include specifying content and timescales for responding, for example to acknowledge receipt of a concern, to provide an initial response, and a timescale for periodical updates where necessary and a detailed final response. Consideration should be given to monitoring throughout the year the LEP's performance in managing the concerns raised as such data can help inform the quality reviews undertaken. Clear guidance should be in place for use of the HEIW dedicated email address for raising concerns, the circumstances when it should be used and the link back to the concerns process in place in each LEP.	a) We accept this recommendation, while being mindful that the responsibility for investigating concerns of this sort sit with the LEP. We will engage the LEPs via the Associate Medical Dean (Education) Group and ask for specific updates on the issue.	Dec-21	Complete	Complete		**Current Progress:** Engagement with LHBs on this issue is an ongoing process but clear understanding of responsibilities around concerns. Agree local processes for issues relating to workplace or patient safety concerns are raised through existing processes within UHBs in the same way as for alll UHB staff. Trainng related concerns are to be raised via faculty network or via HEIW Open. Clear gudinace has been issued as part of the release of HEIW Open.	Dec-20	1			Yes	No
100	19/20	Service Review - Medical Commissioning Monitoring	Reasonable	Medical Director/Post Graduate Medical Dean	Medical Director	Medium	HEIW should work with LEP's to help develop a clear action plan to help them improve their responses to concerns raised by trainees. Improvement actions could include specifying content and timescales for responding, for example to acknowledge receipt of a concern, to provide an initial response, and a timescale for periodical updates where necessary and a detailed final response. Consideration should be given to monitoring throughout the year the LEP's performance in managing the concerns raised as such data can help inform the quality reviews undertaken. Clear guidance should be in place for use of the HEIW dedicated email address for raising concerns, the circumstances when it should be used and the link back to the concerns process in place in each LEP.	b) We will publish clear guidance on the use of the HEIW dedicated email address for raising concerns.	Jun-21	Complete	Complete		**Current Progress:** Engagement with LHBs on this issue is an ongoing process but clear understanding of responsibilities around concerns. Agree local processes for issues relating to workplace or patient safety concerns are raised through existing processes within UHBs in the same way as for alll UHB staff. Trainng related concerns are to be raised via faculty network or via HEIW Open. Clear gudinace has been issued as part of the release of HEIW Open.	Dec-20	1			Yes	No
102	19/20	Service Review - Medical Commissioning Monitoring	Reasonable	Medical Director/Post Graduate Medical Dean	Medical Director	Medium	The purpose and necessity of the HEIW Education Contract should be reviewed and either removed, or if deemed applicable should be updated to reflect curriculum changes ensuring a consistency in approach for all trainees.	We accept this recommendation. We will review the need for these contracts and update the website accordingly.	Jun-21	Partially complete	Not yet due		**Current Progress:** Review of website to be undertaken in January 2021	Jun-21	1			Yes	No
103	19/20	Service Review - Medical Commissioning Monitoring	Reasonable	Medical Director/Post Graduate Medical Dean	Medical Director	Low	1) The Trainer Recognition Group should endeavour to meet every two months in line with their approved terms of reference. Alternatively the group's terms of reference should be reviewed and amended to reflect their current meeting requirements.	We accept this recommendation in relation to the Trainer Recognition Group. 1. We will align the terms of reference with the frequency of the meetings.	Jun-21	Complete	Complete		**COMPLETE**	Dec-20	1			Yes	No
103	19/20	Service Review - Medical Commissioning Monitoring	Reasonable	Medical Director/Post Graduate Medical Dean	Medical Director	Low	2) The Group should consider whether the current reporting arrangements are appropriate, or whether they should be reporting to the HEIW Education, Commissioning and Quality Committee as well as, or instead of to the Quality and Postgraduate Education Support Committee within the Wales Deanery. The terms of reference should be updated to reflect any change.	We accept this recommendation in relation to the Trainer Recognition Group. 2. We will clarify the reporting arrangements of this group and update the terms of reference accordingly.	Jun-21	Complete	Complete		**COMPLETE**	Dec-20	1			Yes	No

