

# Board (Open)

Thu 27 July 2023, 10:45 - 14:45

Conference Room, Ty Dysgu and via zoom

## Agenda

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10:45 - 10:45

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### 1. PRELIMINARY MATTERS

 00 - Board Agenda (Open) BD230727.pdf (3 pages)

#### 1.1. Welcome and Introductions

*Chair/Verbal*

#### 1.2. Apologies for Absence

*Chair/Verbal*

#### 1.3. Declarations of Interest

*Chair/Verbal*


#### 1.4. Good news story – All Wales Healthcare Student PACT – Partnership, Accountability, Credibility, Trust

*Director of Nurse and Health Professional Education/ Head of Placement Experience and Improvement/ Presentation*

 1.4 Good News Story PACT.pdf (4 pages)

#### 1.5. Draft Minutes of the Board meeting held on 18 May 2023

*Chair/Attachment*

 1.5 - Unconfirmed Board Minutes (Open) 230518 (Draft5).pdf (12 pages)

#### 1.6. Action Log from the Board meeting held on 18 May 2023

*Chair/Attachment*

 1.6 - Board Actions (Open) 230518.pdf (3 pages)

#### 1.7. Matters Arising

*Chair/Verbal*

10:45 - 10:45

0 min

### 2. CHAIR AND CHIEF EXECUTIVE REPORTS

Griffiths Sarah  
26/07/2023 16:44:07

## 2.1.

### Chair's Report and Affixing of the Common Seal

*Chair/Attachment*

#### 2.1.1.

##### Chair's Report

*Chair/Attachment*

 2.1.1 - Chair's Report - July23.pdf (6 pages)

#### 2.1.2.

##### Affixing of the Common Seal

*Chair/ Attachment*

 2.1.2 - Affixing of the Common Seal (Draft).pdf (4 pages)

## 2.2.

### Chief Executive's Report

*Chief Executive/ Attachment*

 2.2a Chief Executive REPORT JULY 23 final.pdf (5 pages)

 2.2b HEIW Quarterly Leadership Update.pdf (7 pages)

10:45 - 10:45

0 min

## 3.

### STRATEGIC MATTERS

#### 3.1.

##### Approval of the Annual Education and Training Plan 2024/25 for submission to Welsh Government

*Medical Director/Director of Nurse and Health Professional Education/ Attachment*

 3.1a Education and Training Plan Cover Paper for Board(Final).pdf (5 pages)

 3.1b - Education and Training Plan 2024\_25 v 2.1FINAL.pdf (51 pages)

 3.1c - Education and Training Plan Appendices 2024\_25 v2.0FINAL.pdf (50 pages)

#### 3.2.

##### Education and Training Plan Task and Finish Group


*Director of Digital Development/ Attachment*

 3.2 Education and Training Task and Finish Group.pdf (8 pages)

#### 3.3.

##### Update on the Strategic Nursing Workforce Plan

*Director of Nurse and Health Professional Education/ Attachment*

 3.3 Strategic Nursing WFP(F).pdf (8 pages)

#### 3.4.

##### Mental Health Procurement

*Deputy Director of Workforce and OD/ Attachment*

 3.4 Procurement Actions.docx(F).pdf (7 pages)




Griffiths Sarah  
26/07/2023 16:44:07

## GOVERNANCE, PERFORMANCE AND ASSURANCE

### 4.1.

#### Annual Accountability Report 2022/23: Annual Governance Statement, Remuneration and Staff Report, Welsh Parliament Accountability and Audit Report



*Board Secretary/ Attachment*

-  4.1a - Annual Accountability Report BD230727 (F).pdf (3 pages)
-  4.1b - Appendix 1 - Final Governance Statement 2022-23 (F D)(05.05.23).pdf (29 pages)
-  4.1c Appendix 2 - Remuneration Staff Report 2022-23 - Final.pdf (15 pages)
-  4.1d - Appendix 3 - The Welsh Parliament Accountability and Audit Report MP.pdf (6 pages)

### 4.2.

#### Performance Report 2022/23

*Board Secretary/ Attachment*

-  4.2a - Performance Report BD230727 (F).pdf (3 pages)
-  4.2b - 2022-23 Performance Report (F Draft)(26.07.23) DB .pdf (56 pages)

### 4.3.



#### Audit and Assurance Committee Review of Accounts and Public Disclosure Statements

*Audit and Assurance Committee Chair/ Verbal*

### 4.4.

#### Final Accounts for 2022/23



*Director of Finance, Planning and Performance/ Attachment*

-  4.4a Annual Accounts Cover Paper V2.pdf (4 pages)
-  4.4b - Appendix 1 - 12 HEIW SHA 2022-23 Template V5 Final Audited.pdf (66 pages)

### 4.5.

#### Audit Wales – Audit of Financial Statements Report (ISA 260) and Letter of Representation 2022/23




*Director of Finance, Planning and Performance/ Attachment*

-  4.5a - Audit of Financial Statements Report (ISA260) and Letter of Representation (F).pdf (1 pages)
-  4.5b 2022-23 Audit Accounts Report (Eng).pdf (22 pages)

### 4.6.

#### Finance Report

*Director of Finance, Planning and Performance/ Attachment*

-  4.6a Director of Finance Report Month 03 23-24 (F).pdf (8 pages)
-  4.6b Appendix 1- Finance Paper M3.pdf (2 pages)
-  4.6c Appendix 2 MMR Template - HEIW June 23.pdf (35 pages)

### 4.7.

#### Review of Standing Orders



*Board Secretary/ Attachment*

-  4.7a - Review of Standing Orders BD230727 (Final).pdf (3 pages)
-  4.7b Current - Standing Orders V6-0723 (ENG).pdf (76 pages)

### 4.8.

#### Corporate Risk Register



*Board Secretary/ Attachment*

-  4.8a - Corporate Risk Register BD270723.pdf (4 pages)
-  4.8b - Corporate Risk Register 2023-24 (July).pdf (6 pages)

#### **4.9.**

### **Board Assurance Framework including Strategic Risks**



*Board Secretary/Attachment*

-  4.9a Board Assurance Framework Cover Paper (F). docx.pdf (6 pages)
-  4.9b Board Assurance Framework(F) .pdf (8 pages)

#### **4.10.**

### **Welsh Language Annual Report**

*Board Secretary/Attachment*

-  4.10a Welsh Language Annual report 2022 Cover Paper(F).pdf (4 pages)
-  4.10b Welsh Language Annual Report June 23(F).pdf (17 pages)

#### **4.11.**



### **To Receive Key Issues Reports from Committees:**

*Committee Chair/ Attachment*

##### **4.11.1.**

### **Audit and Assurance Committee held on 13 July 2023 and 20 July 2023 including Risk Management Policy**



*Committee Chair/ Attachment*

-  4.11.1a - Key Issues Report - AAC 13 July 2023 and 20 July 2023 (Open)(F).pdf (6 pages)
-  4.11.1b Appendix 2 DRAFT Risk Management Policy V4.pdf (13 pages)

##### **4.11.2.**

### **Education, Commissioning and Quality Committee held on 17 July 2023 including ECQC Annual Report**

*Committee Chair/ Attachment*

-  4.11.2a - Key Issue Report - ECQC 17 July 2023 (Final).pdf (6 pages)
-  4.11.2b - Education Commissioning and Quality Committee Annual Report 22-23 (Open).pdf (6 pages)

#### **4.12.**

### **In Committee Decisions**

*Board Secretary/ Attachment*

-  4.12a - In Committee Decisions BD230727 (F).pdf (4 pages)

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10:45 - 10:45

## **5.**

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## **FOR INFORMATION/NOTING**

*None*

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10:45 - 10:45

## **6.**

0 min

## **OTHER MATTERS**

### **6.1.**

Griffiths, Sarah  
26/07/2023 16:44:07



## Any Other Urgent Business

*Chair/Verbal*

### 6.2.

#### Dates of Next Meetings

HEIW **Board Development Session** to be held on **31 August 2023** via Conference Room, Ty Dysgu, Nantgarw, CF15 7QQ

HEIW **Board and Annual General Meeting** to be held on **28 September 2023** Conference Room, Ty Dysgu, Nantgarw, CF15 7QQ

Griffiths Sarah  
26/07/2023 16:44:07

## HEALTH EDUCATION AND IMPROVEMENT WALES (HEIW)

**Open Board Meeting**  
**10:45-14:45**  
**to be held on Thursday, 27 July 2023**  
**Via Conference Room, Ty Dysgu**

### AGENDA

<b>PART 1</b>	<b>PRELIMINARY MATTERS</b>	<b>10:45 - 11:05</b>
1.1	Welcome and Introductions	Chair/Verbal
1.2	Apologies for Absence	Chair/Verbal
1.3	Declarations of Interest	Chair/Verbal
1.4	Good news story – All Wales Healthcare Student PACT – Partnership, Accountability, Credibility, Trust	Director of Nurse and Health Professional Education/ Head of Placement Experience and Improvement/ Presentation
1.5	Draft Minutes of the Board meeting held on 18 May 2023	Chair/Attachment
1.6	Action Log from the Board meeting held on 18 May 2023	Chair/Attachment
1.7	Matters Arising	Chair/Verbal
<b>PART 2</b>	<b>CHAIR AND CHIEF EXECUTIVE REPORTS</b>	<b>11:05 - 11:15</b>
2.1	Chair's Report and Affixing of the Common Seal  2.1.1 – Chair's Report 2.1.2 – Affixing of the Common Seal	Chair/Attachment
2.2	Chief Executive's Report	Chief Executive/ Attachment
<b>PART 3 (1)</b>	<b>STRATEGIC MATTERS</b>	<b>11:15 - 11:55</b>
3.1	Approval of the Annual Education and Training Plan 2024/25 for submission to Welsh Government	Medical Director/Director of Nurse and Health Professional Education/ Attachment
3.2	Education and Training Plan Task and Finish Group	Director of Digital Development/ Attachment
	<b>BREAK</b>	<b>11:55 – 12:05</b>
<b>PART 3 (2)</b>	<b>STRATEGIC MATTERS (CONTINUATION)</b>	<b>12:05 – 12:40</b>
3.3	Update on the Strategic Nursing Workforce Plan	Director of Nurse and Health Professional Education/ Attachment
3.4	Mental Health Procurement	Deputy Director of Workforce and OD/ Attachment
	<b>LUNCH</b>	<b>12:40 – 13:00</b>

<b>PART 4 (1)</b>	<b>GOVERNANCE, PERFORMANCE AND ASSURANCE</b>	<b>13:00 – 13:55</b>
4.1	Annual Accountability Report 2022/23: <ul style="list-style-type: none"> <li>• Annual Governance Statement</li> <li>• Remuneration and Staff Report</li> <li>• Welsh Parliament Accountability and Audit Report</li> </ul>	Board Secretary/ Attachment
4.2	Performance Report 2022/23	Board Secretary/ Attachment
4.3	Audit and Assurance Committee Review of Accounts and Public Disclosure Statements	Audit and Assurance Committee Chair/ Verbal
4.4	Final Accounts for 2022/23	Director of Finance, Planning and Performance/ Attachment
4.5	Audit Wales – Audit of Financial Statements Report (ISA 260) and Letter of Representation 2022/23	Director of Finance, Planning and Performance/ Attachment
4.6	Finance Report	Director of Finance, Planning and Performance/ Attachment
	<b>BREAK</b>	<b>13:55 – 14:05</b>
<b>PART 4 (2)</b>	<b>GOVERNANCE, PERFORMANCE AND ASSURANCE (CONTINUATION)</b>	<b>14:05 – 14:40</b>
4.7	Review of Standing Orders	Board Secretary/ Attachment
4.8	Corporate Risk Register	Board Secretary/ Attachment
4.9	Board Assurance Framework including Strategic Risks	Board Secretary/ Attachment
4.10	Welsh Language Annual Report	Board Secretary/ Attachment
4.11	To Receive Key Issues Reports from Committees:  4.11.1 Audit and Assurance Committee held on 13 July 2023 and 20 July 2023 including Risk Management Policy  4.11.2 Education, Commissioning and Quality Committee held on 17 July 2023 including ECQC Annual Report	Committee Chair/ Attachment
4.12	In Committee Decisions	Board Secretary/ Attachment
<b>PART 5</b>	<b>FOR INFORMATION/NOTING</b>	
	None	
<b>PART 6</b>	<b>OTHER MATTERS</b>	<b>14:40 – 14:45</b>
6.1	Any Other Urgent Business	Chair/Verbal
6.2	Dates of Next Meetings: <ul style="list-style-type: none"> <li>• HEIW <b>Board Development Session</b> to be held on <b>31 August 2023</b> via Conference Room, Ty Dysgu, Nantgarw, CF15 7QQ</li> <li>• HEIW <b>Board and Annual General Meeting</b> to be held on <b>28 September 2023</b> Conference Room, Ty Dysgu, Nantgarw, CF15 7QQ</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.

Griffiths Sarah  
26/07/2023 16:44:07



GIG  
CYMRU  
NHS  
WALES

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

# Board presentation - Practice learning support initiatives Cyflwyniad Bwrdd - Mentrau cymorth dysgu ymarfer

Dr. Simon Cassidy

Pennaeth Profiad a Gwellu Lleoliadau, Addysg a  
Gwellu Iechyd Cymru

Head of Placement Experience and Improvement  
Health Education and Improvement Wales

Gwyneth Sarah  
26/07/2023 16:44:07

# All Wales Healthcare Student Partnership Accountability Credibility Trust

<https://heiw.pagetiger.com/pact-pledges/cymraeg> <https://heiw.pagetiger.com/pact-pledges/1>



**All Wales Healthcare Student PACT**  
Supporting healthcare students' safe entry into practice learning environments

## Pledge 9

**Accountability - Responding to feedback and concerns**

We will live up to the principles of compassionate leadership, fairness, and transparency, and expect the same of you as a healthcare profession student and trainee.

Visit the HEIW leadership resources at this web page.

Home page





**All Wales Healthcare Student PACT**  
Supporting healthcare students' safe entry into practice learning environments

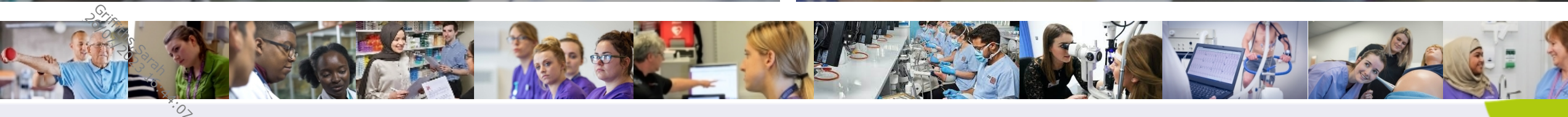
## Pledge 11

**Credibility - Supporting quality supervision and assessment**

We want your placement experiences to help you develop personally and professionally and we expect you to be active participants in your own learning and take advantage of learning opportunities that arise.

Home page







### Postcard of appreciation



Rwyf wir wedi gwerthfawrogi eich cefnogaeth a'ch anogaeth yn ystod fy hyfforddiant tuag at ddod yn Nyrs Oedolion.

I have really valued your support in becoming a Adult Nurse.

**Diolch Nina**

Roeddiet t'n groesawgar iawn,  
cymerast amser i ddysgu a rhoi  
rhesymeg tu ôl i bopeth oeddet t'n ei  
wneud. Roeddiet t'n drylwyr iawn  
wrth ofalu am gleillion. Fydydych chi wir  
yn OFALGAR Fy ddysgogoch chi fi mor  
dda. Dwi mor falch fy mod i wedi  
cwrdd â chi ar fy nhaith nysio

Charmaine Odame  
Nyrs Odolion



## 6/582



Rwyf wir wedi gwerthfawrogi eich cefnogaeth a'ch anogaeth yn ystod fy hyfforddiant tuag at ddod yn Nyrs Plant.

I have really valued your support and encouragement during my training toward becoming a Child Nurse.

**Diolch  
Joanne**

Mae eich cefnogaeth a'ch anogaeth drwy gydol y feclad hwn wedi bod yn wych. Roeddech chi a gwerddill y tîm yn fynod groesawgar. O'r tro cyntaf i mi gerdded drwy'r drws rydw i wedi teimlo'n gynywysedig o'r eiddad hon. Rwyf wedi dysgu llawer ac wedi cael cymaint o wybodaeth y byddaf yn ei ddiatblygu drwy gydol fy nysgu a fy ngyrfa.

Elinor Ridout  
Nyra Plant

### Postcard of appreciation

### Postcard of appreciation



**Diolch yn fawr**

Rwyf wedi gwir werthflawrogi dy gefnogaeth ar fy rhith i ddod yn fydwraig nys.

Roedd eich ymroddiad i'ch cleifion a'u teuluoedd yn ysbrydoledig. Roedd eich yn gweithio'n rhagweithiol ac yn ddi-baid i sicrhau'r canlyniadau gorau i blant ac yn mynd y tu hant i'r arfer i gynig cefnogaeth i ofalwyr. Roedd eich ch'n rhagweithiol yn barhaus yn fy nysgu ac yn fy annog i gymryd rhan mewn cyfleoedd dysgu. Roedd popeth a sylwais amdanoch yn ystod ymarfer nysio Anabiedd Dysgu o safon aur.



“

My confidence in myself has increased massively

**I was immediately reassured from day one**

You're patient, kind and worth your weight in gold

You have inspired me in how to give the best compassionate care

**I was never just a student**

I hope to be like you when I am a supervisor and help other students the way you have helped me

It's because of you I feel inspired to be the best mental health nurse I can. You have shown me what empathy is all about.

I know the skills I have learnt will be transferable through my student life and into registration for many years to come and I'm forever grateful

**Your friendliness put me at ease straightaway**

I am more determined than ever to become a great nurse and follow in your footsteps

**Being on placement is scary enough, but you made me feel really comfortable and never silly. You really encouraged me to get stuck in and be part of the team**

The NHS is lucky to have you as are students learning under your care. You were genuinely interested in my progress from the first day.

**You gave me confidence to grow professionally**

The atmosphere on shift is amazing. You have shown me a different way of working and massively inspired the way I will work in the future.

You took me under your wing

**The confidence you gave me was amazing**

**You instantly made me feel at ease and part of the team**

**I am forever thankful**

You debriefed us on some traumatic scenes and encouraged our involvement in all aspects of the placements. We can't thank you enough.

**You helped me start feeling the transition from student to registrant**

**I'm inspired by your dedication**

You are outstanding in helping students shape the professional they want to become

**There were so many meaningful opportunities**

All my learning was so valuable and enjoyable

**You brushed away a first-year student's nerves with a smile and a "let's go" attitude**

You were my supervisor but also someone I could share things with. We had laughter and tears!

Your faith in me and your compassionate leadership style has inspired me at work and in my own life

**You always had a smile**

You have such a caring presence and always made time for me and my learning. I am grateful to have met you.

**I felt very encouraged by you whilst struggling with my own mental health difficulties**

You helped me get over my biggest fears and gave me so many opportunities to use my clinical skills

**You are an amazing role model**

Thank you so much for upholding such high standards. You have had such a huge impact on my understanding of being a healthcare worker.

”

**Inspiring personal and professional development in practice**

I knew my learning and development was so important to you

I wouldn't have made it this far if it wasn't for you. I'm forever indebted to you

I would never have pushed myself that much if it wasn't for you

**I just simply wanted to say thank you**

You left such a positive imprint on my professional journey

You engaged students whilst being so busy

**Your kindness and compassion sprinkled over everything**

You were so supportive and approachable always with time to teach and ensure I had opportunities for learning. Whilst you did this you made me laugh which is so important to feel comfortable to learn.

