

## Bundle Audit & Assurance Committee - Open 16 July 2020

### AGENDA

Agenda Audit\_Assurance Committee\_July 2020 (Open) V3.docx

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  - 1.1 Welcome & Introductions
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- 3.2 NHSCFA 2020 Strategic Intelligence Assessment Covering 2018-2019
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- 4 PART 4 - CLOSE
- 4.1 Any Other Business
- 4.2 Date of Next Meeting: Tuesday, 20 October 2020 at 10:00am to be confirmed to take place either via Skype/Teleconference or in Ty Dysgu

## AUDIT AND ASSURANCE COMMITTEE

**Thursday, 16 July 2020**  
**Via Skype/Teleconference**

**COMMITTEE MEMBERS PRIVATE DISCUSSIONS WITH  
COUNTER FRAUD, INTERNAL AND EXTERNAL AUDITORS**  
**10.00am – 10.15am**

**FULL AUDIT AND ASSURANCE COMMITTEE**  
**10.15am – 12.30pm**

### AGENDA

<b>PART 1</b>	<b>PRELIMINARY MATTERS</b>	<b>10:15-10:25</b>
1.1	Welcome and Introductions	Chair/ Oral
1.2	Apologies for Absence	Chair/ Oral
1.3	Declarations of Interest	Chair/ Oral
1.4	Draft Minutes of the Audit Committee meeting held on 23 June 2020	Chair/ Attachment
1.5	Action Log following the meeting held on 23 June 2020	Chair/ Attachment
1.6	Matters Arising	Chair/ Attachment
<b>PART 2</b>	<b>MATTERS FOR CONSIDERATION</b>	<b>10:25-12:20</b>
2.1	Medical Directorate ESR Compliance with Mandatory Training and PADR	Medical Director/ Oral
2.2	Counter Fraud: • Progress Report	Counter Fraud Manager (CVUHB)/ Attachment
2.3	Internal Audit: • Progress Report	Internal Audit/ Attachments
2.4	Audit Wales: • Progress Report • Update on the AGW Programme of NHS Performance Audit Work • Structured Assessment 2020 – Project Brief • Audit Wales National Study on Reviewing Counter Fraud Arrangements	Audit Wales/ Attachments
2.5	Evaluation of Committee Effectiveness	Board Secretary/ Attachment

2.6	Temporary Amendments to HEIW's Standing Orders	Board Secretary/ Attachment
2.7	Information Governance Report	Board Secretary/ Attachment
2.8	Procurement Compliance Report	Director of Finance/ Head of Procurement/ Attachment
2.9	Review of Risk Management Policy	Board Secretary/ Attachment
2.10	Audit Recommendations Tracker	Board Secretary/ Attachment
<b>PART 3</b>	<b>FOR INFORMATION/NOTING</b>	<b>12:20-12:25</b>
3.1	Education, Commissioning & Quality Committee Annual Report	Director of Finance/ Attachment
3.2	NHSCFA 2020 Strategic Intelligence Assessment Covering 2018-2019	Counter Fraud Manager (CVUHB)/ Attachment
3.3	HEIW and HIW Memorandum of Understanding	Board Secretary/ Attachment
<b>PART 4</b>	<b>CLOSE</b>	<b>12:25-12:30</b>
4.1	Any Other Business	Chair/ Oral
4.2	Date of Next Meeting: <ul style="list-style-type: none"> <li><b>Tuesday, 20 October 2020 at 10:00am</b> to be confirmed to take place either via Skype/Teleconference or in Ty Dysgu</li> </ul>	

In accordance with the provision of Section 1(2) of the Public Bodies (Admissions to Meetings) Act 1960 it shall be resolved that representatives of the press and other members of the public be excluded from the latter part of the meeting on the grounds that it would be prejudicial to the public interest due to the confidential nature of the business transacted. This section of the meeting is to be held in private session.



**UNCONFIRMED**

**DRAFT Minutes of the Audit and Assurance Committee  
held on 23 June 2020  
Via Skype/Teleconference**

**Present:**

Gill Lewis	Independent Member (Chair)
John Hill Tout	Independent Member (Vice Chair HEIW)
Dr Ruth Hall	Independent Member

**In Attendance:**

Dafydd Bebb	Board Secretary
Eifion Williams	Director of Finance
Martyn Pennell	Head of Financial Accounting
Emma Samways	Deputy Head of Internal Audit (NWSSP)
Mike Usher	Engagement Director (Audit Wales)
Helen Goddard	External Audit Manager (Audit Wales)
Dr Chris Jones	HEIW Chair
Alex Howells	Chief Executive
Julie Rogers	Deputy Chief Executive/Director of Workforce & OD
Kay Barrow	Corporate Services Manager (Secretariat)
Tina Donnelly	Independent Member (Observer)
Carwyn Rees	Audit Wales (Observer)

<b>PART 1</b>	<b>PRELIMINARY MATTERS</b>	<b>Action</b>
<b>AAC: 23/06/1.1</b>	<b>Welcome and Introductions</b>	
	The Chair welcomed everyone to the meeting and, in particular, Dr Chris Jones, Alex Howells and Julie Rogers who were attending for the consideration of the Annual Accounts. Tina Donnelly (Independent Member) and Carwyn Rees (Audit Wales) were also welcomed as observers.	
<b>AAC: 23/06/1.2</b>	<b>Apologies for Absence</b>	
	Apologies were received from Clare James (Performance Audit Lead, Audit Wales), Paul Dalton (Head of Internal Audit, NWSSP), Helen James (Head of Procurement, NWSSP) and Craig Greenstock (Counter Fraud Manager, Cardiff & Vale UHB).	
<b>AAC: 23/06/1.3</b>	<b>Declarations of Interest</b>	
	There were no declarations of interest.	

<b>AAC: 23/06/1.4</b>	<b>Minutes of the Meeting held on 26 May 2020</b>	
	The minutes of the meeting held on 26 May 2020 were <b>received</b> and <b>approved</b> as an accurate record of the meeting.	
<b>AAC: 23/06/1.5</b>	<b>Action Log</b>	
	<p>The Committee <b>received</b> and <b>considered</b> the Action Log from the meeting held on 26 May 2020.</p> <p>Dafydd Bebb advised that the Action Log contained a number of items that had been deferred because of the decision to streamline meeting agendas to concentrate on business critical items and those matters related to the COVID 19 Pandemic. These items would be scheduled into the Committee Forward Work Programme as identified in the Action Log or once 'business as usual' had resumed.</p> <p>The following updates were received:</p> <ul style="list-style-type: none"> <li>• <b>AAC 27/10/2.11 HEIW and HIW Memorandum of Understanding:</b> It was confirmed that the final MOU was with HIW for signing.</li> <li>• <b>AAC 06/06/2.1.3 Audit Plan for 2020/21:</b> It was confirmed that Internal Audit Plan for 2020/21 was considered by the Executive Team who determined not to amend the plan. This has been discussed and agreed with Internal Audit. The Audit Plan to remain as noted by the Committee on 6 May 2020. However, it was highlighted that Internal Audit would be undertaking an additional 'all Wales' review of governance arrangements during COVID 19.</li> </ul>	
<b>Resolved</b>	The Committee <b>noted</b> the Action Log and updates.	
<b>AAC: 23/06/1.6</b>	<b>Matters Arising</b>	
	There were no matters arising.	
<b>PART 2</b>	<b>MATTERS FOR CONSIDERATION</b>	
<b>AAC: 23/06/2.1</b>	<b>Counter Fraud:</b>	
<b>AAC: 23/06/2.1.1</b>	<p><b>Self Review Tool Process Summary 2019/2020</b></p> <p>The Committee <b>received</b> the report.</p> <p>In presenting the report, Eifion Williams advised that the overall assessment was 'Green'. It was highlighted that under section 'Inform and Involve' standard 2.1 had been assessed as 'Amber'. This related to the requirement for an ongoing programme to raise awareness of fraud, bribery and corruption within HEIW.</p> <p>It was confirmed that the take up of additional sessions by Teams had been low. Following discussion at the Executive Team, it had been agreed that there was the need for more opportunities for members of the Counter Fraud Team to attend HEIW internal directorate/departmental meetings to raise fraud awareness. A further programme of awareness sessions would be scheduled in order to ensure that staff were aware of</p>	

	<p>HEIW's approach to fraud. It was highlighted that representatives of the Counter Fraud Team attend the monthly Finance and Procurement Team meetings.</p> <p>Eifion Williams reassured the Committee that the programme of awareness sessions with other fraud prevention and promotion measures would assist with improving compliance with standard 2.1.</p> <p>Mike Usher informed the Committee that Audit Wales would be publishing its report on Counter Fraud Arrangements across Wales in July 2020.</p>	
<b>Resolved</b>	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>noted</b> the report;</li> <li>• <b>agreed</b> that the Audit Wales report on Counter Fraud arrangements in Wales be considered at the October Committee;</li> <li>• <b>agreed</b> that Craig Greenstock be in attendance for the presentation of the Audit Wales Counter Fraud Report.</li> </ul>	<b>Audit Wales EW</b>
<b>AAC: 23/06/2.2</b>	<b>Accountability Report:</b>	
<b>AAC: 23/06/2.2.1</b>	<b>Annual Governance Statement</b>	
	<p>The Committee <b>received</b> the Annual Governance Statement (AGS).</p> <p>In presenting the AGS, Dafydd Bebb highlighted that this was one part of the three elements that contributed to the overall Accountability Report for the reporting period 1 April 2019 to 31 March 2020. The Committee had previously considered the draft AGS at its meeting on 1 April and 26 May 2020 and comments received from the Committee, Welsh Government and the Auditors had been incorporated.</p> <p>The Committee considered the AGS and the following amendments to be made to the AGS for presenting to the Board:</p> <ul style="list-style-type: none"> <li>• Include page numbering;</li> <li>• Correction of typos;</li> <li>• Alignment with the Audit Wales Structured Assessment Report;</li> <li>• Inclusion of the Committee Chair's reflections from the Committee Annual Report as part of Section 5 – Review of Effectiveness.</li> <li>• Provide clarity regarding the reporting timeline at the beginning of the document to reflect the requirement to document any material governance issues up to the time of Board approval.</li> </ul>	
<b>Resolved</b>	The Committee <b>recommended</b> the AGS for submission to the Board subject to the amendments, as detailed above, being made to the AGS.	<b>DB</b>
<b>AAC: 23/06/2.2.2</b>	<b>Remuneration and Staff Report</b>	
	<p>The Committee <b>received</b> and <b>considered</b> the Remuneration and Staff Report.</p> <p>Clarification was provided in relation to redressing the balance of staff between HEIW and Cardiff University, and the contractual employment policies and processes that require due considered in the transfer of staff into the NHS.</p>	

	Clarification was required in relation to the staff numbers detailed in the report compared to those reflected in the Annual Accounts.	
<b>Resolved</b>	The Committee <b>recommended</b> the Remuneration and Staff Report for submission to the Board subject to the clarification and amendments, as detailed above.	<b>DB</b>
<b>AAC: 23/06/2.2.3</b>	<b>NAfW Accountability and Audit Report</b>	
	The Committee agreed that this item should be picked up under agenda item 2.5.1 Audit of Financial Statements Report (ISA 260) and Letter of Representation.	
<b>AAC: 23/06/2.3</b>	<b>Internal Audit:</b>	
<b>AAC: 23/06/2.3.1</b>	<b>Final Annual Report and Head of Internal Audit Opinion 2019/2020</b>	
	<p>The Committee <b>received</b> the final report.</p> <p>In presenting the Head of Internal Audit Opinion 2019/2020, Emma Samways advised that there had been some minor amendments to the draft considered by the Committee on 6 May 2020.</p> <p>Emma Samways wished, on behalf of Internal Audit, to express their thanks to the staff involved for their continued support in the delivery of the Audit Plan for 2019/2020.</p> <p>The Committee wished to formally reiterate its thanks to all the staff involved for assisting in HEIW achieving reasonable assurance for its Internal Audit Plan for 2019/2020.</p> <p>Chris Jones, Alex Howells and the Committee formally thanked Internal Audit colleagues for their hard work in supporting HEIW to achieve reasonable assurance.</p>	
<b>Resolved</b>	The Committee <b>noted</b> the report.	
<b>AAC: 23/06/2.4</b>	<b>Final Annual Accounts 2019/2020</b>	
	<p>The Committee <b>received</b> the Final Annual Accounts for 2019/2020.</p> <p>In presenting the final accounts, Eifion Williams advised that HEIW had kept to the original Welsh Government Accounts submission timetable.</p> <p>Eifion Williams highlighted the following points:</p> <ul style="list-style-type: none"> <li>• £84k underspend on revenue budget at year end (page 22) and that HEIW had met its financial duty to break-even against its Revenue Resource Limit over the period;</li> <li>• Balanced its capital allocation at £95k (page 22) and that HEIW had met its financial duty to break even against its Capital Resource Limit over the period;</li> <li>• The creditor payment target was achieved at 95.2% for the reporting period (page 23).</li> </ul>	

	<p>Since the last Committee meeting, it was highlighted that the figures within the accounts had not changed. Although there had been some changes to the notes and disclosure statements accompanying the accounts and those had been reflected in the accounts presented. However, it was noted that there was an amendment to be made under section 8 Operating Leases under the heading 'HEIW as lessee' for the inclusion of additional narrative. This would be included in the final version presented to the Board.</p> <p>The Committee congratulated the Finance Team for delivering an excellent set of final accounts during a challenging time.</p> <p>Chris Jones, Alex Howells and the Committee acknowledged the excellent working relationship between the Finance Team and Audit Wales that had assisted in delivering to the agreed Welsh Government timetable.</p>	
<b>Resolved</b>	Subject to the clarification required regarding the cross checking of the staff numbers within the Remuneration & Staff Report, and the additional text under Section 8, the Committee <b>recommended</b> that the Accounts be submitted to the Board for approval on 25 June 2020.	<b>EW</b>
<b>AAC: 23/06/2.5</b>	<b>Audit Wales</b>	
<b>AAC: 23/06/2.5.1</b>	<b>Audit of Financial Statements Report (ISA 260) and Letter of Representation</b>	
	<p>The Committee <b>received</b> the report.</p> <p>In presenting the ISA 260, Mike Usher confirmed that the audit of the financial statements had run smoothly despite the remote working. On behalf of Audit Wales, Mike Usher formally thanked all staff involved in the satisfactory conclusion.</p> <p>Helen Goddard provided a brief summary of the salient points within the ISA 260, which also incorporated the draft Letter of Representation. She explained the impact of COVID 19 on this year's audit work and confirmed that all outstanding matters had been satisfactorily concluded. In terms of ensuring consistency across all NHS Wales organisations final accounts, there was need to update the disclosure statements.</p> <p>The Committee noted that there were no non-trivial misstatements identified in the accounts that remain uncorrected; there was no need for the correction of any misstatements as a result of the audit work and that there were no significant issues arising from the audit.</p> <p>Audit Wales confirmed the issuing of an unqualified audit opinion on the HEIW accounts for 2019/2020. It was highlighted that there was one recommendation of medium term priority relating to the delegated limits that should be in place for the approval of material in-year budget virements.</p> <p>Audit Wales wished to formally thank Martyn Pennell, Eifion Williams and the Finance Team for the smooth running of the audit process.</p>	

	The Committee was pleased to receive the overall unqualified opinion and thanked Audit Wales for their support in this achievement.	
<b>Resolved</b>	The Committee <b>recommended</b> the ISA 260 and final Letter of Representation for consideration by the Board on 25 June 2020.	<b>EW</b>
<b>PART 3</b>	<b>CLOSE</b>	
<b>AAC: 23/06/3.1</b>	<b>Any Other Business</b>	
	There being no other business, the Committee resolved to go into closed session.	
<b>AAC: 23/06/3.2</b>	<b>Date of Next Meeting</b>	
	The date of the next meeting to be held on Thursday, 16 July 2020 at 10:00am and to be confirmed to take place either via Skype/Teleconference or to be held in Ty Dysgu, Nantgarw.	

.....  
**Gill Lewis (Chair)**

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**Date:**

**Audit and Assurance Committee (Open)**  
**23 June 2020**  
**Action Log**

(The Action Sheet also includes actions agreed at previous meetings of the Audit and Assurance Committee and are awaiting completion or are timetabled for future consideration for the Committee. These are shaded in the first section. When signed off by the Audit and Assurance Committee these actions will be taken off the rolling action sheet.)

Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
<b>AAC: 22/11/2.13</b>	<b>Corporate Risk Register</b>			
	<ul style="list-style-type: none"> <li>The risk escalation process be formalised.</li> </ul>	<b>Board Secretary</b>	July 2020	The Executive Team was due to consider the revised Risk Management Policy which includes the risk escalation process however, it had been postponed due to the refocussing of business critical items in response to the COVID 19 Pandemic.
<b>AAC: 22/11/3.1</b>	<b>Review of Committee Effectiveness</b>			
	<ul style="list-style-type: none"> <li>The evaluation of the Checklist be presented to the April Committee.</li> </ul>	<b>Board Secretary</b>	July 2020	In light of the Coronavirus Pandemic, this item has been deferred to the July Committee.
<b>AAC: 27/01/2.1</b>	<b>Independent Review of HEIW's Procurement systems and processes</b>			
	<ul style="list-style-type: none"> <li>The Committee to receive a copy of the report following the Independent Review of HEIW's Procurement systems and processes.</li> </ul>	<b>Director of Finance</b>	TBC	This review has been paused due to the COVID 19 Pandemic and would recommence once 'business as usual' has resumed.
<b>AAC: 27/01/2.2</b>	<b>Electronic Staff Record (ESR) Compliance Update on Mandatory Training and PADR</b>			
	<ul style="list-style-type: none"> <li>The Medical Director to be invited to attend the April Committee for a supportive discussion.</li> </ul>	<b>Director of Workforce and OD</b>	July 2020	In light of the Coronavirus Pandemic, this item has been deferred to the July Committee.

Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
<b>AAC: 27/10/2.10</b>	<b>Declarations of Interest – Review of Practices within other organisations</b>			
	<ul style="list-style-type: none"> <li>The Committee to receive feedback from the ‘retrospective’ review of those items reported in the Procurement Compliance Report as ‘not endorsed’ in relation to any conflicts of interest.</li> </ul>	<b>Head of Procurement</b>	TBC	In light of the Coronavirus Pandemic, this review will be undertaken once ‘business as usual’ has resumed.
<b>AAC: 27/10/2.11</b>	<b>HEIW and HIW Memorandum of Understanding</b>			
	<ul style="list-style-type: none"> <li>Final MOU to be presented to the April Committee.</li> </ul>	<b>Board Secretary</b>	July 2020	The MOU is still in development. This item has been deferred to the July Committee.
<b>AAC: 01/04/3.1</b>	<b>Welsh Government Grip and Control Expectations</b>			
	<ul style="list-style-type: none"> <li>Any good practice proposals for adoption by HEIW be presented at a future Committee meeting.</li> </ul>	<b>Director of Finance</b>	TBC	The Good Practice Proposals are under review. Any requiring adoption will be added to the Committee Forward Work Programme as required for consideration.
<b>AAC: 06/05/2.1.3</b>	<b>Draft Head of Internal Audit Opinion and Annual Report 2019/2020</b>			
	<ul style="list-style-type: none"> <li>The Board Secretary and Head of Internal Audit to work through the detail of the delivery of the Internal Audit Plan for 2020/21.</li> </ul>	<b>Board Secretary/Head of Internal Audit</b>	July 2020	Progress to the reported at the July Committee.
<b>AAC: 26/05/2.2</b>	<b>Draft Annual Governance Statement</b>			
	<ul style="list-style-type: none"> <li>An action plan to be developed and the Committee to monitor the progress of the actions within the AGS.</li> </ul>	<b>Board Secretary</b>	October 2020	Added to the Committee Forward Work Programme for October 2020.



Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
<b>AAC: 26/05/3.1.1</b>	<b>Audit Wales Work Programme</b>			
	<ul style="list-style-type: none"> <li>The Well-being of Future Generations National Report to be presented to the Committee in the Autumn 2020.</li> </ul>	<b>Board Secretary</b>	October 2020	Added to the Committee Forward Work Programme for October 2020.
	<ul style="list-style-type: none"> <li>The Well-being of Future Generations National Report to be presented to the Board in the Autumn 2020.</li> </ul>	<b>Board Secretary</b>	October 2020	Added to the Board Forward Work Programme for October 2020.
<b>AAC: 23/06/2.1.1</b>	<b>Self Review Tool Process Summary 2019/2020</b>			
	<ul style="list-style-type: none"> <li>The Audit Wales report on Counter Fraud arrangements in Wales to be considered at the October Committee;</li> </ul>	<b>Audit Wales</b>	July 2020	Item on the Committee Agenda for July 2020
	<ul style="list-style-type: none"> <li>Craig Greenstock to be in attendance for the presentation of the Audit Wales Counter Fraud Report.</li> </ul>	<b>Director of Finance</b>	July 2020	Craig Greenstock is an attendee for all Committee meetings and confirmed to attend the July Committee.
<b>AAC: 23/06/2.2.1</b>	<b>Annual Governance Statement</b>			
	<ul style="list-style-type: none"> <li>The AGS to be amended to reflect the Committee discussion and the final version to be submitted to the Board for consideration on 25 June 2020.</li> </ul>	<b>Board Secretary</b>	25 June 2020	Completed.
<b>AAC: 23/06/2.2.2</b>	<b>Remuneration and Staff Report</b>			
	<ul style="list-style-type: none"> <li>The Remuneration &amp; Staff Report to be amended to reflect the Committee discussion and the final version to be submitted to the Board for consideration on 25 June 2020.</li> </ul>	<b>Board Secretary/</b>	25 June 2020	Completed.

Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
<b>AAC: 23/06/2.4</b>	<b>Final Annual Accounts 2019/2020</b>			
	<ul style="list-style-type: none"> <li>Subject to the clarification required regarding the cross checking of the staff numbers within the Remuneration &amp; Staff Report, and the additional text under Section 8, the Committee recommended that the Accounts be submitted to the Board for approval on 25 June 2020.</li> </ul>	<b>Director of Finance</b>	25 June 2020	Completed.
<b>AAC: 23/06/2.5.1</b>	<b>Audit of Financial Statements Report (ISA 260) and Letter of Representation</b>			
	<ul style="list-style-type: none"> <li>The Committee recommended the ISA 260 and final Letter of Representation for consideration by the Board on 25 June 2020.</li> </ul>	<b>Director of Finance</b>	25 June 2020	Completed.



# **NHS WALES**

## **Health Education & Improvement Wales**

**Audit & Assurance Committee 16<sup>th</sup> July 2020**  
**Counter Fraud Update**

**Craig Greenstock**  
**Counter Fraud Manager**  
**Cardiff and Vale University Health Board**

**AUDIT COMMITTEE 16<sup>th</sup> July 2020**

**COUNTER FRAUD UPDATE**

- 1. Introduction**
- 2. Case Update**
- 3. Progress and General Issues**
- 4. Appendix 1 - Summary of Plan**

**Mission Statement**

***To provide the HEIW with a high quality NHS Counter Fraud Service, which ensures that any report of fraud is investigated in accordance with the Directions for Countering Fraud in the NHS and all such investigations are carried out in a professional, transparent and cost effective manner.***

## 1. INTRODUCTION

**1.1** In compliance with the Directions on Countering Fraud in the NHS, Counter Fraud is required to provide updates to the Audit and Assurance Committee on the work that has been carried out against the agreed work-plan.

This update provides the Audit Committee with an update at 30<sup>th</sup> June 2020.

## 2. CURRENT CASE UPDATE

**2.1** As at 30<sup>th</sup> June 2020, a total of **10** days have been spent on counter fraud work within HEIW and the breakdown of this work is detailed in **Appendix 1**.

**2.2** There is currently one (1) case currently under investigation for which a verbal update on the progress made to date will be given to the Audit Committee.

## 3. PROGRESS AND GENERAL ISSUES

### 3.1 Fraud Awareness Presentations

Due to the current COVID-19 restrictions, we have been unable, to date, to undertake any Counter Fraud staff awareness sessions. It is hoped that once the current restrictions are eased or lifted, then arrangements will be put in place to recommence the individual sessions. However, a virtual session has since been arranged, for July 2020, as part of the Workforce &OD, Planning and Digital Directorate Meeting.

### 3.2 National Fraud Initiative 2020/21

Enquiries are currently being made with the Auditor General for Wales as to whether HEIW is required to be involved and take part in relation to proposals that have been issued to NHS Wales Bodies for consultation regarding the planned National Fraud Initiative (NFI) 2020-21 work programme and the draft data specifications for this work.

The NFI is designed to help Public Bodies build their fraud detection capability through data matching at a national level since fraud is a diverse and evolving crime.

As a result, the scale of which fraud continues to increase, as new areas and more sophisticated mechanisms to commit fraud are sought and so it is, therefore, important more than ever that NHS Counter Fraud activity and initiatives, like the NFI, evolve at a similar rate to ensure that they continue to be effective.

The provisional timetable, for NFI 2020-21 is as follows:

<b>Activity</b>	<b>Date</b>
NFI 2020-21 work programme and data specification consultation begins	3 <sup>rd</sup> June 2020
Consultation ends	17 <sup>th</sup> June 2020
Publication of the final NFI 2020-21 work programme	By 24 <sup>th</sup> July 2020
Issue NFI final data specifications	By 31 <sup>st</sup> July 2020
Data requested from Senior Responsible Officers	By 31 <sup>st</sup> July 2020
Submit privacy notice compliance returns	By 25 <sup>th</sup> September 2020
Extract/submit NFI 2020/21 data	9 <sup>th</sup> October 2020
Deadline for data submissions	1 <sup>st</sup> December 2020
2020/21 matches available	From 31 <sup>st</sup> January 2021

## COUNTER FRAUD SUMMARY PLAN ANALYSIS 2020/21

AREA OF WORK	Planned Days	Days to Date
<b>General Requirements</b>		
LCFS Attendance at All Wales Meetings	1	0
Planning/Preparation of Annual Report and Work Programme	1	0
Production of Reports and attendance at Audit & Assurance	4	1
Liaison with the DoF, NHS CFA, Welsh Government	0	0
Self Review Tool (SRT) and QA Assessment	1	0
<b>Annual Activity</b>		
Create an Anti-Fraud Culture	2	1
Presentations, Briefings, Newsletters etc.	15	3
Fraud Awareness Events	0	0
<b>Deterrence</b>		
Review/develop Policies/Strategies	2	0
<b>Prevention</b>		
The reduction of opportunities for Fraud and Corruption to occur.	0	0
<b>Detection</b>		
National Pro-Active Exercises (e.g. Procurement)	2	0
National Fraud Initiative 2020/21	4	1
<b>Investigation, Sanctions and Redress</b>		
The investigation of any alleged instances of fraud	15	4
Ensure that Sanctions are applied to cases as appropriate	1	0
Seek redress, where fraud has been proven to have taken place	2	0
<b>TOTAL HEALTH EDUCATION IMPROVEMENT WALES</b>	<b>50</b>	<b>10</b>



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

<b>Meeting Date</b>	<b>16 July 2020</b>	<b>Agenda Item</b>	<b>2.3</b>
<b>Report Title</b>	<b>Internal Audit Progress Report</b>		
<b>Report Author</b>	Internal Audit		
<b>Report Sponsor</b>	Head of Internal Audit		
<b>Presented by</b>	Internal Audit		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	Update on Internal Audit activity		
<b>Key Issues</b>	Update on Internal Audit activity		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	✓		
<b>Recommendations</b>	The Committee is asked to <b>note</b> the report.		





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## **Health Education and Improvement Wales**

### **INTERNAL AUDIT PROGRESS REPORT**

**Audit and Assurance Committee - July 2020**

**NHS Wales Shared Services Partnership**

**Audit and Assurance Services**

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2. Outcomes from completed audit reviews	1
3. Delivery of 2020/21 Internal Audit plan	1

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.

## 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 8 July 2020.
- 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 June meeting of the committee one report has been issued in draft.

Assignments	Assurance rating
Medical commissioning monitoring (Draft)	Reasonable

## 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.
- 3.3 In addition to the plan agreed with the Committee, we have agreed to undertake an advisory review of governance arrangements during the Covid-19 pandemic. We are undertaking this same review across all health organisations in Wales.

**Table 1: Status of 2020/21 reviews**

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	-	Draft	Reasonable	-	Fieldwork was delayed due to Covid-19.
Governance arrangements during Covid-19	-	Work in progress	N/A	-	Advisory work.
Cyber security	15	Planning	-	Q2	Agreed to work with the new cyber security lead when developing scope.
Governance arrangements	15	Planning	-	Q2	Liaising with executive.
Personal development process	12	Planning	-	Q2	Liaising with executive.
Information Governance toolkit	10	-	-	Q3	-
Financial systems	10	-	-	Q3	-

Assignment	Indicative audit days	Status	Assurance	Timing	Notes
Performance management	15	-	-	Q3	-
Risk management	10	-	-	Q3	
Communication and engagement strategy	15	-	-	-	-
Workplace culture	15	-	-	-	-
Pharmacy – pre-registration	15	-	-	-	-



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<b>Meeting Date</b>	<b>16 July 2020</b>	<b>Agenda Item</b>	<b>2.4</b>
<b>Report Title</b>	<b>Audit Wales Reports</b>		
<b>Report Author</b>	Mike Usher, Clare James, Helen Goddard		
<b>Report Sponsor</b>	Eifion Williams		
<b>Presented by</b>	Mike Usher, Clare James, Helen Goddard		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Reports</b>	The report provides the Audit and Assurance Committee of Health Education and Improvement Wales (HEIW) with an update on current and planned Audit Wales work. Financial and performance audit work is considered, and information is also provided on the Auditor General's wider programme of work where they may be of interest or relevance.		
<b>Key Issues</b>	Four reports included: <ul style="list-style-type: none"> <li>• Audit and Assurance Committee Update;</li> <li>• Update on the AGW Programme of NHS Performance Audit Work;</li> <li>• Structured Assessment 2020 – Project Brief;</li> <li>• Audit Wales National Study on Reviewing Counter Fraud Arrangements</li> </ul>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
			✓
<b>Recommendations</b>	Members are asked to <b>note</b> the: <ul style="list-style-type: none"> <li>• Audit and Assurance Committee Update.</li> <li>• update on the AGW Programme of NHS Performance Audit Work;</li> <li>• Structured Assessment 2020 – Project Brief;</li> <li>• Audit Wales National Study on Reviewing Counter Fraud Arrangements</li> </ul>		

# Audit and Assurance Committee Update – Health Education and Improvement Wales

Date issued: July 2020

Document reference: HEIWAACU202007

This document has been prepared as part of work performed in accordance with statutory functions.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000.

The section 45 code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and Audit Wales are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to Audit Wales at [infoofficer@audit.wales](mailto:infoofficer@audit.wales).

We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.



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# Summary Report

## About this document

- 1 This document provides the Audit and Assurance Committee of Health Education and Improvement Wales (HEIW) with an update on current and planned Audit Wales work. Financial and performance audit work is considered, and information is also provided on the Auditor General's wider programme of work where they may be of interest or relevance.

## Financial audit update

### Exhibit 1: Summary of financial audit work undertaken against the 2020 Audit Plan

#### Annual Accounts 2019-20

Quarterly meetings with the Chair and Chief Executive/Deputy Chief Executive have continued throughout the period.

#### Final Audit

On 28 April 2020 HEIW management submitted a good quality draft account and supporting working papers for audit.

At the request of HEIW management, we conducted our audit of accounts work largely to the original Welsh Government timetable and at the request of HEIW Audit and Assurance Committee, we presented our interim statement to the 26 May 2020 meeting. This statement detailed areas of work yet to be completed.

Final audit work concluded during May and we presented our final Audit of Accounts Report to the Audit and Assurance Committee on 23 June 2020. We reported that:

- There were no non-trivial misstatements identified in the accounts which remained uncorrected;
- There was no need to correct any misstatements as a result of our audit work;
- We summarised the more significant disclosure amendments to the draft accounts;
- No significant issues arose from our audit; and
- We proposed an unqualified audit report.

We reported one recommendation arising from our audit to ensure that delegated limits are in place for the approval of material in-year budget virements. Management accepted this recommendation and agreed to review and revise the Budgetary Control Procedure (FCP 1) by October 2020.

HEIW Board approved the Accountability Report and Accounts 2019-20 on 25 June 2020.

## Annual Accounts 2019-20

The Auditor General certified the Accountability Report and Accounts 2019-20 on 2 July 2020 and laid them at the Senedd on 3 July 2020.

## Performance Audit Update

- 2 An update on our performance programme at NHS bodies is provided separately, along with a briefing paper on Structured Assessment 2020 and a local report arising from our national study on reviewing counter Fraud arrangements. Exhibit 2 sets out the current position on the work set out in our audit plan.

### Exhibit 2: Summary of performance audit work undertaken against the 2020 Audit Plan

Project	Update
Structured Assessment 2020	In response to Covid19 we have re-shaped our work for this year. More detail can be found in the separate briefing paper provided. Our detailed evidence gathering has started and we are co-ordinating our work with Internal Audit.
Local project 2020	We have paused our scoping work and will revisit later in the year.

## Other Auditor General Studies

- 3 The Audit and Assurance Committee may also be interested in the following studies / reports issued since the last Audit and Assurance Committee Update. Links to the related report, data tool or blog is provided below.

### Exhibit 3: other Auditor General Studies and reports

Product	Summary
<a href="#">NHS Wales Finances Data Tool</a>	An interactive tool that lets you look at trends in NHS Finances for the whole of Wales or individual NHS bodies. The tool has been updated for 2019-20 and includes HEIW.
<a href="#">COVID rapid learning project</a>	A project responding to the COVID19 emergency to support the rapid collection, analysis and sharing of knowledge and insights during COVID-19. (Detail in 26 May 2020 Committee paper reference 3.1.1)

## Good Practice

- 4 Good Practice helps public services improve by sharing knowledge and practices that work. We run events where people can exchange knowledge face to face and share resources online.
- 5 Details of past and forthcoming events, shared learning seminars and webinars can be found on [here](#) on the Audit Wales website. However, the team are currently focusing on the COVID rapid learning project (See Exhibit 3).





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To: Chief Executives, NHS bodies

Cc: Chairs

Audit Committee Chairs

Board Secretaries

**Reference:** PA288/DT/hcj

**Date issued:** 11 June 2020

Dear all

### Update on the AGW's programme of NHS Performance Audit work

I trust this letter finds you all well as the service continues to navigate its way through the next phases of the COVID-19 outbreak. It truly has been an unprecedented challenge for the NHS and its partners, and I'd just like to echo the sentiments expressed by the Auditor General in his letter of 30 April to public sector Chief Executives (attached again here in case you missed first time around), thanking public servants for the phenomenal work they are doing for the people of Wales. More specifically, myself and colleagues at Audit Wales are really grateful to NHS bodies for the way they've maintained engagement with us throughout the crisis. It has helped us stay connected to developments and also to appreciate the tremendous amount of work that has been undertaken in such a short space of time to respond to the challenges presented by COVID-19.

In his letter, the Auditor General provided some information on how we were adapting our work in response to COVID-19 and I'd like to use this opportunity to provide a further specific update on our programme of NHS performance audit work. As you know we took the early decision to suspend on-site performance audit work at all NHS bodies and to progress our work remotely as far as we can. That continues to be the situation and as part of our own business continuity planning, we've been looking afresh at our current programme of work to assess how it gets taken forward in the context of COVID-19. The Annex attached to this letter provides an update on our current plans for each of the main strands of work in our programme.

In addition to re-shaping the existing elements of our work programme as set out in the Annex, we are keen to ensure that we focus our attention on issues that are specific to the current situation. We're currently reviewing the information in the Welsh Government's supplementary budget and accompanying explanatory memorandum as we consider those areas that merit some specific work. At a more local level, our 2020 structured assessment work will allow us to understand how NHS bodies are maintaining their corporate and financial governance arrangements in the context of COVID-19, as well as the progress being made on recovery planning. Further information on our 2020 structured assessment work is provided in the attached project specification, which has recently been shared with Board Secretaries.

As referenced in the Auditor General's letter, we have also started work on a "COVID-19 learning project" that will seek to identify and share examples of new ways of working that have been introduced as a result of the pandemic, and wider learning points that can help with the plans to continue to control the virus and rebuild a stronger and better NHS. We are aware that there is already quite a lot of activity in this area within the NHS, so we are working closely with the NHS Confederation and Welsh Government to ensure that what we do in this space complements and adds value to existing activities.

The information I've set out in this letter represents the current position and our latest thinking but we'll continue to adopt an agile approach and where necessary adjust the content and focus of our work to ensure we are deploying our resources to areas where outputs from ourselves will add most value in the current environment. We'll continue to keep you informed of any further developments to our programme through our local engagement channels and communications such as this.

Whilst this update primarily concerns our performance audit work, I thought it would also be useful to provide a brief update on our accounts work. Our teams have continued to liaise with Directors of Finance and the wider Finance teams as we are drawing our work to a close. The Auditor General is planning to sign off the opinions on the financial statements of NHS bodies on the 2<sup>nd</sup> July 2020.

I trust this update is helpful and my thanks once again for your positive on-going engagement with our audit teams, and for all the hard work that is being done by yourselves and your organisations in response to the current situation. If you had any queries about the any aspect of this update, then please don't hesitate to contact me.