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
63	2019	Structured Assessment 2019 January 2020	Board Secretary	**Conducting Business Effectively** **R1** Given the fast pace of change within HEIW's operational and governance arrangements, HEIW should review Board and committee oversight to ensure the breadth of its work is covered and there are no gaps in scrutiny arrangements.	HEIW has recently completed a review of its Board and Committee structure – entitled Future Ways of Working. The focus of the work included consideration of any gaps between Board and its committees. HEIW's Standing Orders were amended in November to reflect the findings of the Future ways of Working. HEIW will undertake a review of the group structure which underpins the Board and its committees	Jul-20	Partially complete	Overdue	Overdue	**Progress as at July 2020:** A review of the reporting structures within Directorates is being undertaken. This wok has been postponed due to the impact of COVID 19. This work will recommence during the Summer. **Progress as at October 2020:** The mapping of the directorate meeting structure is progressing and anticipated to be completed by the end of October 2020. **Current Progress:** Anticipated completion by end of February 2021 in preparation for consideration by the Audit & Assurance Committee in April 2021.	Jan-21	6	Yes	No
64	2019	Structured Assessment 2019 January 2020	Board Secertary	**Managing risk to achieve strategic priorities:** **R2** HEIW's Board Assurance Framework (BAF) sets out clearly what a BAF should do and the processes involved. HEIW should now create the assurance map required by undertaking a process to identify and map the controls and key sources of assurance against the principle risks to achieving its strategic objectives.	HEIW to work towards a form for the assurance map which is proportionate and relevant to HEIW's remit. Assurance map to be completed following the completion of the new corporate register which will be aligned to the IMTP.	May-20	Partially complete	Overdue	Overdue	**Progress as at July 2020:** This work has been paused due to the focus on responding to COVID 19. A review of the IMTP has been undertaken and work is due to recommence in Q2. **Progress as at October 2020:** An update on the BAF will be presented to the Audit & Assurance Committee in October 2020. **Current Progress:** Audit & Assurance Committee recommended revisions to the BAF to the Board for approval. BAF was approved by the Board at its November meeting. BAF Assurance Mapping to be presented to the Audit & Assurance Committee in April 2021.	Jan-21	8	Yes	No
66	2019	Structured Assessment 2019 January 2020	Director of Planning, Performance & Corporate Services	**Embedding a sound system of assurance:** **R4** HEIW should document its performance management framework, setting out: a) operational performance management arrangements and lines of accountability; and b) what is reported to whom and by when, and Board / Committee oversight for performance management.	Agreed	Mar-20	Partially complete	Overdue	Overdue	**Progress as at July 2020:** A review of examples has supported the development of a draft framework. This provides details of expectations to oversee and manage the development of performance reports including responsibilites and reporting lines. The impact of COVID-19 has restricted further development and once an understanding and appreciation of the new normal is in place we intend to finalise the framework for implementation. We have continued to build a data glossary and produce bi-monthly performance reports and dashboards to document performance to Board. **Progress as at October 2020:** We are in the process of finalising our overarching performance framework whilst maintaining bi-monthly performance reporting to the Board. We hope to finalise the framework now that the newly appointed Director of Planning, Performance & Corporate Services is in post. **Current Progress:** The Performance Framework will be presented to the Board for approval in January 2021.	Jan-21	10	Yes	No