**If I could be half the registrant that you are**

From the first time I walked through the door I felt included in such a welcoming team

You genuinely care about students, and we all felt heard and seen by you

You already knew my name when I arrived on placement

The teaching has been outstanding and the support and kindness in making me feel welcome has been fantastic

**Your acceptance and those small silences allowed me to challenge myself. It's a space that I will create when working with others**

**I sincerely hope we will work together again**

Griffiths, Sarah  
26/07/2023 16:44:07





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

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

**Unconfirmed Minutes of the HEIW Board Meeting**  
**held on 18 May 2023 at 11:00am**  
**via Zoom/ Teleconference and Meeting Room 1, Ty Dysgu**

**Present:**

Dr Chris Jones	Chair
Dr Ruth Hall	Independent Member/Vice-Chair
Gill Lewis	Independent Member
Tina Donnelly	Independent Member
Prof. John Gammon	Independent Member
Donna Macarthur	Independent Member
Alex Howells	Chief Executive
Julie Rogers	Director of Workforce and OD and Deputy Chief Executive
Lisa Llewelyn	Director of Nurse and Health Professional Education
Glyn Jones	Director of Finance, Planning and Performance

**In attendance:**

Sian Richards	Director of Digital Development
Angie Oliver	Deputy Director of Workforce and Organisational Development
Michele Sehrawat	Head of Pharmacy Workforce Planning and Consultant Practice
Christian Favager	IETP Strategic Programme Manager
Margaret Allan	Pharmacy Dean
Helen Cade	Communication and Engagement Manager
Dafydd Bebb	Board Secretary
Huw Owen	Welsh Language Manager
Sarah Griffiths	Corporate Governance Manager (Secretariat)

<b>PART 1</b>	<b>PRELIMINARY MATTERS</b>	<b>Action</b>
<b>1805/1.1</b>	<b>Welcome and Introductions</b>	
	The Chair welcomed everyone to the meeting and a quorum was confirmed present. The Chair welcomed Donna Macarthur, Independent Member and Glyn Jones, Director of Finance, Planning and Performance to the Board.	
<b>1805/1.2</b>	<b>Apologies for absence</b>	
	Apologies were received from Prof. Pushpinder Mangat, Medical Director. It was noted that Margaret Allan, Pharmacy Dean, was in attendance in his place.	
<b>1805/1.3</b>	<b>Declaration of interest</b>	
	No declarations of interest were received.	
<b>1805/1.4</b>	<b>Good News Story: Welsh Language Placement Videos</b>	
	A selection of Welsh Language Placement Videos was presented to the Board. The videos showed medical students from across Wales and highlighted instances where they had used the Welsh language positively during their clinical placements.	

	The Board welcomed the videos and thanked the learners for their participation.	
<b>1805/1.5</b>	<b>To receive and confirm the minutes of the Board Meeting held on 30 March 2023</b>	
	The Board <b>received</b> the minutes of the meeting held on 30 March 2023 and <b>confirmed</b> they were an accurate record of the meeting.	
<b>1805/1.6</b>	<b>Action Log from the Board meeting held on 30 March 2023</b>	
	The Board <b>received</b> the Action Log and <b>noted</b> that all the actions were either complete or in progress. It was noted that action 3003/4.11.1, which related to an ISA315 guide, was still in progress and a training date was in the process of being agreed with Audit Wales for the Executive Team and the Senior Leadership Team.	
<b>1805/1.7</b>	<b>Matters Arising</b>	
	There were no matters arising.	
<b>PART 2</b>	<b>CHAIR AND CHIEF EXECUTIVE REPORTS</b>	
<b>1805/2.1</b>	<b>Chair's Report</b>	
	<p>The Board <b>received</b> the report.</p> <p>Introducing the report, the Chair updated the Board on the range of activities and meetings undertaken by the HEIW Chairman and Vice Chair since the last Board meeting.</p> <p>It was noted that the Welsh Language Student Placement Videos and the Train, Work, Live videos demonstrated how HEIW continued to work towards widening access to education and training and attracting and encouraging to people to come to Wales to ensure a sustainable workforce for the NHS.</p> <p>It was confirmed that the annual review process had been completed with all Independent Members. Two new Independent Members had been appointed to HEIW, Donna Macarthur who joined HEIW's Board in April and Jane Sadgrove who would be joining in September.</p> <p>It was noted that the Chair had attended the Welsh Government's Anti-Racism Leadership event.</p> <p>It was confirmed that Ruth Hall had attended a Research and Development Champions Group where members discussed the NHS Wales Research and Development Framework. A Board Development Session would be held in the Autumn to discuss the Research and Development Framework, the organisations and Boards understanding of this and the approach.</p> <p>Members considered and ratified the Chair's Actions within the report.</p>	<b>DB</b>
<b>Resolved</b>	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>noted</b> the content of the report.</li> <li>• <b>approved</b> the appointment of Donna Macarthur as a member of the Audit and Assurance Committee.</li> <li>• <b>ratified</b> the following Chair's Actions as outlined more fully in paragraph 10 of the paper:</li> </ul>	

Griffiths, Sarah  
26/07/2023 16:44:07

	<p><b>Chair's Action 1</b> - Chair's Action undertaken on 30 March to appoint Glyn Jones as Director of Finance, Planning and Performance.</p> <p><b>Chair's Action 2</b> - Chair's Action undertaken on 30 March to approve a paid bank holiday for the King's Coronation.</p>	
<b>1805/2.2</b>	<b>Chief Executives Report</b>	
	<p>The Board <b>received</b> the report.</p> <p>Introducing the report, Alex Howells updated the Board on the range of activities and meetings undertaken since the last Board meeting. It was noted that end of year service reviews had taken place with teams across HEIW. It was confirmed that the Integrated Medium-Term Plan 2023-26 (IMTP) was submitted to Welsh Government and a review meeting took place on 9 May. It was noted that formal feedback from Welsh Government was expected.</p>	
<b>Resolved</b>	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>noted</b> the report for information.</li> </ul>	
<b>PART 3</b>	<b>STRATEGIC MATTERS</b>	
<b>1805/3.1</b>	<b>Approval of Strategic Pharmacy Workforce Plan</b>	
Griffiths, Sarah 26/07/2023 16:44:07	<p>The Board <b>received</b> the final plan.</p> <p>Introducing the report, Margaret Allan highlighted that extensive work had taken place over a twelve-month period to develop a plan in consultation with partners which now required Board approval.</p> <p>In presenting the report, Michele Sehrawat confirmed that following the draft plan being submitted to the Board in January, a consultation had taken place and responses recorded a high level of support for the proposed actions. Thirty-one actions were included within the plan in aligned with the seven themes of the Workforce Strategy.</p> <p>It was highlighted that the Board had previously considered the development of the plan at a Board Briefing in January 2023. The Steering Group signed off the draft plan in May 2023. The plan was then approved by the Executive Team in May 2023 subject to amendments which were then actioned. It was confirmed that discussions around the cost of implementation, actions and funding were in progress. It was noted that conversations would take place with partners over the summer period regarding the implementation plan. Subject to Board approval, the intention was for the plan to be formally launched on 30 June 2023.</p> <p>The Board sought reassurances on implementation of the plan, which included the resources available and whether once implemented the plan would address the high attrition rates in pharmacy. It was suggested that the public should be informed of the plan at an early stage.</p> <p>It was noted that resources to deliver on the plan would be included as part of the costed implementation plan.</p>	

	<p>The Board also sought assurances on workforce data and the need to ensure a clear understanding of the workforce in Wales to be able to plan effectively to inform commissioning. It was highlighted that GP practices used a workforce tool, Wales National Workforce Reporting System (WNWRS), and this was being rolled-out to include community pharmacy to provide missing workforce data.</p> <p>It was confirmed that a detailed plan for next phase was in place which included draft implementation actions and stakeholder involvement. It was suggested that the Board be provided with a further report on the detail of the implementation arrangements once the work to finalise the costed implementation plan has been completed.</p> <p>The Chair asked for a list of key points from the Strategic Pharmacy Workforce Plan to be included in a letter to the Minister.</p> <p>The Board welcomed and supported the plan and congratulated the team on the work undertaken.</p>	PM
<b>Resolved</b>	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>approved</b> the Pharmacy Workforce Plan in light of the consultation.</li> <li>• <b>noted</b> the intention for a formal launch event on 30<sup>th</sup> June.</li> <li>• <b>supported</b> the development of a costed implementation plan by September 2023.</li> </ul>	PM
<b>1805/3.2</b>	<b>People and Organisational Development (OD) Strategy 2023-2026</b>	
	<p>The Board <b>received</b> the report.</p> <p>Introducing the report, Julie Rogers confirmed that the strategy had undergone significant consultation since the first draft was shared with the Board in a Board Development Session in February. It was confirmed that the paper shared with the Board was the final draft. Thirty-eight objectives for 2023-26 were included in the plan which were set under seven themes aligned to the Workforce Strategy for Health and Care. It was confirmed that implementation progress updates would be shared with the Board and that the aim was for the Strategy to be formally launched at the Staff Conference in June 2023.</p> <p>It was confirmed that engagement had taken place with the sessional workforce and that a number of actions were included in the strategy in this area.</p> <p>The Board was advised that updates on the implementation would be provided through the IMTP quarterly performance framework reporting and annual reporting to the Board.</p> <p>The Board welcomed the report and thanked Rhiannon Williams, Foula Evans and teams for their work.</p>	JR
<b>Resolved</b>	Members <b>approved</b> the final draft of the People and OD Strategy 2023-2026.	
<b>1805/3.3</b>	<b>Update on Strategic Mental Health Workforce Plan (SMHWFP)</b>	
	The Board <b>received</b> the report.	

	<p>In presenting the report, Angie Oliver provided an update on the progress in implementing the Strategic Mental Health Workforce Plan (SMHWFP). It was confirmed that a full draft implementation plan had been developed and that plans were in place to spend the full funding allocation for 2023-24.</p> <p>It was highlighted that the first costed SMHWFP for health and social care had been submitted to Welsh Government in June 2022. Welsh Government had approved both education and training and workforce and OD elements of the proposed budget and agreed to support the full resourcing of the costed plan. Since the launch of the plan in November 2022, a number of actions had been progressed in areas of education and training, new workforce models and attraction and recruitment. It was confirmed that a Multi-stakeholder Implementation Board had been meeting monthly since December 2022.</p> <p>It was highlighted that professions were being upskilled to be able to use the strategy in practice. It was confirmed that the plan was developed and implemented in partnership with Social Care Wales.</p> <p>It was confirmed that a Retention Guide was being developed for the whole workforce, being led by the team developing the Strategic Workforce Plan for Nursing.</p> <p>It was suggested that progress on the implementation should be reported externally, and that learning should be captured. Discussions had taken place regarding commissioning an independent evaluation of the strategy.</p> <p>The Board welcomed the report and thanked the team.</p>	
<b>Resolved</b>	<p>Members:</p> <ul style="list-style-type: none"> <li>• <b>noted</b> the paper which was provided for assurance. Given the importance of this work a further update would be provided in Q4 23/24.</li> <li>• <b>It was agreed that</b> the development of the retention guide to be presented to the Board in June/July 2023.</li> </ul>	<b>JR</b> <b>LL</b>
<b>1805/3.4</b>	<b>HEIW Resource Plan 2023-24</b>	
	<p>The Board <b>received</b> the report.</p> <p>Introducing the report, Glyn Jones highlighted the approach taken to establish the 2023-24 budgets delegated to budget holders in line with the Integrated Medium-Term Plan 2023-26 (IMTP).</p> <p>It was noted that HEIW had established a 2023-24 Resource Plan, based on the 2023-26 IMTP, which set out the basis for setting a balanced financial plan and delegation of budgets.</p> <p>It was noted that HEIW had a statutory duty to break even at the financial year end. To ensure the duty was achieved, delegated budgets were established. Expenditure against agreed budgets was routinely</p>	

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	<p>monitored as part of effective budgetary control and financial governance. The total funding allocated was £327.41M.</p> <p>It was confirmed that the finance team would be assessing risk and opportunities around financial resources throughout the year and would advise on the reallocation of funds, as appropriate. An underspend was reported in 2022/23 and it was agreed that a summary would be provided to the Board on the reasons for the 2022/23 underspend. Communication would take place between budget holders, the Senior Leadership Team and finance to ensure opportunities for fund reallocation would be identified at the earliest opportunity.</p> <p>It was confirmed a data task and finish group had been established and were looking at performance data and updating the dashboard. It was confirmed that the dashboard would be presented to the Executive Team at the end of June.</p> <p>The Board welcomed the report and thanked the finance team for their involvement in the exercise.</p>	<b>GJ</b>
<b>Resolved</b>	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>agreed</b> the methodology utilised in establishing the 2023-24 delegated budgets.</li> <li>• <b>noted</b> the financial framework as set out in the IMTP.</li> <li>• <b>noted</b> and <b>considered</b> the key risks and opportunities outlined, including the ongoing work to effectively manage the use of resources.</li> <li>• <b>welcomed</b> the development and improvements in data.</li> </ul>	
<b>1805/3.5</b>	<b>“More Than Just Words” – Developing HEIW’s capacity</b>	
	<p>The Board <b>received</b> the report.</p> <p>In presenting the report, Dafydd Bebb provided an update on the additional resources allocated by HEIW to meet the actions assigned to the organisation by the Welsh Government’s More than Just Words Five Year Plan (MTJW Plan) and the National Workforce Implementation Plan (NWIP) in respect of Welsh Language.</p> <p>It was noted that MTJW and NWIP had allocated several actions to HEIW to support the improvement of the Welsh language skills of the NHS Wales workforce. The actions included HEIW taking on national roles for the first time in respect of the Welsh language to implement the numerous actions contained in both plans. HEIW was not established originally to undertake a national role in respect of Welsh Language and therefore additional capacity needed to be developed for the new responsibility.</p> <p>It was highlighted that three additional resources had been agreed by the Executive Team, one permanent role and two, two-year fixed term roles. A formal process was being undertaken to establish the roles pay scale bandings in line with national requirements.</p>	
<b>Resolved</b>	<p>Members:</p> <ul style="list-style-type: none"> <li>• <b>noted</b> and <b>supported</b> the steps being taken to develop HEIW’s capacity to respond positively to the requirements of:</li> </ul>	

	<ul style="list-style-type: none"> <li>○ the More Than Just Words Five Year Plan and</li> <li>○ the actions associated in respect of the Welsh Language by the National Workforce Implementation Plan.</li> </ul>	
<b>PART 4</b>	<b>GOVERNANCE, PERFORMANCE, AND ASSURANCE</b>	
<b>1805/4.1</b>	<b>Finance Report</b>	
	<p>The Board <b>received</b> the report.</p> <p>Introducing the report, Glyn Jones updated the Board on the financial position reported for April 2023 (month 1) of the 2023-24 financial year. The report highlighted that there was an underspend of £2,421 as at 30 April 2023. Detailed work was being undertaken on the variances identified.</p> <p>The report highlighted that HEIW had a discretionary capital allowance of £88k for the year and proposals for the use of capital funding were being prepared. Further proposals were being developed, should additional capital funding become available during the financial year.</p> <p>It was noted that the target to pay 95% of all non-NHS invoices within 30 days was not met during 2022/23. Indicative figures for April 2023 showed that performance for both NHS and Non-NHS suppliers would be about 96.3% for the month. It was confirmed that a report would be provided to the Audit and Assurance Committee on the reasons for not meeting the target in 2022/23 and actions being taken to improve timely payment of suppliers.</p>	<b>GJ</b>
<b>Resolved</b>	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>noted</b> the underspent financial position reported for HEIW at month 1.</li> <li>• <b>noted</b> that further proposals were being developed, in support of HEIW's objectives, should financial resources become available in line with Board discussions.</li> <li>• <b>noted</b> the summarised explanation of key variations by Directorate.</li> <li>• <b>noted</b> the capital allocation and spend to date, and</li> <li>• <b>noted</b> the Balance Sheet position.</li> </ul>	
<b>1805/4.2</b>	<b>Quarter 4 Performance Report</b>	

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	<p>The Board <b>received</b> the report.</p> <p>In presenting the report, Alex Howells provided an overview of the performance for 2022/23. The report provided the highlights for each strategic aim, the financial position for each strategic position and performance and quality information for education and training internal organisational performance. Overall HEIW had achieved the majority of commitments and plans. The main challenge that affected organisation performance during the year related to the commissioned programmes for undergraduate nursing.</p> <p>It was confirmed that no areas were RAG rated as red. The Executive Team had discussed whether areas should be assessed as red or amber and decided areas that had been partially delivered, with no impact on overall performance and were not time critical should be assessed as amber.</p> <p>It was noted that the PADR completion rate was low, and conversations had taken place with teams to increase compliance. It was confirmed that upon reflection that PADR performance should have been RAG rated as red.</p> <p>It was confirmed that the mandatory training rate was 84% which was below the 85% target. It was recognised that HEIW had increased compliance in this area, however there was more to do to achieve the compliance rate. It was confirmed that there was minimum risk to the organisation due to the roles being undertaken.</p> <p>It was noted that the Board needed to be assured on performance across the organisation and that assurances needed to be provided on how the objectives contained within HEIW strategies were being implemented and delivered. The problems being seen with recruitment and retention onto courses in Higher Education Institutions had implications on commissioning and performance which related to risk 18 in the corporate risk register.</p> <p>It was highlighted that a task and finish group had been established to oversee implementation of the current year's Education &amp; Training Plan to ensure additional and clear focus on achieving fill rates. It was agreed that an exception report would be presented to the Board on work of the task and finish group in relation to commissioning dashboards, progress and findings.</p>	SR
<b>Resolved</b>	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>reviewed</b> the report as an opportunity to provide assurance.</li> <li>• <b>Identified</b> risks, in line with the Education, Commissioning and Quality Committee, and <b>welcomed</b> the offer of an exception report being presented to the Board in July.</li> </ul>	
<b>1805/4.3</b>	<b>NHS Performance Framework – Foundational Economy WG Bi-Annual Report</b>	
	The Board <b>received</b> the report.	