Your sincerely



David Thomas  
**Audit Director**



## ANNEX: NHS PERFORMANCE AUDIT WORK PROGRAMME UPDATE

### A: Work included in local audit plans

Review	Update
<b>Structured Assessment 2020</b>	<p>Our annual structured assessments are one of main ways in which the AGW discharges his statutory requirement to examine the arrangements NHS bodies have in place to secure efficiency, effectiveness and economy in the use of their resources. In the context of COVID-19, we have designed an approach which allows us to undertake structured assessment work remotely and with minimal impact on NHS bodies in terms of time and resource to support the work. Our lines of enquiry will be based on the same broad areas as previous years' work but our audit questions in this year's work will have a COVID-19 context, taking note of Welsh Government guidance and frameworks issued in response to the pandemic, and including a focus on recovery planning. We are aware that the internal audit service has been asked to undertake some early work on aspects of governance related to COVID-19. We've had a constructive dialogue with internal audit colleagues and we are devising approaches at each NHS body to ensure our respective programmes of work are co-ordinated and mutually informed.</p>

Review	Update
<b>Reviews of quality governance arrangements at NHS bodies</b>	<p>Following the Joint Review of quality governance arrangements at Cwm Taf Morgannwg UHB, we had been developing a programme of work to examine these arrangements at all relevant NHS bodies. The cessation of on-site fieldwork as a result of COVID-19 has meant that we've had to put this work on hold. In the interim will use this year's structured assessment to get an overview of quality governance arrangements at NHS bodies and how they have been maintained during the pandemic. Subject to how the COVID-19 situation pans out, we hope to be in a situation where we can resume some form of on-site work later in the year. However, if that is not possible, we will look to design an alternative approach to capturing information we require, collaborating with Healthcare Inspectorate Wales, and other stakeholders as necessary in the design of that work.</p>
<b>Follow up work on orthopaedic services (and the national AGW follow up study on elective NHS waiting times)</b>	<p>At the point the pandemic hit we were preparing local and national reports to summarise the progress made in response to the recommendations we made in 2015. However, in the context of the Minister's decision to suspend routine elective NHS work to create capacity to deal with the expected surge in COVID-19, it seemed inappropriate to issue these reports in the format which they had been drafted. We are therefore looking to reshape these outputs so that they inform the recovery planning discussions that are starting to take place locally and nationally, and to help identify where there are opportunities to do things differently as the service looks to tackle the significant elective backlog challenges.</p>

Review	Update
<b>Governance review of Welsh Health Specialised Services Committee</b>	<p>We had made good progress with this review up to March of this year, but we do still need to gather in views on the current arrangements for specialised services commissioning from leaders in NHS bodies. We hope to be able to do this remotely over the coming month, potentially through the use of survey software, although we will take soundings from some key contacts in the service to test our thinking and inform our approach before we progress this. Subject to being able to collect this additional information, we would envisage having a draft output to share for comment by the end of the summer.</p>
<b>Whole system review of unscheduled care</b>	<p>We have split this work into two phases. The first phase has involved collection of data across the unscheduled care pathway with the aim of creating an interactive database that can be shared with external stakeholders and used to inform the focus of audit work in the second phase. Our ability to undertake more focused audit work in the second phase will largely be shaped by the restrictions associated with COVID-19 and stakeholders' ability to engage with the audit work. In the short term, i.e. through to the end of July, we will focus on preparing the database and discussing the most productive ways of sharing this information with external stakeholders. We have continued to take this work forward in close collaboration with Healthcare Inspectorate Wales</p>

Review	Update
<p><b>Locally specific performance audit reviews</b></p>	<p>In several NHS bodies, our work programme had included reviews that were specific to local circumstances in those organisations. These reviews were at various stages of completion at the point the COVID-19 restrictions were introduced. Where we can, we have continued to progress these pieces of work remotely and our performance audit leads at each site will continue to liaise with Board Secretaries to keep them up to speed with individual reviews and check on the NHS body's ability to support the remainder of the work required, including the ability to provide comments on the factual accuracy of products at the draft report stage.</p>

## B: Other AGW NHS Performance Audit Work

Review	Update
<b>Counter Fraud Services</b>	The AGW has undertaken a public sector wide review of counter fraud services and is due to publish his findings on 14 July. That national report will be supported by summaries of our local findings at individual NHS bodies. We'll shortly be issuing those local reports for final factual accuracy checks ahead of them being ready to be shared with Audit Committees at their autumn meetings alongside the national output
<b>Clinical Coding</b>	We are currently preparing a short publication that aims to share some key messages from our recent local follow up work on clinical coding. We plan on publishing this work towards the end of July and think it will be a timely aid to discussion on the importance of clinical coding in ensuring good information flows to support decision making in response to COVID-19.
<b>Welsh Community Care Information System (WCCIS)</b>	We will shortly be commencing the clearance process through the WCCIS Leadership Board and the Welsh Government and, where relevant, with individual NHS bodies. This will be with a view to report publication in early autumn.
<b>Follow up: Local public health team collaborative working</b>	Comments on the factual accuracy of our draft report have been received and reviewed. A finalised output is in preparation with a view to publication later this summer.
<b>Other cross sector work</b>	Scoping work is currently underway on several pieces of work which are not NHS-specific but which are likely to involve some evidence gathering from NHS bodies. These topics include digital resilience in the public sector, collaborative working across emergency services and work on the General Equality Duty.

**Reference:** 1888A2020-21

**Date issued:** 08 June 2020

## Structured Assessment 2020 - Project Brief

### Background

- 1 The Auditor General has a statutory requirement to satisfy himself that NHS bodies have proper arrangements in place to secure economy, efficiency and effectiveness in the use of their resources as set out in Section 61 of the Public Audit Wales Act 2004. To help in the discharge of this responsibility, the Auditor General introduced the concept of a Structured Assessment in 2010, as an evolution of the work that auditors previously undertook to enable the Auditor General to draw a 'Value for Money Conclusion' for each NHS body. This briefing sets out the approach that will be adopted for Structured Assessment work in 2020.
- 2 Of course, this year's Structured Assessment work takes place at a time when NHS bodies are responding to the unprecedented and ongoing challenges presented by the COVID-19 pandemic. On 13 March 2020, the Minister for Health, Social Services and Sport issued a framework of actions to help prepare the system for the expected surge in Covid-19 cases. The framework included the cessation of non-urgent planned activity and the relaxation of targets and monitoring arrangements across the health and care system. Emergency funding arrangements were also introduced to facilitate the wide range of actions needed to respond urgently to the COVID-19 pandemic.
- 3 On 6 May 2020, a Quarter one Operating Framework for the NHS was published setting out key considerations for the planning of the next phase of the pandemic, for maintaining delivery of essential services, and a movement towards recovery and gradual reinstatement of some services.
- 4 This year's Structured Assessment work has therefore been designed in the context of the on-going response to the pandemic. A suitably pragmatic approach has been designed which helps the Auditor General discharge his statutory responsibilities whilst minimising the impact on NHS bodies as they continue to respond to the next phase of the COVID-19 pandemic.

### Why are we doing this work

- 5 The COVID-19 pandemic required NHS bodies to quickly adapt their arrangements in respect of governance and decision making to ensure timely action was taken to respond to the predicted surge in emergency COVID-19 demand and ensure the safety of staff and patients. In making these changes, Welsh Government expects

NHS bodies to maintain a focus on their arrangements for good governance and ensuring value for money. It is important that NHS boards, the public and key stakeholders are assured that governance arrangements remain effective.

## Audit approach

- 6 As in previous years, our work is focused on the corporate arrangements for ensuring that resources are used efficiently, effectively and economically. Auditors will pay attention to progress made to address previous recommendations where these relate to important aspects of organisational governance and financial management, to ensure business is conducted as effectively as possible in the current circumstances. The work will be structured under the following themes:
- Leadership and governance;
  - Financial management; and
  - Operational planning.
- 7 The review will seek to address the following question: **Are the organisation's arrangements supporting good governance and the efficient, effective and economical use of resources?** Exhibit 1 sets out the key lines of enquiry we will consider.

### Exhibit 1: key lines of enquiry

#### Are the organisation's arrangements supporting good governance and the efficient, effective and economical use of resources?

##### 1. Is the organisation well led and well governed?

- a. Is the Board and its sub-committees working effectively?
- b. Is board assurance underpinned by an effective system of internal control?

In answering the questions in the context of COVID-19 we will consider, for example, the smooth continuation of governance arrangements in line with Welsh Government guidance, appropriate governance around decision making, and well documented processes for departures from standard operating practices.

##### 2. Are financial resources well managed?

- a. Is the organisation achieving key financial objectives?
- b. Are required financial controls in place?
- c. Are arrangements for financial monitoring and reporting satisfactory?

In answering the questions in the context of COVID-19 we will consider, for example, the continuation of financial governance arrangements in line with Welsh Government guidance, including maintaining financial controls and monitoring and reporting COVID related expenditure.

### **3. Is there an effective approach to planning?**

- a. Has the organisation developed a realistic short to medium term operational plan?
- b. Does the plan identify the resources needed to deliver it?
- c. Is there effective board level scrutiny, assurance and decision making in relation to the plan?

In answering the questions in the context of COVID-19, we will consider the progress made in developing an operational plan to support the continued response to the pandemic balanced against the provision of other essential services in accordance with Welsh Government's operating framework for quarter 1 (2020/21).

- 8 Auditors will work remotely to carry out this year's Structured Assessment work given our on-site work remains suspended in accordance with government advice on social distancing, and our desire to ensure our work does not impede NHS bodies' continuing response to the pandemic. Our work will be based on a review of relevant documentation, virtual observations at board and committee meetings and a structured discussion with the Board Secretary.
- 9 It is not our intention to conduct the normal range of formal interviews this year, although it may be necessary to speak to some members of staff other than the Board Secretary to ensure we fully understand the current arrangements in place within the NHS body. We will continue to keep our delivery arrangements under review to ensure that our audit work does not have a detrimental impact on the organisation.
- 10 We are aware that several NHS bodies have asked Internal Audit to carry out rapid governance reviews as part of their internal audit plans. We are liaising with the NHS Wales Audit and Assurance Service to coordinate our work and information collected by our auditors and the NHS Wales Audit and Assurance Service respectively may be shared to avoid any duplication in evidence gathering where this is feasible. This may include personal data, such as opinion information, and our privacy notice is available below at Appendix 1. Please note that this does not affect our statutory rights of access to information. Where possible and subject to our own testing, we may place reliance on the work of others, including Internal Audit.



- 11 We will work with the Board Secretary to agree the precise timing and focus of any structured discussion, and any information required to support our work that is not in the public domain.
- 12 Where we process personal data, this is in accordance with data protection legislation, including the Data Protection Act 2018 and the General Data Protection Regulation. Further information is set out in our fair processing notice attached at [Appendix 1](#). We ask that you share this project brief with Board members to ensure they understand the purpose and scope of our review and how information may be used and shared.

## Timing of the work

- 13 The indicative timescales for the key stages of the work are shown in [Exhibit 2](#).

### Exhibit 2: timing of the work

Key stage	Timing
Set up	June 2020
Evidence gathering	June to July 2020
Draft report	End of August 2020
Final report	End of September 2020

## Reporting our findings

- 14 We will agree a mechanism for informal feedback with the Board Secretary as the work progresses, particularly where any concerns emerge. We will prepare a short report for individual NHS bodies setting out local findings and any recommendations arising from the work. In line with Audit Wales arrangements for public reporting, we will publish the report on our website once it has been formally considered by the relevant Board committee.

## Appendix 1 – Fair Processing Notice

This privacy notice tells you about how the Wales Audit Office processes personal data provided by you in connection with our Structured Assessment of NHS Trusts and Health Boards in Wales.

**Who we are:** The Auditor General for Wales examines how public bodies manage and spend public money, and the Wales Audit Office (WAO) provides staff and resources to enable him to carry out his work.

**Data Protection Officer (DPO):** Our DPO is Martin Peters, who can be contacted by telephone on 029 20320500 or by email at: [infoofficer@audit.wales](mailto:infoofficer@audit.wales).

**The relevant laws (legal basis):** We process personal data in accordance with the Data Protection Act 2018 (DPA) and the General Data Protection Regulation (GDPR). Our lawful basis for processing is the statutory powers and duties under the Public Audit (Wales) Act 2004, the Government of Wales Act 1998 and Well-being of Future Generations (Wales) Act 2015.

**Purpose of processing:** We are collecting opinions and information to help us carry out our Structured Assessment of health bodies. Some of this information may be about identifiable individuals, which would make it personal information, even though the purpose of our work is not in itself to collect information about identifiable individuals. The information collected will be used for this work and may also be used in our wider statutory audit work.

**Who will see the data?** The Auditor General and the WAO audit team will have access to the information you provide. We may share some information with senior management at the audited bodies involved, and our published report may include some information. We may share some data with the NHS Wales Audit and Assurance Service for the purpose of its internal audit and such information will be processed in accordance with the NHS Wales Audit and Assurance Service privacy policies.

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# Effectiveness of Counter-Fraud Arrangements – Health Education and Improvement Wales

Audit year: 2020

Date issued: June 2020

Document reference: the Publishing team assigns this

## **Purpose of this document**

This document is a draft supplied in confidence solely for the purpose of verifying the accuracy and completeness of the information contained in it and to obtain views on the conclusions reached.

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We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

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

The person who delivered the work was Emily Howell.

# Contents

HEIW 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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# Summary report

## Background

- 1 On 11 June 2019, the Auditor General published Counter-Fraud Arrangements in the Welsh Public Sector: An Overview for the Public Accounts Committee. The report was a high-level, descriptive review of the arrangements in place within the Welsh Government, the NHS and local government (unitary authorities only), and highlighted some important messages:
  - Losses caused by fraud in the public sector are significant. In a time of austerity, every pound lost to fraud is a pound that could be spent on public services.
  - Fraud in all its forms is constantly evolving, so counter-fraud measures need to keep pace with the fraudsters.
  - Resources devoted to counter-fraud activity vary widely across the public sector in Wales.
- 2 Following publication of the report, the Public Accounts Committee endorsed the Auditor General's proposal to undertake further work across a range of Welsh public sector bodies to examine how effective counter-fraud arrangements are in practice and to make recommendations for improvement. This work was undertaken during December 2019 – February 2020.
- 3 [Paragraph 3,4 and 5 will refer to the national counter-fraud report we intend to publish on 14 July 2020, and will be added to this report after the national report is published]
- 4 [To be added].
- 5 [To be added].
- 6 This summary report sets out our assessment of Health Education and Improvement Wales' (HEIW's) arrangements for preventing and detecting fraud. Our assessment is based on document reviews, including board and committee papers, and interviews with a small number of staff.

## Main findings and areas for improvement

- 7 Our assessment identified that HEIW 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. Our key findings from the work are set out in more detail in the following section of this report.
- 8 In undertaking this work, we identified some areas for improvement (**Exhibit 1**), they should be considered alongside the themes identified in the national report. HEIW's management response to the areas for improvement is available in **Appendix 2**.

### Exhibit 1: areas for improvement

Areas for improvement	
<b>Counter-fraud training</b>	
I1	Implement mandatory counter-fraud training for some or all staff groups.
<b>Counter-fraud staff capacity</b>	
I2	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.
<b>Recording and monitoring of economic fraud risk</b>	
I3	Implement consistency in the recording and monitoring of economic fraud risk in line with the HEIW's risk management policy and strategy.

Exhibit source: Audit Wales

# Detailed report

## Our findings

9 The following table sets out the areas of focus within our work and our findings.

Areas of work	Findings
<p>We considered whether the top tier demonstrates a commitment to counter-fraud and provides the necessary leadership to fight fraud.</p> <p>We expected to see:</p> <ul style="list-style-type: none"><li>• The Board/Executive team promoting a clear commitment to zero tolerance of fraud and championing counter-fraud work.</li><li>• Senior leadership actively promoting and cascading an anti-fraud culture.</li><li>• An organisation-wide understanding of responsibilities for preventing fraud and reporting suspected fraud.</li><li>• An organisational commitment to counter-fraud and ethics awareness training, with appropriate and targeted mandatory counter-fraud training for all staff.</li></ul>	<p>We found the following good practice:</p> <ul style="list-style-type: none"><li>• The Executive Director of Finance is the Board executive responsible for counter-fraud.</li><li>• Counter-fraud is a standing item on the Audit Committee agenda.</li><li>• All fraud related issues are treated as a priority by the organisation, and there is a clear commitment from the Executive Director of Finance and the Chair of the Audit Committee.</li><li>• Policies and strategies send out a consistent message that fraud will not be tolerated, and that all steps will be taken to take criminal or disciplinary sanctions against perpetrators.</li><li>• HEIW publicises proven frauds and the action taken.</li></ul> <p>We identified the following area for improvement:</p> <ul style="list-style-type: none"><li>• HEIW was established in October 2018. At the time of our review, counter-fraud training had been delivered to the executive team, senior leaders and the finance team, and arrangements are in place to ensure that fraud awareness training is cascaded to other staff. Attendance at counter-fraud awareness training is not mandatory for all staff, and counter-fraud awareness is not included in induction training for new-starters.</li></ul>



Areas of work	Findings
<p>We considered whether the organisation has a suitable structure and sufficient skilled resources to prevent and detect fraud.</p> <p>We expected to see:</p> <ul style="list-style-type: none"> <li>• A designated Local Counter-Fraud Specialist (LCFS) with designated responsibility for counter-fraud and the ability to influence the level of counter-fraud resources.</li> <li>• An appropriate level of experienced, trained and accredited counter-fraud staff to undertake investigations and counter-fraud work.</li> <li>• Clarity in respect of counter-fraud roles, responsibilities and lines of accountability.</li> <li>• Investment in counter-fraud based on informed decisions derived from a fraud risk assessment which highlights risks and determines the resources needed to address them.</li> <li>• An annual programme of proactive counter-fraud work (fraud prevention work) which covers the risks identified in the risk assessment with ring fenced time allocated to proactive work.</li> </ul>	<p>We found the following good practice:</p> <ul style="list-style-type: none"> <li>• HEIW has a dedicated LCFS, with the ability to influence the level of counter-fraud resources designated by the Executive Director of Finance.</li> <li>• HEIW employs accredited and trained counter-fraud staff, who attend training and professional development courses as required.</li> <li>• The level of counter-fraud resources within HEIW is above the average for Wales (<b>Appendix 1</b>). The whole time equivalent (WTE) of local counter-fraud resources per 1,000 staff is 0.71 WTE compared to the average for NHS Wales of 0.19 WTE.</li> <li>• HEIW has clearly articulated counter-fraud roles and responsibilities.</li> <li>• The LCFS and counter-fraud staff have access to all systems, records and premises required to do their work.</li> <li>• The LCFS has completed the NHS Counter-Fraud Authority Self-Review Tool (SRT) and will continue to do so on an annual basis. The SRT identifies proactive work priorities for the year. The number of days allocated to proactive and reactive counter-fraud work will be reviewed overtime to determine whether the number of days allocated for counter-fraud work is appropriate. HEIW has indicated that funding is available if more days are required.</li> </ul> <p>We identified the following area for improvement:</p> <ul style="list-style-type: none"> <li>• Although staffing levels are just above the average for Wales, staffing levels are just 0.2 WTE. If the level of investigative work increased, or if any member of staff were to be absent, this could impact the ability to deliver the agreed level of proactive counter-fraud work..</li> </ul>

Areas of work	Findings
<p>We considered whether the organisation has a sound policy framework to support effective counter-fraud arrangements.</p> <p>We expected to see:</p> <ul style="list-style-type: none"> <li>• A counter-fraud strategy/policy which sets out the organisation's approach to managing fraud risks and defines specific counter-fraud responsibilities.</li> <li>• A Code of Conduct setting out acceptable behaviours and how to report and manage conflicts of interest.</li> <li>• Sound whistleblowing arrangements which set out mechanisms for reporting fraud.</li> <li>• Maintained registers of gifts and hospitalities.</li> <li>• Pre-employment screening.</li> </ul>	<p>We found the following good practice:</p> <ul style="list-style-type: none"> <li>• HEIW has developed a counter-fraud, bribery and corruption policy (the policy). It is intended that the policy will be reviewed, evaluated and updated regularly. The policy includes a counter-fraud response plan.</li> <li>• The policy was scrutinised and signed off by the LCFS, senior management and the Audit Committee.</li> <li>• The Policy was disseminated across HEIW and placed on the intranet and internet websites.</li> <li>• HEIW has appropriate whistleblowing and cyber security policies with review and renewal processes in place.</li> <li>• HEIW has appropriate arrangements to maintain and review registers of interests, gifts and hospitality.</li> <li>• At the time of review, HEIW was in the process of implementing a Standards of Behaviour Policy which would confirm the roles and responsibilities for declarations of interest, receipt of gifts, hospitality and sponsorship and associated monitoring arrangements.</li> <li>• HEIW has arrangements in place to ensure that all new staff are subject to the pre-employment checks before commencing employment within the organisation.</li> </ul> <p>We did not identify any areas for improvement.</p>

Areas of work	Findings
<p>We considered whether the organisation has an effective fraud risk assessment together with appropriate responses to emerging issues.</p> <p>We expected to see:</p> <ul style="list-style-type: none"> <li>• Regular and comprehensive fraud risk assessments discussed and agreed with senior leaders and the Audit Committee.</li> <li>• Fraud risk assessments featuring as part of the organisation's overall risk management framework.</li> <li>• Fraud risk built into system design to minimise opportunities for fraud.</li> </ul>	<p>We found the following good practice:</p> <ul style="list-style-type: none"> <li>• HEIW has completed the NHS Counter-Fraud Authority's SRT and will continue to do so on an annual basis.</li> <li>• Annual work plans will be based upon intelligence received and identified, a review of ongoing cases, referrals and proactive work priorities identified across Wales. HEIW has indicated that counter-fraud resource levels will be proportionate to the risk level identified, and measures to mitigate identified risks will be included in the workplan.</li> <li>• Policies and paper-based procedures are fraud proofed using guidance issued by NHS Counter-Fraud Authority. The LCFS reviews policies and proposes changes where it is deemed necessary.</li> </ul> <p>We identified the following area for improvement:</p> <ul style="list-style-type: none"> <li>• HEIW does not currently record and monitor economic fraud risk in line with its overall risk management policy and framework. Risk assessments should be integrated within the wider risk management framework, to ensure wider corporate ownership and active management of risks.</li> </ul>
<p>We considered whether the organisation's internal control environment support effective arrangements for preventing and detecting fraud.</p> <p>We expected to see:</p>	<p>We found the following good practice:</p> <ul style="list-style-type: none"> <li>• HEIW's Internal Audit team review fraud risks and test controls designed to prevent and detect fraud as part of its annual programme of work. Information and intelligence are shared with local counter-fraud services in line with the agreed information sharing protocol.</li> </ul>

Areas of work	Findings
<ul style="list-style-type: none"> <li>• Internal controls designed and tested to address identified fraud risks and help prevent fraud occurring.</li> <li>• Internal Audit reviews of fraud risks and testing of controls designed to prevent and detect fraud.</li> <li>• The organisation acting on recommendations to strengthen controls if internal controls are found to be not operating as well as intended and lessons learned from fraud incidents.</li> <li>• The organisation uses data matching to validate data and detect potentially fraudulent activity.</li> </ul>	<ul style="list-style-type: none"> <li>• HEIW acts upon recommendations to strengthen controls if internal controls are found to be not operating as well as intended and learn lessons from fraud incidents.</li> <li>• HEIW participates in the National Fraud Initiative data matching exercise, primary care post-payment verification checks and other local checks (such as payroll).</li> <li>• HEIW uses case management software to record all system weaknesses as identified as a result of investigations and/or proactive prevention and detection exercises. An important aspect of this software is recording lessons learned.</li> </ul> <p>We identified the following area for improvement:</p> <ul style="list-style-type: none"> <li>• Our national review identified only a few examples of data analytics being used as a means of preventing fraud, predominantly the National Fraud Initiative data matching exercise.</li> </ul>
<p>We considered whether the organisation has an appropriate response to fraud.</p> <p>We expected to see:</p> <ul style="list-style-type: none"> <li>• A comprehensive fraud response plan which sets out clear arrangements for reporting and investigating allegations of fraud.</li> </ul>	<p>We found the following good practice:</p> <ul style="list-style-type: none"> <li>• HEIW's Fraud Response Plan follows best practice as advised by the NHS Counter-Fraud Authority.</li> <li>• Qualified staff investigate all cases of suspected fraud, and in line with the Fraud Response Plan. Outcomes of investigations are reported to the Audit Committee and to the NHS Counter-Fraud Authority.</li> </ul>

Areas of work	Findings
<ul style="list-style-type: none"> <li>• Action to ensure that all allegations of fraud are assessed. Documented procedures for conducting fraud investigations.</li> <li>• Investigations which follow proper professional practice and in line with the fraud response plan</li> <li>• Consideration of the full range of sanctions available, and redress sought (for example the recovery of money and assets) where appropriate.</li> <li>• An appropriate case management system to record and monitor the progress of potential fraud cases.</li> <li>• Collaboration with external partners to tackle fraud.</li> </ul>	<ul style="list-style-type: none"> <li>• All investigations will be documented on case management software. HEIW has indicated that learning from fraud will be shared with appropriate staff to action and implement changes to systems and procedures where appropriate.</li> <li>• HEIW liaises proactively and on a regular basis with other organisations and agencies such as NHS Legal and Risk Services, the police, Home Office Immigration Services, local authorities, and regulatory and professional bodies to assist in countering fraud, bribery and corruption. Specialist services can be purchased from the NHS Counter-Fraud Authority where necessary.</li> </ul> <p>We did not identify any areas for improvement.</p>
<p>We considered whether the organisation has proper reporting and scrutiny in place to ensure its counter-fraud culture and framework is operating effectively. We expected to see:</p> <ul style="list-style-type: none"> <li>• A record kept of fraud losses and recoveries.</li> <li>• The Audit Committee taking a proactive approach to prevent fraud and promote an effective anti-fraud culture.</li> </ul>	<p>We found the following good practice:</p> <ul style="list-style-type: none"> <li>• HEIW maintains a record of fraud losses and recoveries.</li> <li>• Counter-fraud is a standing item on the Audit Committee agenda.</li> <li>• The annual plan is presented to the Audit Committee along with regular progress reports on delivering the annual programme of work, along with identified fraud risks and actions to minimise them.</li> <li>• Case updates are produced for the private session of Audit Committee outlining the case, status, and recoveries of money/assets.</li> </ul>

Areas of work	Findings
<ul style="list-style-type: none"> <li>• The Audit Committee challenging and reviewing counter-fraud work, and ensuring it discharges its duties in relation to counter-fraud.</li> </ul>	<p>We did not identify any areas for improvement.</p>

# Appendix 1

## Counter-fraud resources

The following exhibit sets out the number of LCFS resources per 1,000 staff.

**Exhibit 1: Number of LCFS resources per 1,000 staff (in order of highest to lowest)**

	LCFS WTE	Total number of staff within the organisation	LCFS WTE per 1,000 staff (headcount)
Health Education and Improvement Wales <sup>1</sup>	0.2	280	0.71
Welsh Ambulance Services NHS Trust	2.0	3,535	0.57
Powys Teaching Health Board <sup>2</sup>	1.2	2,286	0.52
Cwm Taf Morgannwg University Health Board <sup>2</sup>	2.6	11,944	0.22
Hywel Dda University Health Board	2.0	10,032	0.20
Aneurin Bevan University Health Board	2.6	13,659	0.19
<b>NHS Wales (average)</b>	<b>18.2</b>	<b>94,614</b>	<b>0.19</b>
Swansea Bay University Health Board <sup>2</sup>	2.2	12,962	0.17
Betsi Cadwaladr University Health Board	2.9	18,491	0.16
Public Health Wales NHS Trust <sup>1</sup>	0.3	1,903	0.16
Velindre University NHS Trust <sup>1</sup>	0.4	4,411	0.16
Cardiff and Vale University Health Board <sup>1</sup>	1.8	15,111	0.12

<sup>1</sup> The Cardiff & Vale University Health Board LCFS Team also provide services to Health Education and Improvement Wales, Public Health Wales NHS Trust and Velindre University NHS Trust via an annual Service Level Agreement.

<sup>2</sup> The Swansea Bay University Health Board LCFS Team also provide services to Cwm Taf Morgannwg University Health Board and Powys Teaching Health Board via an annual Service Level Agreement.

Source: Counter-Fraud Authority NHS Wales, Operational Performance Report 2019-20 (Quarter 3), and Stats Wales Headcount as at 30 September 2019 (extracted from the NHS Electronic Staff Record system)

# Appendix 2

## Management response

The following table sets out the HEIW's management response to the areas for improvement.

Ref	Area for improvement	Management response	Completion date	Responsible officer







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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.

## Management response

**Report title:** Effectiveness of Counter-Fraud Arrangements – Health Education and Improvement Wales

**Completion date:** 13 July 2020

**Document reference:** [\[the Publishing team assigns this\]](#)

Ref	Area for Improvement	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
I1	<b>Counter-fraud training</b> Implement mandatory counter-fraud training for some or all staff groups.	To improve staff understanding of fraud and how to prevent it	No	<a href="#">[Table text]</a>	Actions identified: <ul style="list-style-type: none"> <li><a href="#">[Table bullets]</a> <ul style="list-style-type: none"> <li><a href="#">Table sub-bullets]</a></li> </ul> </li> </ul>	<a href="#">[Table text]</a>	<a href="#">[Table text]</a>
I2	<b>Counter-fraud staff capacity</b> Consider the Local Counter-Fraud Specialist capacity required to	To ensure enough resource to meet counter fraud activity demands	No				

	resource required levels of proactive and investigative work, including staff training, and build in resilience to the team.						
I3	<b>Recording and monitoring of economic fraud risk</b> Implement consistency in the recording and monitoring of economic fraud risk in line with the HEIW's risk management policy and strategy.	To ensure prevention of fraud features prominently within the organisations risk management framework	No				



**GIG**  
CYMRU  
**NHS**  
WALES

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

<b>Meeting Date</b>	<b>16 July 2020</b>	<b>Agenda Item</b>	<b>2.5</b>
<b>Report Title</b>	<b>Evaluation of the Audit and Assurance Committee Effectiveness Review</b>		
<b>Report Author</b>	Kay Barrow, Corporate Governance Manager		
<b>Report Sponsor</b>	Dafydd Bebb, Board Secretary		
<b>Presented by</b>	Dafydd Bebb, Board Secretary		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To present to Audit and Assurance Committee (AAC) with the outcomes from the annual self-assessment exercise 2019/2020, to consider the suggested actions and any further improvements that could be made.		
<b>Key Issues</b>	Members are invited to consider the evaluation of the Committee Effectiveness Review (Appendix 1).		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
		✓	
<b>Recommendations</b>	The Audit and Assurance Committee is asked to: <ul style="list-style-type: none"> <li>• <b>Discuss</b> the findings of the AAC self-assessment exercise 2019/2020.</li> <li>• <b>Consider</b> any further improvements that could be made to improve the Committee's effectiveness.</li> </ul>		

## **EVALUATION OF THE AUDIT AND ASSURANCE COMMITTEE EFFECTIVENESS REVIEW**

### **1. INTRODUCTION AND BACKGROUND**

Members of the Audit and Assurance Committee (AAC) have been asked to complete a questionnaire to consider the Committee's effectiveness, and to consider their individual understanding, role and contribution to the Committee.

The 2019/2020 version of the questionnaire has been developed in response to the requirement for continual improvement of the self-assessment process. It includes additional questions to inform the evaluation and the key themes for discussion. The questionnaire also invites suggestions on any areas for improvement to assist the Committee in drawing up its own plan for development. Such suggestions may include focussing upon future training and/or development, or changes to the Committee's own processes and procedures.

The self-assessment questionnaire was circulated for completion by 21 February 2020. Of the 3 invited responses from AAC Members, all 3 have been completed and returned.

Of the 12 invited responses from AAC In Attendance Members, 4 have been completed and returned however, it must be noted that Internal Audit and External Audit each provided a collective response.

The completed Self-Assessment Checklist is attached at Appendix 1.

The Committee members and wider respondents were also asked to reply to a series of summary questions, which are outlined below, along with the responses given. However, not all respondents provided answers to all the questions.

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
The Audit and Assurance Committee has a positive impact on the good governance of HEIW's affairs	<b>6</b>	<b>1</b>		
The Audit and Assurance Committee contributes effectively to improving HEIW's overall performance	<b>5</b>	<b>2</b>		
The Audit and Assurance Committee's role is well understood within the overall governance framework	<b>4</b>	<b>2</b>		
The Audit and Assurance Committee's relationship with other committees is productive	<b>2</b>	<b>4</b>		

The respondents to the survey were also asked to consider the following evaluation questions prior to the discussion that is due to take place on 16 July 2020. The responses received are outlined below.

**1. What aspects of the work of the Audit and Assurance Committee do you think have improved over the last year and why (please give examples)?**

- I think that the engagement and attendance of all parties has been one aspect that has improved. The agenda setting has improved considerably as has the minutes and action log. The support for the meeting is now much more streamlined and advance notice of agenda items and meeting dates now runs very smoothly.
- We are now into the second year of operation and I think the Committee has matured into an effective committee.
- We are now receiving regular reports from the Board Secretary, Finance Officer and their teams, to enable us to monitor the organisation.
- All in all, good progress.
- The committee has gained a stronger sense of cohesiveness and greater business focus as HEIW has progressed through transition. It now has a well-understood place within HEIW's overall governance.
- Agendas are comprehensive and have a consistent format.
- The administration of the committee has improved with regards the planning of dates, requesting papers by dates, introduction of cover reports, timely circulation of minutes, timely follow up on action points.
- Regular private sessions with auditors/chair/independent members.

**2. What are the continuing challenges for the way we work and what are your suggestions for improvement?**

- The continuing challenges as a new organization will be to pursue and challenge areas of risk and ensure that these are closed down appropriately. The other area of focus going forward is to make sure that there are clear lines of responsibility between the AAC, the education and commissioning Committee and the Board.
- We need to see the proposed Procurement Strategy and the next iteration of the Board Assurance Framework needs to address the matters referred to in the Structured Assessment.
- I feel that the Board is responsible for monitoring the IMTP through the Performance Report.
- The breadth of HEIW's business is a major ongoing challenge, as evidenced by the volume of reports received. These are well presented however and this needs to continue. We need to continue to build capability in the context of the Committee's risk responsibilities.
- The Welsh translation service isn't fully effective. The headphones are temperamental and the translation for the January meeting was not very comprehensive.

**3. What other areas of HEIW's business should the Committee consider to add value to the organisational delivery of the IMTP?**

- The Committee will receive regular performance reports from the WAO indicating areas which could merit more detailed examination. Similarly, the financial report could indicate areas for more detailed work. The digital agenda is also a potential area where detailed examination could add value to the IMTP.
- Understanding of 'value' and how to plan, measure and monitor this is an important consideration.

**4. Have you any other suggestions which would improve the ways in which the Audit and Assurance Committee works and engages with the wider organisation?**

- I think that this is an interesting question as generally speaking, little is known about the AAC and its business to most of the organization. From time to time, officers will attend, and also be called to attend but the business largely goes unnoticed. I think that key links to the minutes of the Committee are important, and making the annual report widely available.
- I think the relationship with the Education Sub-Committee now needs to function as a routine process as set out in the respective Terms of Reference.
- HEIW staff at all levels should have an appreciation of AAC work. Opportunities to promote this wider awareness e.g. through staff training events might be worthwhile.
- Unsighted as to whether the AAC is known to the wider organisation or engages currently? This could be achieved via a news update on the intranet, newsletter, coffee and cake drop in/FAQ session.

## **2. GOVERNANCE AND RISK ISSUES**

In accordance with Section 8.2.1 of HEIW's Standing Orders, 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.

Undertaking an annual self-assessment provides assurance to the Board that the Committee is discharging its duties effectively. 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.



### 3. FINANCIAL IMPLICATIONS

There are no financial implications associated with the Committee Effectiveness Review.

### 4. RECOMMENDATION

The Audit and Assurance Committee is asked to:

- **Discuss** the findings of the AAC self-assessment exercise 2019/2020.
- **Consider** any further improvements that could be made to improve the Committee's effectiveness.

<b>Governance and Assurance</b>			
<b>Link to IMTP strategic aims</b> (please ✓)	<b>Strategic Aim 1:</b> To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	<b>Strategic Aim 2:</b> To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	<b>Strategic Aim 3:</b> To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	<b>Strategic Aim 4:</b> To develop the workforce to support the delivery of safety and quality	<b>Strategic Aim 5:</b> To be an exemplar employer and a great place to work	<b>Strategic Aim 6:</b> To be recognised as an excellent partner, influencer and leader
	✓	✓	✓
<b>Quality, Safety and Patient Experience</b>			
Undertaking an annual self-assessment provides assurance to the Board that the Committee is discharging its duties effectively.			
<b>Financial Implications</b>			
There are no financial implications.			
<b>Legal Implications (including equality and diversity assessment)</b>			
There are no legal implications.			
<b>Staffing Implications</b>			
There are no staffing implications.			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
The review of effectiveness will be completed regularly and supported by a rolling programme of improvement and assessment.			
The review of effectiveness assesses whether the Committee is discharging its duties in accordance with the Committee Terms of Reference			
The review is integral to the Governance report included in the organisation's annual report.			
<b>Report History</b>	Considered by the Executive Team		
<b>Appendices</b>	Appendix 1 – Completed Audit & Assurance Committee Self-Assessment Checklist		



## AUDIT AND ASSURANCE COMMITTEE: SELF ASSESSMENT CHECKLIST

Question/Checklist		Yes	No	N/A	Comments
<b>Principle 1 – Membership, Independence, Objectivity and Understanding</b>					
1	Do we have a minimum of three members, all Independent Members, at least two of whom, including the Audit and Assurance Committee Chair, are Independent Members of the organisation's Board?	✓			Good attendance by all three independent members and by Executives.
2	Does the Director of Finance, the Head of Internal Audit and the External Auditor routine attend Audit and Assurance Committee meetings?	✓			Yes, good attendance by all.
3	Are we satisfied with the range, frequency and number of Executives and other participants attending the Audit and Assurance Committee meetings? (Numbers of attendees should be sufficient to deal adequately with the agenda, but not so many as to blur the issues).	✓			The agenda and focus of each meeting is set in advance, with a clear expectation over 12 months of the reporting requirements.
4	Is our relationship and communication with the wider organisation effective in support of the Annual Governance Statement?	✓			<ul style="list-style-type: none"> <li>This is an area that probably needs more work as a new organisation.</li> <li>It takes many years to get to grips with the business of the organisation and giving the Audit Committee assurance that the AGS is reflective of any risks and issues.</li> <li>Yes, good communication with the Board and other committees, with papers available on time.</li> </ul>
5	Are conflicts recorded and declared at the start of every meeting, and is appropriate action taken when relevant matters are discussed?	✓			Yes, discipline in this regard is well managed and maintained.