67	2019	Structured Assessment 2019 January 2020	Board Secretary/ Director of Workforce & OD	**Embedding a sound system of assurance:** **R5** HEIW should strengthen information governance and cyber security arrangements by: c) achieving certification in cyber security arrangements;	c) Work is underway to gain cyber essential plus certification. A provider has been contacted & HEIW is working through a set of pre-qualifying questions.	Mar-20	Partially complete	Overdue	Overdue	**Progress as at July 2020:** Appointment of agency staff or consultant by March 2020 was unsuccessful. The Head of Cyber Security commenced in post on 29 June 2020 and will be looking at a range of actions tot be taken forward. A meeting is scheduled for the week commencing 6 July 2020 with NWIS to discuss this work. **Progress as at October 2020:** The Head of Cyber Security has investigated approaches to achieving cyber essentials / cyber essentials plus certification. Following discussion of the options at the IGIM Group on 29 September 2020, it has been agreed that the Head of Cyber Security work with NWIS to obtain the cyber essentials plus certification. **Current Progress:** We are currently focussing on strengthening alignment with the requirements of Cyber Essentials. The approach will include working closely with Cyber Essentials questionnaire in conjunction with NWIS and relevant stakeholders, an assessment of HEIW's technical environment and review of critical service providers.	Dec-21	21	Yes	No
68	2019	Structured Assessment 2019 January 2020	Director of Workforce & OD	**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 anticpate following recruitment processes being undertaken this to commence in Q4. **Progress at 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. **Current Progress:** Director of Digital has been appointed and is due to commence in February 2021	Jun-21	6	Yes	No
68	2019	Structured Assessment 2019 January 2020	Director of Workforce & OD	**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 heath 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. **Current Progress:** The Director of Digital has been appointed and is due to commence in February 2021.	Jun-21	5	Yes	No

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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
69	2019	Structured Assessment 2019 January 2020	Director of Planning, Performance & Corporate Services	**Monitoring delivery:** **R7** HEIW has not set out a framework for monitoring performance against its strategic objectives and IMTP and should: a) formally document arrangements for the oversight and scrutiny of performance against strategic objectives	A performance dashboard and accompanying narrative has been developed and shared with the HEIW, WG JET meetings and Quality & Delivery meetings. This formally documents evidence of HEIW across a wide range of functional areas with a key focus on progress updates against strategic objectives and Remit letter actions.	Feb - April 2020	Partially complete	Overdue	Overdue	**Progress as at July 2020:** A draft framework has been developed. Following finalisation, further interaction will be held with teams/sections to confirm expectations. This will be reflective of the impact of COVID-19 on future performance arrangements. **Progress as at October 2020:** Framework as indicated above is in final stages of development. **Current Progress:** The Performance Framework will be presented to the Board for approval in January 2021.	Jan-21	9	Yes	No
69	2019	Structured Assessment 2019 January 2020	Director of Planning, Performance & Corporate Services	**Monitoring delivery:** **R7** HEIW has not set out a framework for monitoring performance against its strategic objectives and IMTP and should: b) work with pace to develop KPIs and targets which are clearly linked to strategic objectives, against which the Board can scrutinise performance.	The performance data development is an iterative process and as further data is generated it is anticipated that KPI's and targets will be identified and developed with the Board.	Feb - April 2020	Partially complete	Overdue	Overdue	**Progress as at July 2020:** KPIs aligned to the IMTP will be developed in line with the timescales for implementation and taking note of the changes as a result of COVID-19. **Progress as at October 2020:** Areas have been identifed to develop and enhance our performance reporting and work is ongoing with departments to identify appropriate monitoring mechansisms. **Current Progress:** The Performance Framework will be presented to the Board for approval in January 2021.	Jan-21	7	Yes	No