	<p>In presenting the report, Glyn Jones outlined some of the key areas of HEIW's progress in embedding the principles of the foundational economy during the period 1 September 2022 to 31 March 2023. It was confirmed that as part of the NHS Wales Performance Framework 2022/23, HEIW were required to report on progress in embedding the principles of the foundational economy.</p> <p>It was noted that updates were provided by Senior Responsible Officers on the actions implemented to support embedding of foundational economy principles. The reporting template highlighted four areas of focus. The second of two bi-annual updates was submitted to Welsh Government on 14 April 2023 following Executive Team approval.</p>	
<b>Resolved</b>	<p>Board Members:</p> <ul style="list-style-type: none"> <li>• <b>welcomed</b> and <b>noted</b> the report submitted to Welsh Government.</li> </ul>	
<b>1805/4.4</b>	<b>HEIW Climate Emergency National Programme Bi-Annual Reporting</b>	
	<p>The Board <b>received</b> the report.</p> <p>Introducing the report, Glyn Jones highlighted that the report outlined progress against the NHS Wales Decarbonisation Strategic Delivery Plan for the period 1 September 2022 to 31 March 2023.</p> <p>The report highlighted that the confidence rating of HEIW achieving a 16% reduction in emissions by 2025 against the NHS Wales 2018/19 benchmark continued to be amber. This had taken into account the further work required to understand HEIW's carbon footprint and the opportunities for carbon reduction which were being finalised.</p> <p>It was noted that there was potentially more to be considered that was not currently captured within the actions in the report. For example, there were wider implications from the training and education commissioned by HEIW. It was highlighted that HEIW was actively looking at recruiting a volunteer to Chair the Green Group.</p>	
<b>Resolved</b>	<p>Board Members:</p> <ul style="list-style-type: none"> <li>• <b>noted</b> the report submitted to Welsh Government.</li> </ul>	
<b>1805/4.5.1</b>	<b>Key Issues Report – Education Commissioning and Quality Committee held on 23 March 2023</b>	
	<p>The Board <b>received</b> the report.</p> <p>In presenting the report, Tina Donnelly highlighted the key issues raised at the Education Commissioning and Quality Committee meeting held on 23 March 2023. It was noted that a verbal update was provided at the last Board meeting in March and the written report paper was now being presented for consideration.</p> <p>It was noted that the Committee received the Medical, Dental and Pharmacy Directorates report and agreed for the report to be further adapted to include the GMC's position on areas of increased risk. The Committee had also received the Nursing and Health Professional Report and agreed that a deep dive would be undertaken into attrition rates.</p>	

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<b>Resolved</b>	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>noted</b> the content of the report from the Chair of the Education, Commissioning and Quality Committee.</li> </ul>	
<b>1805/4.5.2</b>	<b>Key Issues Report – Audit and Assurance Committee held on 6 April 2023 and 3 May 2023</b>	
	<p>The Board <b>received</b> the Key Issues report and the Audit and Assurance Committee Annual Report.</p> <p>In presenting the report, Gill Lewis highlighted the key issues raised at the Audit and Assurance Committee meeting held on 6 April 2023 and 3 May 2023.</p> <p>In the meeting which took place on 3 May 2023, the Committee received the Head of Internal Audit Report and Opinion 2023/23 and the Audit Wales Final Audit Plan and Audit Fee 2023/24. It was noted that Internal Audit was in the process of concluding two internal audits, IT Software/ Systems Development and SLA Arrangements. The time taken for management responses to be received to draft audit reports was RAG rated as red and an action plan was due to be presented to the Committee. Audit Wales had presented their Final Audit Plan and Audit Fee to the Committee. It was confirmed that fees had increased as a result of ISA315. The Committee requested further information regarding the scheduling of payments before approving the plan.</p> <p>The report highlighted that a Counter Fraud Risk Assessment was due to be presented at the next Committee and that Donna Macarthur had been appointed as a new Independent Member to the Audit and Assurance Committee.</p>	
<b>Resolved</b>	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>noted</b> the content of the report from the Chair of the Audit and Assurance Committee (Appendix 1 and Appendix 2) for assurance.</li> <li>• <b>noted</b> the content of the Audit and Assurance Committee's Annual Report (Appendix 3).</li> </ul>	
<b>1805/4.6</b>	<b>Governance Leadership and Accountability Standard</b>	
	<p>The Board <b>received</b> the report.</p> <p>In presenting the report, Dafydd Bebb highlighted that HEIW provided an account of its compliance with the relevant elements of the Corporate Governance Code within its Annual Governance Statement on an annual basis. It was noted that no departures from the Code were reported within the assessment.</p>	
<b>Resolved</b>	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>considered</b> and <b>noted</b> the assessment of the Board's compliance with the Corporate Governance Code for assurance.</li> </ul>	
<b>1805/4.7</b>	<b>Forward Work Programme</b>	
Griffiths, Sarah 26/07/2023 16:44:07	<p>The Board <b>received</b> the report.</p> <p>In presenting the report, Dafydd Bebb highlighted that as part of the Standing Orders, the Board was required to approve its Forward Work Programme on an annual basis. It was noted that the Forward Work Programme set out a framework of the proposed work for the Board and</p>	

	for the Board Development Sessions in 2023/24. The Board welcomed the report and noted that the framework was subject to change depending on topics and issues identified throughout the year.	
<b>Resolved</b>	Members: <ul style="list-style-type: none"> <li>• <b>approved</b> the 2023/24 Board Forward Work Programme at Appendix 1 and for the Board Development Sessions at Appendix 2 and <b>recognised</b> that the Forward Work Programme was in transition and subject to change.</li> </ul>	
<b>1805/4.8</b>	<b>Corporate Risk Register</b>	
	The Board <b>received</b> the report which confirmed that there were eight risks on the Corporate Risk Register (CRR), of which, three had a red status, three an amber status, and two a green status. It was agreed that risk 18 would be reviewed and consideration given to its trajectory and the mitigations.	<b>LL</b>
<b>Resolved</b>	The Board: <ul style="list-style-type: none"> <li>• <b>noted</b> the report for assurance</li> </ul>	
<b>1805/4.9</b>	<b>In-Committee Decisions</b>	
	The Board <b>received</b> the report which highlighted the key issues discussed at the In-Committee Board Meeting held on 30 March 2023 and 27 April 2023.	
<b>Resolved</b>	The Board: <ul style="list-style-type: none"> <li>• <b>noted</b> the report for information.</li> </ul>	
<b>PART 5</b>	<b>FOR NOTING</b>	
	No papers for noting.	
<b>PART 6</b>	<b>OTHER MATTERS</b>	
<b>1805/6.1</b>	<b>Any other Urgent Business</b>	
	<p>The Board <b>received</b> a report on the <b>Grant Award to Social Care Wales (SCW) to support Implementation of specific actions within the mental health workforce plan.</b></p> <p>In presenting the report, Glyn Jones highlighted that the Strategic Mental Health Workforce Plan for Health and Social Care was launched in late 2022. The plan contained a deliverable to complete year one of the plan in partnership with SCW and the Mental Health Network Board. It was highlighted that five actions within the plan had shared responsibilities with SCW and which required funding to be passed to SCW. Within the overall funding allocation, received by HEIW from Welsh Government, £3.37m was identified to implement the actions to be undertaken by SCW, during 2023/24 financial year.</p> <p>Therefore, the Board was asked to approve the transfer of £475k funding to SCW during the 2023/24 financial year, using the HEIW grant mechanism. In future years, arrangements would be made with Welsh Government to transfer appropriate funding directly to SCW.</p>	
<b>Resolved</b>	Members: <ul style="list-style-type: none"> <li>• <b>approved</b> the transfer of funding of £475k to Social Care Wales (SCW) via the HEIW grant mechanism to contribute to the implementation of actions detailed in the Mental Health Workforce Plan, for the 2023-24 financial year.</li> </ul>	
<b>1805/6.2</b>	<b>Dates of Next Meetings</b>	
	The next meeting was confirmed as the HEIW Board Meeting to be held on Thursday 27 July 2023.	

.....  
Chris Jones (Chair)

.....  
Date:

Unconfirmed

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**HEIW Board (Open)**  
**18 May 2023**  
**Action Log**

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

Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
<b>2601/3.4</b>	<b>Impact of Duty of Quality and Candour on HEIW</b>			
	A further update on the implementation of the Duty of Quality and Candour duties to be presented to the Board.	<b>Medical Director</b>	<b>July Board Meeting</b>	<b>Completed</b> Update considered at the April Board Development Session. Item will be further considered at August Board Development Session and September Board.
<b>3003/3.4</b>	<b>Strategic Equality Plan (SEP)</b>			
	Explore the UK Workforce Equality Index.	<b>Deputy Chief Executive and Director of Workforce and OD</b>	<b>Within next update of SEP</b>	<b>An update will be provided in the next update report on the Strategic Equality Plan developments and implementation</b>
<b>3003/4.11.1</b>	<b>Key Issues Report from Audit and Assurance Committee</b>			
Griffiths, Sarah 26/07/2023 16:44:07	An ISA315 guide for Board members to be compiled to assist with understanding the changes and the implications for HEIW.	<b>Board Secretary</b>	<b>May Board Meeting</b>	<b>Closed</b> Audit Wales advised that there is no requirement for training as all HEIW members of staff who are impacted by the new ISA315 requirement have already gone through



Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
				the new process and therefore do not require additional training.
<b>1805/2.1</b>	<b>Chair's Report</b>			
	A Board Development Session to be held in the Autumn to discuss a Research and Development Framework, the organisations and Boards understanding of this and the approach.	<b>Board Secretary</b>	<b>October 2023</b>	<b>Added to FWP</b>
<b>1805/3.1</b>	<b>Approval of Strategic Pharmacy Workforce Plan</b>			
	A costed implementation plan to be developed by September 2023.	<b>Medical Director</b>	<b>September 2023</b>	<b>This is on track to be developed by September 2023</b>
	Provide Chair with key points from the Strategic Pharmacy Workforce Plan to be included in a letter to the Minister.	<b>Medical Director</b>	<b>Mid-June 2023</b>	<b>Completed</b>
<b>1805/3.2</b>	<b>People and Organisational Development (OD) Strategy 2023-2026</b>			
	Updates on implementation of the People and Organisational Development (OD) Strategy to be provided to the Board annually.	<b>Director of Workforce and OD and Deputy Chief Executive</b>	<b>Annually</b>	<b>Completed Plan in place to report annually</b>
<b>1805/3.3</b>	<b>Update on Strategic Mental Health Workforce Plan (SMHWFP)</b>			
	Strategic Mental Health Workforce Plan update to be provided to the Board in Quarter 4 2023/24	<b>Director of Workforce and OD and Deputy Chief Executive</b>	<b>Quarter four</b>	<b>Added to FWP</b>
	Retention Guide to be presented to the Board in the Nursing Workforce Plan Board Briefing.	<b>Director of Nurse and Health Professional Education</b>	<b>June/July 2023 Board Briefing</b>	<b>Completed Board Briefing took place on 22 June 2023</b>
<b>1805/3.4</b>	<b>HEIW Resource Plan 2023-24</b>			

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

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

Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
	Provide a summary to the Board on the reasons for the 2022-23 underspend.	<b>Director of Finance Planning and Performance</b>	<b>July 2023 Board Meeting</b>	<b>Completed July Board Agenda Item</b>
<b>1805/4.1</b>	<b>Finance Report</b>			
	Report to be provided to the Audit and Assurance Committee on the reasons for not meeting the public sector payments for non-NHS invoices target was not met in 2022/23.	<b>Director of Finance Planning and Performance</b>	<b>July 2023 Audit and Assurance Committee</b>	<b>Completed Presented to Audit and Assurance Committee in July</b>
<b>1805/4.2</b>	<b>Quarter 4 Performance Report</b>			
	Exception report to be presented to the Board on work of the task and finish group in relation to commissioning dashboards, progress, and findings.	<b>Director of Digital Development</b>	<b>July 2023 Board Meeting</b>	<b>Completed July Board Agenda Item</b>
<b>1805/4.8</b>	<b>Corporate Risk Register</b>			
	Review risk 18 on the corporate risk register looking in particular at its trajectory and the mitigations.	<b>Director of Nurse and Health Professional Education</b>	<b>May 2023</b>	<b>Completed Risk Register reviewed</b>

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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>27 July 2023</b>	<b>Agenda Item</b>	<b>2.1.1</b>
<b>Report Title</b>	<b>Chair's Report</b>		
<b>Report Author</b>	Dr Chris Jones, Chairman		
<b>Report Sponsor</b>	Dr Chris Jones, Chairman		
<b>Presented by</b>	Dr Chris Jones, Chairman		
<b>Freedom of information</b>	Open		
<b>Purpose of the report</b>	The purpose of this report is to update the Board on the range of activities and meetings undertaken by the HEIW Chairman and Vice Chair since the last Board meeting. Members are also asked to consider and ratify the Chair's Actions undertaken during the reporting period.		
<b>Specific Action Required (please ✓ one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
			<b>Approval</b> ✓
<b>Recommendations</b>	<p>The Board is asked to:</p> <p><b>note</b> the content of the report and</p> <p><b>ratify</b> the Chair's Action undertaken to approve the implementation of the two Welsh Government pay circulars taken on 31 May 2023 as more fully outlined in paragraph 6 of this paper.</p>		

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## CHAIR'S REPORT JULY BOARD 2023

### 1. PURPOSE OF REPORT

The purpose of this report is to update the Board on the range of activities and meetings undertaken by the HEIW Chairman and Vice Chair since the last Board meeting.

### 2. CHAIR'S REPORT JULY 2023

This month marks the 75<sup>th</sup> anniversary of the NHS. Most of us don't remember a time when the NHS has not been here for us. It is not something we should take for granted. Looking back, I believe we should rightly celebrate the vision and dedication of those who have served in the NHS before us and appreciate how each generation contributes and meets new challenges as the NHS continues to renew year on year. The NHS of today delivers more care to more people, crucially free at the point of need.

At this time, as we work to recover from the COVID Pandemic, with ever increasing demand on services, cost of living pressures, a health and care workforce at stretch, we should not lose sight of the inevitable effect of the UK economy on the financial challenges on health and social care and its potential impacts.

HEIW is a strategic organisation, and whilst we are actively supporting our NHS and social care colleagues to meet the workforce demands of today, **we must give focus to the future**. Our educational and training cycles span many years – as much as 12 years for some specialist training. The report published today by the health foundation predicts that by 2040, the number of people living with major illnesses in England will rise nine times faster than the healthy working age population- indicating the population shift will have a major impact on the NHS. We know that current projections suggest a substantial increase of diabetes here in the Welsh population.

HEIW will play its part in ensuring a future workforce that is better planned, better prepared, well trained, and well led. Working with our partners we can rise to these challenges and ensure this generation of leaders and clinicians play their part in the securing an NHS fit for the future, an NHS that gives great care, that values and supports its staff.

### 3. BOARD BUSINESS

Board members attended the NHS Confederation Expo conference in Manchester during June. It was a great opportunity to meet and hear from colleagues across the UK. Key areas discussed included digital and data, inclusion and diversity, workforce, care closer to home together with the integration of health and social. I attended the special session for all NHS Chairs. It was very clear that across the UK, the NHS shares many common challenges.

Flying the flag for Wales, HEIW had a well attended stand generating lots of good contacts and interest. Well done team HEIW.

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Special Board Briefing Sessions enable Board members to give in-depth areas of focus to specific pieces of work. They are of particular interest to independent members in preparation for more formal Board discussion and decision making. In June we focused on the Nursing Workforce Plan and in July the Draft Education and Training Plan.

It was great to meet with colleagues on Thursday, 29 June at a joint Board meeting with Social Care Wales (SCW). The meeting was jointly chaired by Mick Gianassi, Chair of SCW and myself. Angie Oliver and John Day presented an update on Phase 1 of the Strategic Workforce Plan, Ainsley Bladon and Jon Day gave a presentation on progress of the Strategic Mental Health Workforce plan, and Angie and John led a discussion on implementation of phase 2 of our Strategic Workforce Plan for Health and Social Care. We also discussed the Minister's National Workforce Implementation Plan Health and National Workforce Implementation Plan Social Care.

I have completed my annual review with the Minister.

We look forward to welcoming Jane Sadgrove who will join the Board as an independent member on the 1<sup>st</sup> September 2023.

The All-Wales NHS Chairs Peer Group have met in June and July . As well as discussing governance and accountability issues, ministerial priorities, NHS performance, chairs received presentations and updates on accelerated cluster development, Anti Racism Wales, Further Faster, Deep dive on Diabetes. I was able to share an update on our NHS Leadership work which was well received.

On the 20 June 2023 NHS Chairs met with the Minister. The agenda focused on NHS performance, ministerial priorities and future challenges.

#### **4. HIGHLIGHTS**

At the HEIW STAFF CONFERENCE in June we had a really interesting presentation from the Office of the Future Generations Commissioner. It highlighted to me the contribution HEIW can make to this agenda.

On the 16<sup>th</sup> June 2023 I attended the Advanced Clinical Leadership Programme celebration event for cohort 1. This new initiative was developed with the aim of creating a cohort of multi-professional clinicians with the ambition, knowledge and skills to take up formal senior leadership roles in the NHS in Wales and to establish a sustainable support network across Health Board boundaries lasting beyond the programme's timeframe. The event was uplifting and demonstrated real energy and commitment to future leadership in the NHS.

During June and July I attended 3 engagement sessions on the development of the Workforce Plan for Primary Care. It was a real privilege to see the energy enthusiasm and interest at health board level in this important work. On July 18<sup>th</sup> I attended the National Primary Care Workforce Conference – which focused on the feedback from the engagement process. It was an extremely lively and important event led by Dorothy Edwards and the Primary Care team in HEIW. These engagement events are

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so valuable and I know the board is looking forward to seeing the work progress during 2023/24

The Pharmacy Workforce Plan was formally launched on 30<sup>th</sup> June. This was well received. Andrew Evans the Chief Pharmacy Officer spoke eloquently about the importance and impact of this work. There is clearly a lot of commitment to delivering the plan across the wide range of NHS partners in Wales. Well done to and the HEIW Pharmacy Team.

On the 5<sup>th</sup> of July I had the pleasure of opening the Joint HEIW and Aberystwyth University Simulation Conference. It was great to hear the enthusiasm and commitment of the simulation community attended by colleagues from across Wales. Improving outcomes and quality of care is a key part of this agenda. The conference was arranged so that delegates could meet face to face or on line. Many thanks to our partners in Aberystwyth University for hosting.

This week HEIW has a stand at the Royal Welsh Show promoting healthcare education and training highlighting the diverse range of jobs and careers in NHS Wales. A huge amount of effort has gone into making us show-ready and at the time of writing day two is underway. On day one, approximately 300 people came to the stand including the First Minister, Julie Richards Director of RCM Wales, Darren Hughes Director of the Welsh NHS Confederation, and representatives from Careers Wales team. The HEIW Show Team, led by our Communications and Engagement Team and made up of staff from across HEIW, engaged with people of all ages and nationalities. They also heard from NHS Wales colleagues who were really pleased to see HEIW there and promoting NHS careers, particularly in relation to the ongoing workforce challenges. Many members of the public expressed surprise at the range of careers available and opportunities to work in supportive roles such as digital and estates. The team also took advantage of the opportunity to discuss promotional, engagement and recruitment tactics with representatives from other organisations such as the Navy and Army.

## **5. VICE CHAIR'S REPORT**

I attended three NHS Confederation webinars: with the Older Persons' Commissioner for Wales (23.6.23), the Welsh Language Commissioner (14.7.23), and one on Digital Awareness (3.7.23), each worthwhile in HEIW's education and training context as well as more generally.

Vice chairs(Vcs) have met twice: with the Health Minister and Deputy Ministers (12.7.23) and as a peer group (19.7.23). The Minister emphasised the current financial pressures as both a major challenge and an opportunity for change and innovation. In our peer group meeting, VCs noted the vulnerability of longer-term actions, particularly prevention, in the current climate.

As a member of their national group of independent board members, I met representatives of Health and Care Research Wales (19.6.23) to discuss HEIW's role.

Griffiths, Sarah  
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The development of research skills is a significant element in the draft National Research Framework.

I also attended two major events organised by HEIW: the Wales Pharmacy Workforce Plan launch (30.6.23) and the Wales National Primary Care Workforce conference (18.7.23), marking major milestones in HEIW's work programme and both achieved with wide stakeholder involvement.

## **6. CHAIR's Action**

Chair's action was taken on 31 May 2023 to approve the two Welsh Government pay circulars issued on 25 May 2023. The pay circulars related separately to the financial years 2022-23 and 2023-24.

Pay circular for 2022-23. This pay circular applied to Agenda for Change staff ( and HEIW staff on Cardiff University contracts by virtue of the 'mirroring principle' established in 2021). The circular stipulated a ' one off, prorated ' recovery payment' for staff employed on the Agenda for Change terms and conditions.'

Pay circular for 2023-24. This pay circular covered Agenda for Change staff ( and HEIW staff on Cardiff University contracts on the basis outlined above). The circular attached 3 increases:

1. To increase the pay scales for all bands by 5% on top of the pay scales set out in AfC(W) 03/2022.
2. To amend Band 1 and the entry step point of Band 2, so that the salary scales match the top step point of Band 2.
3. To increase the sleeping and on call allowance by 5%.