6	Do we have a clear understanding of our terms of appointment, including what is expected of us, how our individual performance will be appraised, the duration of our appointment, training required and how this will be provided?	✓			Yes, good reviews undertaken by Board Chair, Chief Executive and Executives.
<b>Conclusion</b>					
Are we performing effectively in this area?		Yes, the Audit and Assurance Committee has a comprehensive agenda, is well led and attended and has a positive impact on governance of the organisation.			
Are there any actions we want to take to build our effectiveness?		<ul style="list-style-type: none"> <li>Continue to 'gel' as a team and build on our collective knowledge.</li> <li>Consideration for succession planning so all accumulated knowledge and experience of the independent members are not lost to the committee at the same time.</li> <li>Given that HEIW is a new organisation, in its first full year, further progress will be made in going through the governance requirements of each annual cycle, and thereby further progress will be made.</li> </ul>			

Question/Checklist		Yes	No	N/A	Comments
<b>Principle 2 – Skills</b>					
7	Are we satisfied that, collectively, we have the range of skills we need to ensure that the Accountable Officer and the Board gain the assurance they need to governance, risk management, the control environment and on the integrity of all elements of the Annual Report and Accounts?	✓			<ul style="list-style-type: none"> <li>This is true but we need to remain aware of the range of skills needed as HEIW moves forward from transition into 'steady state'.</li> <li>HEIW has an experienced Chair, CEO, Chair of Audit and DOF. Other Senior Officers are also experienced with good technical and operational skills in the areas needed.</li> </ul>
8	Do we possess the wider skills necessary to be fully effective (e.g. in relation to the core business of the organisation, change management, the wider political landscape and other strategically relevant issues)?	✓			<ul style="list-style-type: none"> <li>I believe we do but if we do not have the skills, then we would ask for those to be commissioned. For instance, if there was a complicated issue on cyber security or legal issues or something of that nature, then we would ask for assistance. We are seeking to be a learning organisation so would hope to continually improve our skills and understanding.</li> <li>HEIW has good experience of leadership, management and change management within its Executives and Senior officers to take the organisation forward.</li> </ul>

9	Does at least one member have recent and relevant financial experience sufficient to allow them to competently analyse the financial statements and understand good financial management discipline?	✓			The chair of Audit has very senior experience as an External Auditor of Public Sector organisations and is well placed to ensure good standards of financial reporting, accounting and general organisational systems.
10	Where we need additional skills are we empowered to co-opt additional members or procure specialist advice?	✓			Yes, as above. This is the case as far as I am aware should not present any difficulty
11	Do we have effective induction and training arrangements for new members and does the Audit and Assurance Committee Chair ensure that all members have an appropriate programme of engagement with the organisation to help build sufficient understanding?			✓	<ul style="list-style-type: none"> <li>As the AAC started from scratch with the new organisation, we may need to develop induction/training materials for succession. AAC members currently have close involvement and understanding of the organisation.</li> <li>We have not yet been in the situation where we have new members as those on the Committee have had previous experience. However, we need to build a training programme going forward on a number of issues, and perhaps have more exposure on a 2 way process with aspects of the organisation's business.</li> <li>We are also in the process of compiling a handbook for members of the Audit Committee.</li> <li>External Audit unsighted of these arrangements.</li> <li>HEIW recognises that given its wide agenda that on occasions, external advice and assistance is required in order to ensure that appropriate advice and direction is provided to the Board.</li> </ul>
<b>Conclusion</b>					
Are we performing effectively in this area?		Yes, HEIW has a very experienced Board and Audit Committee.			
Are there any actions we want to take to build our effectiveness?		<ul style="list-style-type: none"> <li>As above.</li> <li>We need to keep this area under review as business needs, risks and the wider context all evolve.</li> <li>Ensure that further opportunities are taken to familiarise Board and Committee members with the activities and strategic requirements that HEIW need to undertake to progress in order to deliver its objectives.</li> </ul>			

Question/Checklist		Yes	No	N/A	Comments
<b>Principle 3 and 4 – The Role and Scope of the Committee</b>					
12	Do we have a clear understanding of the role and responsibilities of the Audit and Assurance Committee?	✓			Yes, these are set out in the TOR for the Committee and are reviewed annually.
13	Does our work programme cover the assurance needs of the Board and Accountable Officer through a balance of agenda items?	✓			Yes, agenda is set in advance of meeting and an annual reporting programme is agreed at the beginning of each year.
14	Do we provide insight and strong, constructive challenge to the organisation where required?	✓			Yes, members challenge executives and officers and instigate recommendations and actions.
15	Do we have sufficient understanding of the organisation's overall control environment, including its governance and any outsourcing arrangements, and review its effectiveness regularly to provide assurance that arrangements are responding to risks within the organisation?	✓			<ul style="list-style-type: none"> <li>• Yes.</li> <li>• Outsourcing established for legal, procurement, accounts payable, counter fraud (through NWSSP and Cardiff and Vale UHB)</li> <li>• External Audit reports of NWSSP performance are provided for information.</li> </ul>
16	Do we use assurance mapping to target the areas of greatest risk in our organisation?	✓			<ul style="list-style-type: none"> <li>• This is a development area for us.</li> <li>• Improvements required to the BAF as detailed within WAO structured assessment.</li> <li>• The organisation regularly reviews its risk areas and the Board requires action to be taken to investigate / eliminate these risks.</li> </ul>
17	Do we critically review the comprehensiveness and reliability of assurances that we receive from across the organisation?	✓			<ul style="list-style-type: none"> <li>• Maybe we should explore how we could improve and sharpen our probing and challenge constructively.</li> <li>• Comprehensive Audit programme is in place and all reports provided to Audit and Assurance Committee.</li> </ul>
18	Are we proactive in commissioning additional assurance work where we have identified a risk or control issues which is not subject to sufficient review?	✓			<ul style="list-style-type: none"> <li>• Plenty of examples where we have asked for additional work/reports back to the Committee.</li> <li>• Additional reviews or action are identified and requested by Audit Committee based on findings and discussions.</li> </ul>
19	Do we draw the Accountable Officer and the Board's attention to the results of our work on risk?	✓			Key Issue Reports from Committee Chair at each Board meeting.

20	Do we lead on the assessment of the Annual Governance Statement for the Accountable Officer and Board, including the provision of advice on its preparation and scope?	✓			Only the second year on this so more work needed
21	Do we give sufficient and timely attention to financial management and reporting issues, including consideration of key accounting policies, estimates and judgements and the quality of the year-end financial statements?	✓			<ul style="list-style-type: none"> <li>We could probably add a short training session on the financial accounts.</li> <li>Audit and Assurance Committee kept fully briefed on key issues of finance accountancy and reporting and is provided with a comprehensive presentation at draft accounts stage.</li> </ul>
22	Do we sufficiently consider and challenge the work of internal audit and external audit?	✓			The experienced Audit Committee Chair and members provide comprehensive comments to Audit as required.
23	Do we track all audit recommendations (internal and external) and hold the organisation to account for their implementation?	✓			<ul style="list-style-type: none"> <li>This is crucial in my view and is undertaken systematically now.</li> <li>Yes, an Audit recommendations tracker in place.</li> </ul>
24	Do we regularly review anti-fraud and corruption arrangements?	✓			<ul style="list-style-type: none"> <li>Need to continue to have this as a regular report on the agenda.</li> <li>Yes, report is provided and discussion undertaken at every Audit and Assurance Committee meeting,</li> </ul>
25	Do we regularly review the organisation's cyber risk management and consider the appropriateness of the organisation's risk mitigation strategies?		✓		We have now started reviewing – first report last Audit Committee
26	Do we ensure that a senior Board member has overall responsibility for whistleblowing arrangements within the organisation?	✓	✓		<ul style="list-style-type: none"> <li>Have we allocated this responsibility??</li> <li>I believe so but I am not sure....</li> <li>Unclear if a Board member has been designated lead.</li> </ul>
27	Do we regularly review our Terms of Reference?	✓			
<b>Conclusion</b>					
Are we performing effectively in this area?		Yes			

Are there any actions we want to take to build our effectiveness?	<ul style="list-style-type: none"> <li>• Apart from comments above, we need to ensure cybersecurity is covered fully.</li> <li>• The committee has identified themselves the need to be more aware and on top of cyber risk and mitigation strategies.</li> <li>• Further progress will be made as HEIW progress through financial years and any issues identified as requiring further action will be discussed and progressed.</li> </ul>
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Question/Checklist		Yes	No	N/A	Comments
<b>Principle 5 – Communication and Reporting</b>					
28	Is our work effectively and promptly reported to the Board and Accountable Officer?	✓			Key issues reported to next scheduled Board
29	Are our relationships and communications sufficiently well developed with those we seek briefings from and those we provide assurance to, including where risks cross organisational boundaries?	✓			<ul style="list-style-type: none"> <li>• This will be the case as we develop the Board Assurance Framework.</li> <li>• This is a developing area that we need to continue to pursue – relationships and communications are fine, but given their importance we need to consolidate as much as possible.</li> </ul>
30	Do we provide an Annual Report to the Board, timed to support the Governance Statement; is our report open and honest in presenting our views and opinions from the work we have done during the year; and is its content consistent with good practice?	✓			Early days – we produced a summary in our first year but will produce our next report shortly. We will endeavour to comply with best practice.
31	Does the Audit and Assurance Committee Chair have regular bilaterals with the key attendees (e.g. Accountable Officer, Director of Finance, the Head of Internal Audit and the External Auditor)?	✓			<ul style="list-style-type: none"> <li>• Need to consider scheduling meetings with Accountable Officer and Director of Finance.</li> <li>• Discussions are held with External and internal Audit teams prior to all meetings.</li> </ul>
32	Where appropriate, do we communicate our work across the organisation?	✓	✓		<ul style="list-style-type: none"> <li>• Through officers but not directly.</li> <li>• Unclear of arrangements in place to communicate more widely with the organisation.</li> <li>• Papers and minutes are publically available.</li> </ul>

Conclusion	
Are we performing effectively in this area?	Yes
Are there any actions we want to take to build our effectiveness?	<ul style="list-style-type: none"> <li>As above.</li> <li>Be clear as to what arrangements there are to communicate more widely with the organisation and discuss its outcome at audit committee – if not working, put in place alternative arrangements.</li> </ul>

Question/Checklist		Yes	No	N/A	Comments
<b>Principle 6 – Meetings</b>					
33	Has the Committee established a plan of matters to be dealt with across the year?	√			
34	Does the Committee meet sufficiently frequently to deal with planned matters and is enough time allowed for questions and discussions?	√			<ul style="list-style-type: none"> <li>Keep under review.</li> <li>The regular meetings are well managed with sufficient opportunity for members to test and challenge.</li> </ul>
35	Does the Committee's calendar meet the Board's requirements and financial and governance calendar?	√			
36	Are Committee papers distributed in sufficient time for members to give them due consideration?	√			
37	Are Committee meetings scheduled prior to important decisions being made?	√			Timetable is set in order to support the work programme of HEIW.
38	Is the timing of Committee meetings discussed with all the parties involved?	√			



Conclusion	
Are we performing effectively in this area?	Yes
Are there any actions we want to take to build our effectiveness?	<ul style="list-style-type: none"> <li>• As above.</li> <li>• Would suit external audit for the first meeting in the calendar year to be in February rather than January to us to undertake our initial planning risk assessment prior to drafting the annual audit plan.</li> </ul>



**GIG**  
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WALES

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

<b>Meeting Date</b>	<b>16 July 2020</b>		<b>Agenda Item</b>	<b>2.6</b>
<b>Report Title</b>	<b>Temporary Amendments to HEIW's Standing Orders</b>			
<b>Report Author</b>	Kay Barrow, Corporate Governance Manager			
<b>Report Sponsor</b>	Dafydd Bebb, Board Secretary			
<b>Presented by</b>	Dafydd Bebb, Board Secretary			
<b>Freedom of Information</b>	Open			
<b>Purpose of the Report</b>	To inform the Audit & Assurance Committee (Committee) of the Temporary Amendments to the Model Standing Orders and their impact on HEIW's Standing Orders.			
<b>Key Issues</b>	<p>The impact on the HEIW Standing Orders as a result of the Welsh Health Circular - Temporary Amendments to Model Standing Orders, Reservation and Delegation of Powers – Local Health Boards, NHS Trusts, Welsh Health Specialised Services Committee, Emergency Ambulances Services Committee and Health Education and Improvement Wales (WG Circular).</p> <p>The amendments required by the WG Circular to the Model Standing Orders will cease to have effect on the 31 March 2021 and impact the following areas:</p> <p>Deadline for holding the AGM; Maximum tenure for an Independent Member.</p>			
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
				✓
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>consider</b> the required temporary amendments to HEIW's Standing Orders;</li> <li>• <b>recommend</b> the temporary amendments to the HEIW Standing Orders required by the WG Circular for adoption by the HEIW Board (the amended wording for the Standing Orders is detailed on page 12 of the WG Circular).</li> </ul>			

## **TEMPORARY AMENDMENTS TO THE HEIW STANDING ORDERS**

### **1. INTRODUCTION**

Model Standing Orders were issued to HEIW in September 2018 under the cover of a letter from the Director General of Health and Social Services and NHS Wales Chief Executive.

The Standing Orders of HEIW must be made in accordance with any directions given by the Welsh Ministers and are subject to the provisions of these Regulations and any directions given by the Welsh Ministers.

In response to the COVID pandemic the WG Circular is directing HEIW to amend its Standing Orders as further detailed below.

### **2. BACKGROUND**

#### ***Deadline for holding an AGM***

In March 2020 the Welsh Government agreed to delay the date by which NHS bodies were required to hold their Annual General Meetings from before the end of July to before the 30 November 2020.

#### ***Maximum Tenure for an Independent Member***

On 5 July 2020, in response to the suspension of recruitment to public appointments in Wales, the National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020 came into force. The purpose of these Regulations is to dis-apply the maximum tenure of office for an Independent Member for a time limited period until 31 March 2021.

### **3. PROPOSAL**

The membership regulations for NHS Boards in Wales, in most cases, restrict a person from being appointed as an Independent Member for a term of no longer than four years and in total for no more no more than eight years.

The National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020 will enable an Independent Member who is nearing the end of their statutory maximum tenure of office to be eligible for re-appointment. Any reappointments will be made in accordance with the Commissioner for Public Appointments' Governance Code which includes allowing an appointee to hold office for a maximum of ten years.

As HEIW's Independent Members were all initially appointed in 2018 the above amendments will have limited scope for HEIW.

The amendments also impact the Standing Orders as it will extend the deadline for holding the AGM in public to no later than 30 November 2020. Although, it must

be noted that HEIW will be holding its AGM on 24 September 2020 which is in accordance with its current Standing Orders.

#### **4. GOVERNANCE AND RISK ISSUES**

NHS Bodies are required to make, vary and revoke Standing Orders for the regulation of their proceedings and business as per Annex 5 of the Welsh Health Circular - Temporary Amendments to Model Standing Orders, Reservation and Delegation of Powers – Local Health Boards, NHS Trusts, Welsh Health Specialised Services Committee, Emergency Ambulances Services Committee and Health Education and Improvement Wales.

The amendments will cease to have effect on the 31 March 2021 or at the end of the term of any appointments made in accordance with the amendments, whichever is the later.

#### **5. FINANCIAL IMPLICATIONS**

There are no financial implications.

#### **6. RECOMMENDATION**

Members are asked to:

- **consider** the required temporary amendments to HEIW's Standing Orders;
- **recommend** the temporary amendments to the HEIW Standing Orders for adoption by the HEIW Board (the amended wording for the Standing Orders is detailed on page 12 of the WG Circular).

<b>Governance and Assurance</b>			
<b>Link to IMTP strategic aims</b> (please ✓)	<b>Strategic Aim 1:</b> To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	<b>Strategic Aim 2:</b> To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	<b>Strategic Aim 3:</b> To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
		✓	
	<b>Strategic Aim 4:</b> To develop the workforce to support the delivery of safety and quality	<b>Strategic Aim 5:</b> To be an exemplar employer and a great place to work	<b>Strategic Aim 6:</b> To be recognised as an excellent partner, influencer and leader
			✓
<b>Quality, Safety and Patient Experience</b>			
Ensuring the Board carries out its business appropriately through its Committees and aligned with its standing orders is a key factor in the quality, safety and experience of patients receiving care.			
<b>Financial Implications</b>			
No financial implications for the Board to be aware of.			
<b>Legal Implications (including equality and diversity assessment)</b>			
It is essential that the Board complies with its standing orders, which includes receiving updates from its committees.			
<b>Staffing Implications</b>			
No staffing implications for the Board to be aware of.			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
The governance structure aims to identify issues early to prevent escalations and the Committee integrates into the overall Board arrangements.			
<b>Report History</b>			
<b>Appendices</b>	Appendix 1 – Welsh Health Circular: Temporary Amendments to Model Standing Orders, Reservation and Delegation of Powers – Local Health Boards, NHS Trusts, Welsh Health Specialised Services Committee, Emergency Ambulances Services Committee and Health Education and Improvement Wales.		

# WELSH HEALTH CIRCULAR



Llywodraeth Cymru  
Welsh Government

**Issue Date:** 9 July 2020

**STATUS: COMPLIANCE**

**CATEGORY: GOVERNANCE**

**Title:** Temporary Amendments to Model Standing Orders, Reservation and Delegation of Powers – Local Health Boards, NHS Trusts, Welsh Health Specialised Services Committee, Emergency Ambulances Services Committee and Health Education and Improvement Wales

**Date of Expiry / Review:** 31 March 2021 or to the end of the term of any appointments made in accordance with the amendments detailed in the appendices, whichever is the later.

**For Action by:**

Chairs of Local Health Boards and NHS Trusts

Chair of Health Education and Improvement Wales

Chairs of the Welsh Health Specialised Services Committee, the Emergency Ambulance Services Committee and the Shared Services Committee

Directors of Corporate Governance/Board and Joint Committee Secretaries

**Action required by:**

In accordance with Board and Committee timetable but no later than 31 July 2020

**Sender:**

Melanie Westlake, Head of NHS Board Governance, Mental Health, NHS Governance and Corporate Services, Health and Social Services Group

**HSSG Welsh Government Contact(s) :**

Melanie Westlake, Head of NHS Board Governance, Mental Health, NHS Governance and Corporate Services, Health and Social Services Group

**Enclosure(s):**

Annex 1 – Temporary Amendments – LHB Model Standing Orders and Reservation and Delegation of Powers July 2020

Annex 2 – Temporary Amendments - Schedule 4.1 – LHB Model Standing Orders and Reservation and Delegation of Powers – Model Standing Orders Welsh Health Specialised Services Committee

Annex 3 – Temporary Amendments - Schedule 4.2 – LHB Model Standing Orders and Reservation and Delegation of Powers – Model Standing Orders Emergency Ambulance Services Committee

Annex 4 – Temporary Amendments - Trust Model Standing Orders and Reservation and Delegation of Powers July 2020

Annex 5 - Temporary Amendments – Health Education and Improvement Wales Model Standing Orders and Reservation and Delegation of Powers July 2020

**Background**

In March 2020, in response to the COVID-19 pandemic the Welsh Government agreed to delay the date by which NHS bodies were required to hold their Annual General Meetings from before the end of July to before the 30 November 2020.

On 5 July 2020, in response to the suspension of recruitment to public appointments in Wales, the ***National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020*** came into force. The purpose of these Regulations is to dis-apply the maximum tenure of office contained in the specified regulations for NHS board/committee non-officer members for a time limited period.

The membership regulations for NHS boards and committees in Wales, in most cases, restrict a person from being appointed for a period of no longer than four years and holding office as a member or an associate member for a total period of no more than eight years. Although the Commissioner for Public Appointments' Governance Code provides some flexibility to ensure the continued operation of NHS boards/committees, any person who is nearing the end of their maximum tenure of office, as prescribed in legislation, would be required to leave office as they will no longer be eligible for re-appointment.

A number of key appointments on health boards/committees are due to end their tenure during the next 9 months. Due to the temporary suspension of all public appointments in March 2020 in Wales and the time required to re-start the appointment process as the restrictions are lifted, board and committees would potentially have a number of key vacant positions. The ***National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020*** will ensure that during such a critical and

challenging period for the health sector in responding and recovering from the impact of COVID-19, boards and committees do not to carry vacancies, allowing them to function properly and support good and effective board governance.

The Regulations will dis-apply the statutory maximum tenure of office to ensure any board or committee member who is nearing the end of their statutory maximum tenure of office is eligible for re-appointment. Any re-appointments will be made in accordance with the Commissioner for Public Appointments' Governance Code which includes allowing an appointee to hold office for a maximum of ten years.

The Regulations temporarily dis-apply the following:

- Regulations 6(5) and 7(5) of the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009
- Regulation 14(3) of the Public Health Wales National Health Service Trust (Membership and Procedure) Regulations 2009
- Regulations 6(5) and 7(4) of the Welsh Health Specialised Services Committee (Wales) Regulations 2009
- Regulation 8(5) of the Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012
- Regulations 6(5) and 7(4) of the Emergency Ambulance Services Committee (Wales) Regulations 2014
- Regulation 4(3) of the Health Education and Improvement Wales Regulations 2017

### **Amendments to Model Standing Orders**

Introduction of the ***National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020*** require the temporary amendment of the Model Standing Orders and Reservation and Delegation of Powers issued in September 2019 (see WHC 2019/027) in accordance with the powers of direction of Welsh Ministers as follows:-

- to Local Health Boards, the Welsh Health Specialised Services Committee, the Emergency Ambulance Services Committee, NHS Trust in accordance with Section 12(3) of the National Health Services (Wales) Act 2006
- to NHS Trusts in accordance with Section 19(1) of the National Health Services (Wales) Act 2006

Model Standing Orders were also issued to Health Education and Improvement Wales in September 2018, however these were issued under the cover of a letter from the Director General of Health and Social Services and NHS Wales Chief Executive. The Welsh Ministers did not use their powers of direction in accordance with Section 23(1) of the National Health Services (Wales) Act 2006.



Model Standing Orders are not issued for the NHS Wales Shared Services Committee. The Committee is subject to Standing Orders and Reservation and Delegation of Powers which form part of the Velindre University NHS Trust Standing Orders.

In addition to the amendments to reflect the ***National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020***, amendments are also required to:

- the timing of the Annual General Meeting for Local Health Boards, NHS Trust and Health Education and Improvement Wales, and;
- the tenure of the Chair and Vice Chair of the Stakeholder Reference Group and Health Professionals' Forum.

The amendments are detailed within the appropriate Annex to this Welsh Health Circular.

### **Amendments to Standing Orders of NHS Bodies**

NHS Bodies are required to make, vary and revoke Standing Orders for the regulation of their proceedings and business as follows:

- **Local Health Boards**

Local Health Boards have a duty under Regulation 15(2) of the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 to make Standing Orders for the regulation of their proceedings and business. Regulation 15(3) specifies that Boards may (a) vary; or (b) revoke and remake its Standing Orders.

Regulation 15(6) provides that Standing Orders made under this regulation will be subject to, and must be made in accordance with, such directions as may be issued by Welsh Ministers.

The Committees are slightly different in terms of process as the Local Health Boards also need to approve their Standing Orders as follows:

- **Welsh Health Specialised Services Committee**

Regulation 12(1) of the Welsh Health Specialised Services Committee (Wales) Regulations 2009 place a duty on each Local Health Board to agree Standing Orders for the regulation of the meetings and proceedings of the joint committee. Regulation 15(5) of the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 also require that where a joint committee has been established, the Board must approve any Standing Orders that may be made by that committee.

- **Emergency Ambulance Services Committee**

Regulation 10(1) of the Emergency Ambulance Services Committee (Wales) Regulations 2014 place a duty on each Local Health Board to agree Standing Orders for the regulation of meetings and proceedings of the joint committee. Regulation 15(5) of the Local Health Boards (Constitution, Membership and Procedures (Wales) Regulations 2009 also require that where a joint committee has been established, the Board must approve any Standing Orders that may be made by that committee.

- **Public Health Wales NHS Trust**

Public Health Wales have a duty under Regulation 23(2) of the Public Health Wales NHS Trust (Constitution, Membership and Procedure) (Wales) Regulations 2009 to make Standing Orders for regulation of their proceedings and business. They may also vary or revoke these Standing Orders.

- **Velindre University NHS Trust**

Velindre University NHS Trust has a duty under Regulation 19(2) of the National Health Service Trusts (Membership and Procedure) Regulations 1990 to make Standing Orders for the regulation of their proceedings and business. They may also vary or revoke these Standing Orders.

- **NHS Shared Services Committee**

The Shared Services Committee Standing Orders form part of the Velindre University NHS Trust Standing Orders, which must take account of the provisions of the Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 and the disapplication of these Regulations with regard to the tenure of the Chair and Vice Chair.

- **Welsh Ambulance Services NHS Trust**

Welsh Ambulance Services NHS Trust has a duty under Regulation 19(2) of the National Health Service Trusts (Membership and Procedure) Regulations 1990 to make Standing Orders for the regulation of their proceedings and business. They may also vary or revoke these Standing Orders.

- **Health Education and Improvement Wales (HEIW)**

HEIW under Regulation 15 of the Health Education and Improvement Wales Regulations 2017 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. HEIW may vary, revoke and remake its standing orders. Standing orders of HEIW or a committee

or sub-committee must be made in accordance with any directions given by the Welsh Ministers and are subject to the provisions of these Regulations and any directions given by the Welsh Ministers.

### **Action Required**

NHS organisations are required to make the necessary temporary variations as detailed in Annex 1-5 to their Standing Orders and Reservation and Delegation of Powers in accordance with the Board and Committee timetable, but no later than 30 July 2020.

In addition, Velindre University NHS Trust and the Shared Services Committee are also required to make the necessary amendments to the Standing Orders relevant to the Shared Services Committee.

The amendments will cease to have effect on the 31 March 2021 or at the end of the term of any appointments made in accordance with the amendments, whichever is the later.

# Temporary Amendments to the Model Standing Orders

## Reservation and Delegation of Powers

### For Local Health Boards – July 2020

The following amendments, shown in italics are required to the Model Standing Orders issued in September 2019 with immediate effect. They will cease to have effect on the 31 March 2021 or, where an appointment(s) has been made under the ***National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020*** or, to the tenure of a Chair or Vice-Chair of the Stakeholder Reference Group or Health Professionals' Forum, at the end of that term, whichever is the later.

#### Page 17 – 1.3 Tenure of Board members

- 1.3.1 Independent Members and Associate Members appointed by the Minister for Health and Social Services shall be appointed for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. These members can be reappointed but may not hold office as a member or associate member for the same Board for a total period of more than 8 years, *with the exception of those appointed or re-appointed in accordance with Regulation 2 of the **National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020**. These members will hold office in accordance with the terms of their appointment or re-appointment.* Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.
- 1.3.2 Any Associate Member appointed by the Board will be for a period of up to one year. An Associate member may be re-appointed if necessary or expedient for the performance of the LHBs functions. If re-appointed they may not hold office as an Associate Member for the same Board for a total period of more than four years, *with the exception of those appointed or re-appointed in accordance with Regulation 2 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 includes time as a Ministerial appointment (if relevant) which need not be consecutive and will still be counted towards the total period even where there is a break in the term. An Independent or Associate Member appointed by the Minister for Health and Social Services who has already served the maximum 8 years as a Ministerial appointment to the same Board will not be eligible for appointment by the Board as an Associate Member.

The following amendment, shown in italics is required to the Model Standing Orders issued in September 2019 with immediate effect. They will cease to have effect on the 31 March 2021

Page 34 – *Annual General Meeting (AGM)*

7.2.5 The LHB must hold an AGM in public no later than *30 November 2020*.

The following amendments, shown in italics are required to the Model Standing Orders issued in September 2019 with immediate effect. (Note – reference to the additional term being limited to one year has been removed.) They will cease to have effect on the 31 March 2021 or where an appointment(s) has been made in accordance with the amendment, at the end of that term, whichever is the later.

Page 72 and 73 - **Schedule 5.1 – Stakeholder Reference Group, Terms of Reference and Operating Arrangements**

**1.4 Appointment and terms of office**

1.4.6 The Chair's term of office shall be for a period of up to two (2) years, with the ability to stand as Chair for an additional *term(s)*. That individual may remain in office for the remainder of their term as a member of the SRG after their term of appointment as Chair has ended.

1.4.8 The Vice Chair's term of office shall be for a period of up to two (2) years, with the ability to stand as Vice Chair for additional *term(s)*, in line with that individual's term of office as a member of the SRG. That individual may remain in office for the remainder of their term as a member of the SRG after their term of appointment as Vice Chair has ended.

Page 79 - **Schedule 5.2 – Health Professionals' Forum, Terms of Reference and Operating Arrangements**

**1.5 Appointment and terms of office**

1.5.3 The Chair's term of office shall be for a period of up to two (2) years, with the ability to stand as Chair for an additional *term(s)*. That individual may remain in office for the remainder of their term as a member of the HPF after their term of appointment as Chair has ended.

1.5.5 The Vice Chair's term of office shall be for a period of up to two (2) years, with the ability to stand as Vice Chair for additional *term(s)*, in line with that individual's term of office as a member of the SRG. That individual may remain in office for the remainder of their term as a member of the SRG after their term of appointment as Vice Chair has ended.

# Temporary Amendments to the Model Standing Orders

## Reservation and Delegation of Powers

### For Local Health Boards – July 2020

#### Schedule 4.1 – MODEL STANDING ORDERS FOR THE WELSH HEALTH SPECIALISED SERVICES COMMITTEE

The following amendments, shown in italics are required to the Model Standing Orders issued in September 2019 with immediate effect. They will cease to have effect on the 31 March 2021 or where an appointment(s) has been made under the ***National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020*** at the end of that term, whichever is the later.

#### Page 16 – 1.4 Appointment and tenure of Joint Committee members

- 1.4.1 The *Chair*, 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. The Chair may be reappointed but may not serve a total period of more than 8 years, *with the exception of those appointed or re-appointed in accordance with Regulation 4 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.
- 1.4.2 The ***Vice Chair*** and two other ***Independent Members*** shall be appointed by the Joint Committee from existing Independent Members of the seven Local Health Boards for a period of no longer than two years in any one term. These members may be reappointed but may not serve a total period of more than 4 years, in line with that individual's term of office on any LHB Board, *with the exception of those appointed or re-appointed in accordance with Regulation 4 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.

# Temporary Amendments to the Model Standing Orders

## Reservation and Delegation of Powers

### For Local Health Boards – July 2020

#### Schedule 4.2 – MODEL STANDING ORDERS FOR THE EMERGENCY AMBULANCE SERVICES COMMITTEE

The following amendments, shown in *italics* are required to the Model Standing Orders issued in September 2019 with immediate effect. They will cease to have effect on the 31 March 2021 or where an appointment(s) has been made under the ***National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020*** at the end of that term, whichever is the later.

#### Page 15 – 1.4 Appointment and tenure of Joint Committee members

- 1.4.1 The ***Chair***, 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. The Chair may be reappointed but may not serve a total period of more than 8 years, *with the exception of those appointed or re-appointed in accordance with Regulation 6 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.
- 1.4.2 The ***Vice-Chair*** shall be appointed by the Joint Committee from amongst the Chief Executives or their nominated representatives of the seven Local Health Boards for a period of no longer than two years in any one term. These members may be reappointed but may not serve a total period of more than four years, *with the exception of those appointed or re-appointed in accordance with Regulation 6 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.

# Temporary Amendments to the Model Standing Orders

## Reservation and Delegation of Powers

### For NHS Trusts – July 2020

The following amendments, shown in italics are required to the Model Standing Orders issued in September 2019 with immediate effect. They will cease to have effect on the 31 March 2021 or where an appointment(s) has been made under the ***National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020*** at the end of that term, whichever is the later.

Page 19 and 20 – **1.3 Tenure of Board members**

#### 1.3.1 [Delete as appropriate]

**[for Public Health Wales – Note: Amendment is not required for Velindre or Welsh Ambulance Services Trust]**

The Chair and Independent Members appointed by the Minister for Health and Social Services shall be appointed as Trust members 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 3 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.

### **For Public Health Wales, Velindre and the Welsh Ambulance Services NHS Trust**

The following amendment, shown in italics is required to the Model Standing Orders issued in September 2019 with immediate effect. They will cease to have effect on the 31 March 2021

Page 33 – *Annual General Meeting (AGM)*

7.2.5 The Trust must hold an AGM in public no later than *30 November 2020*.



# Temporary Amendments to the Model Standing Orders

## Reservation and Delegation of Powers

### For Health Education and Improvement Wales – July 2020

The following amendments, shown in italics are required to the Model Standing Orders issued in September 2018 with immediate effect. They will cease to have effect on the 31 March 2021 or where an appointment(s) has been made under the ***National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020*** at the end of that term, whichever is the later.

#### Page 10 – 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.

The following amendment, shown in italics is required to the Model Standing Orders issued in September 2019 with immediate effect. They will cease to have effect on the 31 March 2021

#### Page 18 – Annual General Meeting (AGM)

- 5.2.5 HIEW must hold an AGM in public no later than *30 November 2020*.



**GIG**  
CYMRU  
**NHS**  
WALES

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

<b>Meeting Date</b>	<b>16 July 2020</b>		<b>Agenda Item</b>	<b>2.7</b>
<b>Report Title</b>	<b>HEIW Information Governance and Information Management Report</b>			
<b>Report Author</b>	Dafydd Bebb, Board Secretary			
<b>Report Sponsor</b>	Dafydd Bebb, Board Secretary			
<b>Presented by</b>	Dafydd Bebb, Board Secretary			
<b>Freedom of Information</b>	Open			
<b>Purpose of the Report</b>	To update the Audit and Assurance Committee on matters relating to Information Governance (IG) and Information Management (IM).			
<b>Key Issues</b>	<p>The report provides an update on key areas relating to Information Governance and Information Management including:</p> <ul style="list-style-type: none"> <li>• the implementation of the Information Governance Workplan;</li> <li>• a summary on Freedom of Information Requests and Data Subject Access Requests;</li> <li>• Cyber Security.</li> </ul>			
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
			✓	
<b>Recommendations</b>	Members are asked to note the report for <b>assurance</b> .			

# **HEIW INFORMATION GOVERNANCE AND INFORMATION MANAGEMENT REPORT**

## **1. INTRODUCTION**

Effective Information Governance (IG) and Information Management (IM) requires HEIW as an organisation to understand its obligations for compliance. It also means ensuring that all staff understand the importance of ensuring information is managed effectively.

## **2. BACKGROUND**

The purpose of this paper is to provide the Audit and Assurance Committee (A&AC) with an update of the current position in respect of the Information Governance Workplan (Appendix 1), and an update in respect of Freedom of Information Requests , Data Subject access Requests received by HEIW together with Cyber Security.

IG and IM within HEIW has the following fundamental aims:

- to promote the effective and appropriate use of information (including confidential, personal information, and commercially sensitive data) in the NHS;
- to provide staff with the appropriate tools and support to enable them to manage information in a responsible and professional way; and
- to ensure that all processing of information is done fairly, effectively and in accordance with the law.
- 

### **2.1 Information Governance Work Plan**

The overall aim of the Information Governance Work Plan (Workplan), attached at Appendix 1, is to ensure that information within HEIW is being used effectively, efficiently, securely, responsibly and legally, regardless of format and that activity required to achieve these obligations is undertaken.

The Workplan contains a total of 32 management actions with the following RAG status: 27 Green, 5 Amber and 0 Red.

### **2.2 Freedom of Information (FOI)**

HEIW received 16 FOI requests for the period 1 January 2020 to 30 June 2020. 14 of the requests were responded to within the timescales as set out in the Freedom of Information Act 2000. The compliance rate (response within the 20 working days) of the requests received was 100%. This is because at the time of writing this report 2 of the requests are yet to reach their 20 day deadline. There have been no requests for review or complaints received from the Information Commissioner's Office.

## Sources of Requests

Private Individual	9
Researcher/Analyst	2
Private Company	0
Media	0
Group, Association, Chartered Society	0
Campaigner (Whatdotheyknow.com)	0
Welsh Government	0
Employees of NHS Wales	0
Health Board/Trust	0
MP/Assembly Member	0
Local Government/Local Authority/Third Sector	2
Student/Trainee	2
Legal	0
Royal College/RCN	1
<b>TOTAL</b>	<b>16</b>

## Subjects of Requests

Subject of Information Request	Number
Corporate	1
Personnel/Employment	1
Contract/Commissioning	2
Training/Education	5
Financial	1
Statistical	6
Information Governance	0
<b>TOTAL</b>	<b>16</b>

## Exemptions Applied

The Freedom of Information Act contains a number of exemptions that allow organisations to withhold information from a requester. In some cases, these will also allow HEIW to refuse to confirm or deny whether the information is held by the organisation.

Some exemptions relate to a particular type of information, whilst other exemptions are based on the harm that would arise or would be likely to arise

from disclosure, for example, if disclosure would be likely to prejudice a criminal investigation or prejudice someone's commercial interests. There is also an exemption for personal data if releasing it would be contrary to the General Data Protection Regulation.

HEIW provided full disclosure to the majority of the 14 responses closed however, 6 exemptions were applied to 5 of those responses closed during this reporting period, with some responses having more than one exemption applied.

<b>Exemption</b>	<b>Number of Times Applied</b>
Section 16: To Advise and Assist	3
Section 21: Information Accessible by other Means	0
Section 22(1): Intended for Future Publication	1
Section 43(2): Protecting Commercial Interests	2
<b>TOTAL</b>	<b>6</b>

Requests received by HEIW that are considered to be sensitive or contentious in nature are reported to Welsh Government as part of the all Wales weekly reporting. Copies of those responses are also forward to Welsh Government for information.

### **2.3 Data Subject Access Requests (DSARS)**

There were no DSARs during the period from 1 January to 30 June.

### **2.4 Cyber Security**

The new Head of Cyber Security joined HEIW on 29 June. He has commenced working on a new Cyber Security Implementation Plan. He will be making a presentation on Cyber Security which will include the Plan at the August Board Development Session.

## **3. PROPOSAL**

That the report be noted for assurance.

## **4. GOVERNANCE AND RISK ISSUES**

The implications of a lack of IG compliance may result in formal investigation procedures, poor publicity and potential monetary penalties by the Information Commissioner's Office (ICO).

## **5. FINANCIAL IMPLICATIONS**

There are no financial implications.

## 6. RECOMMENDATION


Members are asked to note this report for assurance.


Governance and Assurance			
Link to IMTP strategic aims (please ✓)	<b>Strategic Aim 1:</b> To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	<b>Strategic Aim 2:</b> To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	<b>Strategic Aim 3:</b> To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	<b>Strategic Aim 4:</b> To develop the workforce to support the delivery of safety and quality	<b>Strategic Aim 5:</b> To be an exemplar employer and a great place to work	<b>Strategic Aim 6:</b> To be recognised as an excellent partner, influencer and leader
	✓	✓	✓
<b>Quality, Safety and Patient Experience</b>			
It is important that HEIW provides service users with assurance that IG and IM is considered and maintained within an effective culture of confidentiality.			
<b>Financial Implications</b>			
No financial implications to consider.			
<b>Legal Implications (including equality and diversity assessment)</b>			
If not considered, legal implications of a lack of IG and IM compliance leaves the organisation open to a potential of formal investigation procedures and monetary penalties by the Information Commissioner's Office.			
<b>Staffing Implications</b>			
No staffing implications.			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
None identified.			
<b>Report History</b>	An IG and IM Report is provided to the A&AC on a quarterly basis.		
<b>Appendices</b>	Appendix 1 – Information Governance Workplan.		

## Appendix 1 – Summary of the HEIW Information Governance Work Plan (April 2019 to March 2020)

### Key

 Green denotes complete or actions that have a rolling basis have been considered within this work plan

 Amber denotes some action required to complete and has been considered

 Red denotes that the action is outstanding, however it has been considered but nothing has been completed to date

Objective/ Recommendation	Management Action	Responsible Lead	RAG status/ Complete by	Progress	Benefits
1. Review and assessment of the EU General Data Protection Regulation (GDPR) for HEIW	1.1 Ensuring that the GDPR is reflected in the documents and HEIW processes	Board Secretary/ Information Governance Manager	<b>Completed</b>	<p>Most areas have been completed. The main priority of work to be completed is the Information Asset Register.</p> <p>In regards to progress, over 160 staff have confirmed (or denied) the use of identifiable data and completed a return or a collective departmental response. As this is regarded as a “moving feast”, there will be no completed date but progress as and when required.</p>	Provides assurance that the organisation is compliant with up to date legislation

2. Development of IG centric documentation.	2.1 Development of IG protocols and guidance to ensure that the organisation has the correct list of documentation and this includes references to GDPR legislation (including Project initiation documents) and Privacy Notices.	Board Secretary/ Information Governance Manager	<b>Completed</b>  <b>Development will need to be considered in future work</b>	The HEIW IG function has developed HEIW centric protocols, forms and documents for the IG function. This has included development of Privacy Notices for Staff.	Provides assurance that the organisation is compliant with up to date legislation
3. Information Governance involvement in requests for data sharing	3.1 Ensuring that the IG function is made aware of processes that require agreements and process documents developed and identifying where there are none	Information Governance Manager	<b>This is marked as completed as the potential requirement has been identified and this will be ongoing where the need for data sharing is identified</b>	There is a developed standard access agreement and non-disclosure agreement for use with requests for data and for processing purposes.	Documents all parties responsibilities on what is required for acceptance
4. Information Governance involvement on the creation, use and rollout of new work using Privacy by Design processes	4.1 Ensuring that the IG function is informed of new services being transferred from other organisations (not just NHS Wales) to HEIW and any new projects involving identifiable information	Project Owner/ Information Governance Manager	<b>Complete</b>  <b>HEIW staff have an increased awareness that a PIA will be developed when a service requires it</b>	There will be IG involvement on the specific requirements of each service and whether confidentiality changes or use are measured and evaluated.	Confidentiality and IG is considered for all new projects/ systems and existing changes to working/or proposals/ changes



Objective/ Recommendation	Management Action	Responsible Lead	RAG status/ Complete by	Progress	Benefits
	<b>4.2</b> Communication and awareness raising of Privacy Impact Assessment requirements	Information Governance Manager	<b>Complete</b>	A communication was developed and sent to all staff on the requirements for completing a PIA and when there is a need to complete one at the end of June 2020.	Confidentiality and IG is considered for all new projects/ systems and existing changes to working/or proposals/ changes
<b>5.</b> Ensure that CCTV systems are correctly sited and that the appropriate assessments have been carried out	<b>5.1</b> Ensuring that the Information Governance Manager is informed of proposals to install CCTV security systems	Project Owner/lead/ Information Governance Manager	<b>Completed</b>	HEIW has a CCTV protocol that includes information on siting, compliance and correct signage, retention, etc.	CCTV is monitoring within correct compliance and does not breach any of the SCC laws or the HEIW protocol
<b>6.</b> Ensure that suspected, alleged or confirmed incidents of confidentiality breach or loss are reported and investigated reactively/proactively	<b>6.1</b> Staff are aware of the breach reporting process and know how to identify an incident of suspected breach and where to report it.	Information Governance Manager	<b>Complete However, the process of breach reporting will be something that will never be complete and will need monitoring</b>	The current HEIW Confidentiality Breach Reporting protocol is in place to reflect the changes made under the new Regulations. This has been approved by the Executive Team and is placed on the intranet	Promoting a culture of confidentiality, whilst managing risks to the organisation in regards to breaches of information and prevention of these.