107	2020	Effectiveness of Counter Fraud Arrangements - HEIW September 2020	Director of Finance/ Director of Workforce & OD/ Head of Counter Fraud	**Counter-Fraud Training:** Implement mandatory counter-fraud training for some or all staff groups. **Intended Outcome Benefit:** To improve staff understanding of fraud and how to prevent it.	As part of the Compliance & Competency section within the Heath Body's Electronic Staffing Record (ESR) Database, any such training, which is deemed as being mandatory, has to be agreed and by the Health Body's Workforce Department in conjunction with Staff Side Representation before it can be implemented.	Ongoing with review date of 31 March 2021	Partially complete	Not yet due	Not yet due	**Current Progress:** Counter Fraud Training is a core component of Induction Training for new staff. However, refresher training is undertaken by the Counter Fraud Team being invited to Directorate and Departmental meetings. A number of refresher awareness sessions have been undertaken over the past few months during virtual Directorate and Departmental Team meetings. The People and OD Team and Counter Fraud Team are exploring the requirement for Counter Fraud training to form part of the ESR statutory and mandatory training online learning components.	Mar-21		Yes	
108	2020	Effectiveness of Counter Fraud Arrangements - HEIW September 2020	Director of Finance/ Head of Counter Fraud	**Counter-Fraud Staff Capacity:** Consider the Local Counter-Fraud Specialist capacity required to resource required levels of proactive and investigative work, including staff training, and build in resilience to the team. **Intended Outcome Benefit:** To ensure enough resource to meet counter fraud activity demands.	Since HEIW is a newly formed Special Health Authority then, based on historical data, the Health Body is confident that the number of days in it's current work-plan meets the current requirements. In support of this, regular reviews of the ongoing CF work and resources used are carried out and reported to the A/C. However, should there be an increase in referrals, the need for any additional resource would be discussed with the Finance Director and tabled for approval by the Audit Committee.	Jul-20	Complete	Complete	Complete	**COMPLETED**	Jul-20		Yes	
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	Partially complete	Not yet due	Not yet due	**Current Progress:** 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.	Mar-21		Yes	
110	2020	Structured Assessment 2020 October 2020	Board Secretary	**R1 Corporate risk register scrutiny** We found that the Audit and Assurance Committee scrutinises the corporate risk register at its in-committee sessions. For transparency, unless risks are of a sensitive nature, we recommend the corporate risk register is considered at the public session of the Audit Committee	There is a presumption that the CRR is considered in the public session of the Audit and Assurance Committee. Where there is a risk on the CRR deemed to be of a sensitive nature then this risk only will be considered in-committee with the remainder of the CRR considered in the public session.	Dec-20	Complete	Complete	Complete	**COMPLETED**	Dec-20		Yes	No
111	2020	Structured Assessment 2020 October 2020	Director of Finance	**R2 Cost and value improvements** Whilst HEIW is not required to deliver cost improvement plans and does not refer to any in its financial reports, identifying and reporting efficiencies and economies would further improve good financial management for future sustainability. We recommend that HEIW seek to identify cost and value improvement opportunities and record and report those both within HEIW and more widely from its work. This would also clearly evidence tangible benefits and support buy-in to a one NHS approach.	Cost savings will be separately coded and thereby facilitate easier regular reporting. This will commence during q3 of 2020-21 financial year with retrospective analysis undertaken for the first 2 quarters of the year. Value opportunities / assessments will be incorporated within business cases where appropriate and possible.	Mar-21	Complete	Complete	Complete	**COMPLETED -** Cost savings have been reported within the monthly monitoring return to Welsh Government since September 2020, backdated to the start of the financial year. These currently relate to estates costs and the lease car scheme. Further opportunities for savings will be reviewed going forward.	Mar-21		Yes	No

Key
Less than 3 months
Between 3 and 6 months
Between 6 and 12 months
Over 12 months

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Internal Audit Advisory Open Considerations