In accordance with HEIW's Standing Orders, Chair's Action was undertaken by the Chair and Chief Executive after first consulting with two Independent Members to implement the two pay circulars.

## **Ratification of Chair's Action**

The Board is asked to ratify the Chair's Action undertaken to approve the implementation of the two Welsh Government pay circulars outlined above and taken on 31 May 2023.

## **7. RECOMMENDATION**

The Board is asked to:

**note** the content of the report and

**ratify** the Chair's Action undertaken to approve the implementation of the two Welsh Government pay circulars taken on 31 May 2023 as more fully outlined in paragraph 6 of this paper.

Griffiths, Sarah  
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Governance and Assurance			
<b>Link to IMTP strategic aims (please ✓)</b>	<b>Strategic Aim 1: Building our Future Workforce</b> Developing and implementing plans that align the future demand for workforce with supply.	<b>Strategic Aim 2: Developing our Current Workforce</b> Transforming today's workforce to contribute to new models of care which improve quality and safety.	<b>Strategic Aim 3: Shaping Culture and Leadership in NHS Wales</b> Embedding compassionate leadership principles to develop cultures that support inclusion, wellbeing, and quality.
	✓	✓	✓
<b>Quality, Safety and Patient Experience</b>			
There are no direct quality, patient safety and experience issues relating to this report.			
<b>Financial Implications</b>			
There are no direct financial implications of this report			
<b>Legal Implications (including equality and diversity assessment)</b>			
There are no direct legal implications of this report.			
<b>Staffing Implications</b>			
There are no direct staffing implications of this report.			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
The range of activities outlined in the report will contribute to HEIW's approach to the Well Being of Future Generations Act. However, the contributions will be specific to each of the individual areas covered in overview in this report.			
<b>Report History</b>	N/A		
<b>Appendices</b>	N/A		

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

<b>Meeting Date</b>	<b>27 July 2023</b>	<b>Agenda Item</b>	<b>2.1.2</b>
<b>Report Title</b>	<b>Affixing of the Common Seal</b>		
<b>Report Author</b>	Sarah Griffiths, Corporate Governance Manager		
<b>Report Sponsor</b>	Dafydd Bebb, Board Secretary		
<b>Presented by</b>	Chris Jones, Chairman		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	In accordance with Section 7 of the Standing Orders, this paper reports on the use of HEIW's Common Seal and the Register of Sealing.		
<b>Key Issues</b>	<p>Since the last report in July 2022, HEIW has entered into 4 deeds under Phase 2 of the Strategy Review of Health Professional Education. The deeds were signed in duplicate and authorised for sealing in line with Section 7 of the Standing Orders.</p> <p>Each deed has been recorded on HEIW's Register of Sealing and are detailed in Appendix 1.</p>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	✓		
<b>Recommendation</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"><li>• <b>Note</b> the report for information.</li></ul>		

Griffiths Sarah  
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## AFFIXING OF THE COMMON SEAL

### 1. INTRODUCTION

The purpose of the paper is to report on the use of HEIW's Common Seal.

### 2. BACKGROUND

Since the last report in July 2022, HEIW has entered into 4 deeds under Phase 2 of the Strategy Review of Health Professional Education. The deeds were signed in duplicate and authorised for sealing in line with Section 7 of the Standing Orders.

HEIW's Common Seal has been applied to 4 deeds and a record of the sealings has been entered into the Register of Sealing. The deeds relate to the delivery of Phase 2 of the Strategic Review of Health Professional Education.

In accordance with Section 7 of the Standing Orders, the entry into the Register of Sealing was signed by the persons who witnessed the sealing of the deeds being the Chair and the Chief Executive.

### 3. PROPOSAL

Appendix 1 provides an overview of the deeds that have been entered into the Register of Sealing.

### 4. GOVERNANCE AND RISK ISSUES

HEIW's Standing Orders provides that the Board Secretary shall keep a register that records the sealing of every document, and a report of all sealings shall be presented to the Board at least bi-annually.

### 5. FINANCIAL IMPLICATIONS

There are no financial implications in noting the update.

### 6. RECOMMENDATION

Members are asked to **note** the report for information.

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: Building our Future Workforce Developing and implementing plans that align the future demand for workforce with supply.	Strategic Aim 2: Developing our Current Workforce Transforming today's workforce to contribute to new models of care which improve quality and safety.	Strategic Aim 3: Shaping Culture and Leadership in NHS Wales Embedding compassionate leadership principles to develop cultures that support inclusion, wellbeing, and quality.
	✓		
Quality, Safety and Patient Experience			

n/a	
<b>Financial Implications</b>	
There are no direct resource implications related to this report.	
<b>Legal Implications (including equality and diversity assessment)</b>	
There are no legal implications contained within this report.	
<b>Staffing Implications</b>	
There are no direct staffing implications within this report.	
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>	
There are no direct implications on the Act.	
<b>Report History</b>	
<b>Appendices</b>	Appendix 1 – Register of Sealing

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## Appendix 1 - Register of Sealing

No.	Date	Document Details	Signed
51	12/07/23	Grwp Llandrillo Menai and HEIW (x2) Level 4 HCSW (Nursing) Programmes – Lot 1a North Wales Level 4 HCSW (Nursing) Programme Distance Learning Programme	Chris Jones (Chair) Alex Howells (Chief Executive)
52	12/07/23	Swansea University and HEIW Level 4 HCSW (Nursing) Programmes – Lot 1c South West Wales	Chris Jones (Chair) Alex Howells (Chief Executive)
53	12/07/23	University of South Wales (x2) Level 4 HCSW (Nursing) Programmes – Lot 1d South Wales Central Level 4 HCSW (Nursing) Programmes – Lot 1e South East Wales	Chris Jones (Chair) Alex Howells (Chief Executive)
54	12/07/23	Aberystwyth University and HEIW Level 4 HCSW (Nursing) Programmes – Lot 1b Mid Wales	Chris Jones (Chair) Alex Howells (Chief Executive)

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

Meeting Date	27 <sup>th</sup> July 2023	Agenda Item	2.2
Report Title	Chief Executive's Report – January 2023		
Report Author	Alex Howells, Chief Executive		
Report Sponsor	Alex Howells, Chief Executive		
Presented by	Alex Howells, Chief Executive		
Freedom of Information	Open		

Griffiths, Sarah  
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## CHIEF EXECUTIVE'S REPORT – JULY 2023

### 1. INTRODUCTION

The NHS is facing significant financial challenges in 23/24 and it is important that HEIW works collectively with other NHS organisations to maximise the benefit of the investment in education, training and workforce development. We know that workforce constraints in the health and care system is one of the key drivers for the financial pressures, arising in particular from the excess costs of temporary staffing solutions. We also know that workforce constraints have a knock on impact on retention, take up of training opportunities and workforce wellbeing. So it is incumbent on us as the strategic workforce body to ensure that we are focusing our resources, expertise and capacity on workforce solutions that will help our NHS colleagues through these very difficult times, as well as continually improving the efficiency, productivity and value for money of what we do and how we work in HEIW. This will include making difficult decisions and prioritising the investment we receive.

### 2. KEY ACTIVITIES

#### Education and Training Plan 24/25

Following another comprehensive planning process supported by significant levels of stakeholder engagement and input, we are presenting the Board with the Education and Training Plan for 2024/25. Subject to Board approval, this goes forward to Welsh Government for Ministerial decision in October. We recognise that the financial context for consideration of this year's plan is particularly challenging, however, we believe that continuing to invest in education and training is essential given current and future service challenges. I would like to thank everyone who has participated in this process including our external partners, the HEIW staff who have undertaken numerous presentations and engagement and for our Planning Team who have supported the production of a very comprehensive document.

#### Implementing the Education and Training Plan 23/24

We are also updating the Board today on the actions in place to establish a robust approach to the implementation of this year's plan in light of the last year's challenges around fill rates for some programmes. The update includes the additional measures that have been put in place to fill training places as well as the improvements in information flows which will help us respond more quickly. As the Board is aware, not all of this is within our control, but we are aiming to maximise our influence.

#### National Workforce Implementation Plan

As the Board is aware we have a seat on the Strategic Workforce Implementation Board which is overseeing the implementation of the National Workforce Implementation Plan, and it has now met on three occasions. Reporting arrangements and expectations are starting to clarify. The Board will see that one deliverable regarding the Nurse Retention Plan is rated as red/delayed. This is because of additional work undertaken on a generic retention guide and self assessment both of which will support the implementation of the Nurse Retention Plan. The Nurse Retention Plan will be launched in August.

#### Strategic Workforce Plans

A brief update on the development of strategic workforce plans is provided below:

- Following the Board's approval of the Strategic Pharmacy Workforce Plan in May, a launch event was held on 30<sup>th</sup> June which was very well attended, with constructive feedback and discussion to inform the implementation plan.
- An update on the Nursing Workforce Plan is on the agenda, following on from a Board Briefing in June, and building on some of the early priority work around retention and education.
- Good progress also continues to be made on the implementation of the mental health workforce plan, as outlined at the joint Board session with Social Care Wales in June.
- A national primary care conference was held on 18<sup>th</sup> July to mark the conclusion of the engagement phase on the development of the strategic primary care workforce plan, with comprehensive feedback on the views that had been collected, and an opportunity for partners to start to shape the actions.
- A diagnostic workforce plan has been developed following engagement events in the Spring, building on the work we are already engaged in within individual diagnostic programmes, and learning from experience across the UK. This will be presented to the Board in September.

### **NHS Wales Culture, Leadership and Succession Board**

The national Board met in July to receive an update on the new talent pool for aspiring Executive Directors across Wales, and the Development Centre programme that is being developed to support them. Cohort 2 of the Aspiring Chief Executive Programme has also commenced. A more comprehensive update is included in the attached document (Appendix 1).

### **Train Work Live (TWL)**

TWL attended the Royal College of Psychiatrists (RCPsych) Annual Congress for the first time to support the Mental Health workforce plan. The aim was to attract healthcare professionals into Wales. Over 2,600 delegates attended over the 4 days. Over the week the team came away with quality 57 Expressions of Interest with the majority expressing they would move in 6-12 months or 12months+. The strapline used was "In Wales we don't just offer a career, we offer a way of life". This encouraged conversations about the importance of wellbeing, small group community networks and promotion on the cost of living in Wales. RCPsych did some awards throughout the event and we were delighted to win Best Free Build Stand. Health Board representation included – Consultants, Doctors and Trainees from across Wales, team members and recruitment advisors.

### **Annual Reporting**

HEIW's Annual Report 2022-23, which includes the Annual Accounts, Performance Report, and Accountability Report is included within today's Board papers. The Board will be asked to approve the final version of the Annual Report for submission to Welsh Government by 31 July.

Also included within the papers is our Annual Report 2022-23 on the Welsh Language. The report highlights the progress made by HEIW in respect of the Welsh language over the past year focussing on the implementation of our Welsh language scheme.

### **Finance**

The final accounts are included on the Board agenda, and I would like to thank the finance team for their support and professional approach in responding to the changes we have had

Griffiths Sarah  
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to address this year in concluding the process with Audit Wales. The month three financial position is also reported, noting a proposed hand back to Welsh Government of £5m primarily as a consequence of the low fill rates on Spring cohorts in March 22/23. As noted above, further information about actions being taken to address this is included in the paper on implementation of the 23/24 Education and Training Plan.

## **Risk**

The Corporate Risk Register is considered for noting at today's Board. We have been discussing including three additional risks to reflect emerging challenges and the external context. These relate to finance, National Workforce Implementation Plan (NWIP) deliverables and the transitional plan in relation to the Welsh Institute of Minimal Access Therapy.

## **3. RECOMMENDATION**

The Board is asked to **note** this report.

Griffiths, Sarah  
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Governance and Assurance			
Link to IMTP strategic aims (please ✓)	<b>Strategic Aim 1: Building our Future Workforce</b> Developing and implementing plans that align the future demand for workforce with supply.	<b>Strategic Aim 2: Developing our Current Workforce</b> Transforming today's workforce to contribute to new models of care which improve quality and safety.	<b>Strategic Aim 3: Shaping Culture and Leadership in NHS Wales</b> Embedding compassionate leadership principles to develop cultures that support inclusion, wellbeing, and quality.
	✓	✓	✓
<b>Quality, Safety and Patient Experience</b>			
There are no direct quality, patient safety and experience issues relating to this report.			
<b>Financial Implications</b>			
There are no direct financial implications of this report.			
<b>Legal Implications (including equality and diversity assessment)</b>			
There are no direct legal implications of this report.			
<b>Staffing Implications</b>			
There are no direct staffing implications of this report			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
The range of activities outlined in the report will contribute to HEIW's approach to the Well Being of Future Generations Act. However, the contributions will be specific to each of the individual areas covered in overview in this report.			
<b>Report History</b>	The CEO report is presented at each open Board session which is held once every two months.		
<b>Appendices</b>	Appendix 1 – HEIW Quarterly Leadership Update		

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# HEIW QUARTERLY LEADERSHIP UPDATE

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

(APRIL – JUNE 2023)

PREPARED BY HEIW CULTURE, LEADERSHIP & SUCCESSION TEAM





## INTRODUCTION

One of the core responsibilities of **Health Education and improvement Wales (HEIW)** is to deliver, with key partners, a cohesive leadership strategy for health and social care in Wales. Guiding this approach is the Strategy for Health and Care - 'A Healthier Wales' and the Health and Social Care Workforce Strategy outlining our ambition that 'by 2030, leaders in the health and social care system will display collective and compassionate leadership.

The **HEIW Quarterly Leadership Update** will provide the Culture, Leadership & Succession Board information on recent work progressed by HEIW and demonstrate how we are embedding compassionate leadership into NHS Wales systems and processes with focus on quality and impact.

Griffiths, Sarah  
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# CLINICAL LEADER DEVELOPMENT

## Advanced Clinical Leadership Programme

This is a multidisciplinary [clinical leadership development programme](#) aimed at Clinical Service Leads, Heads of Departments or Services, Clinical Directors and Assists/Associate Directors and developed through consultation with a range of NHS Wales staff groups.

Two cohorts of this programme (52 clinicians) have been provided by HEIW to date. [Cohort one](#) successfully completed the programme June 2023 with [positive feedback received](#). Further evaluation will be undertaken over the next quarter to review quality and demonstration of impact, through evidenced improvement team culture and effectiveness.

Due to high demand for this programme a third and fourth cohort is being planned to commence October/November 2023. Applications for cohort three and four will open later this month through Gwella.



## Wales Clinical Leadership Training Fellowship

The next [Fellowship Programme](#) will commence September 2023 and provide an immersive experience with the Fellows undertaking a range of prioritised, system level quality improvement projects. The programme is underpinned by compassionate leadership principles and includes a Post Graduate Certificate. The end of year presentations from the 2022-23 Fellowship Programme will be held 25 July 2023 at HEIW premises in Ty Dysgu.

### Highlights



Sarah  
2023 16:44:07

- Two nurses enrolled to participate in the 2023-24 Clinical Leadership Fellowship
- First cohort of Advanced clinical Leadership Programme graduated in June 2023, with positive participant feedback
- Recruitment to the third and fourth Advanced Clinical Leadership Cohort commences late July for October/November 2023 start

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# EXECUTIVE LEADER DEVELOPMENT

## Aspiring Chief Executive Programme

We launched the Aspiring Chief Executive (ACE) Programme in Spring 2023. The ACE programme is a 12-month development opportunity that enables participants to maximise their identified talent, benefit from increased understanding of personal motivations, strengths, and impact, develop increased confidence and courage to act, take informed risks and be an authentic leader and understand how to build effective relationships and step into their power. We currently have 2 cohorts (a total of 12) aspiring chief executives participating in the programme. Cohort one commenced their programme April 2023 with cohort two commencing June 2023.

## Aspiring Executive Director Talent Pool (2023-2025)

The Aspiring Executive Director Talent Pool (2023-2025) opened for application in June 2023. The Aspiring Executive Talent Pool provides an opportunity for aspiring executive and system leaders to identify themselves as potential future Executive and Board Directors via an inclusive online application, validation, and endorsement process. Seventy-two applications have been received to date via our Gwella inclusive application process, enabling collection of key demographic and diversity data providing dashboard visibility and positive targeting as required.

The closing date for application to this Pool is 19<sup>th</sup> July. Successful applicants will benefit from a framework of development opportunities; and attendance at an Aspiring Executive Development Centre, resulting in an informed and tailored development plan, aimed at empowering individuals to make the right choices, and enhancing success in achieving progression to an Executive /Board Director level position.

The Talent Pool (2023-2025) will commence with a launch event scheduled for Friday 15 September 2023 with the Executive Development Centres commencing October 2023.

Our aspiration is to create a diverse talent pipeline ready to succession into Executive and Board director roles in NHS Wales within the next 2 years.



**Twelve aspiring chief executives identified and participating in ACE 2023/24**

**Introduction of dashboard reporting dashboard to track, measure and evaluate diversity of talent pipelines**

**Application process for our Aspiring Executive Talent Pool (2023-25) is now open**

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# SENIOR LEADER DEVELOPMENT

## Aspiring Executive Director Programme

This [Aspiring Executive Director Programme](#) co-developed with The King's Fund (TKF) and our NHS Wales 2020-22 Aspiring Executive Director talent pool has been recently reviewed for currency, quality and versatility, and will provide one of the development opportunities offered to participants of the new NHS Wales Aspiring Executive Director Talent Pool (2023-2025).

This leadership development offering is underpinned by compassionate leadership principles, with focus on Self, Team and System leadership. It is delivered by partners from TKF who have the expertise, experience, and gravitas to nurture authentic and trusting relationships with these senior leaders, whilst providing a balance between support and challenge.

Participants have access to experts and researchers at TKF, including resources, articles, white papers and research, through a negotiated year-long membership to The Kings Fund library services.

*By 2030, leadership will be distributed, with everyone across health and social care Wales modelling and practicing compassionate and collective leadership to ensure high quality, continually improving and compassionate care for the people of Wales.*

## Virtual Expert Leadership Series

In January we launched our virtual expert leadership series through Gwella virtual classroom capability. Whilst the webinars were live and interactive for participants, they were also recorded and are currently being transcribed and translated so they are widely available as a 'box set' or 'on demand' series to support leaders at all levels across health and care in Wales. Topics included:

- Moving from resilience to resourcing ourselves as leaders
- How to lead change successfully and resourcefully
- The story telling leader
- Complete Success - Imposter syndrome master class
- Empathetic and inclusive leadership
- You are not everyone else (self-care, resilience and change)

The [Expert Leadership](#) series concluded in May 2023 with recordings available on Gwella late summer. Previous Expert Leadership Series can be found on [Gwella](#)



Over 300 leaders participated



Over 30% were senior leaders



Over 50% were middle/first line leaders

# COMPASSIONATE LEADERSHIP

## Compassionate Leadership Programme

This 4-module compassionate leadership development programme aimed at leaders at all levels is currently being co-developed with the support of Professor Michael West and individuals from across NHS Wales, Social Care Wales and Local Authority Workforce Managers.

The modules will include:

- Compassion and leadership
- Leading compassionate team and inter-team working
- Compassionate leadership is effective, inclusive and collective
- Core needs and the courage of self-compassion

This programme will be available as bite sized modules and available as a digital leadership bundle for organisations and universities, complete with lesson plan, slide decks and interactive learning resources so the programme can be widely delivered and accessed across health and care in Wales. It will also include a 6-month self-directed learning pathway, hosted on Gwella aimed at changing behaviours through a range of reflections and exercises that the individual can progress.