Objective/ Recommendation	Management Action	Responsible Lead	RAG status/ Complete by	Progress	Benefits
7. Ensure that the Privacy Impact Assessment (PIA) process is used to ensure that all new processes, services, information systems, and other relevant information assets are developed, implemented and used in a secure and structured manner, whilst complying with IG Security accreditation, Information Quality, Confidentiality and Data Protection requirements	7.1 Documented procedures established to ensure all new processes undergo a privacy impact assessment to check compliance with confidentiality and Data Protection requirements	Information Governance Manager/ Project Owner/Project Manager	<b>Complete</b> <b>Staff have an awareness and appreciation that there is a PIA processes where new projects or uses of existing PII that will possibly require assessment under the principles when considered or implemented</b>	<p>The PIA document is approved and being used where necessary.</p> <p>All staff are made aware of the Privacy Impact Assessment process within training and awareness sessions to ensure that the IG function is engaged when new projects or services are proposed within the organisation.</p> <p>A bulletin with information around when a PIA is required and what do do next has been developed at the end of June 2020.</p>	Confidentiality issues are always being identified, answered and resolved in line with Data Protection requirements for all new systems/ processes/work streams
	7.2 All final Privacy Impact Assessments are approved and signed off by a senior level group when recommendations are completed by the Project Owner and agreed by the Information Governance Manager	Information Governance Manager/ Information Governance Steering Group/ Senior Management Team	<b>Complete</b> <b>There will be no end date to consider as all PIAs will require approval as and when required and these will require monitoring</b>	<p>There are new PIA templates that reflect changes under the new Regulations, these have now been approved for use.</p> <p>Once completed, the IG Manager will sign them off and table them for information and discussion at the Executive Team.</p>	

Objective/ Recommendation	Management Action	Responsible Lead	RAG status/ complete by	Comments	Benefits
8. Information Governance awareness and training are in place and all appropriate staff are given training (classroom and eLearning)	8.1 Active campaign promoting IG training and the requirement that face to face training must be completed bi-annually by staff who have been identified staff as handling identifiable data.	All Heads of Service/Line managers/ Individual staff	<b>Biennial basis for specific staff, no end date to consider</b>	<p>Information Governance training is being promoted and rolled out across the organisation. IG training commenced in August 2019. There is a register of the headcount, department and the total number of staff trained to date</p> <p>Due to commitments of the IG Manager and the staff uptake (hunger) for sessions organised, there have been no further classroom sessions arranged in 2020 to date.</p>	Staff training is vital to ensuring continued compliance and awareness of information security and confidentiality responsibilities
	8.2 Ensuring that all staff are aware of and complete their annual compliance using the eLearning core skills module	Information Governance Manager/ Workforce	<b>Complete eLearning is required on an annual basis for all staff and this is connected to the PADR process. There will be no end date to consider</b>	<p>Reminders are sent within ESR on the Information Governance eLearning modules. These will form part of any IG training reporting for the mandatory section of any updates provided to the Executive Team.</p> <p>There is currently an action required to increase the level of compliance by staff within HEIW.</p>	Staff training is vital to ensuring continued compliance and awareness of information security and confidentiality responsibilities

Objective/ Recommendation	Management Action	Responsible Lead	RAG status/ Complete by	Progress	Benefits
	<b>8.3</b> Development of HEIW intranet pages to include Information Governance	Information Governance Manager	<b>Complete</b>	<p>These have now been published.</p> <p>Marked as complete but will need an annual review and updates where required</p>	Staff awareness of their obligations with IG principles
	<b>8.4</b> Development of an Information Governance introduction for the HEIW internet page	Information Governance Manager	<b>Complete</b>	<p>These have now been published. Marked as complete but will need an annual review.</p> <p>More information has been added to the site to include an IG section with policies and procedures.</p>	The public are aware of the responsibilities of the organisation to hold and safeguard any PII
	<b>8.5</b> Development of Information Governance handouts and guides to good practice	Information Governance Manager	<b>Complete</b>	Handouts relating to IG, GDPR and email have been created and are being used and have been published on the HEIW intranet	Staff awareness of their obligations with IG principles

Objective/ Recommendation	Management Action	Responsible Lead	RAG status/ complete by	Comments	Benefits
9. A full review undertaken of how information is being used throughout the organisation through the Information Asset Register function	<p>9.1 Management of the process for Information Asset recording or "Mapping" this includes the:</p> <ul style="list-style-type: none"> <li>• Information subject</li> <li>• Types of information</li> <li>• legal basis for processing</li> <li>• accountability of information stored</li> </ul>	Information Governance Manager/ Executive Team/ Information Asset Owners/ Administrators	<p><b>There is no end date for this objective. This is due to the work involved in realising any outstanding information assets and changes to the information retained by the organisation</b></p>	<p>As part of the compliance for the General Data Protection Regulation (GDPR), information asset ownership is a requirement. This is only partly completed at present.</p> <p>A register of assets relating to the HEIW Sharepoint site has been completed and is awaiting review by individual departments. This is an exercise to asset the suitability of the legacy and older documents retained in Sharepoint at present.</p> <p>An email has gone out to all staff to ask for information around individual processing of identifiable data within the organisation and a further email sent to all staff in May 2020 has resulted in over 160 staff who have provided a response to confirm or deny the use of identifiable data and have provided an individual or a collective response to catalogue their use.</p>	Identifies areas and priorities for improvement to ensure organisational compliance with Information Security and FOI requirements

Objective/ Recommendation	Management Action	Responsible Lead	RAG status/ complete by	Comments	Benefits
	<b>9.2</b> Ensuring that, on identification and recording of Information Assets, risks are identified to the assets held and recorded on a risk register and work undertaken to reduce any issues	All Information Asset Owners/ Administrators	<b>Considered to be a continuous process of work</b>	<p>The process of collecting Information Assets is currently underway and staff are individually confirming (or denying) use of personal data and completing a return if applicable to them.</p> <p>However, there has not been any high risk processing identified to date.</p>	Ensures that risks that have been identified are addressed against all Information Assets within HEIW
	<b>9.3</b> Ensuring that there is a continual process to capture all future Information assets and removal of information no longer value to ensure that the register is accurate	All Information Asset Owners and Administrators	<b>This work area is to be considered as a rolling process of work</b>	<p>This process will be addressed on an annual basis and the practices of update will be reinforced.</p> <p>Sharepoint retained information will need to be thoroughly reviewed to remove old and unused legacy documents.</p>	Ensures a comprehensive picture of all Information Assets within HEIW.
<b>10.</b> Effective reporting on the monitoring and management of Information Governance risks in statements of internal controls. This is to include details of data loss and confidentiality breaches within HEIW	<b>10.1</b> Provide the HEIW Executive Team with regular updates and visibility of Information Governance topics, concerns and/or risks	Information Governance Manager/ Senior Information Risk Owner (SIRO)	<b>A suggested list of IG risks has been passed to the Board Secretary for consideration</b>	<p>A list of suggested Information Governance risks has been passed to the Board Secretary for consideration.</p> <p>To date, no IG risk register is in place but will be a standard agenda item on the IGIM Group.</p>	Greater communication and understanding of IG related topics, risks and/or concerns at the highest level

Objective/ Recommendation	Management Action	Responsible Lead	RAG status/ complete by	Comments	Benefits
	<b>10.2</b> Identification of further risks following Information Asset Register processes	Information Governance Manager/ IAOs/IAAs	<b>a continual process of review and identification of IG risk will need to be completed</b>	<p>The Information Asset Register serves to collect organisational information and identify any potential risks that could cause a breach of confidentiality.</p> <p>Work is currently ongoing to collect and review information assets within the organisation to make those decisions around risks.</p>	Greater communication and understanding of IG related topics, risks and/or concerns at the highest level
<b>11.</b> Ensuring that the organisation continues to be compliant with all Information Governance assessments including self-assessment exercises	<b>11.1</b> Ensuring that all exercises to comply with all relevant laws and ethics are completed to provide assurance that personal identifiable information is handled and controlled effectively	Executive Team/ Information Governance Manager	<b>Complete</b>  <b>However, assessments are completed on an annual basis</b>	<p>The IG Toolkit will be part of IG assessment going forward in 2020. Due to the progress of IG within HEIW in April 2019, the initial exercise was not completed until more progress has been made. Due to Covid-19, there has been no 2020/21 toolkit release to date.</p> <p>Data Protection registration is completed on an annual basis in October.</p> <p>Internal audits and Information Commissioner exercises will be completed on an ad-hoc basis.</p>	Organisations and Service Users are assured that HEIW hold and process all identifiable data in a legal and ethical manner

Objective/ Recommendation	Management Action	Responsible Lead	RAG status/ complete by	Comments	Benefits
	<b>11.2</b> Ensuring that effective reporting of Information Governance activity is completed on a timely basis to the Executive Team. This will include Information Governance function developments, training compliance and breach reporting	Information Governance Manager	<b>No end date expected</b>  <b>The IG Manager will write and present papers when there is a need</b>	Information Governance activity should be reported to the Executive Team when there is a requirement. This activity should also help inform areas such as annual reports and Governance statements.  Papers will be tabled at the IGIM group on a quarterly basis.	Organisations and Service Users are assured that HEIW hold and process all identifiable data in a legal and ethical manner and progress is reflecting in timely and accurate reporting
<b>12.</b> Inclusion and awareness of IT security incidents that directly or indirectly could affect Information Governance	<b>12.1</b> Inclusion of IT and Cyber Security within Information Governance work	IT Security/ Information Governance Manager	<b>Ongoing basis, no end date to consider</b>	Colleagues to work together when there is an overlap between IT security, Cyber Security and Information Governance	Ensuring that issues relating to IT security that could impact on Information Governance are given full awareness
<b>13.</b> Co-operating with supervisory authorities on incident reporting and ensuring that all parties are aware of IG related incidents	<b>13.1</b> Assurance that the Information Governance function is involved with any breach reporting and the steps to take following an incident	Information Governance Manager/ SIRO	<b>Ongoing basis, no end date to consider</b>	HEIW has a Confidentiality Breach Reporting procedure in place and will link in with the Executive Team in the instance of high-level incidents	Ensuring appropriate representation for the organisation



Objective/ Recommendation	Management Action	Responsible Lead	RAG status/ complete by	Comments	Benefits
<b>14.</b> Represent HEIW in any all Wales IG forums and formal engagements relevant to the role	<b>14.1</b> Ensure that Information Governance is involved in meetings where advice around confidentiality is required	Information Governance Manager/SIRO	Ongoing basis, no end date to consider	Involvement with meetings and committees on behalf of HEIW will be decided as and when required	Ensuring appropriate representation for the organisation
<b>15.</b> Records Management audits are completed to measure the levels of archived and stored information that are held within HEIW	<b>15.1</b> To ensure that, following GDPR, HEIW are only keeping records and files that are required and that archived records are destroyed within the compliance timeframe	Records Managers/ Information Governance Manager/ SIRO	Ongoing, subject to completion of the IAR	<p>The clarification of Records Management arrangements and proposed audits are still required and this will be part of the Information Asset process that is ongoing within the organisation.</p> <p>Any records management will be considered based on the returns provided by staff within HEIW and whether there is a concern around the paper that has been stored.</p>	To ensure that the organisation is only keeping records in line with current RM standards
<b>16.</b> Data Subject Access requests are completed effectively and thoroughly	<b>16.1</b> Development of a Subject Access request protocol	Information Governance Manager	Complete	The HEIW Executive Team have approved this as part of the suite of IG protocols in place	Promotes fair and lawful access to Data Subject's own information
	<b>16.2</b> Development of a rectification procedure for Data Subjects to request a change/revision or deletion of information from their own records	Information Governance Manager	Complete	The rectification procedure has been developed and sent to the Board Secretary for circulation	Promotes fair and lawful revision to Data Subject's own information

Objective/ Recommendation	Management Action	Responsible Lead	RAG status/ complete by	Comments	Benefits
<b>17.</b> Work related to the HEIW Information Governance Steering Group	<b>17.1</b> Production of a Terms of Reference	Information Governance Steering Group members	<b>Complete</b>	The IGIM Group has reviewed and approved a final terms of reference.	
	<b>17.2</b> Annual review of the IGIM terms of Reference	Information Governance Steering Group members	<b>Biannual basis</b>	ToR has now been approved and will be reviewed annually.	Ensures that the ToR remains accurate and up to date
	<b>17.3</b> Production of an annual report for the HEIW Board on Information Governance	Information Governance Manager/ Information Governance Steering Group members	<b>Annual basis</b>	An annual report will be completed in April 2021	Provides assurance that the organisation remains compliant
<b>18.</b> Regular communication to staff on specific topics relating to Information Governance	<b>18.1</b> Regular communications in both Welsh and English to staff via the Comms and Engagement Team	Information Governance Manager/ Communications Team officers	<b>No completion date to consider</b>	Communications are completed as and when required.  Some guidance and signposting emails have been sent out to all staff as the IG pages are now on the intranet.	Provides staff with useful information around the need to be compliant within the organisation

Objective/ Recommendation	Management Action	Responsible Lead	RAG status/ complete by	Comments	Benefits
<b>19.</b> Information Governance involvement on the introduction of new services through standardised procurement exercises	<b>19.1</b> Ensuring that the Information Governance Manager is informed of new services being purchased that may involve and require use of confidential information	Project Owner/ Information Governance Manager	<b>Complete as it has been noted as a consideration</b>  <b>However, there no end date to Consider due to the ongoing procurement of services required by HEIW</b>	This includes whether there has been consideration of any issues with the use of PII when tendering or procuring a new service. This will include Cyber Security Essentials and cooperation with IT security staff.	Confidentiality issues are always being identified, answered and resolved in line with Data Protection requirements for procurement exercises that require



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<b>Meeting Date</b>	<b>16 July 2020</b>	<b>Agenda Item</b>	<b>2.9</b>
<b>Report Title</b>	<b>Amendments to the Risk Management Policy</b>		
<b>Report Author</b>	Dafydd Bebb, Board Secretary		
<b>Report Sponsor</b>	Dafydd Bebb, Board Secretary		
<b>Presented by</b>	Dafydd Bebb, Board Secretary		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To highlight proposed changes to HEIW's Risk Management Policy and to ask the Committee to recommend the amended policy for Board approval.		
<b>Key Issues</b>	<p>Wales Audit's Structured Assessment and the Internal Audit Report on HEIW's Risk Management made several recommendations on HEIW's management of risk.</p> <p>Implementing these recommendations includes HEIW amending its Risk Management Policy. The amended draft policy is attached at appendix 1.</p> <p>This report highlights the proposed amendments to HEIW's Risk Management Policy and asks the Committee to consider the amendments and to recommend that the Board approve the updated policy.</p>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
			<b>Approval</b> ✓
<b>Recommendations</b>	<p>Members are asked to:</p> <p>consider the proposed amendments to the HEIW's Risk Management policy (Appendix 1) and to recommend to the Board that it approve the amended policy.</p>		

## **AMENDMENTS TO THE RISK MANAGEMENT POLICY**

### **1. INTRODUCTION**

To highlight proposed changes to HEIW's Risk Management Policy (Appendix 1) and to seek approval for the same.

### **2. BACKGROUND**

Audit Wales' Structured Assessment and the Internal Audit Report on HEIW's Risk Management made several recommendations to strengthen HEIW's approach to risk management. We have also recently received a recommendation from Audit Wales on HEIW's Counter Fraud Effectiveness which is considered further below.

To implement these recommendations HEIW is taking several steps including amending its Risk Management Policy.

#### **Proposed Amendments to the Risk Management Policy**

The proposed amendments to HEIW's Risk Management policy, to implement the various audit recommendations, are detailed below:

- Risk Management Policy updated to confirm process for escalating risks from a directorate risk register to the Corporate Risk Register (CRR).
- HEIW Risk Registers standardised. Standardised documentation includes guidance on identifying risk owners and deadlines for mitigation action.
- Standardised template to be introduced for Risk Register in line with the new IMTP.
- The HEIW Risk Management Policy updated and revised to:
  - include the process relating to the escalation of risks from directorate risks registers into the CRR. This includes the setting of a recommended minimum risk score ( ) for an item to be included on the CRR.
  - provide clarity on the need for Directorate Risk Registers together with programme and project registers.
  - provide a cross reference to the guidance on the risk scoring system to ensure consistency across the organisation.
  - confirm that the Datil Risk Management System is not being used within the organisation to capture and record identified risks.

#### **Audit Wales Review of Counter-Fraud Effectiveness**

The Counter Fraud review recommended that risk assessments of fraud be integrated within the wider risk management framework. In response to this recommendation the Risk Management policy which will now require that the risk of fraud to be a standard item on Directorate Risk Registers. This will ensure that the risk of fraud, together with the steps undertaken to mitigate the risk will be under regular review by each Directorate.

### **3. PROPOSAL**

That the updated Risk Management Policy be considered the AAC and recommended to Board for approval.

### **4. GOVERNANCE AND RISK ISSUES**

The Risk Management Policy sets out the basis for HEIW to manage and mitigate risk together with focussing upon achieving its objectives.

### **5. FINANCIAL IMPLICATIONS**

There are no direct financial implications. Risk management is a core requirement for HEIW.

### **6. RECOMMENDATION**

Members are asked to consider the proposed amendments to HEIW's Risk Management policy (Appendix 1) and to recommend to the Board that it approve the amended policy.

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	<b>Strategic Aim 1:</b> To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	<b>Strategic Aim 2:</b> To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	<b>Strategic Aim 3:</b> To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	<b>Strategic Aim 4:</b> To develop the workforce to support the delivery of safety and quality	<b>Strategic Aim 5:</b> To be an exemplar employer and a great place to work	<b>Strategic Aim 6:</b> To be recognised as an excellent partner, influencer and leader
	✓	✓	✓
<b>Quality, Safety and Patient Experience</b>			
Effective management of risk will support HEIW in the delivery of its objectives and will support NHS Wales in the delivery of Quality, Safety and Patient Experience.			
<b>Financial Implications</b>			
There are no financial implications associated with this report. Risk management is a core requirement for HEIW.			
<b>Legal Implications (including equality and diversity assessment)</b>			
There are no direct legal implications.			
<b>Staffing Implications</b>			
No implications for HEIW staff have been identified.			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
<b>Report History</b>	None		
<b>Appendices</b>	Appendix 1 HEIW's Risk Management policy		



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## **RISK MANAGEMENT POLICY**

**Executive Sponsor & Function:**  
Board Secretary

**Document Author:** Board Secretary

**Approved by:** HEIW Executive Team

**Approval Date:** [July Board] 2020

**Scope:**

1.2 This Risk Management Policy and any arrangements made under it applies to:

- all persons employed or engaged by Health Education and Improvement Wales (HEIW) including part time workers, temporary and agency workers and those holding honorary contracts.
- Visitors, contractors and volunteers.

Other NHS Health Boards and Trusts will have their own health and safety policies which will apply to HEIW staff working in NHS premises elsewhere across Wales.

**Date of Equality Impact Assessment:** [19/04/19]

**Equality Impact Assessment Outcome:**

This policy has been screened for relevance to equality. No potential negative impact has been identified so a full equality impact assessment is not required.

**Review Date:** May 2020

**Version:** v2



## **Policy Statement**

Health Education Improvement Wales (HEIW) recognises that no organisation can operate in a risk-free environment. Risk however is not something to be feared, rather if it is understood and managed properly it can benefit the organisation, its staff and key stakeholders. The purpose of this Policy is to lay the foundations for an effective risk management system.

HEIW will manage risks at all levels. Strategic risks will be identified by the Board and managed by the Executive Team, whereas operational risks will be identified and managed at the most appropriate level. The organisation will maintain a risk management system which will enable and empower staff to identify, assess, manage and where appropriate exploit risks to the benefit of HEIW.

## **Policy Commitment**

HEIW is committed to the effective management of risk throughout the organisation and will develop and maintain the appropriate systems to allow such management. The organisation will lay out clearly the roles and responsibilities of all staff when it comes to the management of risk. All staff are required to understand their role and responsibilities and to comply with the requirements of both this policy and all relevant processes.

All staff will be expected to use the appropriate corporate systems for risk management. At the time of developing this policy HEIW's risks are managed through the use of risk registers (for operational risk) and the Board Assurance Framework for strategic risks. Health and safety risks are however, managed through Datix.

All Senior staff and managers are required to attend mandatory training in Corporate Risk Management.

## **Introduction**

This policy introduces the HEIW position and expectations in relation to risk management. The document outlines the roles and responsibilities of staff and how they will be trained and describes the way HEIW categorises risk and the risk architecture of the organisation.

## **Section 1 – General**

### ***Scope, Aim and Objectives***

#### ***Scope***

This is a Policy which is intended to cover the identification, assessment and management of risk in all forms. The policy and associated procedures relating to risk and will apply to all staff, contractors and visitors.<sup>1</sup>

#### ***Aim***

The aim of this document is to outline the high level arrangements within which HEIW will achieve a holistic and effective approach to risk management.

#### ***Objectives***

This policy will:

- Detail the specific roles and responsibilities for those staff who are charged with the management of risk;
- List the specific policies which HEIW will publish to ensure that all staff understand what is required of them;
- Outline the training requirements for staff;
- Explain the arrangements for complying with all relevant legislation.

#### ***Strategic Context***

HEIW is required annually to produce an Interim Medium Term Plan (IMTP), which details what the organisation plans to do over the coming years. The plan sets out the organisational priorities and sets strategic objectives. In order to deliver these objectives, it is necessary to understand the environment in which we operate, and to have clear visibility on what might get in the way of our delivering them. This is why an effective Risk Management System is necessary.

Risk Management starts at the top of the organisation, with the Board setting our direction and our risk appetite, and then permeates down through every level.

#### ***Roles and Responsibilities***

##### ***HEIW Board***

The role of the Board is to govern HEIW effectively. For the Board to discharge its responsibilities, it needs to receive assurances that the organisation is effectively managing its risks to ensure delivery of its mission and objectives. One of the principle assurance tools for the Board is the Board Assurance Framework (BAF).

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<sup>1</sup> In the interests of brevity, the term 'staff' is used throughout this document to refer to staff, contractors, agency staff, trainees, volunteers, and secondees and visitors.

The Board will receive the BAF once per year for the purpose of scrutiny and challenge. Through the scheme of delegation, the Audit and Assurance Committee meetings will also receive the BAF once per year.

The Corporate Risk Register is focussed on HEIW's key objectives and identifies the principal risk and key controls. Given this the Corporate Risk Register shall be the vehicle for providing regular assurance for the BAF. The Corporate Risk Register shall be reviewed by the Board twice a year and by the Audit and Assurance Committee on a quarterly basis.

### ***Chief Executive***

The Chief Executive is the responsible officer for HEIW and is accountable for ensuring that HEIW can discharge its legal duty for all aspects of risk. As the accountable officer, the Chief Executive has overall responsibility for maintaining a sound system of internal control, as described in the annual governance statement. Operationally, the Chief Executive has designated responsibility for implementation of this policy to the Board Secretary.

### ***Board Secretary***

Is responsible for:

- operational implementation of the risk management policy;
- as the Senior Information Risk Owner (SIRO), ultimate responsibility lies here for information risk management;
- development of policies and procedures relating to the above;
- development and ongoing review of the Board Assurance Framework;
- ensuring that the Board and its Committees receive the appropriate reports and assurance for consideration.

### ***Executive Directors***

Are responsible for:

- the management of risk both collectively as the Executive Team and at a Directorate level for the risks specifically relating to their directorate;
- assuming ownership of risks assigned to them in either the Board Assurance Framework or the Corporate Risk Register and reporting as required to the Executive Team and the Board and its committees on the management of that risk;
- appointing of enough resource for their Directorate to enable effective management of their risks;
- the individual Directorate Risk Register.

### ***Deputy Chief Executive / Director of Workforce and Organisational Development***

In addition to the Executive Director responsibility is also responsible for:

- Executive Team level management of risk in relation to both Health and Safety and Business Continuity.

## ***Directorate Managers***

Directorate Managers are responsible for:

- assuming ownership of risks which are assigned to them in the Directorate Risk Registers and reporting as required to their Executive Director on the management of that risk;
- supporting their Directorate risk owners in the management of risk;
- ensuring that new risks are assigned an owner, correctly articulated and assessed by their owner.

## ***All staff***

All HEIW staff are responsible for identifying and reporting anything which they believe could present a risk to our business functions or people.

## ***Allocation of Responsibility for a Risk***

Executive Directors shall take responsibility for managing risks within their Directorates. Where a risk arises from a project, programme or matter undertaken on a cross-Directorate basis the risk will be allocated to the Executive Lead as detailed within the IMTP.

## ***Training***

### ***Level 1 – Staff required to report risks***

Whilst there are many different training requirements for specific aspects of risk management (e.g. Health and Safety, Fire, Information Governance), there is no mandatory training requirement for Risk Management in the broader context. All staff who need to report a risk are signposted to a short self-directed study package which will cover the basics of identifying, articulating and reporting risks.

### ***Level 2 – Risk Owners***

Face to face training will be delivered to Risk Owners and is aimed at Executive Directors, other members of the senior leadership team and managers who need to understand the implications of risk ownership, risk appetite, risk decision making and the escalation of risk.

### ***Level 3 – SIRO and other specialist roles***

This will be bespoke training required for those charged with managing the Risk Management System.

## **Section 2 – Categories of Risk**

### ***Strategic Risk***

These are the highest level risks that could threaten the organisation's ability to deliver on the strategic priorities, as laid out in the Integrated Medium Term Plan (IMTP). Strategic Risks are identified at Board level during the annual development of the IMTP. All strategic objectives are assigned an Executive Lead within the IMTP. This person will review their strategic risks and associated action plans on a regular basis and provide updates to both the Executive Team and the Board.

### ***Corporate Risk***

Corporate Risk in all its forms is subject of this policy.

The term Corporate Risk is used in HEIW to encompass all of the operational risks that pose a direct risk to the day to day business of the organisation or could lead to Directorates failing to meet their objectives. This can include:

- Operational Risk
- Project / Programme Risk
- Educational Risk
- Financial Risk
- Public Relations Risk

All these risks will be captured and managed through risk registers and a system of policies and procedures.

### ***Health and Safety Risk***

Health and Safety Risk is subject to a specific policy.

Health and Safety is a complex area of legislation one requirement of which is for the organisation to have a Health and Safety Policy. Senior management of Health and Safety Risk is the responsibility of the Director of Workforce and Organisational Development.

### ***Information Risk***

Information Risk is subject to a specific policy.

Information Risk Management is an integral element of good Information Governance. It encompasses numerous disciplines, including use of IT systems, management of paper records, cyber security and physical security of our facilities. Information Risk Management is the responsibility of the SIRO.

### ***Service or Business Continuity Risk***

Business Continuity Risk is subject to a specific policy.

Business Continuity risks are those derived from those possible events which threaten the organisation's ability to deliver its key products and services.

Most Business Continuity risks will tend to be high impact / low likelihood events.

Business Continuity Risk Management is the responsibility of the Director of Workforce and Organisational Development.

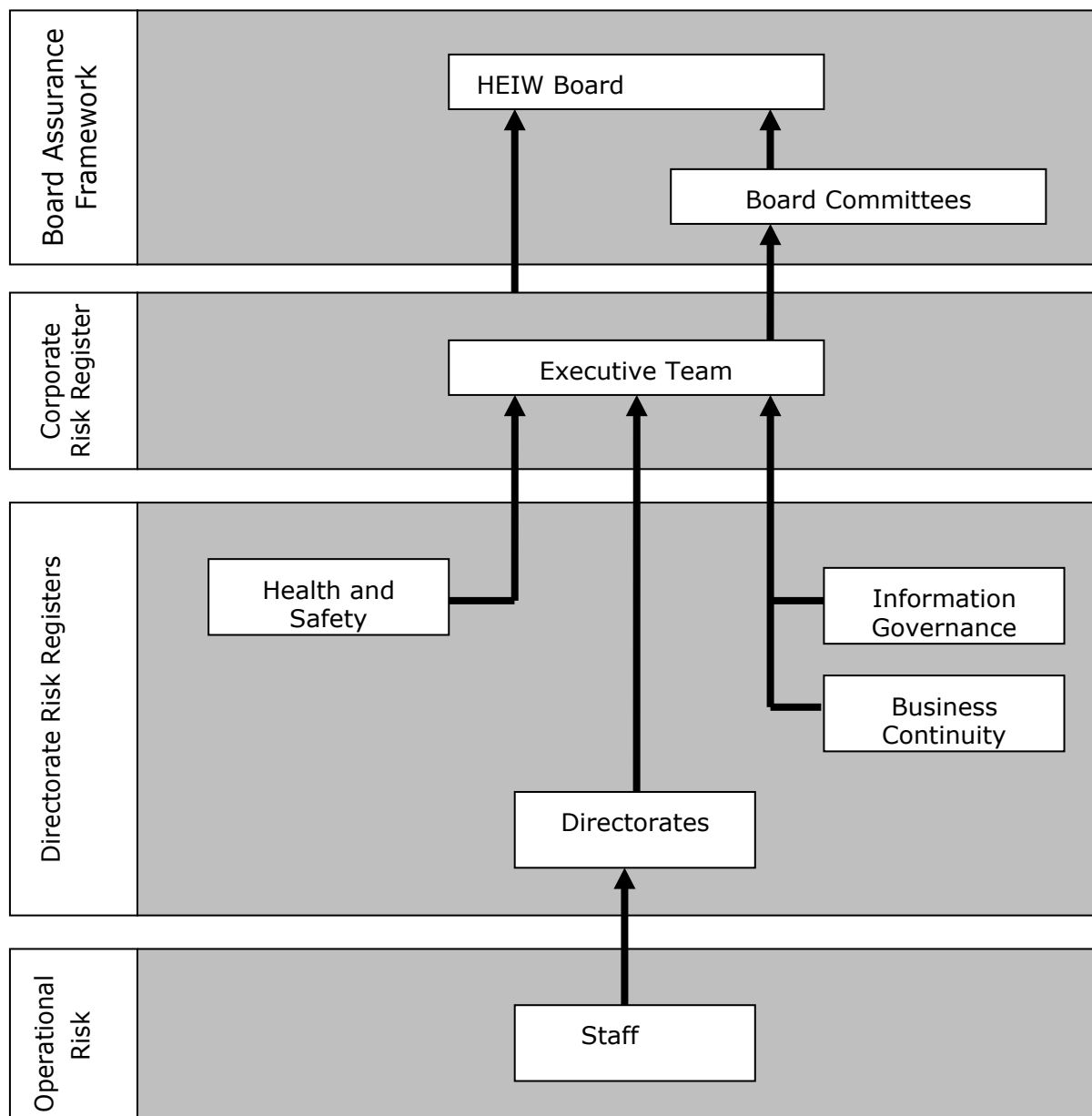
## Section 3 – Management of Risk

### Introduction

This section gives an overview of how risk is managed throughout HEIW.

### Risk Architecture

The risk architecture is the structure within which an organisation manages risk. The risk architecture within HEIW is shown below.



## ***Risk Appetite***

HEIW's risk appetite is set on an annual basis by the Board, when the decisions are being made around the organisation's strategic priorities for the following year. The purpose of setting the risk appetite is to ensure that all staff throughout HEIW are aware of it and understand the amount of risk to which the organisation is prepared to be exposed whilst going about their day to day business.

## ***Identification and Capturing of Risks***

All staff should be aware of the potential for risks to emerge which may affect the business and all staff should be prepared to identify and report risks as appropriate. When a possible risk is identified, staff should normally discuss it first with their line manager. This is to avoid duplication of effort, as sometimes risks are identified which are already being managed but have perhaps been articulated differently.

Once it is confirmed that a new risk has been identified, the details should be correctly identified and assessed.

The risk will then be transferred to one of a series of risk registers, depending on the seriousness of the risk. Generally, risk should be managed at the lowest level possible, proportionate to the level of exposure to which the risk.

## ***Risk Registers***

A Risk Register is simply a visual representation of the identified risks, together with an assessment of their severity, the risk management measures in place, the control environment and any further actions which are planned or required. The register is a snapshot of the risk information at the moment it is taken.

HEIW's risk registers will utilise the risk assessment and scoring method outlined in Annex 1. HEIW's template risk register is attached at Annex 2. All HEIW Directorate Risk Registers shall use the template attached at Annex 2. All HEIW programme and project risk register will use this template as the basis for their risk register.

## ***Ongoing Risk Management***

Once a risk has been properly identified, articulated and assessed it can then be managed.

## ***Escalation***

As previously stated, to be effective, risk needs to be managed at the lowest appropriate level. A risk that is deemed sufficiently material by its lead Director may be escalated onto the Directorate Risk Register. A risk will be escalated from the Directorate Register to the Corporate Risk Register when the Directorate either have concerns about their capacity or authority to manage the risk, or they do not have the resources (e.g. budget, staff etc) to manage it, risk requires c or it is deemed to represent a significant public relations risk.



Not having capacity or authority to manage a risk should not be viewed as a lack of capability, but rather a recognition that a risk is either so severe that it needs to be managed at a higher level, or possibly that it transcends more than one area of business or Directorate. It is anticipated, although this is not a binding requirement, that such a risk when being escalated onto the Corporate Risk Register will have a minimum risk score of 14.

In the event of a requirement to escalate a risk, from the Directorate Risk Register to the Corporate Risk Register, the matter will require the approval of the Executive Team.

### ***Removal***

The removal of a risk from the Corporate Risk Register shall require the approval of the Audit and Assurance Committee.

Risk should not be removed from the system until such time as the risk has been eliminated. Risks may reduce in their importance over time, and so may be de-escalated down to an appropriate level of management.

## Annex 1

### Risk Assessment and Scoring

In order to effectively assess a risk, it is necessary to consider two factors: Likelihood and Impact.

HEIW utilises a common form of risk scoring referred to as a 5x5 risk matrix. Likelihood and Impact are assessed on a scale of 1 to 5, and then the two scores are multiplied together to arrive at the final risk score.

As scoring is a subjective process guidance is provided through the tables below.

**Risk Scoring Matrix**

Level	Colour	Score Range
Low		1-6
Moderate		7-14
High		15-25

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

## Annex 2 – Template for the HEIW Risk Register

[Risks should be scored on the basis of the Risk Scoring Matrix contained within Annex 1]

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	R/A/G	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.		[If .....then ..... impact]  [Insert the name of the owner]					[please populate this section in accordance with the above guidance]					



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WALES

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

<b>Meeting Date</b>	<b>16 July 2020</b>	<b>Agenda Item</b>	<b>2.10</b>
<b>Report Title</b>	<b>Audit Recommendations Tracker</b>		
<b>Report Author</b>	Kay Barrow, Corporate Governance Manager		
<b>Report Sponsor</b>	Dafydd Bebb, Board Secretary		
<b>Presented by</b>	Dafydd Bebb, Board Secretary		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	<p>To present to the Audit and Assurance Committee, for compliance and assurance purposes, the Audit Recommendations Tracker (Tracker) that contains the current agreed actions in response to the recommendations within Audit reports received from sources such as Internal Audit and WAO.</p> <p>To provide an update on the RAG status of a number of recommendations following a review of the progress of the actions within the Tracker by the Executive Team.</p>		
<b>Key Issues</b>	<p>The Tracker, the status of which is represented using a Red; Amber; Green (RAG) rating, currently covers <b>58</b> recommendations.</p> <p>The Tracker is attached at Appendix 1.</p>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
			<b>Approval</b>
<b>Recommendations</b>	<p>The Audit and Assurance Committee is asked to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report.</li> <li>• <b>Consider</b> the progress and <b>Approve</b> the green recommendations that have been assessed as completed, or are complete, are proposed to be withdrawn from the Tracker.</li> </ul>		

# **AUDIT RECOMMENDATIONS TRACKER**

## **1. INTRODUCTION**

In line with good practice, the Audit and Assurance Committee (Committee) should closely monitor progress with the programme of internal and external audit reports undertaken at HEIW. A detailed Audit Recommendations Tracker (Tracker) has been established to record the progress of all the recommendations contained within each of the Internal and External Audit reports completed since the establishment of HEIW.

The Tracker will be a source of assurance for the Audit and Assurance Committee that those recommendations are being progressed, monitored and completed.

## **2. BACKGROUND**

The Committee should play a crucial role in supporting the effective governance of HEIW. It should play a pivotal role in ensuring that HEIW functions in accordance with good governance, applying appropriate accounting and auditing standards, and adopting appropriate risk management arrangements.

## **3. GOVERNANCE AND RISK ISSUES**

In line with good governance, the coordination and reporting of organisational actions for audit activity are key elements of HEIW's overall assurance arrangements.

The Tracker closely monitors the status of Internal and External Audit recommendations. This new design provides HEIW with a workable tool that allows for closer scrutiny of audit recommendations and is designed to provide a more detailed focus as to the reasons why recommendations are overdue or have not progressed within the agreed timeframes. This will highlight areas that may require additional support and ensures there are clear mechanisms in place to raise any issues.

The Tracker is an Excel spreadsheet and separated into four tabs:

- Internal Audit Reviews
- External - Wales Audit Office Reviews and other External Reviews
- Internal Complete
- External Complete

### **Prioritisation of Recommendations**

Audit recommendations are categorised according to their level of priority and, as a guide, should be completed within the following time frames unless a more appropriate timeframe is agreed at the time of the audit.

High – to be completed immediately

Medium – to be completed within one month

Low – to be completed within three months

- **Tab 1 – Internal Audit Reports Summary**

At the time of issuing the report, there are **42** current internal audit recommendations on the tracker.

The Tracker indicates those recommendations that have been completed and are proposed to be taken off the tracker, those that have made significant progress but are still not fully complete and those where some progress has been made but a number of factors still remain which prevents the action being fully completed. There are **14** recommendations that are yet to reach their deadline date. However, due to the increasing priority of Coronavirus, some of the actions have been delayed until further notice.

The **42** recommendations within the internal audit tab are categorised in the table below:

<b>Red</b>	<b>16</b>	Good progress being made, but outside the target deadline. However, a number of the recommendations have been delayed due to the increasing priority of Coronavirus.
<b>Green</b>	<b>12</b>	Action has been assessed as completed, or is complete.
<b>Amber</b>	<b>14</b>	Significant progress but still not fully completed or Action has not yet reached the deadline date.