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 Arragnements During COVID 19 Pandemic Advisory Report	Director of Finance	**FINANCIAL GOVERNANCE: Budget and Savings** Our review identified the following: •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. •HEIWs' small capital allocation has not been impacted by Covid-19.	We suggest the following considerations as the organisation looks forward: •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	Partially complete	Not yet due	Not yet due	**Current Progress:** Due for review in April 2021	Apr-21		Yes	No

Key
Less than 3 months
Between 3 and 6 months
Between 6 and 12 months
Over 12 months

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BLAENRAGLEN WAITH 2021-22 PWYLLGOR ARCHWILIO A SICRWYDD ADDYSG A GWELLA IECHYD CYMRU	Amlder	18 Ionawr 2021	07 Ebrill 2021	06 Mai 2021	26 Mai 2021	01 Gorffennaf 2021	21 Hydref 2021	10 Chwefror 2022
		Busnes	Busnes	Cyfrifon Blynyddol Drafft	Cyfrifon Blynyddol	Busnes	Busnes	Busnes
Cyfarfod Preifat Aelodau o'r Pwyllgor Archwilio a Sicrwydd gydag Archwilwyr ac Atal Twyll								
Archwilio Mewnol	Bob 6 mis	√	√			√	√	√
Archwiliad Allanol	Bob 6 mis	√	√			√	√	√
Atal Twyll	Yn flynyddol	√	√			√	√	√
Llywodraethu a Sicrwydd								
Adolygu'r Rheolau Sefydlog	Yn flynyddol	√					√	
Adolygu'r Cyfarwyddiadau Ariannol Sefydlog a'r Cynllun Dirprwyo	Yn flynyddol		√					√
Adolygiad Blynyddol o'r Gweithdrefnau Rheoli Ariannol	Yn flynyddol						√	
Adolygiad Blynyddol o'r Polisi Rheoli Risg	Yn flynyddol					√		
Adroddiad Rheoli Gwybodaeth a Llywodraethu Gwybodaeth (gan gynnwys Llywodraethu Gwybodaeth, Rhyddid Gwybodaeth, DSAR, GDPR, Seiberddiogelwch)	Bob Cyfarfod Busnes	√	√			√	√	√
Adroddiad Blynyddol y Pwyllgor Addysg, Comisiynu ac Ansawdd	Yn flynyddol					√		
Cofrestr Risgiau Corfforaethol	Bob Cyfarfod Busnes	√	√			√	√	√
Adroddiad Blynyddol y SIRO	Yn flynyddol			√				
Adolygu Fframwaith Sicrwydd y Bwrdd	Yn flynyddol						√	
Adolygu'r Gofrestr Datgan Buddiannau	Yn flynyddol						√	
Adolygu'r Gofrestr Rhoddion, Lletygarwch a Nawdd	Yn flynyddol						√	
Adolygu'r Gofrestr Contractau a Chytundebau	Bob 6 mis						√	
Cymeradwyo'r Datganiadau Llywodraethu Blynyddol	Yn flynyddol		√		√			
Adolygu'r Adroddiad Atebolrwydd	Yn flynyddol		√	√	√			
Adolygu'r Datganiadau Ansawdd Blynyddol	Yn flynyddol		√		√			
Adolygu Adroddiad Blynyddol Addysg a Gwella Iechyd Cymru	Yn flynyddol		√		√	√		
Cymeradwyo'r Polisi Cwynion (adolygiad i'w gynnal ym mis Hydref 2023)	Bob 3 blynedd							
Systemau Trin a Rheoli Arian								
Adrodd ar Gydymffurfiaeth o ran caffael (STA, SQA, Estyniadau i Gontractau ac ati)	Bob Cyfarfod Busnes	√	√			√	√	√
Adroddiad Blynyddol ar Gydymffurfiaeth o ran Caffael	Yn flynyddol			√				
Colledion a Thaliadau Arbennig	Bob Cyfarfod Busnes	√	√			√	√	√
Tracio Camau Gweithredu Argymhellion Archwiliad	Bob Cyfarfod Busnes	√	√			√	√	√
Cyfrifon Blynyddol								
Cynllun Cyfrifon Blynyddol	Yn flynyddol	√						√
Adolygu'r Cyfrifon Drafft	Yn flynyddol			√				
Cymeradwyo'r Cyfrifon Blynyddol	Yn flynyddol				√			
Derbyn yr Adroddiad Taliadau a Staff	Yn flynyddol		√	√	√			
Archwiliad Allanol								
Cymeradwyo'r Ffi Archwilio Flynyddol	Yn flynyddol		√					
Cymeradwyo'r Cynllun Archwilio Blynyddol	Yn flynyddol	√	√					√
Derbyn Asesiad Strwythuredig	Yn flynyddol						√	
Adroddiad Archwilio Blynyddol	Yn flynyddol	√						√
Adroddiad Cynnydd	Bob Cyfarfod Busnes		√			√	√	
Archwilio Datganiadau Ariannol	Yn flynyddol				√			
Llythyr Rheoli	Yn flynyddol				√	√		
Archwilio a Sicrwydd Partneriaeth Cydwasanaethau GIG Cymru - Archwiliad Mewnol								
Cymeradwyo'r Cynllun Blynyddol	Yn flynyddol		√					
Adroddiad Cynnydd	Bob Cyfarfod Busnes	√	√			√	√	√
Derbyn Adroddiadau Archwilio Unigol	Bob Cyfarfod Busnes	√	√			√	√	√
Derbyn Adroddiad Blynyddol	Yn flynyddol			√				
Drafftio Barn y Pennaeth Archwilio Mewnol	Yn flynyddol			√				
Barn y Pennaeth Archwilio Mewnol	Yn flynyddol				√			
Atal Twyll								
Cymeradwyo'r Cynllun Blynyddol Atal Twyll	Yn flynyddol		√					
Adroddiad Cynnydd	Bob Cyfarfod Busnes	√	√			√	√	√
Hunan-Adolygiad Blynyddol yn erbyn Safonau Awdurdod Gwrth-dwyll y GIG	Yn flynyddol					√		
Adroddiad Blynyddol Atal Twyll	Yn flynyddol				√			
Cylchlythyr Atal Twyll	Bob chwarter		√			√	√	√
Cynllunio ac Adolygu								
Cytuno â Chynllun Gwaith Blynyddol y Pwyllgor	Yn flynyddol	√						√
Adolygu Effeithiolrwydd y Pwyllgor	Yn flynyddol		√					
Gwerthuso Effeithiolrwydd y Pwyllgor	Yn flynyddol					√		
Adroddiad Blynyddol y Pwyllgor Archwilio a Sicrwydd	Yn flynyddol		√					
Adolygu Cylch Gorchwyl y Pwyllgor Archwilio & Sicrwydd	Yn flynyddol					√		

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