The first module has been piloted and will be available to end of July for organisations to utilise and provide feedback. The remaining three modules will be available towards the end of September along with the provision of 'train the trainer' sessions to ensure content familiarity and authenticity of delivery.

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## LEADERSHIP TOOLS AND RESOURCES

### Self and 360° Degree Assessment

New assessment functionality has been successfully transitioned into Gwella that enables self and 360° assessments. A compassionate leadership assessment has been developed that can be used by individuals and teams. For access to these new tools and a full demonstration of the capability, please contact the [Gwella Leadership Team](#)

### Compassionate Leadership Principles

A review and update to the compassionate leadership principles for health and social care has been undertaken to ensure currency and fitness for practice. This has resulted in an update to one of the principles. The amended Principles can be found on [Gwella](#).

### Compassionate Leadership Coaching Videos

A range of coaching videos will be launched September to help embed compassionate leadership in practice. These are available in three series and include:

- **Series 1: Coaching Fundamentals** that answer the question "How do I deliver compassionate leadership" This series includes 9 videos covering the skills and techniques needed to confidently and competently use a coaching and mentoring style to deliver compassionate leadership
- **Series 2: Managing Performance** that answers the question "How do I use compassionate leadership to enhance performance?" These 10 videos focus on enhancing performance with compassion, using the coaching and mentoring techniques from Part 1. These videos demonstrate the connection between compassionate leadership and a focus on outcomes

where team members feel engaged and valued, whilst achieving successful outcomes for themselves and the team.

- **Series 3: - Creating a Compassionate Coaching Culture** that answers the question “How do we embed this in our organisation and create a culture that enhances wellbeing, reduces stress and creates real change for the better?” These 13 videos focus on the connection between compassionate leadership, as delivered in Parts 1 and 2, and creating positive changes in attitudes and behaviours to create a workplace where people feel valued and appreciated every day.

## Leadership and Culture Toolkit

HEIW have engaged with NHS England to enable access to a range of leadership and culture tools and resources. Over 30 individuals have engaged on a pilot programme comprising representatives from all NHS Wales organisations. A review and evaluation of the tools and programme is scheduled July 2023 to inform how we further engage with NHS England to share evidence-based culture and leadership tools.

*By 2030, leadership will be distributed, with everyone across health and social care Wales modelling and practicing compassionate and collective leadership to ensure high quality, continually improving and compassionate care for the people of Wales.*

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**GIG**  
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**NHS**  
WALES

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

<b>Meeting Date</b>	<b>27 July 2023</b>		<b>Agenda Item</b>	<b>3.1</b>
<b>Report Title</b>	<b>Education and Training Plan 2024/2025</b>			
<b>Report Author</b>	Julie Nallon, Planning and Performance Business Partner			
<b>Report Sponsor</b>	Lisa Llewelyn, Director of Nurse & Health Professional Education and Push Mangat, Medical Director			
<b>Presented by</b>	Lisa Llewelyn, Director of Nurse & Health Professional Education and Push Mangat, Medical Director			
<b>Freedom of Information</b>	Open			
<b>Purpose of the Report</b>	To present the Board with HEIW's Education and Training Plan 2024/25, including the appendices, for endorsement prior to submission to Welsh Government.			
<b>Key Issues</b>	<p>It is a statutory function of HEIW as the strategic workforce and education body for NHS Wales to produce an annual education and training plan (ETP). The plan sets out our training and education recommendations for the healthcare workforce to address workforce supply on behalf of the NHS Wales system.</p> <p>An Integrated Equality Impact Assessment has been completed for both HEIW's Integrated Medium Term Plan and the ETP, which will be published with the plan on our website following approval by Welsh Government.</p> <p>This ETP was recommended to HEIW Board for endorsement by the Education Commissioning and Quality Committee (ECQC) on 17 July and is to be discussed at the NHS Leadership Board on 25 July.</p>			
<b>Specific Action Required</b> <i>(please ü 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>Endorse the</b> Education and Training Plan 2024/25, including the appendices, for submission to Welsh Government and</li><li>• <b>Note</b> the additional options that have been requested by Welsh Government.</li></ul>			

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# EDUCATION AND TRAINING PLAN 2024/2025

## 1. INTRODUCTION

This paper presents the Board with HEIW's Education and Training Plan (ETP) 2024/25 for endorsement prior to submission to HEIW Board on the 27 July 2023 and subsequently to Welsh Government on 28 July 2023.

This plan makes recommendations for student and trainee numbers and investment in education and training for the health workforce in Wales.

## 2. BACKGROUND

This is the fifth year HEIW has developed the national ETP, a statutory function of HEIW and a key driver in supporting the health and care system in implementing 'A Healthier Wales'. It reflects our role as the national strategic workforce organisation for NHS Wales and the importance of the ETP in delivering the workforce for the future.

There has been extensive external consultation and discussion on the ETP and its recommendations. Additionally, the working draft of the ETP was shared with members of the Stakeholder Reference Group and Education Commissioning and Quality Committee (ECQC) on 21 June for written feedback and the draft plan and recommendations were discussed with key leads and Director Peer groups. We received positive feedback on the levels of engagement on the ETP, the ETP content and the opportunity to work more closely with our stakeholders on its future development. We have also responded to the minority of comments that needed to be actioned in the final version.

Dedicated engagement sessions have also taken place with key groups including Stakeholder Reference Group and ECQC members on 26 June 2023 and the HEIW Board at a briefing on 3 July to discuss the draft ETP. A summary of the engagement activity undertaken, key themes and action taken is provided in Appendix D.

## 3. PROPOSAL

This ETP dovetails our Integrated Medium Term Plan (IMTP) for 2023/26, detailing our recommendations for training and commissioning numbers for 2024/25 within the context of need, the delivery of national priorities and our own strategic aims and objectives.

Chapters 1 and 2 of the ETP set out the purpose, planning approach and strategic context for the plan, including the key strategic risks and mitigations.

The recommendations set out in chapter 3 build on the education and training levels approved last year to ensure that we continue to grow a sustainable pipeline of future workforce. This ETP recognises there has been a steady expansion in the pipeline over the past nine years and retains a focus on quality and impact as we continue to work with our partners to optimise the education and training pipeline, to better match demand and supply and to increase interest and uptake of health professional roles.

This ETP also recognises where there are some national challenges in relation to filling commissioned places, the difficult financial context, retention of the workforce and the impact of an ongoing period of instability across the system. Our recommendations are set in the context of building sustainability in the workforce at every level, through supply into the pipeline, supporting the skills base and capabilities of our existing workforce and improving retention.

Chapters 4 details how the plan is contributing to the delivery of key multi-professional national programmes. Chapter 5 outlines the commitments we have made and the actions we are taking within our IMTP 2023/26 to support education and training of the workforce now and for the future. It also summaries how we are supporting the key enablers necessary for achieving optimal education and training.

Next Steps:

- If endorsed, the ETP will be submitted to Welsh Government on 28 July for a decision in early Autumn.

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

This ETP was overseen by the Integrated Planning Group, with regular highlight reports to provide governance and assurance to the Executive Team on the development of the plan. A risk management approach is also embedded within the process with key strategic risks reviewed and discussed at the Integrated Planning Group.

The risks (Chapter 2) and financial implications (chapter 6) are included within the ETP.

There is a risk that Welsh Government may not agree to fund the increased investment detailed in the financial plan, or that there are delays to receiving a decision on the plan outside the requested timeframe of September. This would impact national recruitment processes, timely communication to Higher Education Institutions and NHS Organisations, as well as implementation of the ETP. These risks will be noted within the submission to Welsh Government.

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

The financial plan is included within Chapter 6, this details the total investment requirement for the 2024/25 ETP at £302.171m, increasing to £323.557m by 2026/27. Although the increase in investment through this ETP is an additional £19.045m for 2024/25, the increased investment in training health professionals should be considered in the context of the cost of agency and locum staff to cover vacant posts if numbers in the training pipeline aren't increased. The associated qualitative benefits of substantive staff over temporary staff and impact on patient care and outcomes has also been considered as part of this investment plan.

Additionally, Welsh Government has requested the following considerations in relation to the costing for the final recommendations within the ETP for 2024/25.

1. The cost of the proposed recommendations (£302.171m)



2. Maintenance of commissioning numbers as agreed in the 23/24 ETP plan (£296.260m)
3. Consideration of fill rates achieved in previous years (£293.855m).

It should be noted that this option is subject to certain constraints due to the maximum and minimum commissioning levels included in the extant WG, HEIW Board and HEI agreed Education contracts. The cost shown has therefore been calculated at fill rate or the minimum contractual commissioned level where fill rate previously achieved has been lower.

The impact of the reduction in investment associated with option 1 and option 2 against option 1 in terms of commissioned numbers has been reviewed.

Option 2 - Maintenance of commissioning numbers as agreed in the 23/24 Plan, the resultant impact would be fewer commissioned places than recommended, as follows:

- 46 Nurse Training Places (including 27 for Mental Health)
- 10 Midwife Training Places
- 28 various Allied Health Professionals Training Places
- 41 Health Care Scientists Training Place
- 67 Speciality Trainees (including 16 for Mental Health)

Option 3 - Fill rates achieved subject to contractual obligations as set out above, the impact of which would be fewer commissioned places than recommended as follows:

- 62 Nurse Training Places (including at least 27 for Mental Health)
- 29 Midwife Training Places
- 118 various Allied Health Professionals Training Places
- 52 Health Care Scientists Training Places
- 67 Speciality Trainees (including 16 for Mental Health)

The draft financial plan and above options were discussed with Board members at the HEIW Board ETP Briefing Session held on 3 July 2023.

All Board members agreed that the recommended option should continue to be Option 1 as this is the Option that has been developed as a result of the planning and engagement process.

## 6. RECOMMENDATION

Members are asked to:

**Endorse** the Education and Training Plan 2024/25, including the appendices, for submission to Welsh Government;

**Note** the additional options that have been requested by Welsh Government.

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Governance and Assurance			
Link to IMTP strategic aims (please ü)	<b>Strategic Aim 1: Building our Future Workforce</b> Developing and implementing plans that align the future demand for workforce with supply.	<b>Strategic Aim 2: Developing our Current Workforce</b> Transforming today's workforce to contribute to new models of care which improve quality and safety.	<b>Strategic Aim 3: Shaping Culture and Leadership in NHS Wales</b> Embedding compassionate leadership principles to develop cultures that support inclusion, wellbeing, and quality.
	✓	✓	✓
<b>Quality, Safety and Patient Experience</b>			
This plan sets out our recommendations in the context of strategic workforce issues, and acts as a companion piece to our IMTP, reflecting the strategic priorities to support education and training which aim to make Wales a great place for our health and care staff to be educated, trained and employed, with the associated benefits for quality, safety and patient experience.			
<b>Legal Implications (including equality and diversity assessment)</b>			
This is a statutory requirement. References to how we are addressing equality, diversity, and inclusion in Education and Training and widening access to careers is included within the plan (Chapter 5). Additionally, an integrated Equality Impact Assessment for the IMTP and the ETP has been completed.			
<b>Staffing Implications</b>			
N/A			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
The Education and Training Plan will make full consideration of the requirement to meet "The Well-being of Future Generations (Wales) Act 2015, 5 ways of working.			
<b>Report History</b>	Presentation on the Draft Education and Training Plan 2024/25 (Board Briefing 6 July 2023) Education and Training Plan 2024/25 (ECQC 17 July)		
<b>Appendices</b>	<ul style="list-style-type: none"> <li>• Appendix 1 – HEIW Education and Training Plan 2024-25</li> <li>• Appendix 2 – HEIW Education and Training Plan 2024-25 Appendices</li> </ul>		

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# Education and Training Plan (ETP) 2024/25

Health Education and Improvement Wales,  
the strategic workforce organisation for NHS Wales

This plan sets out our commissioning and training recommendations for the education of the health professional workforce. It is the companion plan to HEIW's Integrated Medium Term Plan (IMTP) 2023/26.

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# Document History

## Document Location

This document is only valid on the day it was printed.

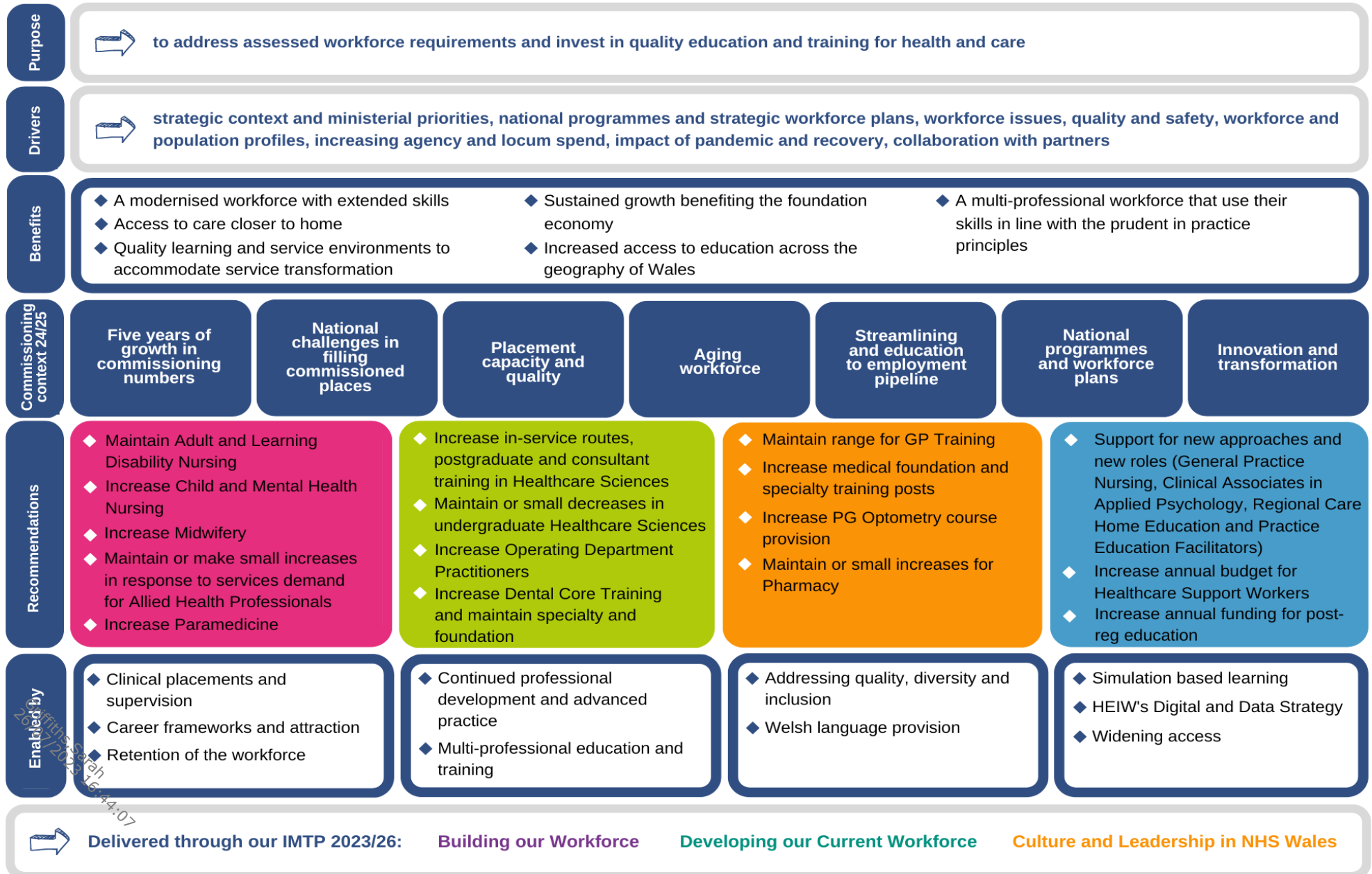
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Date of this revision: 21/06/2023 Date of next revision: 06/07/2023			
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16 June 23	-	First Issue	Yes
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Name/Group	Date of Issue	Version
Integrated Planning Group & DDG	6 June 2023	0.1
Executive Team	16 June 2023	1.0
HEIW Stakeholder Reference Group & Education Commissioning Quality Committee (ECQC)	21 June 2023	1.0
Executive Team	7 July 2023	2.0
ECQC	10 July 2023	2.0
Executive Team	14 July 2023	2.1
HEIW Board	19 July 2023	2.1

Approvals				
This document requires the following approvals.				
Signed approval forms are filed in the Management section of the ETP planning files				
Name	Signature	Title	Date of Issue	Version
Tina Donnelly		Chair ECQC	10/07/2023	2.0
Dr Chris Jones		Chair HEIW Board	19/07/2023	2.1

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## Education and Training Plan 2024/25: plan on a page



## Executive Summary

Health Education and Improvement Wales (HEIW) is committed to the development of a highly qualified, empowered and sustainable workforce for both now and the future.

This is the fifth HEIW Annual Education and Training Plan (ETP) for Wales developed to support the health and social care system in implementing 'A Healthier Wales'. It dovetails with our Integrated Medium Term Plan (IMTP) for 2023/26, detailing our recommendations for training and commissioning numbers for 2024/25 within the context of need, the delivery of national priorities and our own strategic aims and objectives.

As the national strategic workforce organisation for NHS Wales we have set out an Education and Training Plan that recognises the key challenges affecting health and care in Wales and the importance of education and training in the implementation of the Workforce Strategy for Health and Social Care and the National Workforce Implementation Plan (NWIP).

On 30 June 2023 NHS England published their NHS Long Term Workforce Plan. We are pleased to see that many of the actions within the plan are already being put in place or being actively considered in Wales. In particular the work around wellbeing of staff, which is a fundamental principle in Our Workforce Strategy, building compassionate cultures through effective leadership and significant increases in education and training as indicated below. The NHS England plan was informed by scenario planning including exploration of the future shape of education, work and care and we see a real opportunity to build on this approach to inform a Welsh long-term plan, focussing on population health and taking a broader strategic view, as we begin the specific action in the Welsh Government's NWIP to produce a long-term plan for Wales.

In July 2023, The Welsh royal colleges and professional bodies published their briefing 'The people who care, the Welsh health and care workforce at 75' demonstrating the critical need for investment in education and training and reinforcing the importance of the Workforce Strategy.

The recommendations set out in chapter 3 build on the record investment in education and training approved last year. 2023/24 was the ninth consecutive year that health professional education and training budgets

have increased. There are more health professional education and training places in Wales than ever before. This plan recognises this expansion in the pipeline over the past nine years and retains a focus on quality and impact as we continue to work with our partners to optimise and expand the education and training pipeline, to better match demand and supply and to increase interest and uptake of health professional roles.

This plan also recognises where there are some national challenges in relation to filling commissioned places, the difficult financial context, retention of the workforce and the impact of an ongoing period of instability across the system. **Our recommendations are set in the context of building sustainability in the workforce across all professional groups and at every level, from early attraction, through supply into the pipeline, supporting the skills base of our existing workforce and improving retention.**

Robust engagement with our stakeholders is central to the development of this plan and essential to ensure it reflects the needs of NHS Wales. Increasingly our engagement with NHS Leaders is demonstrating the collective commitment for a sustainable workforce that can deliver optimal outcomes for the population of Wales. As the strategic workforce body for NHS Wales we recognise the fundamental foundations investment in education and training provide for our partner organisations and a prosperous Welsh Economy. We are delighted that the engagement on this plan has resulted in partnership working to deliver workforce plans for now and the future. A summary of the engagement activity undertaken, key themes and action taken is provided in Appendix D.

The total funding requirement for Education Commissioning and Training for 2024/25 is calculated as £302.171m, increasing to £323.557m by 2026/27. This is a value-based investment which takes into account the strategic risks of organisational capacity and infrastructure, achieving commissioning numbers and graduate employment to ensure the sustainability of the NHS Wales workforce.