The **12** 'Green' actions that have been assessed as completed, or are complete, and are proposed to be withdrawn from the Tracker with the agreement of the Audit and Assurance Committee.

### **Total Overdue Internal Audit Recommendations**

There are **16** recommendations overdue on the tracker and these are separated by level of priority as described in the table below:

<b>Priority Level</b>	<b>No of Overdue Recommendations</b>
<b>High</b>	<b>2</b>
<b>Medium</b>	<b>9</b>
<b>Low</b>	<b>5</b>
<b>Total</b>	<b>16</b>

The number of overdue recommendations by assurance ratings are detailed below:

<b>Assurance Rating</b>	<b>No of Overdue Recommendations</b>
<b>Limited</b>	<b>0</b>
<b>Reasonable</b>	<b>13</b>
<b>Substantial</b>	<b>3</b>
<b>Not Rated</b>	<b>0</b>
<b>Total</b>	<b>16</b>

Further work is underway to ensure that the remaining actions on the database are completed as agreed.

- **Tab 2 – External Audit Reports Summary**

Tab 2 describes the **16** recommendations made following the 2019 Structured Assessment. The table below describes the status of current external audit recommendations:

Status	No of Recommendations
Overdue	7
Not Yet Due	4
Completed this period	4
Ongoing	1
<b>Total</b>	<b>16</b>

The **4** 'Green' actions that have been assessed as completed, or are complete, and are proposed to be withdrawn from the Tracker with the agreement of the Audit and Assurance Committee.

Further work is underway to ensure that the remaining actions on the database are completed as agreed.

- **Tabs 3 and 4 – Completed Recommendations**

As recommendations are assessed as 'Green' and closed, they are transferred to the respective 'Internal Completed' or 'External Completed' tabs. This is the record of all archived recommendations.

#### **4. FINANCIAL IMPLICATIONS**

There may be financial consequences of individual actions however there is no direct financial impact associated with this report at this stage.

#### **5. RECOMMENDATION**

The Audit and Assurance Committee is asked to:

- **Note** the report.
- **Consider** the progress and **Approve** the green recommendations that have been assessed as completed, or are complete, are proposed to be withdrawn from the Tracker.

<b>Governance and Assurance</b>			
<b>Link to IMTP strategic aims</b> (please ✓)	<b>Strategic Aim 1:</b> To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	<b>Strategic Aim 2:</b> To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	<b>Strategic Aim 3:</b> To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
		✓	
	<b>Strategic Aim 4:</b> To develop the workforce to support the delivery of safety and quality	<b>Strategic Aim 5:</b> To be an exemplar employer and a great place to work	<b>Strategic Aim 6:</b> To be recognised as an excellent partner, influencer and leader
<b>Quality, Safety and Patient Experience</b>			
Impact on quality, safety and patient experience where appropriate will be highlighted within the individual actions and assurance requirements.			
<b>Financial Implications</b>			
There may be financial consequences of individual actions however there is no direct financial impact associated at this stage.			
<b>Legal Implications (including equality and diversity assessment)</b>			
There are no legal implications.			
<b>Staffing Implications</b>			
There are no staffing implications.			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
WBFGA considerations will be included within the consideration of individual actions where appropriate.			
<b>Report History</b>	Reviewed at Executive Team		
<b>Appendices</b>	<ul style="list-style-type: none"> <li>Audit Recommendations Tracker Appendix 1.</li> </ul>		



## 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	<a href="#">Health &amp; Safety July 2019</a>	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	Partially complete	Overdue	Transferred from Planning & Performance to People & OD Team	<b>Progress as at November 2019:</b> 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. <b>Progress as at January 2020:</b> 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. <b>Progress as at June 2020:</b> 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 10 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.	Sep-20	11				
61	19/20	<a href="#">Board and Committee Governance Arrangements November 2019</a>	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 <b>Board</b> scheduled for Q4 of 2019/20.	Mar-20	No progress	Overdue	Decision made to undertake self-assessment during September/October 2020	<b>Progress as at January 2020:</b> All self-assessments are scheduled into the appropriate Forward Work Programme. <b>Current Progress:</b> 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	Oct-20	7				
61	19/20	<a href="#">Board and Committee Governance Arrangements November 2019</a>	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 <b>Remuneration and Terms of Service Committee</b> scheduled for Q4 of 2019/20	Mar-20	No progress	Overdue	Due to the increasing priority of Coronavirus, the self-assessment has been delayed until further notice.	<b>Progress as at January 2020:</b> All self-assessments are scheduled into the appropriate Forward Work Programme. <b>Current Progress:</b> 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.	TBC	TBC				
61	19/20	<a href="#">Board and Committee Governance Arrangements November 2019</a>	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 <b>Education, Commissioning and Quality Committee</b> scheduled for Q1 of 2020/21	Jun-20	No progress	Overdue	Delayed due to COVID 19 Pandemic	<b>Progress as at January 2020:</b> All self-assessments are scheduled into the appropriate Forward Work Programme. <b>Progress as at April:</b> 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. <b>Current Progress:</b> Draft Effectiveness Checklist to be agreed at the July Committee. With an evaluation presented to the October Committee.	Oct-20	4				
70	19/20	<a href="#">Risk Management March 2020</a>	Reasonable	Board Secretary	Board Secretary	High	1. Management should ensure that directorates have their own risk registers in accordance with the organisation's policy. Where appropriate departmental registers should be considered.	Risk Management Policy to be updated to confirm process for escalating risks from a directorate risk register to the corporate risk register.	Jul-20	Partially complete	Not yet due		<b>Current Progress:</b> Scheduled for discussion and Executive Team on 24 June 2020; for Audit & Assurance Committee approval on 16 July 2020 and for Board approval on 30 July 2020.	Jul-20					
70	19/20	<a href="#">Risk Management March 2020</a>	Reasonable	Board Secretary	Board Secretary	High	2. Management should review risks recorded on the directorate risk registers to consider if they should be escalated to the corporate risk register for scrutiny by the Board or appropriate committee.	Each Director tasked with ensuring that risks are reviewed to determine whether they should be escalated on a regular basis. Amending this policy will require Board approval.	Jul-20	Partially complete	Not yet due		<b>Current Progress:</b> Scheduled for discussion and Executive Team on 24 June 2020; for Audit & Assurance Committee approval on 16 July 2020 and for Board approval on 30 July 2020.	Jul-20					
70	19/20	<a href="#">Risk Management March 2020</a>	Reasonable	Board Secretary	Board Secretary	High	3. Mitigating actions stated within risk registers should identify the risk owner, and include a timescale for the implementation of the action to aid the review and scrutiny of the recorded risks.	HEIW Risk Registers to be standardised. Standardised documentation to include guidance on identifying risk owners and deadlines for mitigation action.	Jul-20	Partially complete	Not yet due		<b>Current Progress:</b> Scheduled for discussion and Executive Team on 24 June 2020; for Audit & Assurance Committee approval on 16 July 2020 and for Board approval on 30 July 2020.	Jul-20					
70	19/20	<a href="#">Risk Management March 2020</a>	Reasonable	Board Secretary	Board Secretary	High	4. As Datix is not being used, a standard template should be used for all directorate and departmental risk registers, that is consistent with the corporate risk register.	Standardised template to be introduced for Risk Register in line with the new IMTP.	Apr-20	Partially complete	Overdue	Delayed due to COVID 19 Pandemic	<b>Current Progress:</b> Scheduled for discussion and Executive Team on 24 June 2020; for Audit & Assurance Committee approval on 16 July 2020 and for Board approval on 30 July 2020.	Jul-20	3				
70	19/20	<a href="#">Risk Management March 2020</a>	Reasonable	Medical Director	Medical Director	High	5. The Medical Directorate risk register and the RSU & Dental risk register should be renamed to reflect their current usage.	The Medical Directorate risk register and the RSU & Dental risk register has been renamed in accordance with the recommendation.	Immediate	Complete	Complete		<b>COMPLETE</b>			Yes			

## Internal Audit Open Recommendations

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71	19/20	<a href="#">Risk Management March 2020</a>	Reasonable	Board Secretary	Board Secretary	Medium	All staff identified as requiring Risk Management training should enrol on one of the three dates currently being offered. Where they fail to enrol, they should be specifically allocated to one of the scheduled training sessions to ensure attendance is maximised and risk management concepts and processes are embedded into the organisation. A 'mop up' session should then be held for any staff that were unable to attend their allocated session.	All staff who have been identified as requiring Risk management training have received an email confirming that the training is mandatory. Up to the end of February, 40 staff have received the training. 2 sessions in March have been arranged as 'mop up' sessions however, the position will be reviewed again at the end of March 2020.	Apr-20	Partially complete	Overdue	Delayed due to COVID 19 Pandemic	<b>Current Progress:</b> March Sessions cancelled due to COVID 19 restrictions. New sessions will be arranged once normal working has resumed.	Oct-20	8				
72	19/20	<a href="#">Risk Management March 2020</a>	Reasonable	Board Secretary	Board Secretary	Medium	The HEIW Risk Management Policy should be updated and revised to: * Include the process relating to the escalation of risks from directorate risks registers into the corporate risk register, including the setting of a value above which directorate risks should be considered for inclusion on the corporate risk register. This will ensure the Board are sighted on and monitoring risk consistently across the organisation. * Provide clarity on the need for departmental risk registers and the requirement for directorate risk registers. * Include or provide a cross reference to the guidance on the risk scoring system to ensure consistency across the organisation. * Reflect that the Datix Risk Management System is not being used within the organisation to capture and record identified risks.	The HEIW Risk Management Policy to be updated to include each recommendation. The amended policy will need Board approval.	Jul-20	Partially complete	Not yet due		<b>Current Progress:</b> Scheduled for discussion and Executive Team on 24 June 2020; for Audit & Assurance Committee approval on 16 July 2020 and for Board approval on 30 July 2020.	Jul-20	0				
73	19/20	<a href="#">Risk Management March 2020</a>	Reasonable	Board Secretary	Board Secretary	Medium	1. To reduce the number of risks on the corporate risk register consideration should be given to only including on the corporate risk register and reporting on, risks with a higher residual risk rating, in line with the organisation's risk appetite. For example, this could be achieved by only reporting risks with a residual risk score of say 11 and above.	With regards only including matters on the corporate risk register with a minimal residual risk score an appropriate score shall be considered by the Executive Team and the Risk Management Policy shall be amended accordingly.	Jul-20	Partially complete	Not yet due		<b>Current Progress:</b> Scheduled for discussion and Executive Team on 24 June 2020; for Audit & Assurance Committee approval on 16 July 2020 and for Board approval on 30 July 2020.	Jul-20	0				
73	19/20	<a href="#">Risk Management March 2020</a>	Reasonable	Board Secretary	Board Secretary	Medium	2. All risks should be clearly assigned to a member of the Executive Team using their post title. Consideration should be given to including the risk mitigation strategies of Treat, Transfer, Tolerate or Terminate against each risk in line with risk management good practice.	The Risk Register will be updated to ensure that Executive Team members are referred to by job title. Consideration has been given to banding risk mitigation strategies into four banding. It has been decided not to amend the current approach to recording mitigation action as the current approach is deemed to be both concise and clear.	Immediate	Complete	Complete		<b>COMPLETE</b>						
74	19/20	<a href="#">Risk Management March 2020</a>	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	No progress	Overdue	Delayed due to COVID 19 Pandemic	<b>Current Progress:</b> 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.	Aug-20	3				
75	19/20	<a href="#">Performance Management March 2020</a>	Reasonable	Deputy Director Planning, Performance & Digital	Director of Workforce & OD	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 further advanced 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	<b>Current Progress:</b> 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 responsibilities 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.	TBC	TBC				
76	19/20	<a href="#">Performance Management March 2020</a>	Reasonable	Deputy Director Planning, Performance & Digital	Director of Workforce & OD	Medium	The organisation should actively engage with its Board Members to gather further feedback on the current performance management dashboard, with a view to enhancing if necessary.	We produce a report on a bi-monthly basis for Board. The report will also be utilised to inform discussions with Welsh Government at Quality & Delivery meetings. These regular interactions will provide an opportunity to understand ongoing information requirements and how the report and dashboard could develop.	Sep-20	Partially complete	Not yet due	Delayed due to COVID 19 Pandemic	<b>Current Progress:</b> We produced an End of Year report presented to Board at May Public meeting and further reports are due bi-monthly. This provides a mechanism for the Board to reflect on information shared and identify future reporting requirements. The impact of COVID-19 is likely to have an impact on future reports and the detail available and provided given the changes made to education and training.						
77	19/20	<a href="#">Performance Management March 2020</a>	Reasonable	Deputy Director Planning, Performance & Digital	Director of Workforce & OD	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	No progress	Overdue	Delayed due to COVID 19 Pandemic	<b>Current Progress:</b> This has been delayed given the impact of COVID-19 on normal activities. Following revision to the IMTP moving forward we will aim to consider KPI's that can feasibly measure progress of objectives.	TBC	TBC				
78	19/20	<a href="#">Performance Management March 2020</a>	Reasonable	Deputy Director Planning, Performance & Digital	Director of Workforce & OD	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	<b>Current Progress:</b> This has been delayed given the impact of COVID and the restricted data currently available.	TBC	TBC				

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79	19/20	<a href="#">Performance Management March 2020</a>	Reasonable	Deputy Director Planning, Performance & Digital	Director of Workforce & OD	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	<b>Current Progress:</b> This has been delayed given the impact of COVID and the restricted data currently available.	TBC	TBC				
80	19/20	<a href="#">Performance Management March 2020</a>	Reasonable	Deputy Director Planning, Performance & Digital	Director of Workforce & OD	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	<b>Current Progress:</b> This has been delayed given the impact of COVID-19. As information flows recommence, we will review the feasibility and requirements for additional information. This will undoubtedly include COVID-19 specific information.	TBC	TBC				
81	19/20	<a href="#">Performance Management March 2020</a>	Reasonable	Deputy Director Planning, Performance & Digital	Director of Workforce & OD	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	Partially complete	Overdue	Delayed due to COVID 19 Pandemic	<b>Current Progress:</b> This forms part of the draft performance framework to be finalised.	TBC	TBC				
82	19/20	<a href="#">Core Financial Systems March 2020</a>	Reasonable	Head of Financial Accounting	Director of Finance	Medium	Decisions that impact on the organisation's financial governance framework should be formally approved and documented.	Agreed - An all-Wales review of Standing Financial Instructions (SFIs) is currently being carried out by a task and finish group of the Directors of Finance forum. It was planned that this work would feed into the agreed review of the HEIW SFIs in September 2019. However, the scope of the all-Wales review was extended and the revised SFIs are now not expected to be agreed by Welsh Government until July 2020. It should be noted that no issues have been identified with the current SFIs and they are considered to be operating effectively, and therefore there has not been any identified risk as a result of this delay. A report will be taken to the Audit & Assurance committee in April 2020 to notify them of the delay in the update of the SFIs.	Apr-20	Complete	Complete		<b>COMPLETE</b>	Apr-20					
83	19/20	<a href="#">Core Financial Systems March 2020</a>	Reasonable	Head of Financial Accounting	Director of Finance	Medium	1. Whilst we acknowledge that the virement of budgets between directorates is not a regular occurrence, Finance staff should ensure that Budget Adjustment forms are completed and properly authorised prior to transferring budgets between directorates.	The delay in the approval of the identified virement was due to the absence of one budget holder, although the changes had been discussed and approved at the Executive level.	Immediate	Complete	Complete		<b>COMPLETE</b>	Immediate					
83	19/20	<a href="#">Core Financial Systems March 2020</a>	Reasonable	Head of Financial Accounting	Director of Finance	Medium	2. The feasibility of producing system generated reports that can distinguish between the various types of journals posted should also be investigated.	We intend to change the narrative for future budget movements to enable them to be identified through a system report, although this will not provide any more information than is currently available through the manual spreadsheet reconciliation.	Jun-20	Complete	Complete		<b>COMPLETE</b> - The process for budget movements was revised at the start of 2020/21, which ensures that consistent narratives are used across the finance team. This allows us to run Qlikview/Oracle reports identifying the reason for budget movements and reconciling this to any required approvals.	Apr-20		Yes - System reports can be run showing the required narratives			
84	19/20	<a href="#">Core Financial Systems March 2020</a>	Reasonable	Head of Financial Accounting	Director of Finance	Low	1. Management should ensure that the correct L1 or L2 form is accurately completed for all budget holders.	Agreed - A revised process to review L1 and L2 forms was put in place during 2019-20, but this was not done retrospectively to verify the position for employees in post when HEIW was formed. A full reconciliation has now been carried out and will be repeated on a quarterly basis and signed off by the Head of Financial Accounting.	Immediate	Complete	Complete		<b>COMPLETE</b>	Immediate					
84	19/20	<a href="#">Core Financial Systems March 2020</a>	Reasonable	Head of Financial Accounting	Director of Finance	Low	2. A reconciliation between delegated limits approved on L1 or L2 forms and amounts set up on Oracle should be carried out to confirm no other discrepancies exist	The form that could not be provided for one budget holder has been retrospectively completed.	Immediate	Complete	Complete		<b>COMPLETE</b>	Immediate					
85	19/20	<a href="#">Core Financial Systems March 2020</a>	Reasonable	Board Secretary	Board Secretary	Medium	1. A mechanism should be put in place to ensure contracts that are due to expire are reviewed prior to their end date to determine whether they should be ended, extended or re-tendered. 2. The register should be updated with the missing contract start, end dates and Vendor / Supplier names.	The process to create and maintain the contracts register is still being developed. We will work with the procurement team to ensure that the relevant information is available.	Jun-20	Partially complete	Overdue	Delayed due to COVID 19 Pandemic	<b>Current Progress:</b> Meeting held with Head of Procurement and it has been clarified that Procurement hold the contract register on behalf of HEIW as per the SLA. There is a mechanism in place for ensuring that contracts are reviewed at an appropriate timescale before expiry. Continued engagement with Procurement to ensure that the contracts register is complete and kept up to date.	Oct-20	4				
86	19/20	<a href="#">Core Financial Systems March 2020</a>	Reasonable	Head of Financial Accounting	Director of Finance	Medium	1. The Purchasing Card FCP which was due for review in January 2020, should be reviewed and updated to reflect the procedures currently in operation. The updated FCP should include a standard form for authorising amendments to monthly credit limits and individual transaction limits.	Agreed - The original Purchasing card FCP was prepared using the Velindre UHT document as a guide. Due to the differences in the operating models of the organisation it is accepted that a revised FCP is required, although it was agreed at Audit & Governance Committee that the initial annual review was delayed awaiting the internal audit report. The revised FCP is being developed and will be completed after the 2019/20 accounts closure process. It will be brought to the July 2020 Audit & Assurance Committee for approval.	Jul-20	Partially complete	Not yet due	Delayed due to COVID 19 Pandemic	<b>Current Progress:</b> The update of the FCP has started, although due to the extended accounts deadlines for 2019/20 it is unlikely that this will be complete and reviewed in time for issue for the July Audit & Assurance Committee. It is requested that the deadline is extended to October 2020 (the next Audit & Assurance Committee), where the full annual review of FCP's will be submitted for consideration.	Oct-20	3				

## 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
86	19/20	<a href="#">Core Financial Systems March 2020</a>	Reasonable	Head of Financial Accounting	Director of Finance	Medium	2. Where high monthly limits are requested, prior to authorisation, consideration should be given as to whether purchasing cards should be used over conventional procurement methods. The authorisation form should clearly document the rationale for the decision made.	With regard to the increases in purchasing card limits, each request is reviewed by the Head of Financial Accounting based on the requirements at the time. The conference expenditure requiring an increase in the limit to £18k (note this was not the cost of the event, but the cumulative expenditure on the card during the month) had been through the appropriate procurement processes and had been approved by the budget holder. The decision to make a payment through the purchasing card is taken in finance depending on the requirements of the individual transaction. The FCP will be amended to reflect this and improvements will be made to the procurement card changes log that is maintained in the financial accounts team.	Jul-20	Partially complete	Not yet due	Delayed due to COVID 19 Pandemic	<b>Current Progress:</b> The update of the FCP has started, although due to the extended accounts deadlines for 2019/20 it is unlikely that this will be complete and reviewed in time for issue for the July Audit & Assurance Committee. It is requested that the deadline is extended to October 2020 (the next Audit & Assurance Committee), where the full annual review of FCP's will be submitted for consideration..	October 2020	3				
87	19/20	<a href="#">Core Financial Systems March 2020</a>	Reasonable	Head of Financial Accounting	Director of Finance	Medium	The unused cards should be destroyed and cancelled with the card provider.	Agreed - The two purchasing cards were held in finance whilst the operating model for the organisation was established. Based on the current requirements these cards will not be issued so they have been destroyed and the accounts closed. Should this requirement change in the future new cards will be requested.	Immediate	Complete	Complete		COMPLETE	Immediate					
88	19/20	<a href="#">Core Financial Systems March 2020</a>	Reasonable	Head of Financial Accounting	Director of Finance	Low	Procurement staff should be reminded to ensure that budget holder approval is obtained and financial codes are provided for all orders to be processed via procurement cards.	Agreed - A reminder has been issued to all procurement staff.	Immediate	Complete	Complete		COMPLETE	Immediate					
89	19/20	<a href="#">Core Financial Systems March 2020</a>	Reasonable	Head of Financial Accounting	Director of Finance	Medium	VAT Returns should be reviewed and signed off as checked prior to submission to HMRC in line with the FCP.	Based on the current internal processes VAT claims are reviewed along with other key balance sheet reconciliations at the end of the relevant month. Due to the timescales required to produce the VAT returns it is has not always possible to review these prior to the submission date. The timetable has been amended and going forward the returns will be reviewed prior to submission.	Immediate	Complete	Complete		COMPLETE	Immediate					
90	19/20	<a href="#">Core Financial Systems March 2020</a>	Reasonable	Head of Financial Accounting	Director of Finance	Low	Whilst it is acknowledged that all VAT errors are at present retrospectively recovered, to reduce reliance on the external review and to extract maximum benefit from the reports provided, training in respect of the treatment of VAT and highlighting the errors identified by the external review should be provided to all HEIW staff responsible for processing sales and purchase invoices.	Agreed - VAT training was provided to relevant finance staff by EY LLP in November 2019. Continued support is provided by the financial accounting team and processes will be refined over time to reflect the requirements of the organisation.	Immediate	Complete	Complete		COMPLETE	Immediate					
91	19/20	<a href="#">IT Review April 2020</a>	Reasonable	Deputy Director Planning, Performance & Digital/ IT Manager/ Facilities Manager	Director of Workforce & OD	Medium	The server racks should be raised from the floor and a protective cover installed to channel any leaks away.	Following the risk of flooding being identified, HEIW is investigating with NWIS the feasibility of repositioning the server units. A protective cover solution to mitigate the impact of leakages and condensation will be investigated and costed with our contractors.	Jul-20	Partially complete	Not yet due	Delayed due to COVID 19 Pandemic	<b>Current Progress:</b> Work to be progressed to mitigate risk. Quotes received and agreement to proceed with minor works. NWIS to be scheduled to undertake the required work once access to Ty Dysgu is safe to do so. Flood Risk Specialists will also be inspecting the IT infrastructure in Ty Dysgu once it is safe to do so.	TBC	TBC				
92	19/20	<a href="#">IT Review April 2020</a>	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	No progress	Not yet due	Delayed due to COVID 19 Pandemic	<b>Current Progress:</b> 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.	TBC	TBC				
93	19/20	<a href="#">IT Review April 2020</a>	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	Partially complete	Not yet due	Delayed due to COVID 19 Pandemic	<b>Current Progress:</b> Policies identified are being worked on in readiness for Executive approval.	Oct-20	3				
94	19/20	<a href="#">IT Review April 2020</a>	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	No progress	Not yet due		<b>Current Progress:</b> Head of Cyber Security commenced in post on 29 June 2020. Work has commenced on the Disaster Recovery Plan and was anticipated to be completed by the agreed deadline.						
95	19/20	<a href="#">Information Governance: General Data Protection Regulation (GDPR) April 2020</a>	Reasonable	Board Secretary	Board Secretary	High	All departments should complete their IAR and identify all records held, both electronic and paper. This process should ensure that: * the basis for processing is also established; * information flows are identified; * retention periods are clarified; and * records that are outside the retention period are securely disposed.	A revised approach to the Information Asset collection process was discussed and finally approved. On 18 February 2020, an email was sent to all members of staff within HEIW (regardless of location). This email was sent to request a response from individual staff to confirm whether there was any use, retention, viewing or handling of personal information. From this, over 150 members of staff have outlined their use of identifiable data and inter-departmental discussions have been made regarding the combined completion of Information Asset Registers (this is due to the number of staff all using the same data in a specific department and to prevent duplication of effort). To date, over 10 returns have been provided and several more are expected in the coming months. The Information Governance Manager has also met with several departments to discuss this work. Progress has recently been slowed by the impact of the COVID-19 crisis.	Sep-20	Partially complete	Not yet due		<b>Current Progress:</b> Progress is being made with the completion of the IAR. A further email was issued in June 2020 requesting that all staff their IAR by the end of June 2020. Over 165 employees have made contact with the seconded IG Manager in respect of updates for the IAR. Templates have been issued and collective responses are being completed. These are being collated as separate returns but to date, there is nothing considered to be a concern in terms of the processing arrangements within the organisation. It should be noted that the IAR would never be fully completed as it is a live document and will be continually reviewed and updated. The seconded IG Manager will ensure that staff are aware of their responsibilities in the processing and holding of personal information and issue regular reminders for the review of the data held to assist with the updating of the IAR.						
96	19/20	<a href="#">Information Governance: General Data Protection Regulation (GDPR) April 2020</a>	Reasonable	Head of People & OD Team	Director of Workforce & OD/ Board Secretary	Medium	HEIW should ensure that all staff complete the e-learning module, and encourage staff to attend the face-to-face training.	HEIW is currently focussed on increasing its e-learning compliance rates for all mandatory subject matter areas within ESR. It is anticipated that the compliance rates for e-learning in respect of GDPR will significantly increase as a part of this overall campaign. HEIW will seek to reintroduce face to face learning when it is safe to do so.	Jul-20	Complete	Not yet due		<b>Current Progress:</b> Regular promotion for the completion of e-learning has continued throughout lockdown and will continue through regular reinforcement and communication. This has been delivered via team meetings and also at induction for new members of staff, which has been delivered virtually via Microsoft Teams. As the processes for regular reinforcement and communication are now in place, it is recommended that this recommendation is closed.	Jul-20					

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
97	19/20	<a href="#">Information Governance: General Data Protection Regulation (GDPR) April 2020</a>	Reasonable	Board Secretary	Board Secretary	Medium	IG leads should be defined within departments and an IG network established to ensure that information is disseminated, and any required actions are completed.	There is now an established Information Governance and Information Management Group (IGIM) and this has draft Terms of Reference and representation from applicable departments on its attendance register. The approval of the draft terms of reference for the IGIM by the Audit and Assurance Committee have been postponed as a result of the current crisis and we currently anticipate their approval at the meeting of the Audit and Assurance Committee in July.	Immediate	Complete	Complete		COMPLETE						
98	19/20	<a href="#">Information Governance: General Data Protection Regulation (GDPR) April 2020</a>	Reasonable	Board Secretary	Board Secretary	Low	Departmental managers should actively raise awareness of GDPR within their teams by: * including GDPR in team meetings; and * disseminating information via email groups. This should especially be the case for staff not based in the headquarters building / home based staff.	HEIW will forward an email to managers highlighting the importance of GDPR, the guidance that is available to staff in respect of GDPR and requesting that managers disseminate this information at team meetings. HEIW will also forward an email to all staff in respect of GDPR which is targeted to working from home.	Jun-20	Partially complete	Overdue		<b>Current Progress:</b> There are IG Pages on the HEIW intranet which contain useful information for staff. Communication emails and news items on the intranet have been issued to staff. It has been difficult to ascertain how GDPR is included in Team meetings whilst HEIW is working remotely. The IG Manager will issue an email to staff reminding staff regarding IG and is happy to attend team meetings to present a short briefing or answer any questions that involve confidentiality.	Jul-20					
99	19/20	<a href="#">Information Governance: General Data Protection Regulation (GDPR) April 2020</a>	Reasonable	Board Secretary	Board Secretary	Low	To raise awareness, an information bulletin regarding the PIA process should be issued.	The Information Governance Manager will disseminate an information bulletin regarding the PIA process to all staff.	Jun-20	Partially complete	Overdue		<b>Current Progress:</b> A PIA process was developed early in HEIW's establishment which is approved. A PIA Poster has been finalised and approved. The seconded IG Manager will issue a communication to raise awareness of the PIA process and include a copy of the poster.	Jul-20					

Key
Less than 3 months
Between 3 and 6 months
Between 6 and 12 months
Over 12 months

**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	<a href="#">Structured Assessment 2019 January 2020</a>	Board Secretary	<b>Conducting Business Effectively</b> <b>R1</b> 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	Not yet due	Not yet due	<b>Current Progress:</b> A review of the reporting structures within Directorates is being undertaken. This work has been postponed due to the impact of COVID 19. This work will recommence during the Summer.	Oct-20	3		
64	2019	<a href="#">Structured Assessment 2019 January 2020</a>	Board Secretary	<b>Managing risk to achieve strategic priorities:</b> <b>R2</b> 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	<b>Current Progress:</b> 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.	Oct-20	3		
65	2019	<a href="#">Structured Assessment 2019 January 2020</a>	Board Secretary	<b>Managing risk to achieve strategic priorities:</b> <b>R3</b> HEIW should improve its risk management by determining and clearly communicating its risk appetites to ensure a consistent approach to:  a) tolerance of risk	a) HEIW January Board will consider the approval of its approach to managing risk appetite which will include setting tolerance levels for risk.	Jan-20	Complete	Complete	Complete	<b>COMPLETE</b> - The Board approved its risk appetite at the January Board meeting.	Jan-20		Y	
65	2019	<a href="#">Structured Assessment 2019 January 2020</a>	Board Secretary	<b>Managing risk to achieve strategic priorities:</b> <b>R3</b> HEIW should improve its risk management by determining and clearly communicating its risk appetites to ensure a consistent approach to:  b) assessing and scoring of risks; and  c) escalation/removal of risks to/from the Corporate Risk Register.	b) and c) HEIW's Risk Management policy to be updated to clarify the position in respect of assessing and scoring risk and to outline a consistent approach to escalating and removing risks from the risk register.	Mar-20	Partially complete	Overdue	Overdue	<b>Current Progress:</b> Scheduled for discussion and Executive Team on 24 June 2020; for Audit & Assurance Committee approval on 16 July 2020 and for Board approval on 30 July 2020.	Jul-20	4		
66	2019	<a href="#">Structured Assessment 2019 January 2020</a>	Director of Workforce & OD	<b>Embedding a sound system of assurance:</b> <b>R4</b> 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	<b>Current Progress:</b> 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 responsibilities 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.	TBC			
67	2019	<a href="#">Structured Assessment 2019 January 2020</a>	Board Secretary/ Director of Workforce & OD	<b>Embedding a sound system of assurance:</b> <b>R5</b> HEIW should strengthen information governance and cyber security arrangements by:  a) appointing a full-time information governance and data protection manager to complete the GDPR action plan and work towards full compliance;	a) Role has been re-advertised. Recruitment currently underway; effective interim cover being provided via secondment arrangement. The GDPR Action Plan is 90% complete with the Information Asset Register being worked towards initial completion.	Apr-20	Partially complete	Overdue	Overdue	<b>Current Progress:</b> The Head of Cyber Security commenced in post on 29 June 2020. The IG Officer post is currently out to advert for a third recruitment round and is due to close on 6 July 2020. The current secondment arrangements are in place. Progress is being made with the completion of the GDPR Action Plan and IAR. Progress is being made with the completion of the IAR. A further email was issued in June 2020 requesting that all staff their IAR by the end of June 2020. Over 165 employees have made contact with the seconded IG Manager in respect of updates for the IAR. Templates have been issued and collective responses are being completed. These are being collated as separate returns but to date, there is nothing considered to be a concern in terms of the processing arrangements within the organisation. It should be noted that the IAR would never be fully completed as it is a live document and will be continually reviewed and updated. The seconded IG Manager will ensure that staff are aware of their responsibilities in the processing and holding of personal information and issue regular reminders for the review of the data held to assist with the updating of the IAR.	Oct-20	6		
67	2019	<a href="#">Structured Assessment 2019 January 2020</a>	Board Secretary	<b>Embedding a sound system of assurance:</b> <b>R5</b> HEIW should strengthen information governance and cyber security arrangements by:  b) developing and reporting information governance KPIs;	b) Reports are tabled at specific meetings and committees on the work completed within IG to date. Information Governance and Information Management Group to create and monitor KPIs which shall be presented to the Audit Committee on a quarterly basis.	Apr-20	Complete	Complete	Complete	<b>Current Progress:</b> The IGIM Group has developed KPIs for reporting. The Group meets on a quarterly basis and will report into the Audit & Assurance Committee.	Mar-20			



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
67	2019	<a href="#">Structured Assessment 2019 January 2020</a>	Board Secretary/ Director of Workforce & OD	<b>Embedding a sound system of assurance:</b> <b>R5</b> 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	<b>Current Progress:</b> 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.	Oct-20	7		
67	2019	<a href="#">Structured Assessment 2019 January 2020</a>	Board Secretary/ Director of Workforce & OD	<b>Embedding a sound system of assurance:</b> <b>R5</b> HEIW should strengthen information governance and cyber security arrangements by:  d) establishing effective cyber security resources and expertise to manage risks;	d) The Board Secretary will lead on cybersecurity at the senior level until the appointment of the new Director of Digital. The Board have approved the recruitment of a cybersecurity analyst, a JD is under development, an agency worker will be recruited to cover in the short term. The Analyst will manage HEIW cyber risks and be responsible for defence measures.	May-20	Complete	Complete	Complete	<b>Current Progress:</b> Appointment to permanent role of Head of Cyber Security commenced on 29 June 2020.	Jun-20	1		
67	2019	<a href="#">Structured Assessment 2019 January 2020</a>	Board Secretary/ Director of Workforce & OD	<b>Embedding a sound system of assurance:</b> <b>R5</b> HEIW should strengthen information governance and cyber security arrangements by:  e) documenting a cyber security incident response plan to manage attacks;	e) This plan will be developed and implemented by the cybersecurity analyst when recruited.	Summer 2020	No progress	Not yet due	Not yet due	<b>Current Progress:</b> Appointment to permanent role of Head of Cyber Security commenced on 29 June 2020. This work has now commenced and is scheduled to be completed by the deadline				
67	2019	<a href="#">Structured Assessment 2019 January 2020</a>	Board Secretary/ Director of Workforce & OD	<b>Embedding a sound system of assurance:</b> <b>R5</b> HEIW should strengthen information governance and cyber security arrangements by:  f) completing its planned and prioritised actions swiftly.	f) These actions will be completed by the cybersecurity analyst and supported by the process's they implement.	Summer 2020	No progress	Not yet due	Not yet due	<b>Current Progress:</b> Appointment to permanent role of Head of Cyber Security commenced on 29 June 2020. This work has now commenced and is scheduled to be completed by the deadline				
68	2019	<a href="#">Structured Assessment 2019 January 2020</a>	Director of Workforce & OD	<b>Developing Strategic Plans:</b> <b>R6</b> 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	No progress	Not yet due	Not yet due	<b>Current Progress:</b> The appointment to Director of Digital has yet to be made. As such we anticipate following recruitment processes being undertaken this to commence in Q4.	Mar-21	6		
68	2019	<a href="#">Structured Assessment 2019 January 2020</a>	Director of Workforce & OD	<b>Developing Strategic Plans:</b> <b>R6</b> HEIW should strengthen its strategic approach to digital and IT by:  b) considering current capacity to deliver the Head of Digital role and whether it needs to appoint to the post	Following changes at Executive level, a review of the senior digital structure is being undertaken to ensure appropriate Board level input.	Mar-20	Complete	Complete	Complete	<b>Current Progress:</b> We have undertaken initial structural changes within the digital team and have recently recruited a Head of Digital Services.	Jun-20	3		
68	2019	<a href="#">Structured Assessment 2019 January 2020</a>	Director of Workforce & OD	<b>Developing Strategic Plans:</b> <b>R6</b> HEIW should strengthen its strategic approach to digital and IT by:  c) developing and reporting IT KPIs for challenge and scrutiny.	IT KPI's will be considered within the iterative development of the Performance report. It would be helpful to understand examples from other health boards to ascertain applicability to HEIW.	Ongoing				No deadline - Ongoing				
69	2019	<a href="#">Structured Assessment 2019 January 2020</a>	Director of Workforce & OD	<b>Monitoring delivery:</b> <b>R7</b> 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	<b>Current Progress:</b> 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.	TBC			
69	2019	<a href="#">Structured Assessment 2019 January 2020</a>	Director of Workforce & OD	<b>Monitoring delivery:</b> <b>R7</b> 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	<b>Current Progress:</b> 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.	TBC			

Key
Less than 3 months
Between 3 and 6 months
Between 6 and 12 months
Over 12 months

## Internal Audit Completed 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
1	18/19	<a href="#">Core Financials - Budgetary Control February 2019</a>	Reasonable	Director of Finance and Corporate Services	Director of Finance and Corporate Services	Medium	To ensure clear responsibility and acceptance of ownership of a budget, L1 budget forms should be in place for all key delegated budgets and should be appropriately completed and authorised.	A review of L1 budget delegation forms will be undertaken to ensure that they are complete and appropriately authorised in accordance with the scheme of delegation.	Mar-19	Complete	Complete		All L1 forms have been reviewed and are complete and correctly authorised.	May-19	2	Yes		Yes	No
2	18/19	<a href="#">Core Financials - Budgetary Control February 2019</a>	Reasonable	Director of Finance and Corporate Services	Director of Finance and Corporate Services	Low	Consideration should be given requesting budget holders to formally sign to accept their budget at the start of the financial year.	Agreed that this will be an important aspect of the budget setting process for 2019/20. It will be key to ensuring that budget holders have authority to commit to expenditure within their delegated budgetary level but also confirm their responsibility managing within it.	Mar-19	Complete	Complete		<b>Progress as at May 2019:</b> Discussion undertaken at Executive Team on 15 May 2019. Budget allocation letters have been drafted for Executive Directors signed by the Chief Executive and distributed. It is anticipated that they will all be signed and returned by 31st May 2019. <b>Progress as at July 2019:</b> A signed Budget Holder letter has been returned by every Executive Director.	Jul-19	4	Yes		Yes	No
3	18/19	<a href="#">Core Financials - Financial Accounting February 2019</a>	Reasonable	Head of Financial Accounting	Director of Finance and Corporate Services	Medium	Now that HEIW has been operating for a number of months, FCPs should be reviewed to ensure they are complete and reflect the process being carried out within the organisation, whilst ensuring the expected controls remain. The department should create desktop procedures that outline to staff the process to be followed when performing tasks. This will facilitate a standardised approach to work and can act as guide for new or less experienced staff to use.	There is a journal register within Oracle so there is no need for a duplicate hard copy. However, the FCP can be clarified for this point. The manual (ad hoc) payments of £9.1m were processed using the same documentation as required by Accounts Payable. The method of payment is different i.e. direct payments rather than BACS but remaining information is the same. Whilst the FCPs were approved by audit committee in October 2018 with a yearly review process it is agreed that some will be reviewed before the start of the financial year and where necessary updated in light of the audit findings. Shared services subsequently changed their approach to miscellaneous payments in November 2018 which meant that the payments are now made via Accounts Payable using the same backing documentation. No clarification is therefore required in the FCP as this approach has been used by precursor organisations, in particular, Shared Services, and presumably has been dealt with satisfactorily in the past. Since the audit fieldwork was undertaken, desk top procedures have been written.	Mar-19	Complete	Complete		<b>Progress as at May 2019</b> On-going – Processes are still being reviewed and refined to reflect best practice identified from other organisations and from discussions as part of the year-end audit. Working papers and desktop notes are being prepared to reflect the operational procedures. It is anticipated this will be complete by the end of July 2019.  <b>Progress as at July 2019:</b> Completion of the internal review is expected to be complete by the end of July 2019. The Head of Financial Accounting is a member of the All-Wales Technical Accounting Group (TAG) task and finish group reviewing Financial Control Procedures (FCPs), which is due to meet shortly. Feedback from the group will be used to review and update FCPs as appropriate.  <b>Progress at November 2019</b> Complete - A suite of desktop notes has been prepared for the main tasks carried out within the financial accounting team. These will be reviewed and updated on an on-going basis.  The annual review of the FCPs is included as a separate agenda item for the Audit and Assurance Committee in November 2019.	Nov-19	8	Yes		Yes	No
4	18/19	<a href="#">Core Financials - Financial Accounting February 2019</a>	Reasonable	Head of Financial Accounting	Director of Finance and Corporate Services	Medium	Backing documentation provided to support a payment request should be more robust, ideally be in the form of an invoice and include key information including the service that has been provided, the date of service delivery and a breakdown of the costs. All payment request forms should be completed in full with the amount the authorising officer is signing for written clearly on the form.	As has been noted the process has firmed up over the period since the start of HEIW. Reassurance is obtained in that the payments can be traced back to the correct suppliers and the coding is correct. It should be noted that all the payments are supported by backing documents and therefore any risk is very low. Indeed it is reassuring that no mis-payments have been identified in this audit. However, controls can always be improved and the payment request form will be completed in full going forward but the payments can be traced back to the backing documentation.	Feb-19	Complete	Complete		A revised manual payment request form has been issued requiring additional information and all payments are logged. The majority of all payments are now made through the Accounts Payable system.	May-19	3	Yes		Yes	No
5	18/19	<a href="#">Core Financials - Financial Accounting February 2019</a>	Reasonable	Head of Financial Accounting	Director of Finance and Corporate Services	Low	A sample review of the balance sheet codes reconciliations should take place once the responsibility of completing the reconciliations has been given to the Assistant Financial Accountant. This will ensure that the department are following the formal month end process as outlined in the FCP. In the mean-time consideration should be given to a peer review of the reconciliations to confirm accuracy.	The balance sheet code reconciliations are being undertaken and reviewed. In addition, there is a sample review undertaken by interim Head of Financial Accounting but earlier in the review process than required by the FCP. As regards the banking and other reconciliations being completed by senior staff, this is referring effectively to a Financial Accountant completing but the interim Head of Financial Accounting was reviewing and authorising the reconciliations. The key point is that there is segregation of duty between the person completing and the person authorising the reconciliation – in line with good accounting practice. A sample check is being undertaken on the other reconciliations. The FCP's will be reviewed on an annual basis as there is currently no significant inherent control weakness.	Feb-19	Complete	Complete		A revised timetable has been prepared and all reconciliations are reviewed in line with the agreed timescales.  For year-end detailed balance sheet reconciliations were prepared for all codes and this process will continue monthly. From July 2019 a monthly 'Corporate Control Meeting' will be held to review balance sheet transactions with service teams on a rotational basis. This will introduce an additional level of challenge and scrutiny to the overall financial position.	May-19	3	Yes		Yes	No
6	18/19	<a href="#">Core Financials - Financial Accounting February 2019</a>	Reasonable	Head of Financial Accounting	Director of Finance and Corporate Services	Low	The department should ensure that two members of staff are aware of the access code to the safe to allow access to be granted during times of absence. The current location of the safe should be considered.	There has been nothing of value in the safe until the middle of January 2019, when some petty cash has been stored. However, all Financial Accounting staff are now aware of the code to the safe. The location of the safe will be moved to the second floor, where the financial accounts team moved on 26 January 2019.	Feb-19	Complete	Complete		All Financial Accounting staff are now aware of the code to the safe.	May-19	3	Yes		Yes	No
7	18/19	<a href="#">Core Financials - Financial Accounting February 2019</a>	Reasonable	Head of Financial Accounting	Director of Finance and Corporate Services	Low	All purchasing card transaction summary forms should be approved by the budget holder or line manager as per the Purchasing Card FCP. Where card holders are of a senior position within the organisation, forms should be countersigned by staff member of similar authority.	This is a very low risk as the level of spend by senior directors is minimal. However, this will be amended going forward.	Feb-19	Complete	Complete		Approvals are made through the service desk requests.	May-19	3	Yes		Yes	No
8	18/19	<a href="#">Core Financials - Financial Accounting February 2019</a>	Reasonable	Head of Financial Accounting	Director of Finance and Corporate Services	Low	Purchasing card holders should be reminded that cards should only be used in circumstances where existing purchasing agreements or contracts are not in place.	This is a very low risk but this should be dealt with on a case by case basis. For example, stationery may be required if someone is travelling on business. Such purchases would not be on the framework but could still provide value for money overall.	Feb-19	Complete	Complete		Update sent 24/05/2019. From 1/4/19 quarterly summaries of purchasing card transactions will be sent to NWSSP procurement to review expenditure and procurement routes.	May-19	3	Yes		Yes	No
9	18/19	<a href="#">Governance Arrangements March 2019</a>	Substantial	Board Secretary	Board Secretary	Low	To help both existing and new staff the organisation should consider mapping its committee structure to pictorially show the flow of information between committees, other key groups and external parties.	A pictorial representation of the committee structure will be created.	Jun-19	Complete	Complete		This is now included in the Corporate Governance Reporting as part of the .Accountability Report 2018/19.	May-19		Yes	Yes	No	



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10	18/19	<a href="#">Workforce Review: Casual Workers – Employment status May 2019</a>	Limited	Head of People & OD/ Head of Financial Accounting	Director of Workforce and OD	High	A) Management should ensure an effective audit trail is maintained that justifies employment status.	A) A) HEIW Finance & People teams provided recruiting managers with training in this area in November 2018: this covered effective audit trails, how to undertake and complete the employment status checks, etc. to support the roll out of the toolkits, flow charts and employment status letters to the recruiting managers. Finance & People Teams felt satisfied at the time the recruiting managers had sufficient information to complete the checks appropriately and issue employment letters. An email reminder was sent to those staff that engage casual workers on 12/04/2019, reminding them of the importance of doing checks and that letters need to be sent. The findings of this objective & the management response to it will be shared with the Senior Leadership Team and expectations cascaded.	Jun-19	Complete	Complete		Further reminders have been sent out by the People Team to recruiting managers who engage casual workers, detailing the requirement for ESS checks, employment status letters. The People Team are also conducting spot checks to ensure the processes are being followed.	Jul-19	1	Yes		Yes	No
10	18/19	<a href="#">Workforce Review: Casual Workers – Employment status May 2019</a>	Limited	Head of People & OD	Director of Workforce and OD	High	B) Management should review the employment status of individuals for appropriateness.	B) B) Given the findings of this objective, the People team will be asking recruiting managers to submit copies of the ESS checks and employment status letters to the People Team at the same time as submitting the casual worker engagement forms. That way we can centrally monitor compliance and ensure an audit trail is maintained.	Jun-19	Complete	Complete		All recruiting managers are now sending copies of completed letters and ESS checks to the People Team at the same time as submitting casual worker or IR35 enrolment forms. In the event that the incorrect/incomplete information is submitted, the People Team are returning all paperwork to the recruiting manager, requesting the full set of required documents prior to processing.	Jul-19	1	Yes		Yes	No
10	18/19	<a href="#">Workforce Review: Casual Workers – Employment status May 2019</a>	Limited	Head of People & OD/ Head of Financial Accounting	Director of Workforce and OD	High	C) Management should remind staff of the need to issue employment status letters and to retain copies.	C) Further training will be offered to recruiting managers on the importance of the need to issue the employment status letters and to retain copies.	Sep-19	Complete	Complete		Follow up of the recommendations during September/October 2019 highlighted that a reminder email had been issued in May 2019 however, no follow up training has been provided as per the management response. The follow-up audit report published in November 2019 did not pick this up the requirement for training. Action completed.	Nov-19	2	Yes			
11	18/19	<a href="#">Workforce Review: Casual Workers – Employment status May 2019</a>	Limited	Head of People & OD	Director of Workforce and OD	High	A) Staff should be reminded of the need to ensure engagement forms and timesheets are appropriately completed.	A) A) The People Team will send a reminder to the recruiting managers to let them know that all sections of the casual worker engagement forms and timesheets need to be completed otherwise they will be returned and won't be processed until fully complete. To ensure timely completion of timesheets, we will amend the form to include that claims MUST be submitted within 3 months of work being carried out in order to be paid.	Jun-19	Complete	Complete		A reminder was sent about the importance of all sections of engagement forms and timesheets being completed. If any get submitted with blank sections, the People Team return them and ask for all sections to be completed prior to processing. The timesheet states that claims must be submitted within 3 months of the work being completed.	Jul-19	1	Yes		Yes	No
11	18/19	<a href="#">Workforce Review: Casual Workers – Employment status May 2019</a>	Limited	Head of People & OD	Director of Workforce and OD	High	B) The organisation should review existing arrangements to ensure that current casual workers have been appropriately assessed.	B) As per response to Recommendation 1, going forward recruiting managers will be expected to send the completed ESS checks to the People Team so we can check they have been done and the correct process has been followed depending on the outcome.	Jun-19	Complete	Complete		B) This is now happening for all engaged workers. In the event that documents come through without a copy of the completed ESS check, we return the documents to sender and request the full set of required documents before processing.	Jul-19	1	Yes		Yes	No
12	18/19	<a href="#">Workforce Review: Casual Workers – Employment status May 2019</a>	Limited	Head of People & OD/ Head of Financial Accounting	Director of Workforce and OD	High	Management should consider implementing a programme of spot checks or peer reviews to ensure the correct application of HEIW processes. Having a range of these measures would enhance the control environment for the assessment and treatment of casual workers.	All engagement forms and timesheets already come to the People Team, and we will check these forms to ensure they have been completed correctly. Although more training for the recruiting managers is currently being sourced, HEIW will also create a peer group/network for the recruiting managers to enable them to support each other in the correct completion of the treatment of casual workers, ESS checks and employment status letters. The People Team and Finance would oversee this group and undertake spot checks to ensure the documentation and audit trail complies with legislation.	Jul-19	Complete	Complete		<b>Progress as at July 2019:</b> The People Team currently check all paperwork that gets submitted to ensure it has been completed correctly. A peer group is currently being set up.  Progress at November 2019 The People team review all paperwork submitted by recruiting managers and has modified some of its processes; such as date the ESS checks are being completed, to ensure the tighter tracking of documents being submitted.  However, some recruiting managers are not sending out the employment status letters in a timely manner. The People team will be sending a further communication to the recruiting managers in November to advise them that the letter must be sent out promptly after the ESS check has been completed, ideally before the casual worker undertakes any work for us.  The Peer Group is an adhoc arrangement between the recruiting managers, but they generally seek additional support from the People team rather than their Peer Group. The People team anticipate this will change once the Ernst Young training is completed.	Nov-19	4	Yes		Yes	No
13	18/19	<a href="#">Workforce Review: Casual Workers – Employment status May 2019</a>	Limited	Head of People & OD/ Head of Financial Accounting	Director of Workforce and OD	Medium	Management should consider establishing a documented operational procurement procedure (Procurement Manual) to ensure a standard approach is used across HEIW.	HEIW is in discussion with NWSP Procurement Team regarding further training and support for staff undertaking procurement within HEIW. We will consider the inclusion of specific training and guidance for on the engagement of casual workers in HEIW within that context.	Jul-19	Complete	Complete		Follow up of the recommendations during September/October 2019 highlighted that an operational procedure (Procurement Manual) had not been established. This recommendation is included in the follow up audit report published in November 2019. This action is therefore not completed but will be picked up under recommendation reference number 54.	Feb-20	7		See comments in column N	Yes	No
14	18/19	<a href="#">Workforce Review: Casual Workers – Employment status May 2019</a>	Limited	Head of People & OD/ Head of Financial Accounting	Director of Workforce and OD	Medium	A) Guidance on completing and rechecking the HMRC online tool should be produced for all required areas. B) Management should consider assessing the training requirement and provide updates accordingly.	As outlined earlier, training and guidance was made available to all recruiting managers in HEIW in November 2018. However the audit shows that there are clearly further training requirements around ESS checks and processes for engaging casuals. The People Team are currently scoping further training, which will be made available to all staff.	July 2019 & September 2019	Complete	Complete		Follow up of the recommendations during September/October 2019 highlighted that the guidance had been been developed nor training arranged for staff. This recommendations is included in the follow up audit report published in November 2019. This action is therefore not completed but will be picked up under recommendation reference number 55. This matter has now been completed under recommendation reference number 55.	Feb-20	5	Yes	See comments in column N	Yes	No
15	18/19	<a href="#">Risk Management May 2019</a>	Reasonable	Board Secretary	Board Secretary	High	Management should ensure that they develop and approve an appropriate risk management policy and accompanying risk management procedure as soon as practically possible. The policy and procedure should then be communicated to staff within the organisation as appropriate.	Risk Management Policy to be completed and presented to the Executive Team in May. May Board to be provided with an update in respect of the policy. The policy will be considered at June SLT and communicated to staff immediately following SLT.	May 2019 & June 2019	Complete	Complete		<b>Progress as at July 2019:</b> There has been slippage on the original timescales due to the requirement for the policy to be presented to the Audit & Assurance Committee for endorsement prior to the Board for approval. The Policy is to be presented to the Audit and Assurance Committee on 15 July 2019; HEIW Board on 18 July and SLT on 15 August 2019. Communication to staff within the organisation will take place after SLT in August.  <b>Progress at November 2019</b> Completed. The Risk Management policy was adopted at July Board and has subsequently been presented to SLT.	Nov-19	#VALUE!	Yes		Yes	No
16	18/19	<a href="#">Risk Management May 2019</a>	Reasonable	Board Secretary	Board Secretary	High	Management should continue to develop its risk management plan, which includes key actions, responsibilities and timeframes for its implementation. The plan should be appropriately monitored to ensure that all milestones are delivered on target and remedial action taken where issues are identified.	(As above) Risk Management Policy to be completed and presented to the Executive Team in May. May Board to be provided with an update in respect of the policy. The policy will be considered at June SLT and communicated to staff immediately following SLT.	May 2019 & June 2019	Complete	Complete		<b>Progress as at July 2019:</b> There has been slippage on the original timescales due to the requirement for the policy to be presented to the Audit & Assurance Committee for endorsement prior to the Board for approval. The Policy is to be presented to the Audit and Assurance Committee on 15 July 2019; HEIW Board on 18 July and SLT on 15 August 2019. Communication to staff within the organisation will take place after SLT in August. The Executive Team regularly review the risk register which is presented to the Audit and Assurance Committee at each meeting and to the Board 6-monthly.  Progress at November 2019 Completed. The Risk Management policy was adopted at July Board and has subsequently been presented to SLT.	Nov-19	#VALUE!	Yes		Yes	No

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17	18/19	<a href="#">Risk Management May 2019</a>	Reasonable	Board Secretary	Board Secretary	Medium	The organisation's risk policy and procedure should clearly set out its expectations with regards to risk registers. For example, it may be appropriate to develop directorate level risk registers that 'feed' into the risk register that is reported to committees of the Board. The organisation's risk policy and procedure should be communicated to staff so that the approach to risk is clearly accessible.	The risk policy, which is to be completed in May, will set out HEIW's expectations in respect of the risk register will include reference to the creation of directorate level risk registers.  HEIW risk policy will be presented at June SLT and communicated to staff thereafter.	May 2019 & June 2019	Complete	Complete		<b>Progress as at July 2019:</b> There has been slippage on the original timescales due to the requirement for the policy to be presented to the Audit & Assurance Committee for endorsement prior to the Board for approval. The Policy is to be presented to the Audit and Assurance Committee on 15 July 2019; HEIW Board on 18 July and SLT on 15 August 2019. Communication to staff within the organisation will take place after SLT in August.  <b>Progress at November 2019</b> Completed - see response to 15 above	Nov-19	#VALUE!	Yes		Yes	No
18	18/19	<a href="#">Risk Management May 2019</a>	Reasonable	Board Secretary	Board Secretary	Low	The BAF should be developed with consideration to the organisation's risk management policy and procedure.	The BAF will be developed to take account of the risk management policy. Risk Management policy to be completed in May and will be taken into consideration in respect of the BAF thereafter.	Jun-19	Complete	Complete		<b>Progress as at July 2019:</b> Timescales for the approval of the Risk Management Policy have slipped. However, the Draft BAF is to be presented to the Audit and Assurance Committee on 15 July 2019.  <b>Progress at November 2019</b> Completed - The BAF, which references the Risk policy, was approved at September Board.	Nov-19	5	Yes		Yes	No
19	18/19	<a href="#">Performance Management May 2019</a>	Reasonable	Deputy Director Planning, Performance & Digital	Director of Workforce and OD	High	A high-level summary performance monitoring report should be prepared at objective level for each organisation of the legacy organisations. This should be reported to the Board for the year ended 31 March 2019, and if necessary, quarterly until the new Integrated Performance Framework is fully implemented.	A Board update is scheduled for May Board which will incorporate the recommendations above for the period to end of March 2019. An integrated reporting utilising the performance dashboard is scheduled for its first iteration for the period to end of June 2019.	May-19	Complete	Complete		The May Board Report was presented in line with recommendations.	Jul-19	2	Yes		Yes	No
20	18/19	<a href="#">Performance Management May 2019</a>	Reasonable	Deputy Director Planning, Performance & Digital	Director of Workforce and OD	Medium	Management should ensure that the Board are engaged in the development of the new Integrated Performance Framework and dashboard to ensure the proposed format and content meets their performance monitoring requirements. A planned timescale should be developed for the roll out of ESR to all staff, and for the implementation of the new Integrated Performance Framework	To date, the development has involved an independent Member (JH-T) reviewing progress at a meeting alongside CEO on 9 April 2019. The draft dashboard was also discussed at a Board Development Session at the end of April 2019. Response have been positive and Board is aware of the iterative nature of the development over the course of the next 6-12 months.  All Staff who are employed and paid by HEIW now have access to ESR and its self-service functionality. First live data report to be presented to Board in July 2019 for period end of Quarter 1.	Ongoing	Complete	Complete		<b>Progress as at July 2019:</b> The development of the dashboard has continued with wide engagement from staff and directorates on the key data to report and mechanisms for monitor  <b>Progress at November 2019</b> In the development of the performance framework we have maintained close dialogue with the Board on developments and progress. This has included interactions at Board development sessions in August and formal reporting at September Board. This engagement has facilitated iterative developments to ensure the framework reports information that is of use to the Board on an ongoing basis.  The framework has also been shared at HEIW's first Quality & Delivery meeting in September 2019 with positive responses and is due to be discussed at the upcoming JET meeting in November.	Nov-19	#VALUE!	Yes		Yes	No
21	18/19	<a href="#">Performance Management May 2019</a>	Reasonable	Deputy Director Planning, Performance & Digital	Director of Workforce and OD	Medium	Each of the performance measures contained within the Consolidated Plan 2018/19 Report for the WCPPE should be allocated to individual officers from within the organisation to help ensure that performance is appropriately monitored. Management should ensure that an update is obtained for all areas contained within the Consolidated Plan 2018/19 report for the period ended March 2019.	This omission is acknowledged and has been rectified for the responses to the end of Quarter 4 in relation to Dentistry.  For WCPPE responses, although not specifically named, the returns are based on responses by the Pharmacy Dean and deputies. As a small team at this stage, this is manageable and provides appropriate responses.	Immediate	Complete	Complete		This was amended in line with recommendations.	Jul-19	#VALUE!	Yes		Yes	No
22	18/19	<a href="#">Performance Management May 2019</a>	Reasonable	Deputy Director Planning, Performance & Digital	Director of Workforce and OD	Medium	Consideration should be given to providing additional staff resources on a temporary basis to assist with the preparation of quarterly performance reports and the development of the new integrated Performance Framework until additional permanent staff have been recruited to the Planning and Performance Unit.	Resource gaps are acknowledged. A job description has been developed to provide Business Partner support in this area of work. Agency support is to commence on 7 May 2019 whilst permanent recruitment processes are undertaken.	May-19	Complete	Complete		<b>Progress as at July 2019:</b> Roles have been through job evaluation and recruitment processes are awaited for permanent recruitment. Agency staff have been employed in the interim to provide the level of support required and to enable work to be progressed.  <b>Progress at November 2019</b> Existing agency roles have been extended to the end of 2019. Job descriptions have been revised and are awaiting finalisation, banding and consistency checks before being advertised. Existing agency staff are committed to organisation in the interim and are aware of process being undertaken.	Nov-19	6	Yes		Yes	No
23	18/19	<a href="#">Performance Management May 2019</a>	Reasonable	Deputy Director Planning, Performance & Digital	Director of Workforce and OD	Low	Management should ensure that reports taken to Board are presented so that an appropriate context for the report is established for the reader.	This will be rectified for the upcoming report.	May-19	Complete	Complete		Complete	Jul-19	2	Yes		Yes	No
24	18/19	<a href="#">Corporate Transitional Plan May 2019</a>	Reasonable	Deputy Director Planning, Performance & Digital	Director of Workforce and OD	High	Arrangements should be made to sign off the NWIS SLA as soon as is practically possible. Responsibility for the resolution of issues and queries that are preventing HEIW signing off the NWSSP SLA should be clarified and efforts to resolve the outstanding issues should prioritised as a matter of urgency. This may be achieved by setting up a Working Group led by a senior member of the Executive Team.	The 2018/19 NWIS SLA was signed off on 21/03/2019 and issues with the NWSSP SLA have been resolved, with HEIW being added to the overarching SLA.	May-19	Complete	Complete		First SLA meeting scheduled for 17 July 2019 to discuss performance and charging schedule for 2019/20.	Jul-19	2	Yes		Yes	No
25	18/19	<a href="#">Corporate Transitional Plan May 2019</a>	Reasonable	Deputy Director Planning, Performance & Digital	Director of Workforce and OD	High	The organisation should ensure that all contracts held by the three predecessor organisations have been properly assessed to ensure that they are either cancelled or novated across to HEIW. A register of contracts should be put in place that captures both contracts that have been novated and new contracts entered into by HEIW. The review of contracts should consider if there are any outstanding liability risks.	We are currently working on the development of a contract register. This register will detail a wide range of arrangements relating to the activities of HEIW including identifying known contractual arrangements, value and termination dates to manage risks associated with procurement. The deadline for completing the contracts register is August. The contracts register will be presented at an Executive Team meeting in August and an update provided to the Audit Committee in September.	Aug-19	Complete	Complete		<b>Progress as at July 2019:</b> Progress has continued with significant progress made on identifying financial contracts and SLA/MOU arrangements in place. Further work is ongoing to identify further details and to identify respective risks of arrangements to allow further work to be undertaken.  <b>Progress as at November 2019:</b> A contracts/ agreements register has been collated and is to be presented to the Audit and Assurance Committee in November. Responsibility for maintaining the register will now transfer to the Board Secretary and Governance team to monitor in the future and ensure actions identified are progressed.  <b>Progress at January 2020:</b> A progress update was shared with the Audit and Assurance Committee in November of progress with recommendations of how work was to be taken forward. A contracts/agreements register has been collated and transferred to the Board Secretary and Governance Team for ongoing monitoring.	Jan-20	5	Yes		Yes	No
26	18/19	<a href="#">Corporate Transitional Plan May 2019</a>	Reasonable	Head of People & OD/Head of Financial Accounting	Director of Workforce & OD/Interim Director of Finance	Medium	The three tasks removed from the finance project plan should be re-instated on the task list and updated to reflect their current status, even if they have now been completed as this ensures a complete record of all actions. This should be reported to the Board. Responsibility for carrying out the HMRC check with casual staff to determine their employment status for tax and NI purposes should be clarified. A process should be put in place to ensure that the employment status of all casual staff is assessed prior to them undertaking any work for HEIW.	Finance and HR jointly held workshop training sessions for the recruiting managers in November 2018, on their roles and responsibilities in recruiting these workers and how to undertake the HMRC check. Further guidance was issued to the recruiting managers such as a toolkit and guidance flow charts on how to complete these checks. Although training and support has been provided, more training is being commissioned from an external specialist provider to further train these recruiting managers. A procurement exercise to source an external provider is currently underway.  The remaining items relating to staff induction and budgetary control training have been reinstated on the finance transition plan and marked as complete.	Sep-19	Complete	Complete		<b>Progress as at July 2019:</b> The People Team have completed the toolkits and flow charts for the recruiting managers. Please note narrative above for the external training. <b>Progress as at November 2019:</b> Please note narrative above. <b>Progress ast at January 2020:</b> Training to be delivered by Ernst & Young for recruiting managers has been arranged for 6 February 2020. <b>Current Progress:</b> The training was delivered by Ernst & Young on 6th February 2020, the recruiting managers found the session very informative and they are now fully trained in this area.	Feb-20	5	Yes		Yes	No

Internal Audit Completed 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
27	18/19	<a href="#">Corporate Transitional Plan May 2019</a>	Reasonable	Board Secretary/ Head of People & OD	Board Secretary/ Director of Workforce & OD	Medium	The Policy Matrix currently being used to record HR / OD policies and procedures should be expanded to include all HEIW policies and procedures.  The format of the matrix should also be amended to include the review date for each policy and procedure and a lead officer and timescale for any outstanding policies yet to be developed.	The policy matrix will be expanded to incorporate the non-HR policies, responsible officers and deadlines for review and completion.  Management wish to record that any future HEIW policies that are new or for review, will apply a standard and consistent approach for HEIW, which will incorporate the organisation's values and behaviours.	Immediate & July 2019	Complete	Complete		<b>Progress as at July 2019:</b> Work is in progress to update the policy matrix for all HEIW policies to reflect the recommendation. <b>Progress at November:</b> HEIW has a Policy Register that incorporates all its policies that details the policy author, the policy version, approval date and date of review. The register has a trigger for review set at 6 months prior to the review date.  <b>Progress as at July 2019:</b> The People Team have a project plan for the review of all HEIW policies. All new policies are including the HEIW values and behaviours. Progress at November 2019: The People team has a fully integrated policy matrix which now includes all policies within HEIW. This has been compiled in collaboration with HEIW's Corporate Governance Manager and is now the assigned person for ensuring all policies are all actioned within the review date and will ensure a standard view of all HEIW policies.	Nov-19		Yes		Yes	No
28	18/19	<a href="#">Corporate Transitional Plan May 2019</a>	Reasonable	Head of People & OD	Director of Workforce & OD	Low	To increase the potential number of candidates it is recommended that all vacancies are advertised concurrently on NHS Jobs and the HEIW website.	The HEIW careers/jobs page is work in progress and the People team are working jointly with the Communication team to create the pages on HEIW website.	Dec-19	Complete	Complete		Complete	Jul-19		Yes		Yes	No
29	18/19	<a href="#">Corporate Transitional Plan May 2019</a>	Reasonable	Board Secretary	Board Secretary	Low	Risks that have been resolved and are no longer relevant should be marked as such and removed from the risk register. New risks should be assigned to a lead officer as soon as they are added to the risk register. The risk register should be periodically reported to the Board.	The risk register will be amended to implement the recommendations on marking resolved risks and on assigning lead officers.  The risk register was presented at March Board. The Board's Forward Work Programme confirms the risk register will be periodically reported to the Board at March and September Board Meetings.	Jun-19	Complete	Complete		The Executive Team reviews the risk register on a monthly basis. The Audit and Assurance Committee review the risk register at each meeting. The Board reviews the risk register on a 6-monthly basis.	Jul-19		Yes		Yes	No
31	19/20	<a href="#">Health &amp; Safety July 2019</a>	Reasonable	Business Partner, Planning & Performance	Director of Workforce & OD	Medium	A decision should be made regarding the car park arrangements at Ty Dysgu with consideration to restricting those who can access the car park. When arranging meetings at Ty Dysgu with external parties, staff should be encouraged to provide details of other off-site parking facilities in the area.	Staff who are arranging meetings have been asked to inform potential visitors of the alternative options to park offsite due to the limited availability on the premises. The facilities manager is currently considering options following agreement from the executive team to implement staff only parking via barrier entry solutions.	Oct-19	Complete	Complete		The Facilities Manager is working with procurement to change the car park to a staff car park by installing a barrier with ID access and a digital sign to say car park full. There will be a requirement to remove the existing barrier and obsolete metalwork including the current metal cover and filling the hole with cement.	Nov-19		Yes		Yes	No
32	19/20	<a href="#">Health &amp; Safety July 2019</a>	Reasonable	Business Partner, Planning & Performance	Director of Workforce & OD	Medium	The Health and Safety Committee and Board should consider what information the Health and Safety Committee should report to the Board, and what format reports will take.	The next scheduled committee is due to take place on 31st July where this will be discussed and where options can be considered to include appropriate data on H&S on the performance framework dashboard that will be provided to Board in line with other organisational performance data on a quarterly basis	Oct-19	Complete	Complete		<b>Progress as at November 2019:</b> The H&S Group proposed the following items could be reported to Board as part of the performance dashboard. • Frequency and levels of attendance at committee meetings; Report the number of incidents and any remedial action; Number of H&S related policy and procedures equality impact assessments; Number of H&S representatives (fire wardens, DSE assessors, first aiders etc.); Number of training courses undertaken by staff. Work to develop the H&S Dashboard as part of the overall Performance Reporting has commenced and is expected to be finalised during Q4 this year. <b>Progress as at January 2020:</b> Work to develop the H&S Dashboard as part of the overall Performance Reporting has commenced and is expected to be finalised during Q4 this year. <b>Current Progress:</b> Significant progress has been made in establishing which metrics to use for health and safety performance. We have a first iteration of the data that will go to Executive in the next performance report. The data includes Incident Reporting, ESR training compliance, Training courses attended, H&S Volunteer numbers, Policies and procedures produced and approved, Risk Assessments produced and actions completed.	Apr-20	6	Yes			
33	19/20	<a href="#">Values and Behaviours Framework July 2019</a>	Reasonable	Head of People & OD	Director of Workforce & OD	Medium	Management should consider establishing a mechanism for monitoring grievances, staff disciplinary action and the number and nature of complaints received in order to identify trends and possible non-compliance with the values and Behaviours Framework.	Management has already established a mechanism for monitoring and reporting disciplinary action and grievance complaints. This will be reported to Board through dashboards. Any trends identified will be supported by further information of action taken by management and reported to Board.	Immediate	Complete	Complete		The People team and Analytics team will be providing this information to Executive and Board on a quarterly basis.	Nov-19		Yes		Yes	No
34	19/20	<a href="#">Values and Behaviours Framework July 2019</a>	Reasonable	Head of People & OD	Director of Workforce & OD	Medium	The Culture Committee's governance arrangements, appropriate attendance at meetings, and reporting arrangements, should be monitored to ensure they are operating effectively. When reviewing the draft minutes the Committee should ensure they are an accurate reflection of those members that attended the meeting.	As the Culture Committee has only just recently established its members, Management is currently refining its governance and reporting arrangements to ensure it operates efficiently and effectively.	Immediate	Complete	Complete		Just to clarify, the culture group does not have committee status. It was established in April 2019 with terms of reference which included bi-monthly meetings and a rotational chair (each to serve a duration of three months). An agenda and minutes of each meeting is recorded. To date, the group has a record of six meetings that has taken place, with agenda and minutes, which is an accurate reflection of the members who attended the meeting.  At the last meeting early November 2019, there was a discussion regarding the duplication of the work of each of the groups and its champions, such as Time to Change group, Wellbeing group, Diversity & Inclusion group and Communications group. In light of this, the Culture group will evolve/rebrand into a staff engagement group with HEIW Champions representing the workforce and each theme (i.e. wellbeing, inclusion, culture, social, and communications). A draft proposal of a HEIW Champions group is being prepared with a view to this being launched in January 2020.	Nov-19		Yes		Yes	No
35	19/20	<a href="#">Values and Behaviours Framework July 2019</a>	Reasonable	Board Secretary	Board Secretary	Low	As best practice, management should consider if key documents that are integral to the organisation should be formally approved by the Board.	Key documents requiring Board approval are identified within HEIW's Standing Orders and Policy on Policies. The Policy on Policies confirms that strategic matters and certain key policies require Board approval. Such key documents are kept under constant review to ensure they are formally approved by the Board.	Ongoing	Complete	Complete		Completed	Nov-19		Yes		Yes	No
51	19/20	<a href="#">Casual Workers Employment Status - Follow Up November 2019</a>	Reasonable	Head of People & OD	Director of Workforce & OD	Medium	Advice should be sought from HMRC and guidance issued in relation to how to treat workers who are assessed as self-employed but request to be treated as employed and for cases where the ESS toolkit decision is ambiguous. In the meantime: A) Workers assessed as self-employed via the ESS toolkit should be treated as self-employed and not have the HMRC decision overturned. Consideration should be given to developing a pro-forma invoice that can be used to facilitate payment to those self-employed workers that are unable to raise their own invoices. Invoices should be signed by the worker prior to being processed for payment. If there are instances where this is not possible, HEIW should ensure the request to be treated as employed is made in writing and appropriately approved. B) In cases where the ESS check is unable to determine the tax status of casual workers, to reduce exposure to the risk of making income tax and NI payments on behalf of casual workers and incurring financial penalties, the HEIW default position should be that the worker is inside the scope of IR35 and liable for the deduction of income tax and NI contributions from their fees	A previous staff member who worked in the Finance department with extensive experience in this area, advised that if an ESS check determines someone as 'self-employed' but they are unable to raise invoices, then we should process them as a casual worker. If that is not appropriate, we will look to work with the Finance team to develop a pro-forma invoice. We will also let recruiting managers know that if there are instances where people are unable to raise invoices, then they need to make a request in writing to be treated as a casual worker (employed). The People team will remind all recruiting managers that if an ESS check is unable to determine the tax status of an individual, they are to be treated as inside the scope of IR35.	Dec-19	Complete	Complete		The People Team has further tightened up this process and an email to recruiting managers on 18th December 2019, has advised them that with immediate effect, if an ESS check determines someone as self-employed for tax purposes, but they are unable to raise an invoice, they must make a request in writing to be processed as a casual worker. In the meantime, the People Team will liaise with Finance to discuss the possibility of developing a pro-forma invoice for those who are deemed as self-employed but cannot raise invoices.  The above email also advised managers that if an ESS check is unable to determine the status of an individual, they need to be processed as a casual worker.	Jan-20		Yes		Yes	No

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52	19/20	<a href="#">Casual Workers Employment Status - Follow Up November 2019</a>	Reasonable	Head of People & OD	Director of Workforce & OD	Medium	A) The 'reference' field on the ESS check should be used to record the casual workers name and allow the reconciliation of checks to individuals. B) Staff should ensure the date that the ESS check was completed is recorded on the supporting documentation forwarded to the People Team. C) Letters notifying the casual worker of their employment status should be sent out promptly after the check has been completed. D) Timesheets should be fully completed and authorised.	The People Team will be sending a communication to remind recruiting managers that the reference field on the ESS check should be used to record the casual workers name, and that the date the check was completed is recorded on supporting documentation. The People Team will also remind managers that the employment status letter needs to be sent out promptly after the check has been done and, ideally, before they do any work for us. Timesheets that are not fully completed and authorised will be returned to the recruiting manager and not processed until fully completed. Recruiting managers have been reminded of this.	Dec-19	Complete	Complete		An email has been sent to recruiting managers on 16th December 2019, to advice all of the above. The People Team has amended the timesheet to make it more user friendly, by removing the assignment number as it is often left blank, as until casual workers receive a payslip they will not know the assignment number. Managers have been asked to use this going forward.	Jan-20		Yes		Yes	No
53	19/20	<a href="#">Casual Workers Employment Status - Follow Up November 2019</a>	Reasonable	Head of People & OD	Director of Workforce & OD	Medium	The checks that are undertaken on the supporting documentation by the People Team should be recorded and evidenced. This could be achieved by developing the existing Casual Worker list maintained by the People Team into a checklist that records the checks carried out, the person carrying out the check and the date was carried out.	The People Team have added a column to our casual worker list to show when document checks are completed.	Immediate	Complete	Complete		The column has been added updated twice as we have only had 2 new engagements since implementing the column. Will continue to monitor.	Jan-20		Yes		Yes	No
54	19/20	<a href="#">Casual Workers Employment Status - Follow Up November 2019</a>	Reasonable	Head of People & OD/Head of Financial Accounting	Director of Workforce & OD/Interim Director of Finance	Medium	Management should establish a documented operational procedure (Procurement Manual) for the engagement of casual workers to ensure a standard approach is used across HEIW.	HEIW is in discussion with NWSSP Procurement Team regarding further training and support for staff undertaking procurement within HEIW. Also, Ernst & Young who will be delivering the specialist training to the recruiting managers, will also include specific training and guidance for on the engagement of casual workers in HEIW within that context. The training will also include operational guides, which will be available to the recruiting managers after the training.	Dec-19	Complete	Complete		<b>Progress as at January 2020:</b> Training to be delivered by Ernst & Young for recruiting managers has been arranged for 6 February 2020. <b>Current progress:</b> The training was delivered by Ernst & Young on 6th February 2020, staff found the session very informative. The information from the session has been shared with the recruiting managers which is being used as guidance.	Feb-20	2	Yes		Yes	No
55	19/20	<a href="#">Casual Workers Employment Status - Follow Up November 2019</a>	Reasonable	Head of People & OD/Head of Financial Accounting	Director of Workforce & OD/Interim Director of Finance	Medium	The training requirements for staff involved in the engagement of casual workers should be assessed against the three quotations obtained to date to establish whether training is required and if so which is the most appropriate provider.	The People Team received the quotes from Deloitte, KPMG and Ernst & Young. The People team has been working with NWSSP Procurement and have appointed Ernst & Young as the training providers. The People team are awaiting confirmation of dates to deliver a training session to all recruiting managers of casual workers.	Dec-19	Complete	Complete		<b>Progress as at January 2020:</b> Training to be delivered by Ernst & Young for recruiting managers has been arranged for 6 February 2020. <b>Current Progress:</b> The training was delivered by Ernst Young on 6th February 2020.	Feb-20	2	Yes		Yes	No
56	19/20	<a href="#">Freedom of Information (FOI) November 2019</a>	Reasonable	Board Secretary	Board Secretary	High	The publication scheme should be finalised and published as soon as practically possible.	Draft Publication Scheme in development and will be finalised and published by the end of October 2019.	Oct-19	Complete	Complete		Published on the website at the end of October 2019	Jan-20	3	Yes		Yes	No
57	19/20	<a href="#">Freedom of Information (FOI) November 2019</a>	Reasonable	Board Secretary	Board Secretary	Medium	A disclosure log should be developed and published.	Disclosure Log in development and will be published by the end of October 2019.	Oct-19	Complete	Complete		Published on the website at the end of October 2019 and routinely updated as FOI responses are issued	Jan-20	3	Yes		Yes	No
58	19/20	<a href="#">Freedom of Information (FOI) November 2019</a>	Reasonable	Board Secretary	Board Secretary	Low	Work should continue to bed in the process and ensure all stages are retained.	HEIW will continue to embed the FoI process and ensure that information from all areas of the process are retained providing an audit trail for all requests.	Immediate	Complete	Complete		Process now in place for all correspondence relating to FOI request information gathering to enable FOI responses to be drafted is kept and electronically filed for auditing purposes.	Jan-20		Yes		Yes	No
59	19/20	<a href="#">Freedom of Information (FOI) November 2019</a>	Reasonable	Board Secretary	Board Secretary	Low	The reporting process should be developed as outlined.	Going forward it is confirmed that HEIW will provide a report on FOI compliance to each Audit and Assurance Committee as part of its Information Governance reporting. An annual report, on the previous year's compliance and performance, will be provided in Q1 of each financial year	Immediate	Complete	Complete		An update on the current position and compliance with FOI requests was provided at the Audit and Assurance Committee at its meeting held on 22 November 2019. An FOI update will be provided within the Information Governance quarterly reporting to the Audit and Assurance Committee.	Jan-20		Yes		Yes	No
60	19/20	<a href="#">Freedom of Information (FOI) November 2019</a>	Reasonable	Board Secretary	Board Secretary	Low	The reference to the leaflet should be removed from the procedures.	A draft leaflet for people seeking to make and FOI request has been developed and has been appended to the FOI procedure.	Oct-19	Complete	Complete		Complete	Jan-20	3	Yes		Yes	No
62	19/20	<a href="#">Board and Committee Governance Arrangements November 2019</a>	Substantial	Board Secretary	Board Secretary	Low	For consistency and clarity, the full standard template should be used for all covering reports taken to the Board and its Committees. Any sections not deemed necessary should be marked as such.	The Board Secretary will ensure that the standard covering report template is used for all Board and Committee reporting.	Dec-19	Complete	Complete		The Board Secretary has issued an email reminder to all internal and external parties to ensure that the HEIW reporting template is used for all reporting to the Board and Committees.  The Board Secretary will continue to monitor compliance on an ongoing basis.	Jan-20		Yes		Yes	No