We are pleased to be able to recommend this plan to you.

The table overleaf gives a summary view of the recommendations outlined in detail within the main body of the plan:

## Recommendations Summary Table

Area	2024/25	2023/24	2022/23
<b>Nursing and Midwifery</b>			
Adult	1892	1892	1651
Child	211	192	175
Mental Health	557	530	483
Learning Disabilities	87	87	87
Midwifery	224	190	185
<b>Healthcare Professionals</b>			
Dietetics	82	82	66
Occupational Therapy	197	197	179
PhD Clinical Psychology	44	40	36
Clinical Associates in Applied Psychology	20	-	-
Paramedicine	131	120	116
Physiotherapy	189	180	174
Podiatry	27	27	27
Speech & Language Therapy	53	49	49
<b>Healthcare Sciences</b>			
Clinical Scientist Training Programme	55	53	39
Higher Specialist Training	20	10	8
Cardiac Physiology	23	23	24
Audiology*	31	21	22
Respiratory & Sleep Science	13	14	8
Neurophysiology	4	4	3
Nuclear Medicine	3	6	3
Biomedical Sciences*	44	26	24
Clinical Engineering*	14	6	8
Radiotherapy Physics	3	2	3
Radiography Associate Practitioner (RAP) & Diagnostic Radiography	139	150	166
Radiotherapy & Oncology	20	20	26
Operating Department Practitioners (ODPs)	69	62	49
<b>Dental</b>			
Dental Foundation Training	74	74	74
Dental Core Training	83	-	-
Dental Speciality Training	38	38	-

\* Includes Full and Part time

- Figure not included in plan that year

Area	2024/25	2023/24	2022/23
<b>Dental</b>			
Dental Therapy Foundation Training	20	20	-
Dip HE Dental Therapy	33	33	19
BSc Dental Hygiene and Therapy	24	18	11
<b>Medical Workforce</b>			
Foundation Training	Increased by 39	69	60
Secondary Care/ Speciality Training	Increased by 67	92	89
General Practice	160-200	160-200	160-200
<b>Optometry</b>			
Optometry PG Course Places	119	-	-
<b>Pharmacy</b>			
Pharmacy Support Staff WBL programme	100 Level 2 units	100 Level 2 units	60 Level 2 units
Pre-registration Pharmacy Technicians	100 courses	100	83
Post-reg Pharmacy Technicians (Agored Level 4)	50 units	50	30
Pharmacy Undergraduate Placements (PUPs)	11,155 days	7560	3120
Trainee Pharmacists	122	122	122
Post –reg foundation programme for Pharmacists	80	80	80
<b>Medical Associate Professions (MAPs)</b>			
Physician Associates (PAs)	57	54	52
<b>Multi-Professional Education &amp; Training in Primary and Community Care</b>			
General Practice Nursing (GPN)	50	-	-
<b>Annual Funding</b>			
Healthcare Support Workers	£3 million	2.5 million	2.5 million
Post Registration Health Professional Education	£2.5 million	2 million	2 million



# Chapter 1. Purpose and Overview

This chapter sets out the purpose of the Education and Training Plan and its statutory function. It outlines the overview of the education and commissioning process and the current shape and context for the workforce in NHS Wales.

## 1.1. Purpose

Health Education and Improvement Wales (HEIW) is the strategic workforce and education body for NHS Wales. The creation of the annual Education and Training Plan (ETP) is a statutory requirement for HEIW. The purpose of the plan is to address workforce requirements on behalf of NHS Wales.

Engagement with NHS health boards, trusts and wider stakeholder groups including Social Care Wales is an integral part of creating and informing the plan. It is, however, ultimately HEIW’s responsibility to produce a plan that is deliverable within the context of the education and training capacity available.

The 2024/25 plan recommends that there is investment in education commissions that maintains or builds on the growth in student<sup>1</sup> and trainee<sup>2</sup> numbers as set out in previous years. This is essential to support the implementation of the Workforce Strategy for Health and Social Care and to address service needs.

HEIW’s unique contribution or “added value” is to:

- ✓ Address strategic workforce issues that require all Wales solutions, both demand and supply.
- ✓ Make Wales a great place for our health and care staff to be educated, trained and employed.
- ✓ Maximise the contribution of all professions and occupations.

<sup>1</sup> The term student refers to people in undergraduate or post-graduate education who will graduate and obtain professional registration

<sup>2</sup> The term trainee refers to people who are in training programmes which, for most, follows professional registration

This plan:

- Builds on HEIW’s Integrated Medium Term Plan (IMTP) 2023-26, [The Workforce Strategy for Health and Social Care](#) and [National Workforce Implementation Plan](#).
- Demonstrates our commitment to building a sustainable workforce at all levels
- Sustains the growth in the training pipeline, with further increases in some areas
- Considers workforce need, challenges in the context of wider workforce intelligence, including information from NHS Wales IMTP submissions, analysis of the current workforce, horizon scanning, census 2021 and the training pipeline.
- Recognises strategic programmes and national priorities.
- Considers the ongoing impact of Covid-19 and training capacity both within the Higher Education Institutions (HEIs) and the NHS.
- Appreciates the need to create quality learning and service environments to accommodate new and agile ways of working, workforce upskilling, and service transformation.
- Recognises the geographical, cultural, digital, leadership and language needs of the workforce, and health and care providers.

HEIW continues to improve workforce intelligence and understanding of workforce dynamics to create the evidence base that underpins the ETP. HEIW is establishing an observatory function that will bring together information from multiple sources to create more effective foresight of workforce supply and availability.

1.2. Education and Training Commissioning Overview

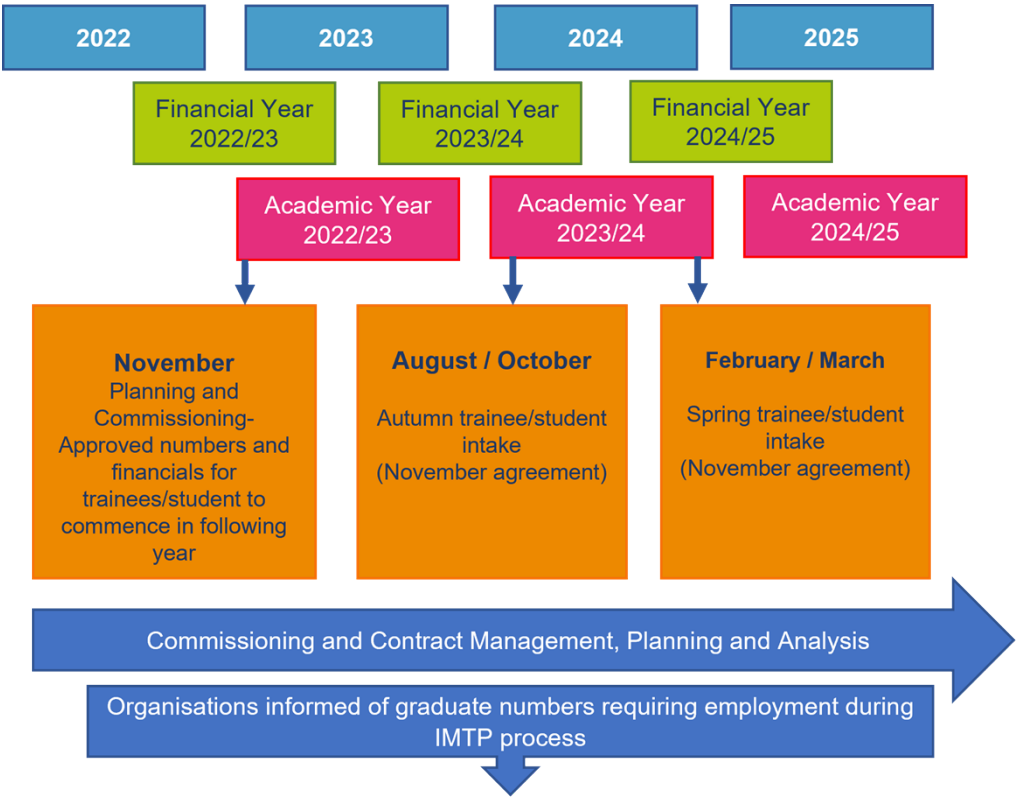
Commissioning of education and training places with HEIs<sup>3</sup> takes place on an annual basis. The education places that are in this plan will (with a longer lead in time for medical, pharmacy and dental trainees) be the registrant workforce of 2027 in turn approved by Welsh Government in summer 2023.

This timeline is essential given the timetables for national medical recruitment processes and UCAS rounds.

To inform the proposed recommendations, each NHS Wales Health Board and Trust provided their requirements in relation to the commissioning for Undergraduate Education, Post Graduate Education and Healthcare Support Workers. For medical, pharmacy and dental specialty training, a wide range of intelligence was gathered to determine the recommendations including consideration of workforce needs and challenges identified through organisations’ plans. The intelligence used to inform the education and training recommendations and requirements includes but is not limited to:

- Consideration of the current workforce challenges and trends
- wider workforce intelligence and context from a range of sources
- capacity within the system to support training/student/trainees
- the needs of several workforce priority areas and national work programmes
- reflections on graduate recruitment
- consideration of the need from new, extended and additional skills and knowledge
- review of education standards by professional regulatory bodies.

The recommendations within the ETP are sent for Ministerial approval. Once approved, HEIs are informed to ensure that the appropriate number of places on their educational courses are made available. The image below outlines how the flow of training works.



<sup>3</sup> Higher Education Institutions (HEIs) and universities are used interchangeably as appropriate

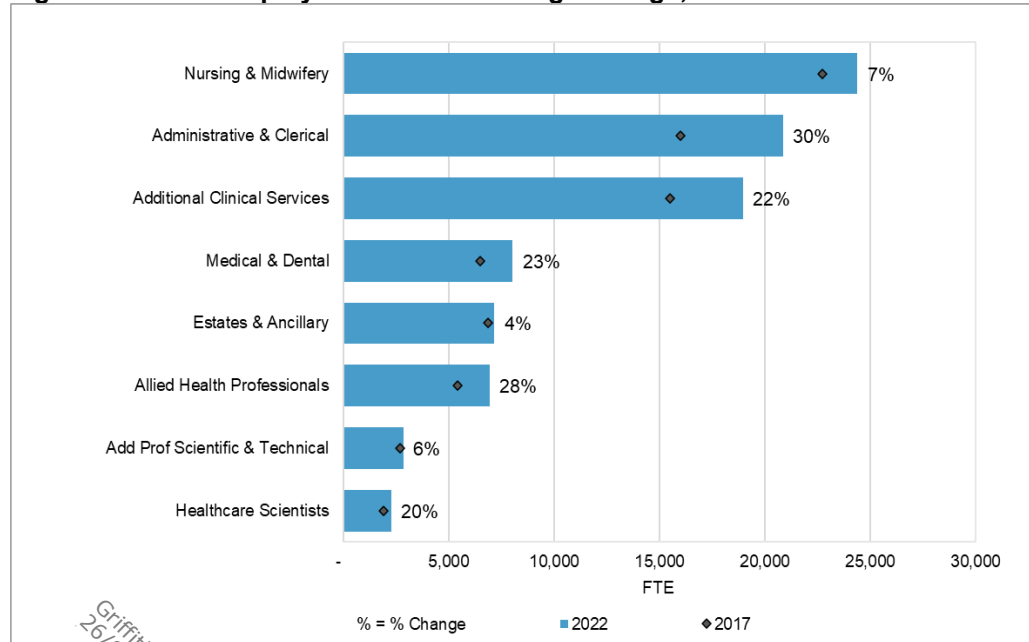
### 1.3. NHS Wales Workforce Context

The NHS Wales workforce is currently 91,492 Full Time Equivalent (FTE) and has risen year on year, with an increase of 17.8% since 2017. The single biggest increase in the workforce was seen between 2020 and 2021. More information on the shape of the workforce is contained within [NHS Wales Workforce Trends \(2022\)](#).

We regularly analyse key workforce trends, and the main trends to note are:

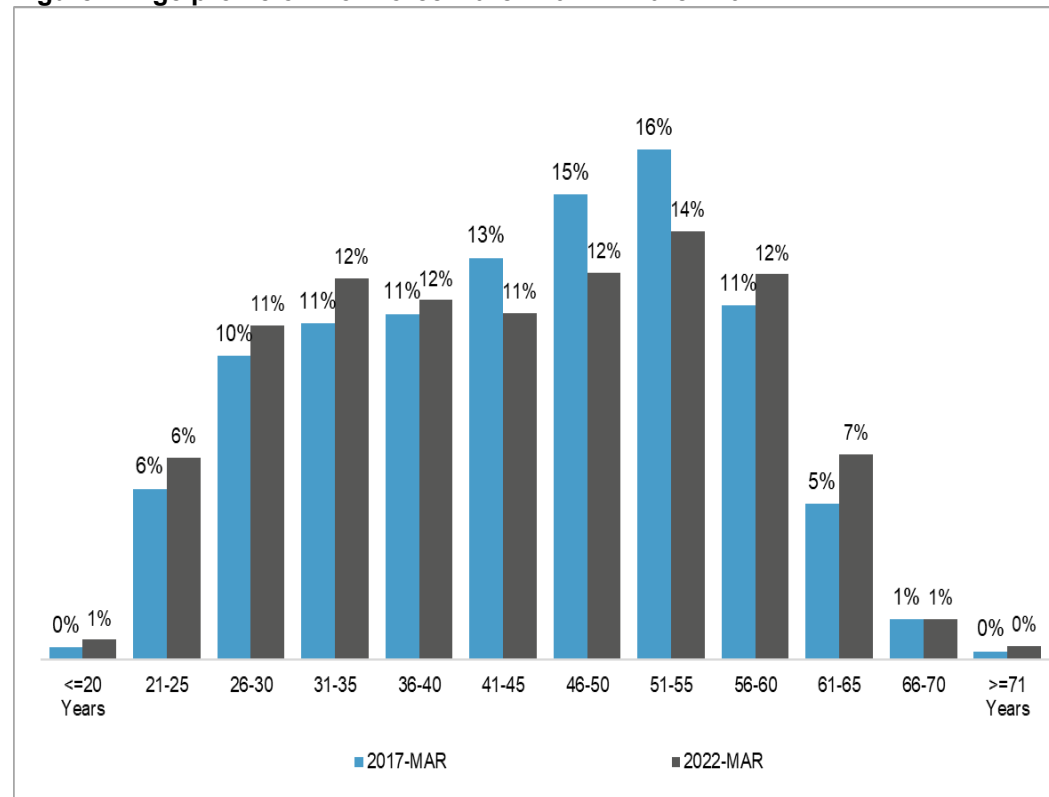
- Staffing numbers continue to increase across all staff groups. Nursing and Midwifery has seen an increase of 7%, and the Medical and Dental workforce has increased by 23%. (see figure 1)

**Figure 1: Staff Group by FTE and Percentage change, March 2017 to March 2022**



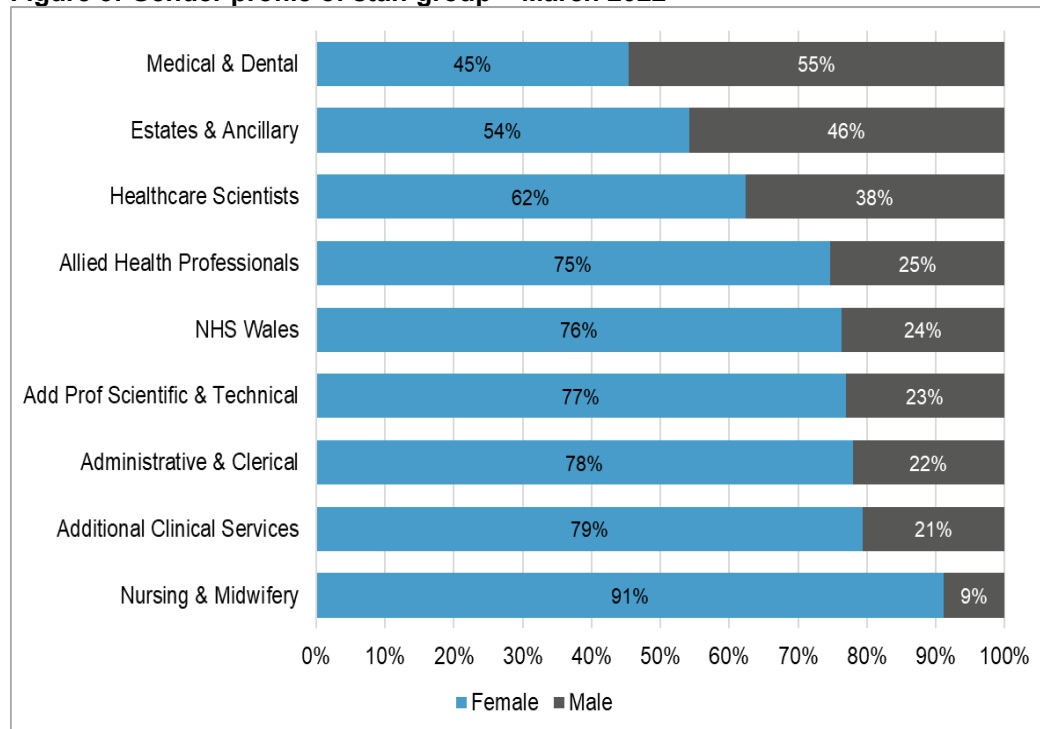
- The age profile of the workforce is changing, the proportion of staff in the 41 to 55 age band has decreased, but there has been an increase in the 56-65 age band, with a 4.3% increase in the Nursing and Midwifery staff group. There has also been an increase in the below 41 age band, which now accounts for 42% of the workforce. (see figure 2)

**Figure 2: Age profile of Workforce March 2017 – March 2022**



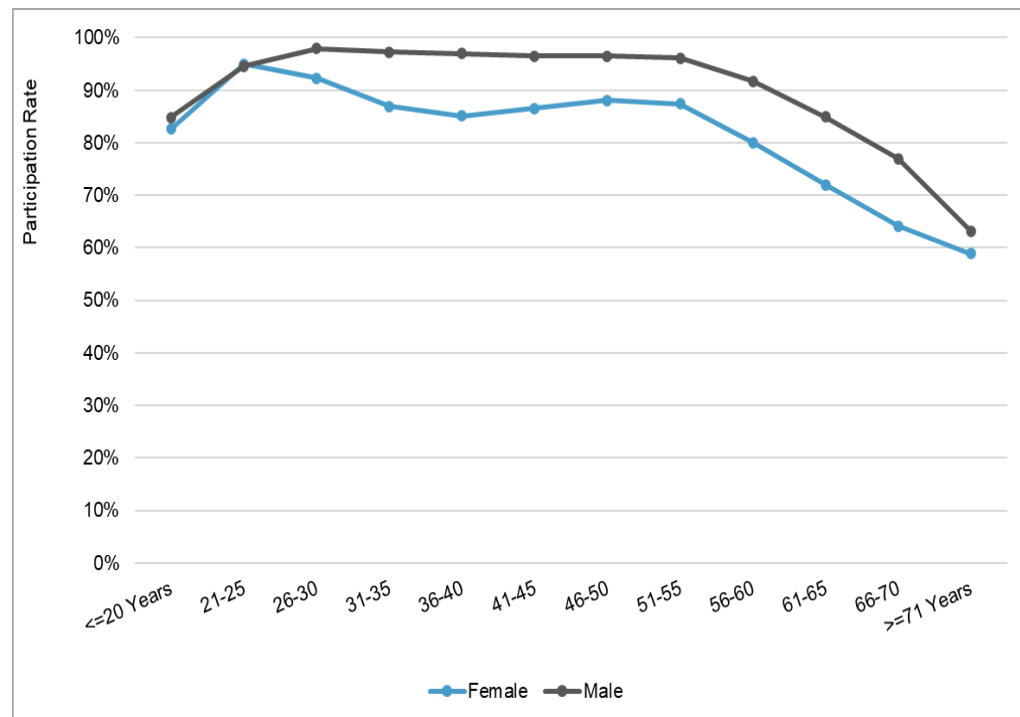
- The NHS Wales workforce is predominantly female, accounting for 76% of the total workforce across all staff groups. Nursing and Midwifery has the largest percentage of females, where females account for 91% of the workforce. (see figure 3)