External Audit Closed Recommendations

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36	19/20	<a href="#">Management Letter July 2019</a>	Director of Nursing	Recommendation 1: Arrangements for allocating supplementary funding to universities in year should be strengthened I recommend that follow-up action is taken to ensure that this year's funding has indeed been used in line with the conditions of award. I also recommend that if additional funding is made available in future years, then the Authority should: <ul style="list-style-type: none"> <li>• put in place procedures to identify such underspends earlier in the year;</li> <li>• attach conditions to the funding, clearly specifying the evidence the Authority requires to receive to ensure the money has been spent for the purposes intended, and by when it is to be utilised; and</li> <li>• establish robust follow-up procedures and communicate these to the universities at the time of the award of the funding.</li> </ul>	For the larger grant awards in 2018-19, site visits will be arranged prior to the next contract meeting with each university to verify the procurement of assets. Confirmation of expenditure will be sought from the remaining organisations. If funding is made available in future years the conditions of the award will set out timescales for expenditure, and the evidence required for the expenditure along with any follow-up procedures.	Aug-19	Complete	Complete	Complete	Contract meetings arranged for November/December at which time assets will be reviewed.  Early financial reviews suggest that HEIW maybe in a position to support supplementary funding to Universities and Health Boards/Trusts. In light of this, procedures and supporting documentation are to be reviewed by the end of November 2019.	Nov-19		Yes	
37	19/20	<a href="#">Management Letter July 2020</a>	Director of Workforce & OD	Recommendation 2: The Authority does not hold signed contracts of employment for two members of the executive team I recommend that the Authority ensures it holds signed contracts of employment for all staff.	Management will ensure the contracts of the two individuals are signed.	Immediate	Complete	Complete	Complete	The contracts were signed in July 2019.	Nov-19		Yes	
38	19/20	<a href="#">Management Letter July 2019</a>	Interim Director of Finance	Recommendation 3: Accounting arrangements for Property, Plant and Equipment need to be introduced I recommend that the Authority puts procedures in place to ensure the proper stewardship of property, plant and equipment and that the accounts accurately reflect these assets going forward. Specifically: a) a fixed asset register is introduced which records all assets held, which in turn reconciles to the financial statements; b) all assets are tagged so that they can be identified in the asset register; c) procedures are introduced to ensure that any decreases in value due to damage/ obsolescence are identified and recorded, so that they can be impaired in the financial statements and inform the future capital programme; and d) procedures are introduced to control and identify any disposals, so that they can be removed from the fixed asset register and financial statements.	a) The details of assets owned by HEIW are currently recorded on an Excel spreadsheet. Options for a dedicated fixed asset system are being reviewed, but due to the relatively small number of assets owned, the continued use of a spreadsheet solution may be the most appropriate option. A paper outlining the decision process will be prepared. b) The tagging of IT assets commenced during June 2019. ID tags for fixtures and fittings have been ordered and tagging will be completed by the end of August 2019. c) and d) FCP2 (approved at the Shadow Audit Meeting on 2 October 2018) sets out the basic requirements for the disposal and impairment of assets. A separate procedure note will be prepared providing further details of the process.		Complete	Complete	Complete	a) The quote received for the procurement of the asset management system in use across the rest of NHS Wales was prohibitive. Therefore, a spreadsheet solution is currently being prepared that will provide the required information for the management and accounting of fixed assets. This is considered to be appropriate due to the relatively small number of assets owned. This decision will be reviewed in the future should the asset base significantly increase. b) Approximately 50% of laptops have been tagged. As this is being carried out in conjunction with additional security markings this is taking longer than anticipated. Tagging of fixtures and fittings needs to be carried out when the office is empty. This has been planned for 16th November to coincide with system testing work that is being carried out over that weekend. c) and d) A revised FCP for non-current assets is included as a separate item for consideration by the Audit and Assurance Committee	Nov-19		Yes	
39	19/20	<a href="#">Management Letter July 2019</a>	Board Secretary	Recommendation 4: Procedures for identifying and reporting of related party transactions should be strengthened I recommend: <ul style="list-style-type: none"> <li>• officers should be reminded to declare all interests and ensure the names of the interests are disclosed; and</li> <li>• original emails from officers are provided as audit evidence where electronic submission of the declaration of interests has been accepted.</li> </ul>	Officers will be reminded of the requirements for declaration with immediate effect. We will update working papers for an appropriate audit trail for the 2019-20 financial statements.	Immediate / April 2020	Complete	Complete	Complete	Reminder emails to officers are issued periodically to ensure relevant interests are declared. The Standards of Behaviour Policy is currently under review and the Declarations of Interest Register has been updated to include the date of the declaration.	Nov-19		Yes	



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40	19/20	<a href="#">Management Letter July 2019</a>	Interim Director of Finance	Recommendation 5: Working papers to support provisions need to evidence compliance with accounting standards I recommend that working papers supporting any future provisions should document management's consideration of the requirements of IAS37 and provide appropriate evidence (such as legal opinion) where relevant. Specifically: • a description of the circumstances which create the present legal or constructive obligation and the past event that gives rise to this obligation; • the view of management on the likelihood that there will be an outgoing of resources to settle this obligation (in terms of whether it is probable, possible or remote); and • provide a reliable estimate for the provision Where this is not possible, consideration should be given to whether the provision is valid, or whether a contingent liability is more appropriate.	Appropriate working papers to support all provisions will be provided for all future audits.	Apr-20	Complete	Complete	Complete	This is a year-end issue, and will be considered during April 2020.	Nov-19		Yes	
41	19/20	<a href="#">Management Letter July 2019</a>	Interim Director of Finance	Recommendation 6: The year-end procedures for identifying prepayments should be strengthened I recommend that year-end procedures to identify prepayments are reviewed and improved, and ensure staff receive appropriate training.	For the 2019-20 year-end a supporting 'Closing Pack' will be prepared outlining the key processes and requirements for finance staff. Appropriate training will be built into the closing timetable.	Mar-20	Complete	Complete	Complete	This is a year-end issue, and will be considered during March 2020.	Nov-19		Yes	
42	19/20	<a href="#">Management Letter July 2019</a>	Interim Director of Finance	Recommendation 7: VAT advice should be sought to minimise the risk of any future VAT inspections identifying errors in recovering VAT The Authority should seek specialist VAT advice during the 2019-20 financial year to ensure that its VAT arrangements are in line with the contracted-out services guidance.	The procurement exercise to secure the provision of VAT supporting advice has commenced and the contract will be agreed from August 2019. A separate tender process to undertake a retrospective review of the 2018-19 transactions will also be progressed.	Aug-19	Complete	Complete	Complete	Complete - The procurement of specialist VAT advice is now complete. The contract has been awarded to EY LLP.	Nov-19		Yes	
43	19/20	<a href="#">Management Letter July 2019</a>	Director of Workforce & OD	Recommendation 8: A review should be undertaken of historic allowances to ensure they are still valid Whilst acknowledging that staff transferred over to the Authority under TUPE arrangements, the Authority should determine whether such payments were properly due immediately prior to the transfer and whether to continue paying them.	Management will review all cases to ensure that the individual is still appropriately remunerated, given the length of time they have been in receipt of the allowance.	Mar-20	Complete	Complete	Complete	Management has reviewed TUPE arrangements of the senior individuals below executives and sought legal advice to support the appropriateness of individuals' remuneration. Advice was shared with the Remuneration and Terms and Conditions Committee and Board who noted the assurances provided and the arrangements in	Nov-19		Yes	
44	19/20	<a href="#">Management Letter July 2019</a>	Interim Director of Finance	Recommendation 9: The mapping of the payroll feeder to the ledger needs to be corrected for refunds of pensions The Payroll feeder should be amended to correctly record any pension refunds as netting off against pension payments.	The error occurred as a result of the set-up of the Oracle and ESR interface on formation of HEIW. All refunds are now correctly allocated and this has been confirmed through monthly payroll/pension reconciliations.	Immediate	Complete	Complete	Complete	Complete	Nov-19		Yes	
45	19/20	<a href="#">Baseline Review - Structured Assessment July 2019</a>	Board Secretary	Well Led and Well Governed Learning Points: Board and Committees: • IM understanding of Board versus Board Development Sessions important  • include details and (open) papers of all committees on website  • diagram Board, committees & advisory groups and how they link (IA rec)	HEIW IMs have a clear understanding on the difference between Board and a BDS.  All open Board and Committee papers are on the HEIW website.  Complete		Complete	Complete	Complete	All areas complete	Nov-19		Yes	
45	19/20	<a href="#">Baseline Review - Structured Assessment July 2019</a>	Board Secretary/ Interim Director of Finance	Well Led and Well Governed Learning Points: Proper Business arrangements: • update Scheme of Delegation for IM's champion roles/ responsibilities  • keep a register of single tender/quotation actions and review periodically (WAO ref 1)	Subject to further discussion regarding amendment of Standing Orders.  Details of single tender/quotation reviews are held by the NWSSP procurement team and will be reported to each Audit & Assurance Committee for review		Complete	Complete	Complete	Advisory Learning Points that will be given consideration	Nov-19		Yes	
45	19/20	<a href="#">Baseline Review - Structured Assessment July 2019</a>	Board Secretary	Well Led and Well Governed Learning Points: BAF – risk and performance management: • swift implementation of BAF (with assigned risks) and directorate registers (WAO ref 2)  • staff training essential for consistency of risk assessment across HEIW  • ensure sufficiently understand performance in interim  • IA & EA recommendations tracker should include others (WG/regulators?)	BAF adopted at September Board. BAF to be reviewed on a regular basis.  Executive and SLT training undertaken. Training of managers scheduled for November and December 2019.  Executive and SLT training undertaken. Training of managers scheduled for November and December 2019.  Tracker includes recommendations from both internal audit and WAO.		Complete	Complete	Complete	Advisory Learning Points that will be given consideration	Nov-19		Yes	

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45	19/20	<a href="#">Baseline Review - Structured Assessment July 2019</a>	Executive Team	Well Led and Well Governed Learning Points: Organisational structure: <ul style="list-style-type: none"><li>work with WG and regulators to clarify blurred boundaries</li></ul>	<ul style="list-style-type: none"><li>Ongoing 1:1 discussions between CEO and Director General to clarify interface issues</li><li>Quality and Delivery meetings with Welsh Government underway</li><li>Second JET held on 31 October 2019</li><li>Regular meetings being held with key professional and policy leads</li></ul>		Complete	Complete	Complete	Advisory Learning Points that will be given consideration	Nov-19		Yes	
46	19/20	<a href="#">Baseline Review - Structured Assessment July 2019</a>	Director of Workforce & OD/ Interim Director of Finance	Strategic Planning Learning Points: Vision and Strategic Objectives <ul style="list-style-type: none"><li>keep doing what you are doing!</li></ul> Stakeholder engagement: <ul style="list-style-type: none"><li>timing of engagement with and feedback to key stakeholders in both your and their planning cycle will be critical. Look to develop clear website sign posting for stakeholders inc. trainees and potential trainees.</li></ul> Development of AOP and IMTP: <ul style="list-style-type: none"><li>action key lessons learnt from AOP in developing IMTP.</li></ul> Consider ways to increase planning capacity and capability both short and long term (training / DU / secondments /peer review etc). Operational strategies and plans: <ul style="list-style-type: none"><li>think about how you will go about making informed choices on competing proposals given finite resource (priorities/criteria)</li></ul> KPIs and monitoring of delivery: <ul style="list-style-type: none"><li>be clear about Pls v KPIs. Identify suitable benchmarks.</li></ul> Don't forget about providing insight with data (WAO ref 3)	These are considered advisory points and have been/are being considered. Given this they have not been RAG rated		Complete	Complete	Complete	Advisory Learning Points that will be given consideration	Nov-19		Yes	
47	19/20	<a href="#">Baseline Review - Structured Assessment July 2019</a>	Interim Director of Finance	Financial Management Learning Points: <ul style="list-style-type: none"><li>opportunity to look at good practice in financial reporting to Board with aim to provide insight into operational areas and really use finance as an enabler (WAO ref 4)</li></ul>	The Finance Academy has produced a best practice guide for financial reporting to the Board. This is being reviewed to refine the information presented.		Complete	Complete	Complete	Advisory Learning Points that will be given consideration	Nov-19		Yes	
48	19/20	<a href="#">Baseline Review - Structured Assessment July 2019</a>	Director of Workforce & OD	Workforce Management Learning Points: Workforce planning and development: <ul style="list-style-type: none"><li>statutory and mandated training delivery priority</li><li>ensure reporting is clear on whether posts are vacancies or future potential posts</li></ul> Staff engagement and culture: <ul style="list-style-type: none"><li>keep doing what you are doing!</li></ul>	These are advisory and are not deemed to require a RAG rating. Some observations included below for information: Statutory and mandated training – The People team are undertaking further ESR training for staff to refresh on using the ESR system.  For staff with dual contract (NHS and CU T&Cs) reminders during the training that if staff have already completed their Statutory and mandatory training with their NHS contract, we will accept a screenshot of their completion pages that will be used to update ESR.		Complete	Complete	Complete	Advisory Learning Points that will be given consideration	Nov-19		Yes	
49	19/20	<a href="#">Baseline Review - Structured Assessment July 2019</a>	Director of Workforce & OD	Procurement arrangements Learning Points: <ul style="list-style-type: none"><li>ensure linked procurement / contracting / commissioning strategies in place with clear management arrangements</li><li>identify contracts and compile a contracts register</li></ul>	Work is underway to produce a contracts register. See earlier comments in response to audit recommendations		Complete	Complete	Complete	Advisory Learning Points that will be given consideration	Nov-19		Yes	
50	19/20	<a href="#">Baseline Review - Structured Assessment July 2019</a>	Interim Director of Finance	Asset Management Learning Points: <ul style="list-style-type: none"><li>compile asset register</li><li>compile lease register (accounting changes in 20-21)</li><li>develop asset management strategy</li></ul>	See comments at 46 above; work is underway on these learning points		Complete	Complete	Complete	Advisory Learning Points that will be given consideration	Nov-19		Yes	



**GIG**  
CYMRU  
**NHS**  
WALES

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

<b>Meeting Date</b>	<b>16 July 2020</b>	<b>Agenda Item</b>	<b>3.1</b>
<b>Report Title</b>	<b>Education, Commissioning and Quality Committee Annual Report 2019/2020</b>		
<b>Report Author</b>	Kay Barrow, Corporate Governance Manager		
<b>Report Sponsor</b>	Dafydd Bebb, Board Secretary		
<b>Presented by</b>	Dafydd Bebb, Board Secretary		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The main purpose of the Education, Commissioning and Quality Committee Annual Report is to assure the Board that the system of assurance is fit for purpose and operating effectively. The report summarises the key areas of business activity undertaken by the Committee during 2019/2020.		
<b>Key Issues</b>	This report summarises the key areas of business activity undertaken by the Committee during 2019/2020 and highlights some of the key issues which the Committee intends to give further consideration to over the next 12 months.		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	✓		
<b>Recommendations</b>	Members of the Committee are asked to: <ul style="list-style-type: none"> <li>• <b>Note</b> that the Education, Commissioning and Quality Committee has approved the Annual Report 2019/2020 for submission to the Board for assurance;</li> <li>• <b>Note</b> the Education, Commissioning and Quality Committee Annual Report 2019/2020 for information.</li> </ul>		



## **Education, Commissioning and Quality Committee Annual Report 2019/2020**

### **1. INTRODUCTION**

The main purpose of the Education, Commissioning and Quality Committee (the 'Committee') Annual Report is to assure the Board that the system of assurance provided by the Committee is fit for purpose and operating effectively. The report also confirms that the Committee has discharged its Terms of Reference effectively.

### **2. BACKGROUND**

This annual committee report has been developed following a review of the approved minutes and papers of the committee, with due consideration of the remit of the Committee as set out in its Terms of Reference.

### **3. ASSESSMENT**

This report summarises the key areas of business activity undertaken by the Committee during 2019/2020 and highlights some of the key issues which the Committee intends to give further consideration to over the next 12 months.

### **4. GOVERNANCE AND RISK ISSUES**

Any governance risks and issues are managed via the committee meetings and exception reports will be provided to the Board by the respective chairs.

### **5. FINANCIAL IMPLICATIONS**

There are no financial implications for the Board to consider/approve.

### **6. RECOMMENDATION**

Members of the Committee are asked to:

- **Note** that the Education, Commissioning and Quality Committee has approved the Annual Report 2019/2020 for submission to the Board for assurance;
- **Note** the Education, Commissioning and Quality Committee Annual Report 2019/2020 for information.

<b>Governance and Assurance</b>			
<b>Link to IMTP strategic aims</b> (please ✓)	<b>Strategic Aim 1:</b> To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	<b>Strategic Aim 2:</b> To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	<b>Strategic Aim 3:</b> To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
		✓	
	<b>Strategic Aim 4:</b> To develop the workforce to support the delivery of safety and quality	<b>Strategic Aim 5:</b> To be an exemplar employer and a great place to work	<b>Strategic Aim 6:</b> To be recognised as an excellent partner, influencer and leader
<b>Quality, Safety and Patient Experience</b>			
Ensuring the Board carries out its business appropriately through its Committees and aligned with its standing orders is a key factor in the quality, safety and experience of patients receiving care.			
<b>Financial Implications</b>			
No financial implications for the Board to be aware of.			
<b>Legal Implications (including equality and diversity assessment)</b>			
It is essential that the Board complies with its standing orders, which includes receiving updates from its committees.			
<b>Staffing Implications</b>			
No staffing implications for the Board to be aware of.			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
The report outlines work undertaken by the Committee to advise and assure the Board in relation to education, education commissioning and quality management of education provision and contracts. The Committee governance structure aims to identify issues early to prevent escalations; work closely with the Audit and Assurance Committee and integrate into the overall Board arrangements.			
<b>Report History</b>	Considered by the Executive Team and Approved by the ECQC		
<b>Appendices</b>	Appendix 1 – Education, Commissioning and Quality Committee Annual Report 2019/2020.		

## Education, Commissioning and Quality Committee Annual Report 2019/2020

### Committee Chair's Reflection

The Committee, having completed its first full year, is now firmly established. The 'Future Ways of Working' helpfully clarified its role and relationships within HEIW's governance structure; the appointment of a deputy member was welcomed; and ongoing interaction with the Audit & Assurance Committee has been important. The Committee reports regularly to HEIW's Board.

As HEIW's education commissioning involves close working with stakeholders, establishing new internal and external advisory sub groups has been an early priority: hopefully these can convene when COVID 19 measures allow and will provide welcome sources of advice. Aware of future service and leadership needs, we have been keen to ensure participation of students and trainees, especially during this key period of the healthcare commissioning cycle, and will continue to promote this.

During the year, we have been particularly mindful of our role underpinning quality assurance of health education provision. The Committee has learnt about existing processes, considered improvements in hand, and overseen monitoring and outcomes on behalf of HEIW's board. Looking ahead, quality assurance will be crucial to the new health education contracts: our contribution, in aiming to optimise quality and secure best value, will need to reflect this.

As a Committee, we have been alert to the need for greater equity of access to healthcare education opportunities, for example, in rural parts of Wales, in disadvantaged communities and through access to Welsh-medium training courses. There is scope to broaden this aspect in support of HEIW's response to the Wellbeing of Future Generations Act, and to contribute to wider health benefits especially in the wake of the COVID 19 pandemic.

In the Committee's interactions, a collaborative feel has been a positive feature and we have welcomed a number of observer-participants to our meetings; I hope this will continue. Thank you to all who have been involved, particularly to Stephen Griffiths, recently retired Director of Nursing, to whom much credit for our productive first year is due.

### 1 Introduction and Background

The purpose of the Education, Commissioning and Quality 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.

## **Membership of the Education, Commissioning and Quality Committee:**

The membership of the Committee during 2019/20 was as follows:

**Chair:** Dr Ruth Hall, Independent Member  
**Members:** Tina Donnelly, Independent Member

**Deputy Member:** Gill Lewis, Independent Member (effective from September 2019)

Other officers of HEIW attend to support key matters.

The Committee met on four occasions between April 2019 and March 2020 and was well attended with good engagement for all those who attended.

## **2. Planning and Review**

In line with good practice, the Education, Commissioning and Quality Committee reviewed the Terms of Reference of the Committee at its inaugural meeting in May 2019. The Committee identified that there was a need to improve the Committee's resilience in respect of ensuring a quorum at meetings. A review of HEIW's standing orders was undertaken entitled 'Future Ways of Working' which focussed on the roles of the Board and its committees to ensure that decision-making was taken at the appropriate level and to avoid any gaps in the governance structure. The paper on Future Ways of Working was approved at the Board in September 2019 and the Standing Orders were updated to reflect the findings of the paper in November 2019.

The Committee considered and approved the Terms of Reference for two sub groups that will report into the Committee following each of their meetings:

- The Internal Multi-Professional Education Group (IMPEG) will ensure the co-ordination and oversight of all education activity across HEIW. This will have representation from all directorates.
- The External Education Group (EEG) will advise on education and training priorities. This group will be tasked with identifying future education training requirements and considering future proposals and new education opportunities.

The inaugural meeting for both sub groups has been delayed as a result of the COVID 19 Pandemic. It is anticipated these meetings will now take place in Q2 of this financial year.

## **3. Key Achievements**

In July 2019, the Committee reviewed in detail the draft **NHS Wales Education, Commissioning and Training Plan 2020/21** and provided comments for the next iteration of the Plan. The draft Plan was also considered at the All Wales Chief Executive's meeting and National Executive Board on 16 July 2019. The final Plan was approved by the HEIW Board on 18 July 2019 and submitted to Welsh Government for approval.

In January 2020, the Committee was updated in relation to the Welsh Government approval of the NHS Wales Education Commissioning and Training Plan for 2020/21, and additional funding of £16.4m to support the increase in training places.

### 3. **Key Areas of Focus for 2019-2020**

In January 2020, the Committee received the **KPMG Strategic Review of Health Professional Education**. The scope of the review considered the current education provision, access to education, inter-professional learning and Welsh language provision. A core element of the review was to engage with 130 stakeholders, across education, health and care, government and professional bodies between May and August 2019. The outcome of the review highlighted 22 recommendations for consideration. Many of the areas identified by KPMG in their recommendations already formed an integral part of the commissioning and performance management currently in place within HEIW.

The Committee welcomed the report and acknowledged that the key themes identified within the review added value to the development of the new education contract covering Health Professional Education in Wales. However, the Committee expressed concern about the strategic cost of implementing the recommendations and how this would be managed. A Communications Strategy to support the review findings is to be developed and it is anticipated that going forward the internal and external sub groups will assist with influencing and raising the profile of HEIW as part of the process.

HEIW also recognises the value of the student/trainee voice and how their stories bring experiences to life. As part of the work already being undertaken to develop the Health Professional Education contract specification, there have been a number of Programme Engagement events including student engagement. This will ensure that the student/trainee voice is considered as part of the process.

### 4. **Scrutiny and Monitoring**

**Review of the Medical Deanery Visits:** The Committee supported the changes to the review process, welcoming the more inclusive approach to the structure of the meeting and the emphasis on multi-professional working.

Regular performance reports arising from visits to local education providers across Wales are considered by the Committee. The report updates the Committee of current and pending areas of concern through regular monitoring; triangulation of complaints; trainee and trainer feedback; and National Surveys. At its meeting in January 2020, the Committee recommended that the Audit and Assurance Committee be updated in relation to those Health Board areas in enhanced monitoring arrangements as highlighted in the **Quality Assurance Review of Post Graduate Medical Education (PGME)** reports.

The Committee supported the new arrangements and agenda for the **Annual Commissioning Visits to Local Education Providers (LEPs)** which were previously undertaken by the Medical Deanery. The Committee is to receive a summary report following the visits at its meeting in October 2020.

The Committee received the **GMC National Trainee Survey** recognising the challenges and actions being taken to address them. The GMC would be providing a response to the survey following discussion of the emerging key themes with the Deanery, which the Committee will be receiving at their meeting in April 2020.

The Committee received the **Performance Report of Education Contracts Annual Report 2018-2019** that provided key performance indicators as part of the Health Professional Contract Management System. The All Wales report captured the position across Wales and also identified where there was variation in performance between universities. Where performance was below the expected level, actions have been identified within each university's performance report.

The Committee recommended exploring the potential to hold a celebratory event with education and training providers either on an annual or 6-monthly basis. Once developed, the proposals will be considered by the Committee.

The Committee received progress report in relation to three **Business Cases** that had been approved by the Executive Team for the following initiatives:

- Developing Cluster Based Optometry Services – **Commissioning of Postgraduate Modules in Medical Retina, Glaucoma and Independent Prescribing;**
- **Proposal to Increase the number of GP Training Places Utilising a New Model of GP Training in Wales;**
- Implementation at Pace of a **New Model of Pre-Registration Pharmacist Training in Wales**

Following the Committee's support of the business case for the **Development of a Tariff Arrangement for Secondary Care Training Programme Directors across Wales to support Professionalisation of the Role**, the Committee recommended that the business case be scrutinised by the Audit and Assurance Committee. The Audit and Assurance Committee considered the business case at its meeting held on 27 January 2020.

## **5. Key Risks/Issues**

The Committee requested to be sighted on the future workforce plans emerging throughout NHS Wales. It confirmed it would be considering a specific agenda item on the Emerging Approaches from Workforce Planning and impact on training programmes scheduled in the Committee Forward Work Programme for July 2020.

**NHS Wales Bursary for 2020/21 – Future Funding of Health Professional Education:** The Committee was updated in relation to the Welsh Government announcement regarding the continuation of the Welsh NHS Bursary Scheme until 2022/23. This would provide assurance for providers around the development of the Health Professional Education Contracts. A mapping exercise of the bursary schemes across the UK is being undertaken for presentation to the Executive Team and for consideration by the Committee.

In November 2019, the Board received the Business Case that had been submitted simultaneously to all Health Boards across Wales regarding the creation of the **Major Trauma Centre (MTC) in Cardiff and the Major Trauma Network (MTN)**

**across South Wales, West Wales and South Powys.** The development of the Major Trauma Network has implications for the size, shape and skills of the workforce across all aspects of the service – from the Major Trauma Centre itself to the rehabilitation services within the region.

The Board raised a number of queries in relation to the training needs analysis and whether there would be a skills gap across a range of professional groups. There was a lack of clarity on future workforce requirements of the MTC and MTN. This will remain an ongoing risk to HEIW during the phased implementation of the plan. It was also recognised that there would be a need to invest in additional training for medical and health professional staff that will need to be included in the education commissioning process.

The Board requested that the Education, Commissioning and Quality Committee review the training needs analysis with the MTN Programme Clinical and Training Leads. This matter has been added to the Committee's Forward Work Programme.

The Committee received the **Health Professional Student Allocations for 2020/21**. It recognised the key risks in relation to the particularly in relation to the achievement of the commissioning targets around diagnostic radiology, adult nursing and LD nursing, and also the consequential reputational risks. This matter was highlighted to the Board at its meeting in January 2020.

## **6. Key Areas of Focus for the Coming Year**

During 2020-2021, the Committee will focus on the following areas:

- Emerging Approaches from Workforce Planning and impact on training programmes;
- Impact/opportunities of digitalisation on health education;
- South Wales Major Trauma Network – Review of Training Needs Analysis
- Value based commissioning;
- Value of education and training programmes and contracts, including the identification and management of related risk;
- Widening Access to Education – Apprenticeships and alternative education routes
- Lessons learnt from COVID-19.

**Sponsored by: Dr Ruth Hall**  
**Chair of Education, Commissioning and Quality Committee**

**Date: May 2020**

OFFICIAL



Counter Fraud Authority



# NHSCFA 2020

## Strategic Intelligence Assessment

Covering 2018 - 2019



# Foreword – CEO Sue Frith

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The mission of the NHS Counter Fraud Authority is to lead the fight against fraud, bribery and corruption which affects the NHS in England. Our primary focus is to protect the health service against the fraudulent exploitation of vital NHS resources intended for patient care.

The NHSCFA has reached the second anniversary of its creation. In this time, we have continued to lead the fight against fraud in the NHS and build on our approach to guide further improvements in the delivery of counter

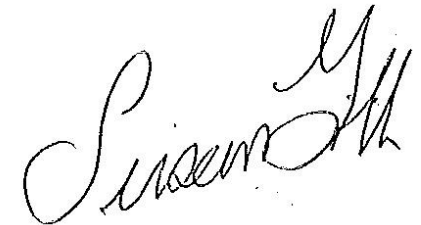
fraud work across the NHS and wider health group. We have improved our understanding of the risks the NHS faces from fraud, bribery and corruption and are positively tackling and reducing those risks.

This year we have developed a renewed approach to this Strategic Intelligence Assessment (SIA) focussing on the Threats, Vulnerabilities and Enablers that allow fraud to happen in the NHS. This fresh approach will allow the NHSCFA to focus our resources more effectively and inform our partners of the issues they face and direct their efforts accordingly.

This 2020 strategic intelligence assessment covers activity that occurred within 2018-19. It is estimated that the vulnerability to the NHS in England from fraud, bribery and corruption is £1.21 billion.

The estimated vulnerability is a reduction of £85 million from 2018, a further improvement on last year's successful reduction.

Our aim is to secure partnerships across the NHS to advance data sharing within the NHS. This SIA is compiled through the analysis of data in the public domain as well as data available only from within the NHS. To further mitigate against the threats of fraud all NHS departments must embrace collaboration with the NHSCFA, this will provide a greater understanding of threats within the for the next SIA.



# Executive Summary

The NHS Counter Fraud Authority assess that the NHS is vulnerable to fraud, bribery and corruption to an estimated **£1.21 billion**.

This year on year reduction in vulnerability demonstrates the continued improvement in proactive and collaborative approach across the NHS in England and wider health group. For example a notable reduction can be seen in Dental contractor fraud which has reduced from £93.5m to £65.9m.

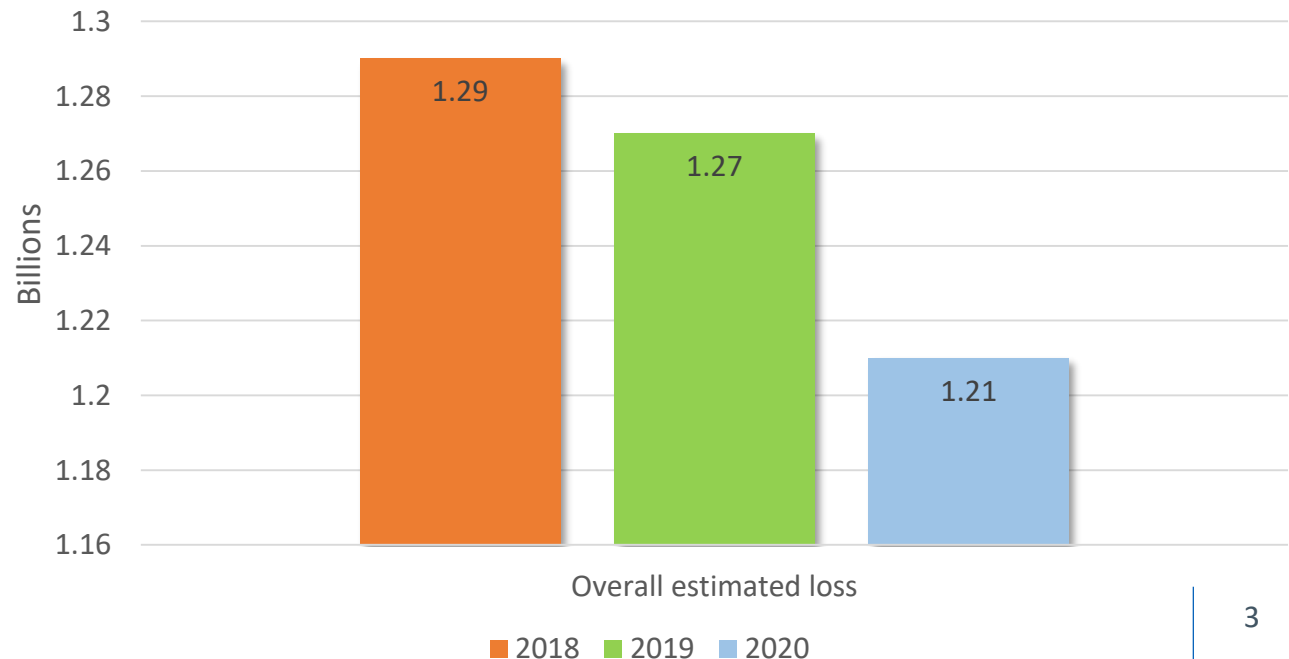
Fraud is only committed by a minority of people. As more and more people become aware of how fraud impacts on the NHS it is expected that more reports will be submitted to the NHSCFA. Through this increase in transparency, the NHSCFA and stakeholders are better informed of the landscape and as such in a better place to direct resources to mitigate against potential vulnerabilities.

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3 year vulnerability estimate (£ billions)



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The identification of fraud in the NHS can be challenging, with often a negative connotation attached to the occurrence of fraud. This is due to many assuming that the presence of fraud is an indication of poor control mechanisms. However, the identification of fraud empowers organisations and stakeholders to proactively reduce and increasingly stop public funds landing in the hands of criminals.

When reading this strategic intelligence assessment, it is important to note that the NHSCFA are only discussing the activities of a small proportion of staff, patients or individuals who divert valuable resources from where they are needed most, continued patient care. The estimated fraud vulnerabilities needs to be understood in relation to the wider context of overall budget, funding allocation and workforce.

Whilst the budget for the NHS in England continues to rise to meet demands and pressures, the vulnerability to fraud has continued to reduce year on year.

Throughout this document assessments and judgements are presented based on the foundation of intelligence. It is important to note that intelligence is not fact or evidence, but hypothesis and inferences drawn from the best available information at the time of writing.

It is the responsibility of every member of the public and NHS employees to remain vigilant and report any suspicions to the Local Counter Fraud Specialist or direct to the NHSCFA. By reporting suspicions we can all assist in ensuring the NHS remains one of the top health services in the world.

The links on the right hand side provides excellent examples of what constitutes a fraud and the impact for the NHS. For further definitions of each fraud theme please see the fraud reference guide link on the right

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[Who is the NHSCFA?](#)

[Who pays for fraud?](#)

[Let's stop fraud!](#)

## Examples of fraud

[Payroll fraud](#)

[Working elsewhere  
whilst sick](#)

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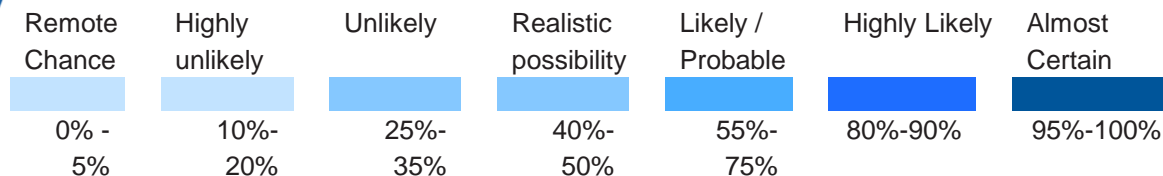
# How do we calculate fraud vulnerability?

The NHS Counter Fraud Authority assesses how financially vulnerable the current 13 lead threat areas are to fraud. In order to achieve this the NHSCFA adopts a different approach depending on the nuances of the area. However broadly speaking the two main ways are;

- 1) Loss measurement exercise. These take the form of an in-depth analysis and measurement of a particular area to provide a statistically robust percentage of how much of the funding / reimbursement is vulnerable to fraud. Out of the two methods the NHS Counter Fraud Authority has the highest confidence in this method.
- 2) Comparative loss assessment – Where the NHSCFA has not directly measured an area, we are reliant on vulnerability percentages derived from partners or stakeholders to use. These may not be 100% comparable so therefore the NHS Counter Fraud Authority has the least confidence in them.

Within the strategic intelligence assessment a consistent language has been used across thematic areas when assessing the probability and uncertainty. The 'probability yardstick' defines the language applied to the range

In using the probability spectrum the NHSCFA has taken into account, the source, the age and reliability of the material used and any extenuating factors to form the assessment. No particular weighting is attached to specific factors but rather a holistic approach is taken when assigning the probability and uncertainty.



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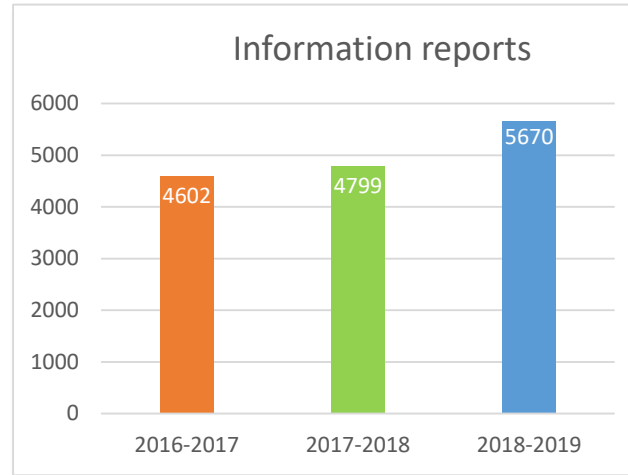
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# What are we receiving?

Since the formation of the NHSFCA reporting has steadily increased.