**Figure 3: Gender profile of staff group – March 2022**



- Participation rate is a percentage of part time working. Rates for the female workforce are generally lower than for the male workforce, between the ages of 21-25 the participation rates for both female and male is 95%, and from the ages of 51 the participation rate steadily decreases for both genders. (see figure 4)

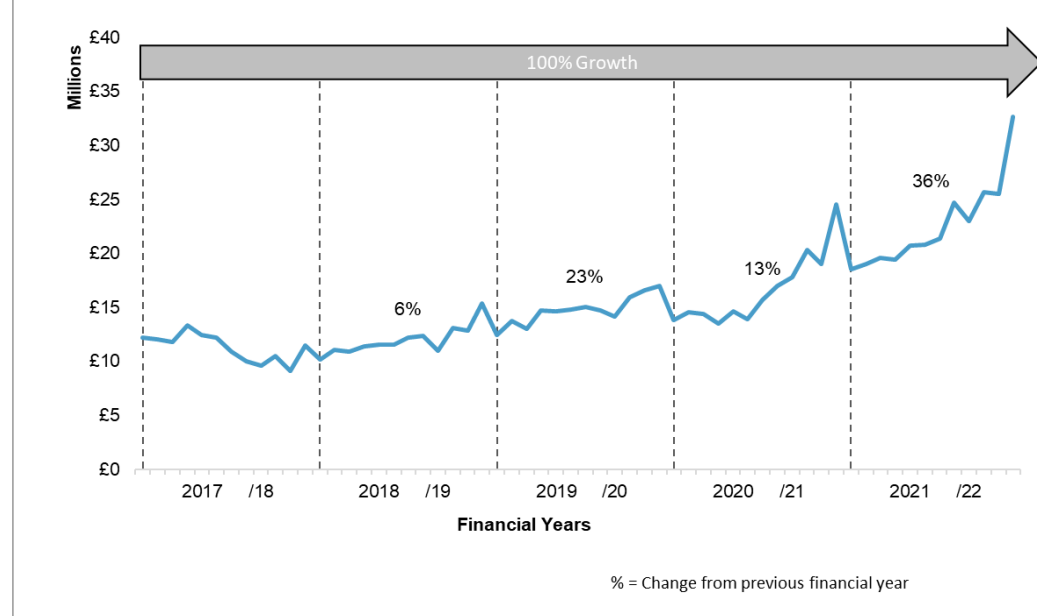
**Figure 4: Participation rates by age and gender – March 2022**



- The cost of the total NHS Wales workforce (including agency and locum) for 2021/22 was £5.1 billion<sup>4</sup>. For the past 5 years the total pay bill has increased year on year, with a 29% increase in 2021/22 compared to 2017/18.
- Since March 2017/18 the overall growth in agency and locum spend is 100%, increasing from £136 million to just over £271 million. Nursing and Midwifery accounts for the biggest locum and agency spend and has seen a significant increase from £51 million in 2017/18 to £133 million in 2021/22. (see figure 5)

<sup>4</sup> NHS Wales Financial Monitoring reports – Pay Bill

**Figure 5 Monthly Agency and Locum Spend, 2017/18 – 2021/22\***



- The NHS Wales rolling sickness rate has increased from 5.2% in 2017/18 to 6.7% in 2021/22, and historic analysis of sickness shows that the rate for 2021/22, during the second wave of COVID, is the highest NHS Wales has seen since the inception of ESR over 16 years ago. The overall sickness rate has increased for every staff group.

Horizon scanning has identified eight core themes likely to impact on our future workforce and the development of the ETP:

1. Global Trends (e.g. aging workforce, increasing no of part-time/flexible working request)
2. Critical Workforce Points & Shortage Professions
3. Population changes and Labour Market Intelligence (from 2021 Census)
4. The impact of Covid
5. The cost-of-living crisis
6. The impact of Brexit
7. Climate change and the climate crisis
8. Technology and the digital agenda.

Further information on the Wales population estimates, labour market intelligence, changes to working behaviours and the analysis of the IMTPs are included in [Appendix A]

NHS Wales will need to address the backlog of people waiting for planned care and increased waiting lists across several specialties. It is recognised that workforce availability both in terms of numbers and skills will be a challenge over the forthcoming years. Training and developing the skills and competence of our existing workforce alongside training the next generation of NHS Wales workers will be key and are supported by the ETP. The contribution of education and training to national programmes Care has been outlined in Chapter 4.

#### 1.4. Foundational Economy

We recognise our responsibilities to address the individual needs of each NHS Organisation whilst, where appropriate, supporting a once for Wales Approach regarding education and training and to ensure we are a major contributor to the foundational economy in Wales, both through direct funding into the education and training sector and by promoting access to high-quality employment and supporting the 'grow your own' workforce.

Pivotal to support the foundational economy is increased local education. From 2022 we have commissioned two more Adult Nursing programmes in Wales that will help to attract people who previously may not have been able to access this training. There is a full-time programme to service HDUHB North delivered by Aberystwyth University and a dispersed training programme in HDUHB and PTHB. The dispersed model will require HEIs to deliver training locally to people based in these Health Boards.

We continue to work in partnership to recruit higher numbers of local students who understand the local population and community needs. This coupled with an increase in more flexible educational pathways through dispersed learning will ensure there will be more opportunities for NHS Wales to fill vacancies from Welsh University graduates.

Emphasis has also been given to recruit students from disadvantaged areas of Wales and from hard-to-reach communities, whereby a financial incentive is incorporated to enable greater support to those students from the lowest Welsh Index of Multiple Deprivation communities in Wales.

## Chapter 2. Strategic Context, Engagement and Planning Approach

This chapter sets out the relationship between the ETP and our IMTP. We have summarised the findings of our engagement and planning approach with our wide range of stakeholders and outlined the risks to delivery.

### 2.1. Strategic Framework

Our IMTP 2023/26 sets out the strategic context in which we operate and how we have ensured that our strategic framework supports the strategic direction of NHS Wales and the wider contextual environment.

The ETP is a companion piece to our IMTP and key to delivering the commitments set out in [The Workforce Strategy for Health and Social Care \(WFS\)](#) through education, learning, leadership and workforce supply. The WFS enables the delivery of *A Healthier Wales* and is part of the NHS Wales planning system alongside the *National Clinical Framework* and the *Quality Framework*.

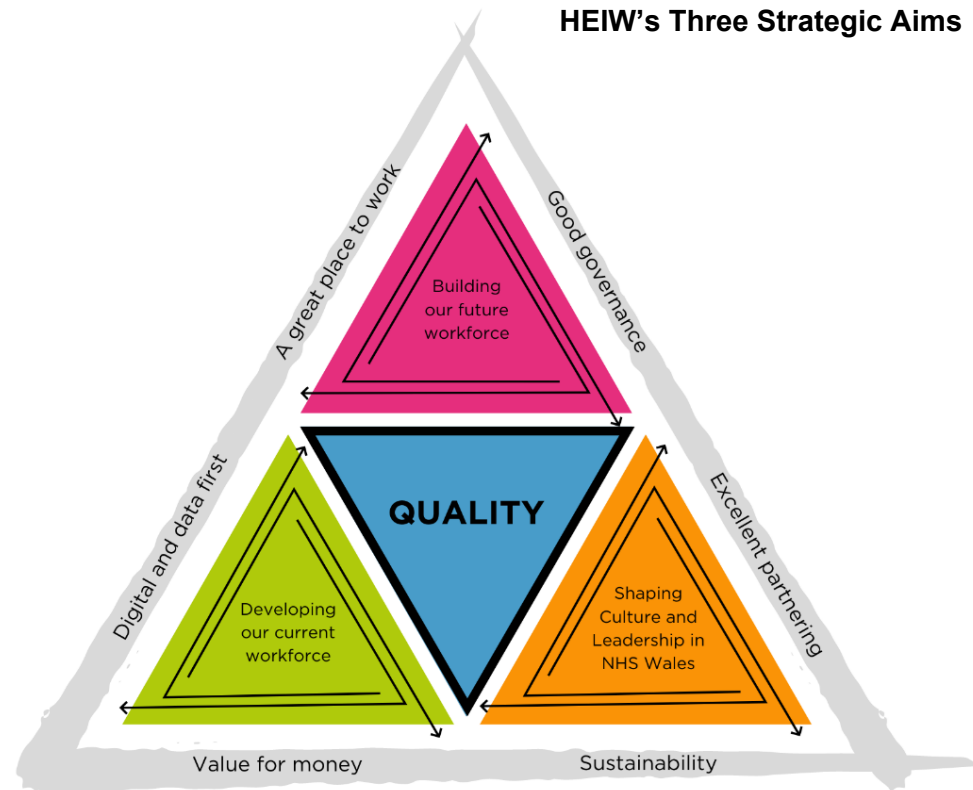
Our three identified strategic aims form the strategic and operating framework of the organisation.

The ETP is critical to ensure the transformation of healthcare education and training to improve opportunity, access, and population health, and is a fundamental element of shaping the future workforce supply for NHS Wales to ensure Wales can reach the ambitions set in *A Healthier Wales* and deliver high quality patient care.

### 2.2. Stakeholder Engagement

Through the establishment of our Stakeholder Reference Group, we have engaged with over 40 different organisations on the draft ETP and requested written and verbal feedback. We presented to each of the NHS Wales Executive Peer Groups and held a dedicated session with Welsh Government Policy leads. A summary of the engagement undertaken, key themes and action taken can be found in Appendix D.

### HEIW's Three Strategic Aims



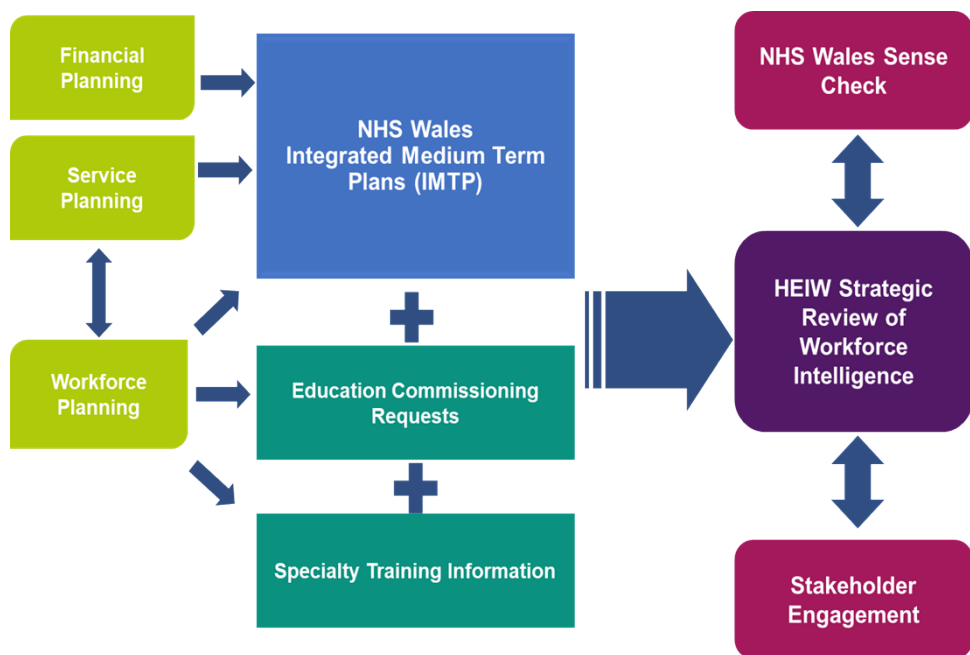
### 2.3. Planning Approach

The ETP is produced on an annual basis and is linked to academic cycles. It provides the critical foundation for the IMTP and considers our future financial profiles, given the duration of the programmes we commission.

As in previous years a blended bottom-up/top-down planning approach has been taken to develop the ETP. The bottom-up planning includes workforce planning intelligence supplied by the Health Boards and Trusts, service developments, workforce trends, training capacity, quality of training and training pipelines. We then undertook a review of the workforce planning intelligence through the lens of the strategic intent of workforce transformation outlined in our IMTP.



Validation of the findings was undertaken with stakeholders, which was then formulated into the proposed education and training recommendation. Consideration was given to how the recommendations support the delivery of strategic programmes and national priorities, and workforce modelling was included, taking account of the supply pipeline, retirements, turnover, working patterns and proposed training numbers. An overview of how intelligence is used to inform the ETP is provided in Appendix B. Our work to support workforce training and education is outlined in Chapter 5.



## 2.4. Risks

The 2024/25 plan builds on the ambitious commissioning of last years' plan. Record numbers of students are in training in the NHS and wider health care sector in Wales. Even where numbers are recommended to be maintained at 2023 levels, the newly commissioned numbers are higher than the graduating cohorts.

We have identified four key external risks to delivery of our ETP:

- Organisational Capacity and Infrastructure.** The capacity of organisations to host training remains a key risk. Ensuring that there are no barriers to trainees and students receiving a safe and high-quality learning experience is vital. Our mitigation is to work with key partners within Universities and NHS Organisations, as well as regulators, to build on the clinical supervisory infrastructure in place across Wales. This involves developing further multi-disciplinary placement opportunities, particularly within Primary Care and Mental Health settings, development of the Practice Education Facilitator roles, simulation, and regional support roles. This investment work is key to building sustainable capacity by building increased capacity for Wales in future years. Further information on progression of our work is included in Chapters 3 and 5.
- Achieving Commissioned Numbers.** There are national challenges in filling commissioned places on some programmes. This is a key external risk identified within our IMTP due to its potential impact on the growth of the workforce required and the ability to achieve the required number of students resulting in an underspend position. We are mitigating this through a programme of work to maximise the numbers on commissioned programmes, consequently projected fill rates for nursing for 23/24 are now higher than in previous years. Chapter 3 provides further information.
- Graduate Employment.** To ensure that Wales is championed as the place to train, work and live there must be employment opportunities for our students on graduation. Our mitigation is to work with all stakeholders to support graduate employment across Wales, particularly in the more rural and remote areas. Experience as a student or trainee is key in registrants making their employment decision.
- Student Bursary.** It is important to note that policy decisions will be made on bursary funding during the timeline of this plan, which could influence student recruitment. We are mitigating this risk by working with Welsh Government to shape the bursary going forward.

## Chapter 3. Education and Training Recommendations

This chapter sets out the commissioning and training recommendations for 2024/25. Further information relating to these recommendations can be found in Appendix C. Information relating to recruitment rates can also be found in our [Integrated Performance Report](#) within our public Board papers.

In addition to the context and factors set out in Chapters 1 and 2, these recommendations have been through a rigorous internal scrutiny process and it is important to recognise that a whole range of factors have been considered.

The recommendations build on the ambitious commissioning of last years' plan to support achievable and sustained growth of the workforce. Our recommendations have increased where it is possible to recruit additional students or grow programmes of training. Whilst commissions in some professions remain static, others have moderate increases.

We feel that these recommendations are the optimum level for Wales for 2024/25.

### 3.1. Nursing

Our recommendation is to:

- Increase Child and Mental Health Nursing
- Consolidate and Maintain Adult and Learning Disability Nursing

The number of student nurses recruited in 21/22 and 22/23 are the highest numbers ever recruited in Wales. However, these increases have not kept pace with the increasing demand and commissioned numbers. To mitigate against falling applications to nursing courses across the UK, we have instigated and are leading on a series of initiatives to increase the number of student nurses.

In 23/24 our suite of initiatives to supplement recruitment to pre-registration nursing courses includes working directly with HEIs to maximise fill rates, increasing the number of Healthcare Support Workers (HCSW) accessing the Level 4 nursing programme, international nurse recruitment and increasing part time distance learning. The impact of this is already being felt in 23/24 and it is anticipated that these initiatives will be embedded fully by 24/25 to ensure that commissioning levels will be filled. The work to achieve this has been further summarised in our Appendices.

There is a UK wide issue with recruiting students to the LD Nursing Field. As a result, commissioning numbers in Wales have not been fully filled. Initiatives to promote LD Nursing, to attract new students and also to raise awareness during year 1 of nursing programmes have been introduced. It is anticipated that these initiatives will ensure that the 87 places are filled. Until these initiatives are fully embedded it is recommended that commissioning numbers remain the same.

We continue to lead and develop sustainable national workforce plans for nursing to achieve a better match between demand and supply and to improve retention.



Course/ Programme Title	2022-2023 Recommendation	2023-2024 Recommendation	2024-2025 Recommendation	Trend	Context
BN Adult Nursing	1651	1892	<b>1892</b> (64% IMTP requests)	Maintained	<ul style="list-style-type: none"> <li>There has been a 25% growth in annual nurse commissioning numbers since the inception of HEIW, therefore, the number of students in training is higher than ever before.</li> <li>There are national challenges in filling commissioned places due to falling application rates.</li> <li>As a result of our programmes of work around increasing applications and placement capacity projected fill rates for nursing for 2023/24 are higher than in previous years.</li> <li>The commissioning numbers for 2024/25 are challenging but achievable. The new programmes of work to increase applications together with an increase in the placements infra-structure to support these students will support sustained growth and enable higher commissioning levels, if necessary, in future years.</li> </ul>
BN Child Field Nursing	175	192	<b>211</b> (59% IMTP requests)	Increase	<ul style="list-style-type: none"> <li>Commissioned numbers have increased in line with IMTP requests.</li> <li>This continues to build on the increase in the 2023/24 plan and is a sustainable increase, ensuring that commissioned places are more likely to be met.</li> <li>Recruitment to commissioned places in child field nursing has been more successful than for adult and LD fields in 2022/23.</li> </ul>
BN Mental Health Nursing	483	530	<b>557</b> (79% IMTP requests)	Increase	<ul style="list-style-type: none"> <li>The ambition set out in the Mental Health Nursing plan was for 580 commissions by 2025/26.</li> </ul>

					<ul style="list-style-type: none"> <li>Commissioning an additional 27 places in 2024/25 takes a step towards meeting the need next year.</li> <li>This growth is supported by the Mental Health Workforce Plan. Recruitment to commissioned places in mental health nursing has been more successful than for adult and LD fields in 2022/23.</li> </ul>
<b>BN Learning Disability Nursing</b>	87	87	<b>87</b> (50% IMTP requests)	Maintained	<ul style="list-style-type: none"> <li>The need to train more learning disability nurses is evident but constrained by student recruitment.</li> <li>A programme of work is focusing on driving up applications to LD programmes and modifying the training routes available in the longer term.</li> </ul>

### 3.2. Midwifery

Our recommendation is to increase the commissioning numbers.

Course/ Programme Title	2022-2023 Recommendation	2023-2024 Recommendation	2024-2025 Recommendation	Trend	Context
<b>BMid Midwifery</b>	185	190	<b>224</b> (5% over IMTP requests)	Increase	<ul style="list-style-type: none"> <li>Increase of 18% to commission above the IMTP requests following peer review due to recognition of the need to increase workforce and to drive up quality of services.</li> <li>Above the maximum set out in the contract (208) but within the additional 20% that can be commissioned.</li> </ul>

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### 3.3. Healthcare Professionals

Our recommendations are to maintain or make small increases where needed in response to service demand.