Through collaborative knowledge and communication campaigns, referrals have increased by 18.15% since last year. An example is the increase in Procurement referrals, likely attributed to the release of quick guides on fraud such as mandate fraud.



In total 5,670 referrals were made to the NHSCFA with the highest reported incidents involving staff fraud (2,500). It is important to note that the NHS employs approximately 1.2 million members of staff, meaning that concerns have only been raised against a very small minority.



87.5% of all referrals relate to the top 4 areas with the remaining 12.5% relating to the other 9 areas. It is assessed that this is indicative of how transparent and visible suspicious activity is within the areas and not necessarily the scale of possible fraudulent activity.

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# Procurement & Commissioning

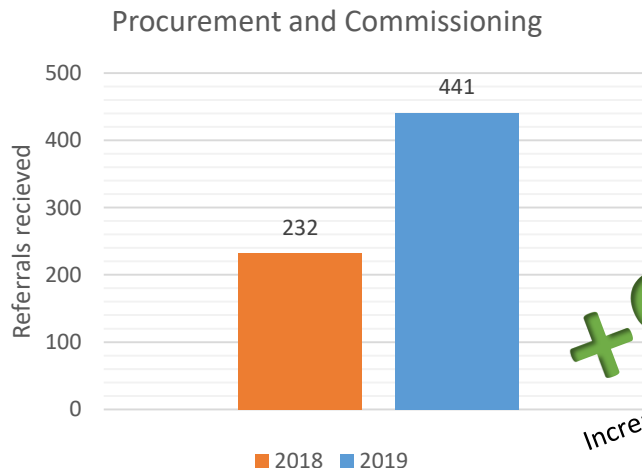
Procurement and commissioning is a very complex theme with many nuances. In order to assess the possible exposure to fraud vulnerabilities, this theme has two combined assessments.

**£291.4m**  
From an approximate expenditure of £25.9 billion

An estimate of 1% is used as baseline in non-pay expenditure, based on public sector assessments such as the Ministry of Defence Police.

For agency expenditure, NHSCFA has previously identified through loss measurement that the likely rate of overcharging associated with employment agency staff invoicing is 4.7% of which the NHSCFA has taken the approach that 50% of overcharging may be fraudulent.

## Financial fraud vulnerability: £291.4 million



**+90%**  
Increase in referrals for this theme

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# Help with health costs

The NHS is vulnerable to patient fraud in three key areas:

Prescription charge evasion has an estimated NHS expenditure of £7.8 billion. The NHSCFA measured prescription charge evasion in 2017. The individual fraud vulnerability rates were applied to each exemption category in order to assess the overall vulnerability.

**Financial fraud vulnerability: £179.3 million**

Dental charge evasion has an estimated NHS expenditure of £782 million. The NHSCFA measured dental charge evasion in 2018. The individual fraud vulnerability rates were applied to each exemption category in order to assess the overall vulnerability.

**Financial fraud vulnerability: £41 million**

Optical voucher abuse has an estimated NHS expenditure of £514 million. The NHSCFA measured optical voucher abuse in 2016. The individual fraud vulnerability rates were applied to each exemption category in order to assess the overall vulnerability.

**Financial fraud vulnerability: £39.2 million**

**£259.5m**  
From an approximate expenditure of £9.09 billion

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## Examples of fraud

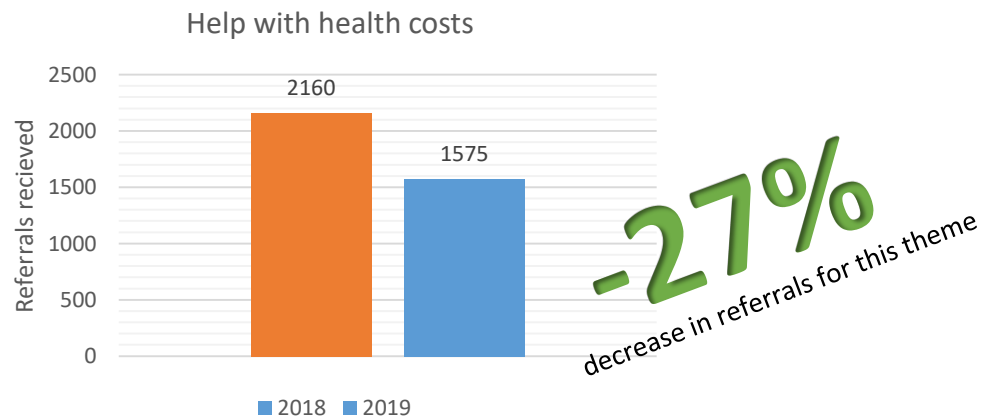
Payroll fraud

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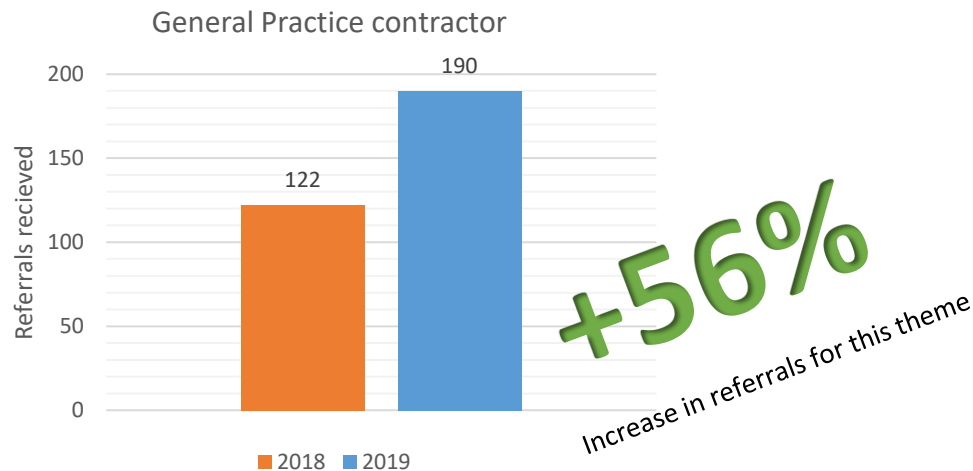
# General practice contractor

This area has not been directly measured this reporting period and therefore relies on comparative primary care measurements from dental and optical services to provide an indication of the level of vulnerability. Recent loss measurement exercises for dental and optical have identified overall vulnerability percentages of between 1% and 3.5%. The 1% has been used to express the possible financial vulnerability.

**£91m**  
From an approximate expenditure  
of £9.05 billion

Based on the annual expenditure figure of £9.05 billion, it is estimated that a 1% vulnerability to the NHS through general practice fraud is approximately £91 million. This has increased from the estimated vulnerability of £88 million in 2017-18, which is due to the increase in the annual expenditure for this year.

## Financial fraud vulnerability: £91 million



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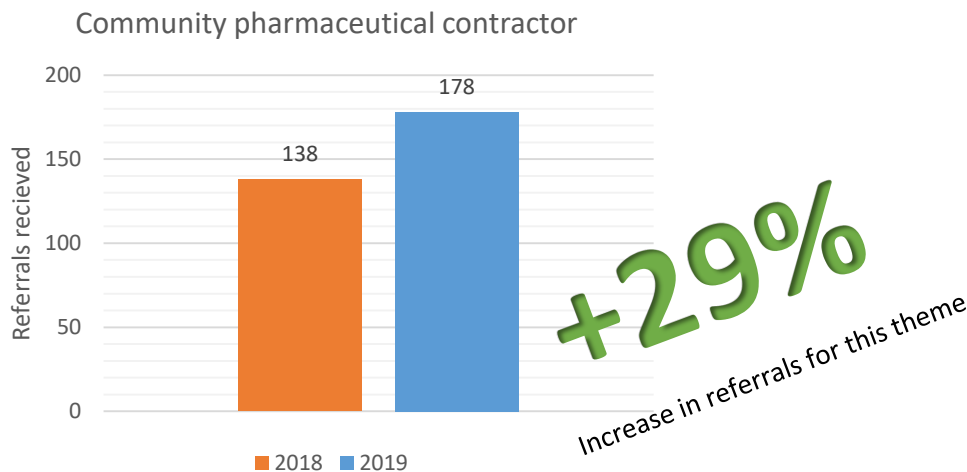
# Community pharmaceutical contractor

This area has not been directly measured this reporting period and therefore relies on comparative primary care measurements from dental and optical services to provide an indication of the level of vulnerability. Recent loss measurement exercises for dental and optical have identified overall vulnerability percentages of between 1% and 3.5%. The 1% has been used to express the possible financial vulnerability.

**£114m**  
From an approximate expenditure of £11.4 billion

The estimated £114 million vulnerability is higher than last year, due to an increase in the number of prescription items dispensed and subsequent increase payment for these items.

## Financial fraud vulnerability: £114 million



## Additional links

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# Payment by results (PbR) and National Tariff

NHS provider's received 60% of their total income from PbR payments.

**£136m**  
From an approximate expenditure of £45.36 billion

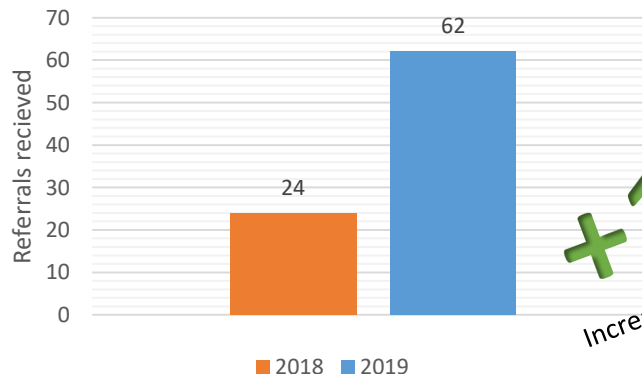
The allocation of funds to Clinical Commission Groups for 2018 - 19 was £75.6 billion. Therefore the approximate spend within this theme is assessed to be £45.36 billion.

This area has not been directly measured this reporting period and as such an estimate of 0.3% is used as the standard financial fraud vulnerability for PbR and National Tariff in England.

This is an increase of last year's assessment but this is directly attributed to an increase in budget rather than an increase in identified activity.

## Financial fraud vulnerability: £136 million

Payment by results (PbR) and National Tariff



**+158%**  
Increase in referrals for this theme

## Additional links

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# NHS staff

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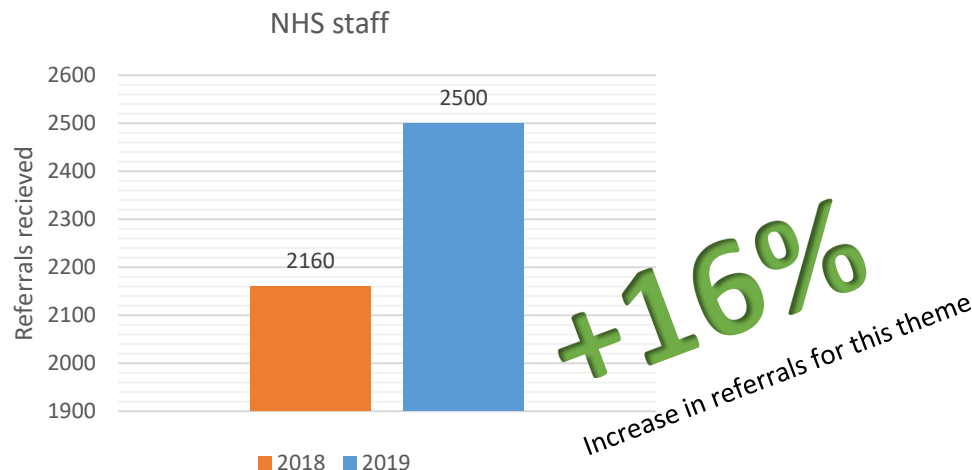
The NHS employs approximately 1.2 million staff with an approximate net staffing cost for 2018 – 2019 of £49.1 billion.

**£98.2m**  
From an approximate expenditure  
of £49.1 billion

This area has not been directly measured this reporting period and therefore relies on the comparative National Fraud Authority's 2013 estimate of 0.2% of total payroll.

Based on the £49.1 billion expenditure, it is estimated that a 0.2% vulnerability to the NHS through staff fraud is approximately £98.2 million. This is an increase of £400,000 from 2017 – 2018 which can attributed to the increase in net payroll spend only.

### Financial fraud vulnerability: £98.2 million



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# Fraudulent access to the NHS from overseas visitors

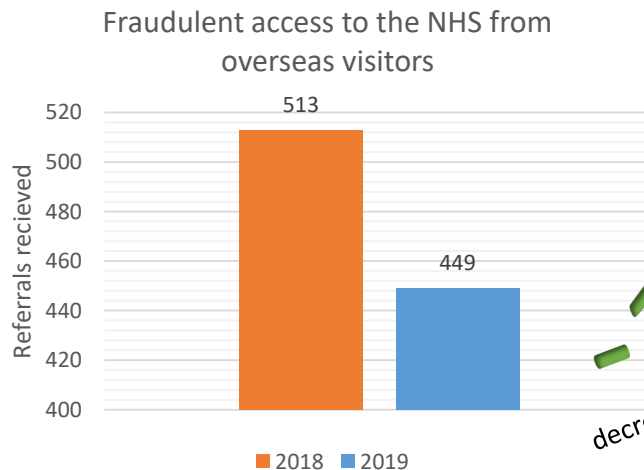
The NHSCFA cannot say to a degree of certainty the exact vulnerability percentage generated by overseas visitors.

As of January 2019 there was a change in the surcharge process which would most likely cause the collection of inaccurate data for the reporting period. Therefore, the figure for vulnerability remains at a static £35 million.

**£35m**  
From an approximate expenditure of £2 billion

The £35 million flat rate figure has been incorporated based on a report commissioned by the Department of Health in 2015. This report estimated the loss to the NHS from the fraudulent access of overseas visitors to be in the region on £70m - £300m. The NHSCFA has previously taken the estimate of 50% of the lower figure.

## Financial fraud vulnerability: £35 million



**-12%**  
decrease in referrals for this theme

## Additional links

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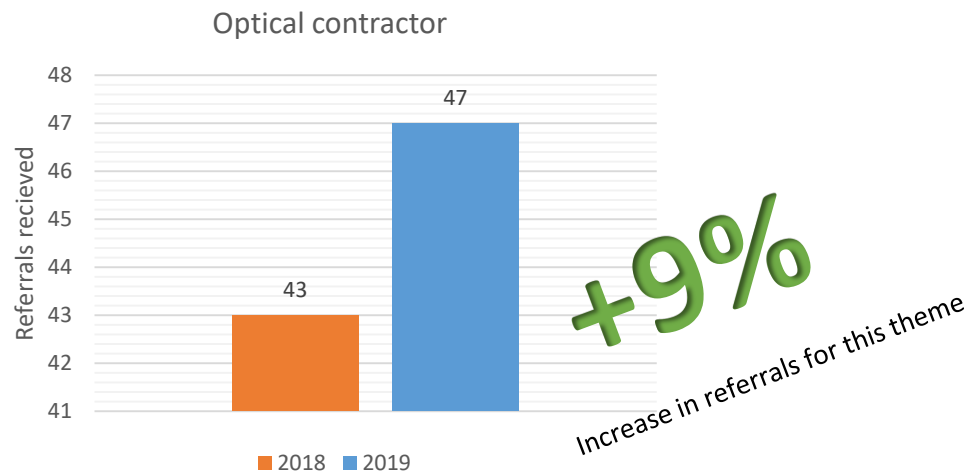
# Optical contractor

The NHSCFA directly measured this area in 2015 – 2016. The vulnerability percentages identified during that exercise were applied to the current data regarding individual General Ophthalmic Services (GOS) submissions.

**£82.9m**  
From an approximate expenditure of £513.9 million

The approximate expenditure for ophthalmic services was £513.9 million, resulting in an assessed vulnerability of £82.9 million. This is slightly higher than last year with the increase attributed to the increase in expenditure rather than an increase in activity.

**Financial fraud vulnerability: £82.9 million**



## Additional links

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# European Health Insurance Card

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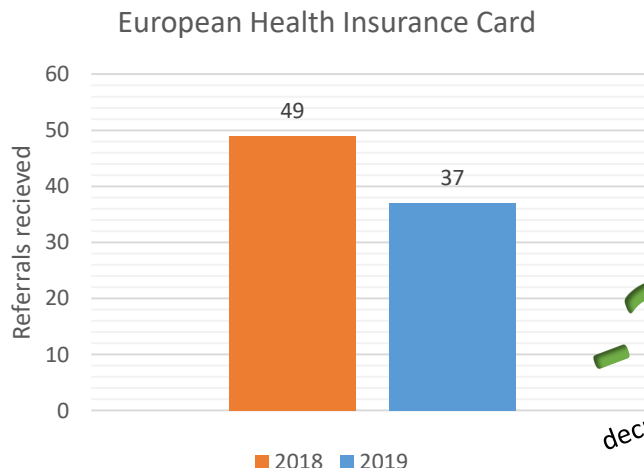
The Healthcare bill for 2017-2019 states that the estimated cost of reimbursing other member states for providing healthcare to UK citizens during 2016 - 2017 was £630 million.

**£20.8m**  
From an approximate expenditure of £630 million

The estimated vulnerability to fraud for the NHS from fraudulent use of EHICs system is calculated at £20.8 million.

This is calculated by applying the estimated vulnerability of 3.2% from applications and claims to the £630 million cost of providing healthcare to UK citizens during 2016 – 2017, giving a total loss figure of £20.2 million. The NHSCFA has added the assessed loss of £640,000 attributed to fraudulent applications.

## Financial fraud vulnerability: £20.8 million



**-24%**  
decrease in referrals for this theme

# Dental contractor

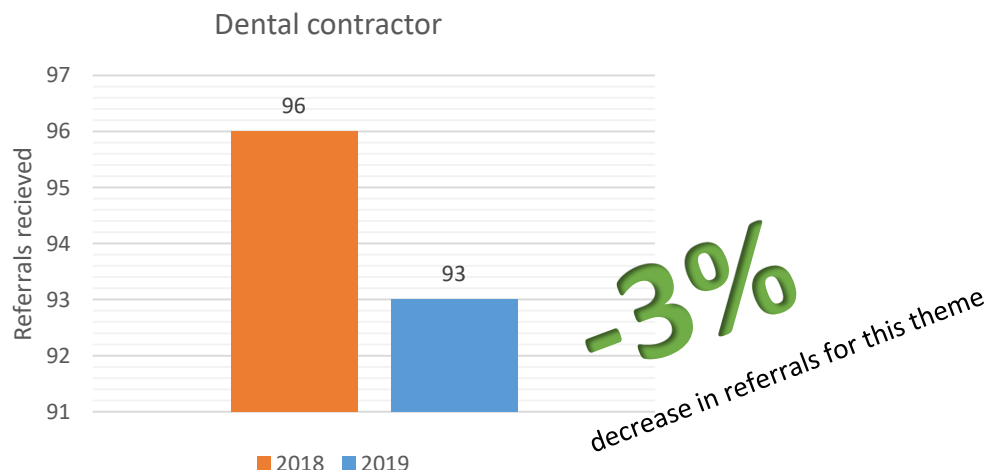
In England approximately £2.7 billion was allocated to Dental Service contracts provided by 8,581 dental practitioners for 2018-2019.

**£65.9m**  
From an approximate expenditure of £2.7 billion

Based on the individual vulnerability rates per treatment band, the total amount of vulnerable Units of Dental Activity (UDA) can be calculated. Using the relevant data set the total vulnerability is calculated at £65.9 million.

This vulnerability has reduced by £27.6 million since the last reporting period. Due to the recent re-measurement and the numerous counter fraud initiatives implemented since the previous measurement in 2010.

## Financial fraud vulnerability: £65.9 million



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# NHS Bursaries

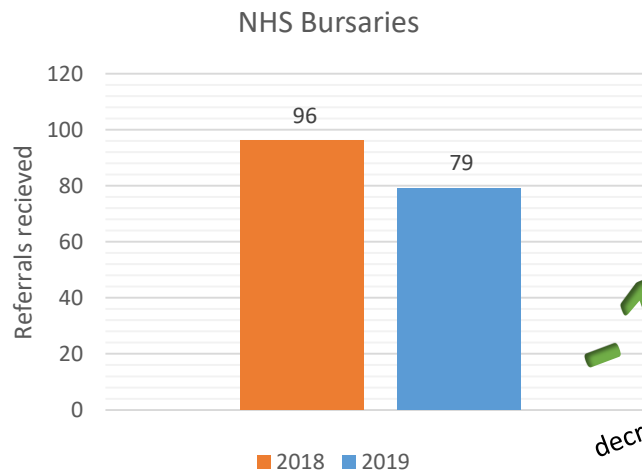
Expenditure on the NHS student bursary scheme in 2018-2019 was approximately £317.8 million. This is a 29% reduction on the previous year. Expenditure on childcare allowance alone was £16.6 million.

**£8.5m**  
From an approximate expenditure of £317.8 million

The estimate of 2.7% is based on the overall fraud vulnerability rate identified as a result of the loss measurement exercise carried out in 2006-2007.

Applying the previously identified vulnerability of 2.7% to the expenditure estimates a financial vulnerability to fraud of £8.5 million which is lower than the previous year. This is most likely due to a decrease in the budget rather than a reduction in fraudulent activity.

## Financial fraud vulnerability: £8.5 million



## Additional links

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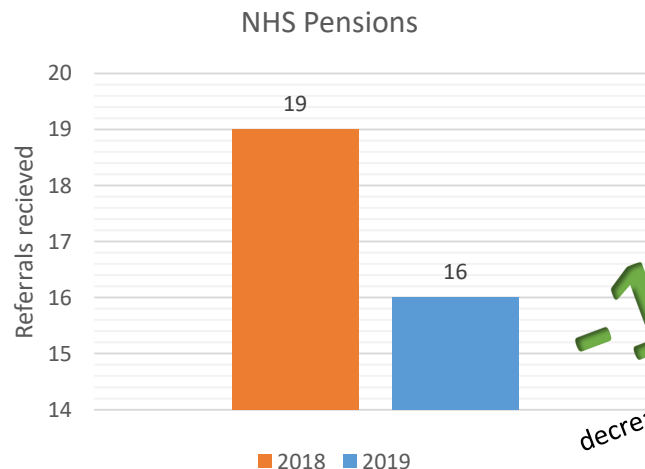
# NHS Pensions

The NHS pension scheme is Europe's largest pension scheme, paying out approximately £11.0 billion in 2018-2019 in pension payments, lump sum payments, widow and dependent payments, death gratuities, transfers out, payments to other schemes and refunds.

**£2.4m**  
From an approximate expenditure of £11.0 billion

As at 31 March 2019 the number of active members is 1,561,530, a slight decrease on the year before. Based on an overall fraud rate of 0.02% identified through the NFI, the estimated loss of £2.4 million is slightly higher than the previous year. This is most likely due to an increase in pension expenditure, rather than an increase in fraudulent activity.

## Financial fraud vulnerability: £2.4 million



**-16%**  
decrease in referrals for this theme

## Additional links

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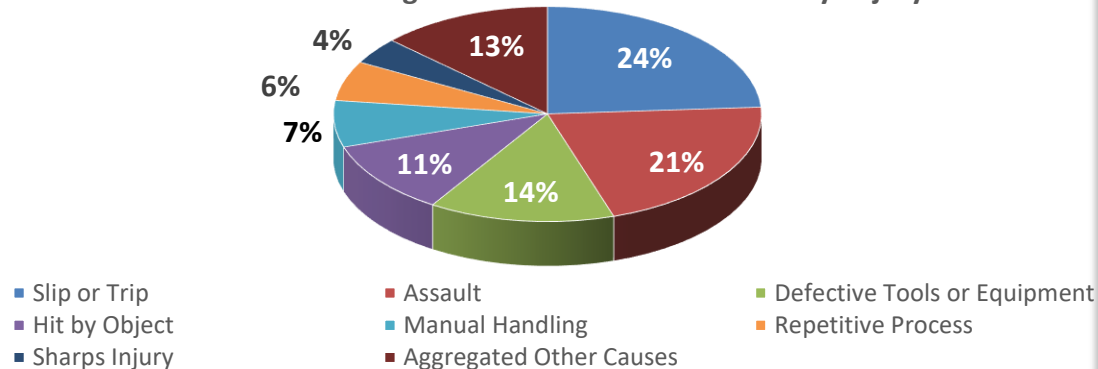
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# Fraud against NHS Resolution

Fraudulent claims against NHS Resolution-administered schemes broadly falls into two categories: the serious exaggeration of legitimate claims for damages (i.e. the claim does not reflect the harm actually suffered) and the falsification of the circumstances which led to a claim for damages being made (i.e. the incident did not occur as described).

Claims under the Liabilities to Third Party Scheme (LTPS) where payments in damages totalled £35.2 million are likely to represent the most prevalent fraud risk encountered by NHS Resolution. The below graph demonstrates that the majority of LTPS cases under investigation for fraud in 2018-19 involved slips/trips.

LTPS claims investigated for fraud in 2018 - 2019 by injury cause



The risk of clinical negligence fraud is considered significantly less prevalent; however, the value of individual claims is usually much higher. The costs associated with these claims can amount to several millions of pounds over their lifetime.

## Additional links

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**GIG**  
CYMRU  
**NHS**  
WALES

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

<b>Meeting Date</b>	<b>16 July 2020</b>	<b>Agenda Item</b>	<b>3.3</b>
<b>Report Title</b>	<b>HEIW and Health Inspectorate Wales Memorandum of Understanding</b>		
<b>Report Author</b>	Dafydd Bebb, Board Secretary		
<b>Report Sponsor</b>	Dafydd Bebb, Board Secretary		
<b>Presented by</b>	Dafydd Bebb, Board Secretary		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	For the Audit and Assurance Committee to note the content of the HEIW and Health Inspectorate Wales (HIW) Memorandum of Understanding (MoU).		
<b>Key Issues</b>	The MoU sets out the framework to support the working relationship between HEIW and HIW.		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
			✓
<b>Recommendations</b>	Members of the Committee area asked to: <ul style="list-style-type: none"> <li>• <b>note</b> the content of the MOU between HEIW and HIW for information.</li> </ul>		

# **HEIW AND HEALTH INSPECTORATE WALES (HIW) MEMORANDUM OF UNDERSTANDING**

## **1. INTRODUCTION**

The purpose of this Memorandum of Understanding (MoU) is to set out a framework to support the working relationship between HEIW and Healthcare Inspectorate Wales (HIW).

## **2. BACKGROUND**

The working relationship between both entities is part of the maintenance of an effective regulatory system for health and social care in Wales which promotes patient safety and high-quality care.

This MoU defines the joint agreement between the two organisations and indicates a common line of action. Co-operation between HIW and HEIW will include the exchange of information.

Exchange of information will be expected, but not limited, to cases where:

- either HIW or HEIW identifies concerns about the health and wellbeing of the public and where either body holds information which would be of benefit to the other, this is likely but not exclusively to relate to either the training of healthcare staff/students/trainees or the wider workforce; and
- a resolution to a concern would benefit from a coordinated multi-agency response.

## **3. PROPOSAL**

That the Committee note the content of the MOU between HEIW and HIW.

## **4. GOVERNANCE AND RISK ISSUES**

The MOU sets out the basis upon which HEIW and HIW will work together and exchange information to assist each party in reaching common goals.

## **5. FINANCIAL IMPLICATIONS**

There are no direct financial implications.

## **6. RECOMMENDATION**

Members of the Committee are asked to:

- note the content of the MOU between HIW and HEIW for information.

Governance and Assurance			
<b>Link to IMTP strategic aims</b> (please ✓)	<b>Strategic Aim 1:</b> To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	<b>Strategic Aim 2:</b> To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	<b>Strategic Aim 3:</b> To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
			✓
	<b>Strategic Aim 4:</b> To develop the workforce to support the delivery of safety and quality	<b>Strategic Aim 5:</b> To be an exemplar employer and a great place to work	<b>Strategic Aim 6:</b> To be recognised as an excellent partner, influencer and leader
			✓
<b>Quality, Safety and Patient Experience</b>			
Effective co-operation with HIW will support HEIW in the delivery of its objectives and will support NHS Wales in the delivery of Quality, Safety and Patient Experience.			
<b>Financial Implications</b>			
There are no financial implications associated with this report.			
<b>Legal Implications (including equality and diversity assessment)</b>			
There are no direct legal implications.			
<b>Staffing Implications</b>			
No implications for HEIW staff have been identified.			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
<b>Report History</b>	None		
<b>Appendices</b>	Appendix 1 – MOU between HEIW and HIW		



## **Memorandum of Understanding (MoU) between Healthcare Inspectorate Wales (HIW) and Health Education and Improvement Wales (HEIW)**

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## Revision history and approval

<b>Version</b>	1.0
<b>Date created</b>	10/10/2019
<b>Authors</b>	HIW: Joseph Wilton HEIW: Stephen Griffiths
<b>Date agreed</b>	
<b>Formally agreed by</b>	HIW: Alun Jones HEIW: Alex Howells
<b>Review date</b>	

## Introduction

1. The purpose of this Memorandum of Understanding (MoU) is to set out a framework to support the working relationship between Healthcare Inspectorate Wales (HIW) and Health Education and Improvement Wales (HEIW).
2. This working relationship is part of the maintenance of an effective regulatory system for health and social care in Wales which promotes patient safety and high quality care.
3. This MoU does not override the statutory responsibilities and functions of HIW and HEIW and does not create legally binding rights or obligations; its purpose is to define the joint agreement between the two organisations and to indicate a common line of action.
4. As part of the activities undertaken as part of this MoU, other agreements (for example, information sharing agreements, or joint working protocols) may be established. Such agreements will exist separately to this MoU.

## Roles and responsibilities

### Healthcare Inspectorate Wales

5. HIW is the independent inspectorate and regulator of healthcare in Wales. HIW carries out its functions on behalf of Welsh Ministers and, although part of the Welsh Government, protocols have been established to safeguard its operational autonomy. HIW's main functions and responsibilities are drawn from the following legislation:
  - Health and Social Care (Community Health and Standards) Act 2003;
  - Care Standards Act 2000 (and associated regulations);
  - Mental Health Act 1983 and 2007, Mental Health (Wales) Measure 2010;
  - Independent Health Care (Wales) Regulations 2011;
  - Controlled Drugs (Supervision of Management and Use) (Wales) Regulations 2008; and
  - Ionising Radiation (Medical Exposure) Regulations 2017 and Amendment Regulations 2018.
6. HIW's priorities are to:
  - provide assurance: provide an independent view on the quality of care;
  - promote improvement: encourage improvement through reporting and sharing of good practice; and

- influence policy and standards: use what we find to influence policy, standards and practice.
7. HIW's core role is to review and inspect NHS and independent healthcare organisations in Wales to provide independent assurance for patients, the public, and others that services are safe and of good quality. Health services are reviewed against a range of published standards, policies, guidance and regulations. As part of this work HIW will seek to identify and support improvements in services and the actions required to achieve this. If necessary, HIW will undertake special reviews and investigations where there appears to be systematic failures in delivering healthcare services to ensure that rapid improvement and learning takes place.
  8. HIW is also responsible for the registration and regulation of independent healthcare providers under the Care Standards Act 2000. The regulation of such establishments is governed by the Independent Health Care (Wales) Regulations 2011.

### **Health Education and Improvement Wales**

9. HEIW has been established as a Special Health Authority with the responsibility to integrate and grow expertise and capability in planning, developing, shaping, and supporting the health workforce - ensuring we have the right staff, with the right skills, to deliver world-class health and care to the people of Wales.
10. As a new organisation established within the NHS, HEIW is required to deliver improvements in the safety and quality of care for patients, to staff experience and to the system as a whole.
11. The organisation undertakes a wide range of functions as outlined below:

**Workforce intelligence:** HEIW is recognised as a primary source for information and intelligence about the Welsh health workforce. It provides analytical insight and intelligence to support the development of the current and future shape of the workforce. It acts as a central body to identify and analyse sources of intelligence from Wales, UK and abroad.

**Workforce strategy and planning:** HEIW provides 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 care models of service delivery. In addition, through this process, HEIW identifies and develops new workforce models required within the NHS.

**Education Commissioning and Delivery:** HEIW plans, commissions and delivers education and training for a wide range of health professional groups, and incorporates the Deaneries for Medicine, Dental and Pharmacy. This is what the majority of the HEIW budget is spent on.

**Quality Management:** HEIW quality manages education and training provision ensuring it meets required standards, and improvements are made where required. This includes supporting teachers, trainers, trainees, students and working closely with education providers, NHS organisations and regulators.

**Supporting Regulation:** HEIW plays a key role representing Wales in liaison with regulators, working within the policy framework established by the Welsh Government. HEIW also undertakes, independently of the Welsh Government, specific regulatory support roles.

**Leadership Development and Succession Planning:** HEIW is leading and developing the strategic direction for the development and delivery of leadership development for and succession planning for NHS Wales.

**Careers and Widening Access:** HEIW provides the strategic direction for health careers and the widening access agenda, delivering an ongoing agenda to promote health careers.

**Workforce Improvement:** HEIW provides strategic and practical support for workforce transformation and improvement, including skills development, role design, CPD and career pathway development.

**Professional Support for Workforce & OD:** HEIW has an express function to support the development of the workforce and OD profession within Wales.

## Principles of co-operation

12. HIW and HEIW acknowledge their respective statutory and non-statutory responsibilities and functions and will take account of these when working together.
13. In implementing this agreement, HIW and HEIW intend that their working relationship will be characterised by the following principles:
  - the need to make decisions that promote high quality healthcare and which protect and promote patient health, safety and welfare;
  - full openness and transparency between the two organisations as to when cooperation is, and is not, considered necessary or appropriate;
  - respect of each other's independent status;
  - the need to use resources and intelligence effectively and efficiently through appropriate coordination and information sharing;
  - the need to maintain public confidence in the two organisations; and
  - a commitment to address any identified overlaps or gaps in the regulatory framework and responsibilities.
14. HIW and HEIW are also committed to transparent, accountable, proportionate, consistent, and targeted regulation (the principles of better regulation).

## **Joint Priorities and Areas of Work**

### **Exchange of Information**

15. Co-operation between HIW and HEIW will often require the exchange of information. Exchange of information will be expected, but not limited, to cases where:
  - either HIW or HEIW identifies concerns about the health and wellbeing of the public and where either body holds information which would be of benefit to the other, this is likely but not exclusively to relate to either the training of healthcare staff/students/trainees or the wider workforce; and
  - a resolution to a concern would benefit from a coordinated multi-agency response.
16. In such cases, all exchanges of information will be lawful and proportionate and shared in confidence with the named contact in the other organisation at the earliest possible opportunity. Annex B provides details of the contact details to be used for the sharing of concerns.
17. All arrangements for co-operation and exchange of information set out in this MoU and any joint working protocol that may be developed will take account of and comply with the General Data Protection Regulation (GDPR), Data Protection Act 2018, Freedom of Information Act 2000, Health and Social Care (Community Health and Standards) Act 2003, section 76 of the Health and Social Care Act 2008, Care Standards Act 2000 and all relevant HIW and HEIW legislation relating to these matters, and respective Codes of Practice, frameworks or other policies relating to confidential personal information and information issues.
18. Both HIW and HEIW are subject to the Freedom of Information Act 2000. If one organisation receives a request for information that originated from the other the receiving organisation will discuss the request with the other before responding.

### **Media and Publications**

19. HIW and HEIW will seek to give each other adequate warning of, and sufficient information about, any planned announcements to the public on issues relevant to both organisations, including the sharing of draft proposals and publications.
20. HIW and HEIW commit to work together, where appropriate, to produce joint statements or communications highlighting collaboration or activities relevant to both organisations.
21. HIW and HEIW respect confidentiality of any documents shared in advance of publication and will not act in any way that would cause the content of those documents to be made public ahead of the planned publication date.

## Governance

22. The effectiveness of the working relationship between HIW and HEIW will be supported by regular contact, either formally or informally. This contact is described in Annex A.
23. Meetings to discuss intelligence, policy and operational issues of interest to both organisations should take place between relevant colleagues at both organisations when appropriate; at least twice a year. Contact details of relevant operational level contacts in each organisation are shown at Annex B.
24. Any disagreement between HIW and HEIW will normally be resolved at working level. If this is not possible, it must be brought to the attention of the MoU managers identified at Annex B, who may then escalate it as appropriate within the two organisations to reach a mutually satisfactory resolution. Both organisations should aim to resolve disagreements in a reasonable time.

## Duration and review of this MoU

25. Both organisations have identified a person responsible for the management of this MoU in Annex B. 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.
26. This MoU is not time-limited and will continue to have effect unless the principles described need to be altered or cease to be relevant. This MoU will be reviewed annually by the MoU managers identified at Annex B but may also be reviewed more urgently at any time at the request of either organisation.

## Signed

**Alun Jones**

Interim Chief Executive  
Healthcare Inspectorate Wales

Date:

**Alex Howells**

Chief Executive  
Health Education and Improvement  
Wales

Date:

## Annex A – Partnership Working

While this MoU sets out the guiding principle of information and incident sharing, there are also some specific activities which will facilitate the partnership between HIW and HEIW:

### Healthcare Summits:

HIW host a Healthcare Summit every 6 months, which focuses on the sharing of intelligence about each Health Board. Attendees include professional regulators, performance bodies and the Community Health Councils. HEIW are invited to this Summit and can present their findings to HIW and the other attendees.

### Regular engagement activities

In between each Healthcare Summit, representatives from HIW and HEIW will meet, as appropriate, to discuss any specific issues or concerns they may have about specific settings or incidences. The focus of this engagement will be to:

- Share information about specific concerns or incidences that are relevant to the other organisation
- Facilitate joint planning of inspection, investigation and review activity
- Discuss any incidents that have been raised by either organisation

### Workforce Information Sharing

Both HEIW and HIW are members of a workforce roundtable group, which focuses on the sharing of information and concerns about NHS workforce and staffing in Wales. HIW will share with HEIW any anonymised results of any staff surveys it undertakes as part of its inspection and reviews programme to support the anticipated Workforce Strategy for Health and Social Care . In return, HEIW have agreed to support HIW's work by providing access to relevant information and analysis about workforce and how it may have an impact on patient safety.

## Annex B – Contact Details

Healthcare Inspectorate Wales	Health Education and Improvement Wales
Welsh Government Rhydycar Business Park Merthyr Tydfil CF48 1UZ  Tel: 0300 062 8163	Ty Dysgu Cefn Coed, Cardiff CF15 7QQ  Tel: 0330 058 5005

There will be named contacts between HIW and HEIW as follows:

### Chief Executives

**Alun Jones**

*Interim Chief Executive*

[alun.jones39@gov.wales](mailto:alun.jones39@gov.wales)

**Alex Howells**

*Chief Executive*

[Alex.Howells@wales.nhs.uk](mailto:Alex.Howells@wales.nhs.uk)

### MoU managers

**Joseph Wilton**

*Head of Partnerships, Intelligence and Methodology*

[joseph.wilton@gov.wales](mailto:joseph.wilton@gov.wales)

Tel: 0300 025 2663

**Angela Parry**

*Interim Nursing Director*

[angela.parry2@wales.nhs.uk](mailto:angela.parry2@wales.nhs.uk)

Tel: 01443 846378

### Concerns referrals

[concerns.hiw@gov.wales](mailto:concerns.hiw@gov.wales)

Tel: 0300 062 8163

[angela.parry2@wales.nhs.uk](mailto:angela.parry2@wales.nhs.uk)

Tel: 01443 846378