Course/ Programme Title	2022-2023 Recommendation	2023-2024 Recommendation	2024-2025 Recommendation	Trend	Context
Dietetics (BSc & PG)	66	82	82 (9% over IMTP requests)	Maintained	<ul style="list-style-type: none"> <li>Recommendation remains above IMTP requests.</li> <li>Graduate recruitment into Band 5 vacancies not filled in 2022/23 despite good recruitment through student streamlining.</li> <li>Plans to incorporate a bespoke student streamlining process for 2023/24 graduates being progressed.</li> <li>Anticipated service development i.e., Healthy Weight: Healthy Wales and All Wales Diabetes Prevention programme.</li> <li>15 of the 82 places to be commissioned for BCU HB.</li> </ul>
BSc Occupational Therapy	179	197	197 (10% over IMTP requests)	Maintained	<ul style="list-style-type: none"> <li>Commissioned above the IMTP request in recognition of mental health workforce plan requirements.</li> <li>A good pipeline of students coming through to the workforce following increases in commissioning in recent years.</li> <li>Sufficient graduate posts offered in 2022.</li> </ul>
PhD Clinical Psychology	36	40	44 (57% IMTP requests)	Increase	<ul style="list-style-type: none"> <li>Increasing service demand due to increased pressures on mental health services, this has been exacerbated by the pandemic.</li> <li>Workforce data shows that there is an ageing workforce with the risk of a third retiring within the next 5 years.</li> <li>The number of trainees has been rising year on year by small margins, due to placement capacity.</li> <li>Clinical Supervision expansion - covered in the CAAPs costs will open up new and innovative</li> </ul>

					<p>placement opportunities for Clinical Psychology Trainees.</p> <ul style="list-style-type: none"> <li>Increases in line with Mental Health Workforce Plan, commission 44 in 2024/25 rising to 54 in 25/26</li> </ul>
Clinical Associates in Applied Psychology (CAAPs)	N/A	N/A	20	New	<ul style="list-style-type: none"> <li>CAAPs offer a unique solution to help address the psychology and wider mental health recruitment challenges by filling an identified skills gap between assistant psychologist and psychologists, as well as opening a new career pathway for graduate psychologists.</li> <li>We commissioned a pilot of Clinical Associates in Applied Psychologists in February and have 14 in the first cohort.</li> <li>Key to the achievement of the Mental Health Workforce Plan and part of our expansion in Psychological Therapies Services.</li> </ul>
Paramedicine	116	120	131 (100% IMTP requests)	Increase	<ul style="list-style-type: none"> <li>Commissioned as per IMTP requests.</li> <li>Need to expand care closer to home and primary care role development.</li> <li>WAST have identified a need to train more in the North of Wales to support better recruitment across Wales.</li> <li>Glyndwr University agreed to commission above contractual numbers therefore 29 places to be commissioned in the North in 2024/25.</li> </ul>
BSc Physiotherapy	174	180	189 (95% IMTP requests)	Increase	<ul style="list-style-type: none"> <li>A good pipeline of anticipated graduates following increases in commissioning in recent years.</li> <li>Not commissioned full IMTP request of 198 due to constraints in placement capacity and graduate recruitment.</li> </ul>
Podiatry	27	27	27 (23% over IMTP requests)	Maintain	<ul style="list-style-type: none"> <li>Commissioned above IMTP requests due to HEI contractual requirement and the importance of the profession in strengthening community care.</li> </ul>

					<ul style="list-style-type: none"> <li>There is evidence of risks to ongoing workforce stability.</li> <li>We continue to engage with service in relation to placement and graduate recruitment issues.</li> </ul>
BSc Speech and Language Therapy	49	49	53 (11% over IMTP requests)	Increase	<ul style="list-style-type: none"> <li>Commissioned above the IMTP requests in recognition of: <ul style="list-style-type: none"> <li>Anticipated Flying Start service development.</li> <li>Increased service demand in BCU. 15 of the 53 places to be commissioned for BCU.</li> </ul> </li> </ul>

### 3.4. Healthcare Sciences

Our recommendation is to:

- Increase postgraduate and consultant training
- Maintain or small decreases for undergraduate commissioning aligned to IMTP requests
- Implement three new part time routes to support workforce development.

#### Postgraduate and Consultant Training

Course/ Programme Title	2022-2023 Recommendation	2023-2024 Recommendation	2024-2025 Recommendation	Trend	Context
Clinical Scientist Training Programme	39	53	55 (100% IMTP requests)	Increase	<ul style="list-style-type: none"> <li>IMTP recommendations show an expected small increase from 53 STP trainees for 2023 to 55 for 2024.</li> <li>This demonstrates the need for gradual stable growth following the significant increase in 2023.</li> </ul>
Higher Specialist Training	8	10	20 (100% IMTP requests)	Increase	<ul style="list-style-type: none"> <li>Consultant healthcare scientist training continues to build momentum.</li> <li>A Consultant Clinical Scientists guidance paper has been published which further raises the profile of these roles and subsequent interest in the training.</li> <li>Recommend support for the IMTPs requests for 20 trainees for 2024, an increase from 10 trainees for 2023.</li> </ul>

Equivalence Routes to Registration/ Regulation funding	£75k	£140k	<b>£500k</b>	Increase	<ul style="list-style-type: none"> <li>Evidence from last year's applications indicates a substantial need to increase this budget.</li> <li>There has been substantial awareness raising for this important route to career progression to enable retention and support succession planning by the strategic Healthcare Science Programme and the healthcare science workforce are now fully invested in developing their workforce in this way.</li> <li>We recommend that the budget for 2024/25 is further increased to include both the full scope of the healthcare science profession, and the facility to offer support for time away from their essential roles.</li> </ul>
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### Undergraduate

Course/ Programme Title	2022-2023 Recommendation	2023-2024 Recommendation	2024-2025 Recommendation	Trend	Context
BSc Cardiac Physiology	24	23	<b>23</b> (10% over IMTP requests)	Maintain	<ul style="list-style-type: none"> <li>Commissioned in line with IMTP requests.</li> <li>Network (NHS Executive) have identified a future need for this profession.</li> <li>Good application and fill rates. Placement capacity remains a constraint.</li> </ul>
BSc Audiology	12	11	<b>13</b> (8% over IMTP requests)	Increase	<ul style="list-style-type: none"> <li>Application numbers are buoyant with commissions generally filled</li> </ul>
HE Cert Audiological practice	10	10	<b>8</b> (100% IMTP requests)	Decrease	<ul style="list-style-type: none"> <li>Commissioned as per IMTP requests.</li> </ul>
BSc Audiology (Part time) NEW FOR 2024	N/A	N/A	<b>10</b>	New	<ul style="list-style-type: none"> <li>Set range in new 2024 contract: 10-14.</li> </ul>
BSc Respiratory and sleep science	8	14	<b>13</b> (100% IMTP requests)	Decrease	<ul style="list-style-type: none"> <li>Commissioned as per IMTP requests.</li> </ul>

BSc Neurophysiology	3	4	<b>4</b> (2 places over IMTP requests)	Maintain	<ul style="list-style-type: none"> <li>Commissioned 2 places above IMTP. Identified need to grow profession.</li> </ul>
BSc Nuclear Medicine	3	6	<b>3</b>	Decrease	<ul style="list-style-type: none"> <li>No IMTP requests, however, identified need in Positron Emission Tomography (PET) workforce plan and engagement directly with service has shown support needed. 1-3 places in the pre-registration HEI contract.</li> </ul>
BSc Biomedical Sciences	24	26	<b>25</b> (100% IMTP requests)	Decrease	<ul style="list-style-type: none"> <li>Commissioned as per IMTP requests to support managing placement capacity issues.</li> </ul>
BSc (Biomedical Sciences (Part time) NEW FOR 2024	N/A	N/A	<b>19 Part Time PTP and 22 standalone modules</b>	New	<ul style="list-style-type: none"> <li>19-23 places set out in the contract</li> <li>Additional 22-28 stand-alone modules in contract for employee development.</li> </ul>
BSc Clinical Engineering	8	6	<b>4</b> (100% IMTP requests)	Decrease	<ul style="list-style-type: none"> <li>Commissioned as per IMTP requests. Significant placement constraints for this profession.</li> </ul>
BSc Clinical Engineering (Part time) NEW FOR 2024	N/A	N/A	<b>10</b>	New	<ul style="list-style-type: none"> <li>Set range in new 2024 contract: 10-14.</li> </ul>
BSc Radiotherapy Physics	3	2	<b>3</b>	Increase	<ul style="list-style-type: none"> <li>No IMTP requests, however, identified need in Positron Emission Tomography (PET) workforce plan and engagement directly with service has shown support needed. 1-3 places in the pre-registration HEI contract.</li> </ul>
BSc Diagnostic Radiography	166 (Includes RAP)	140	<b>124</b> (8% above IMTP requests)	Decreased	<ul style="list-style-type: none"> <li>Recommend commissioning above the 115 identified in IMTP.</li> <li>This is in recognition of increasing work force requirement and HEI pre-registration contracts.</li> <li>Have not recommended maintaining 2023/24 numbers due to significant placement capacity constraints.</li> </ul>

HE Cert Radiography Assistant Practitioner (RAP)		10	15 (100% IMTP requests)	Increased	<ul style="list-style-type: none"> <li>Commissioned as per IMTP requests.</li> </ul>
BSc Radiotherapy and Oncology	26	20	20 (11% above IMTP requests)	Maintained	<ul style="list-style-type: none"> <li>Reflective of IMTP requests and within 20% of contract.</li> <li>Recruitment to the programme is buoyant with commissioned places filled.</li> <li>Graduates are key to the cancer patient pathway.</li> </ul>
BSc Operating Department Practice (ODP)	49	62	69 (100% IMTP requests)	Increased	<ul style="list-style-type: none"> <li>All places filled in 2022/23.</li> <li>Commissioned as per IMTP requests, above contract ranges but within the additional 20% tolerance that can be commissioned.</li> </ul>

### 3.5. Dental

Our recommendations are to:

- Increase Core Dental Training
- Maintain Dental Foundation, Specialty and Therapist Foundation Training.

There are significant workforce shortages in all areas of Dentistry and in our IMTP we have committed to developing a Strategic Dental Workforce Plan for Wales to ensure the workforce is recruited, trained, supported and available to deliver dental services for the future. This work is supported by a Train Work Live campaign launched in March 2023, local recruitment incentives through the Wales Enhanced Recruitment Offer (WERO) scheme to recruit to rural areas for a specified number of Dental Foundation Training places and establishing a Dental Nurse Training Programme.

Course/ Programme Title	2022-2023 Recommendation	2023-2024 Recommendation	2024-2025 Recommendation	Trend	Context
Dental Foundation Training	74	74	74	Maintain	<ul style="list-style-type: none"> <li>Determined through the allocated funding from Welsh Government.</li> </ul>
Dental Core Training Year 1 Year 2 Year 3	Not included with plan	Not included with plan	28 37 18	Increase +1 Increase +3 Increase +12	<ul style="list-style-type: none"> <li>Expansion of certain dental services in HBs recently allows opportunity for additional trainees to undertake dental core training with appropriate support and supervision in place.</li> </ul>



Dental Specialty Training	<i>Not included with plan</i>	38	38	Maintain	<ul style="list-style-type: none"> <li>Following funding for 12 additional posts in 23-24 which we are recruiting to, there is currently no capacity to train any additional trainees in 24-25. Review for 2025/26.</li> </ul>
Welsh Dental Therapist Foundation Training	<i>Not included with plan</i>	20	20	Maintain	<ul style="list-style-type: none"> <li>Expansion of dental therapy training in 2023 still to be recruited to therefore maintain for 2024 and review next year.</li> </ul>
Dip HE Dental Hygiene	19	33	33	Maintain	<ul style="list-style-type: none"> <li>Increased in recent years with new programme commissioned. Commissioning numbers to be maintained for this year while programmes stabilise and manage placement capacity.</li> </ul>
BSc Dental Hygiene and Therapy	11	18	24	Increase	<ul style="list-style-type: none"> <li>Increase in training dental therapists to reflect changes in dental contract and expectation of use broader skill mix and dental team members in dental services.</li> </ul>

### 3.6. Medical Workforce

Our recommendations are to:

- Maintain range for General Practice Training
- Increase posts across a wide range of specialties/training programmes in Secondary Care/Specialty Training and Foundation Training

The increase in posts created will be distributed across NHS Wales according to education and training capacity.

Less Than Full Time (LTFT) training rates continue to grow in Wales and across the UK. The flexibility agenda, to help prevent burnout and retain doctors across the NHS by providing trainees with a better work life balance and opportunities to train on a part time basis, is now a fundamental part of training. HEIW continues to work with partners and stakeholders to deliver the flexible training initiatives such as changes to our LTFT policy and the introduction of Portfolio Fellowships aimed at retaining the current workforce and reducing the impact of trainee burn-out and exhaustion. At the end of July 2022, 359 Specialty Trainees in secondary care placements were training LTFT, representing 22% of the trainee population. It is, therefore, of note that whilst we are seeking to increase foundation and specialty training by a further 106 training posts from August 2024, this may translate to more than 106 additional trainees entering the system.

Course/ Programme Title	2022-2023 Recommendation	2023-2024 Recommendation	2024-2025 Recommendation	Trend	Context
Foundation Training	<i>Increase by 69</i>	<i>Increase by 60</i>	<b>Increase by 39</b>	Increase	<ul style="list-style-type: none"> <li>The increased capacity through these recommendations will support NHS Wales to provide</li> </ul>

Secondary Care/Specialty Training	Increase by 89	Increase by 90	Increase by 67	Increase	<p>regional treatment, healthcare closer to home and timely access to treatment and diagnostic procedures.</p> <ul style="list-style-type: none"> <li>In the medium to long term these recommendations aim to bridge this gap and increase the output of consultants over the next 5-10 years and at least maintain current consultant levels against projected consultant retirements.</li> <li>The impact of LTFT on both training programmes and future consultant output has been extensively considered.</li> </ul>
General Practice	160-200	160-200	160-200	Maintain range	<ul style="list-style-type: none"> <li>This figure was agreed by Welsh Government in 2019 to enable us to achieve an expansion of GP trainee numbers in Wales. The previous intake was 136 per year.</li> <li>To continue to front load GP training, 160 has been set as the target recruitment figure, but with agreement to fund up to 200 places depending on quality of candidates and placement capacity.</li> </ul>

### 3.7. Optometry

Our recommendation is to increase the commissioning of postgraduate courses.

Since 2012, HEIW has held the budget to support the professional development for qualified non-medical eye professionals. Our recommendations support the Wales Eye Care plan and the new contract provided by Welsh Government for Optometry NHS services, commissioning postgraduate qualifications to support Optometrists and Dispensing Opticians in providing optimum community care to all persons in Wales

Course/ Programme Title	2024-2025 Recommendation	Trend	Context
Advanced training practices placements	14	New	<ul style="list-style-type: none"> <li>Expand capacity for placements in Wales for postgraduate qualifications by siting placements in optometry practices.</li> </ul>
Postgraduate course - Independent Prescribing	28	Increase	<ul style="list-style-type: none"> <li>61% Increase reflective of service demand following contract reforms.</li> <li>Additional requirements to ensure equity of service provision across Wales.</li> </ul>

Postgraduate course - Medical Retina	23	Increase	<ul style="list-style-type: none"> <li>15 % Increase reflective of service demand following contract reforms.</li> <li>Additional requirements to ensure equity of service provision across Wales.</li> </ul>
Postgraduate course - Glaucoma	34	Increase	<ul style="list-style-type: none"> <li>41% Increase reflective of service demand following contract reforms.</li> <li>Additional requirements to ensure equity of service provision across Wales.</li> </ul>
Postgraduate course - Low Vision	20	Increase	<ul style="list-style-type: none"> <li>25% Increase reflective of service demand following contract reforms.</li> <li>Additional requirements to ensure equity of service provision across Wales.</li> </ul>

### 3.8. Pharmacy

Our recommendations are to maintain or make small increases to support the implementation of the [Strategic Pharmacy Workforce Plan](#).

Pharmacy is midway through a series of transformation projects to deliver the new IETS. These recommendations are a key enabler to support transformation of the roles and contributions of pharmacists, pharmacy technicians and the wider pharmacy team.

Course/ Programme Title	2022-2023 Recommendation	2023-2024 Recommendation	2024-2025 Recommendation	Trend	Context
Pharmacy Support Staff 'Access to Pharmacy'	60 Level 2 units	100 Level 2 units	100 Level 2 Units	Maintain	<ul style="list-style-type: none"> <li>This work-based learning programme is designed to deliver the widening access agenda.</li> <li>Procurement for a long-term solution in progress.</li> </ul>
Pre-registration Pharmacy Technicians	83	100 courses	100 courses (50 NHS Employed/ 50 NHS Contractor bursaries)	Maintain	<ul style="list-style-type: none"> <li>Identified need to grow workforce. Quality and no of applications show this career path is not well known.</li> <li>Activity to raise awareness included in the Strategic Pharmacy Workforce Plan.</li> <li>NHS employed are salaried, contractor employed are bursaries.</li> </ul>

Post Reg Pharmacy Technicians (Agored Level 4)	30	50 units	50 units	Maintain	<ul style="list-style-type: none"> <li>Post-registration workforce need enhanced skills to manage and lead pharmacy teams and lead service improvements to be person-centred.</li> <li>There was no bursary spend in 2022/23, more marketing is required in 2023/24 to achieve uptake.</li> </ul>
Pharmacy UG Placements (PUPs)	3120	7560	11,155 days	Increase	<ul style="list-style-type: none"> <li>Number of undergraduate clinical placements required for Cardiff and Swansea for those on current HEI courses</li> </ul>
Trainee Pharmacists	122	122	122	Maintain	<ul style="list-style-type: none"> <li>Post numbers limited by Health Board and Primary care training capacity.</li> <li>Our recommendation is to maintain while we work to improve training capacity and quality through the Strategic Pharmacy Workforce Plan.</li> </ul>
Pharmacists					
HEIW Post-registration Foundation Programme	80	80	80 programmes	Maintain	<ul style="list-style-type: none"> <li>Good retention on new programme.</li> <li>Increasing interest from Health Board and contractor employers.</li> <li>Using as a retention tool for new registrants up to maximum capacity of HEI partner.</li> </ul>
Independent Prescribing (Non-medical prescribing)		300 150 NHS Employed 150 Contractor Employed	350 150 NHS Employed 200 Contractor Employed	Increase	<ul style="list-style-type: none"> <li>Continue implementation plans for all the existing person-facing pharmacist workforce to be independent prescribers.</li> <li>Contractor courses include bursaries.</li> </ul>
Developing Novice Independent Prescribing Practice NEW FOR 2024	N/A	N/A	100 Programmes	NEW	<ul style="list-style-type: none"> <li>This new programme will support pharmacists in the first twelve months after qualifying as Independent Prescribers to build confidence, where appropriate change scope</li> </ul>

					of practice and optimise their Independent Practice skills for the benefit of patients.
Post Reg Advanced and Extended Practice		NHS Employed £244,420, NHS Contractor/Community Employed £252,500	NHS Employed £244,420, NHS Contractor/Community Employed £252,500	Maintain	<ul style="list-style-type: none"> <li>Potential to deliver a range of specialist programmes from General Practice Transition Programme, Mental Health, Critical Care and Digital course fees.</li> </ul>

### 3.9. Medical Associate Professions (MAPs)

MAPs roles include Physician Associates (PAs), Anaesthesia Associates (AAs) and Surgical Care Practitioners (SCPs). Each role is at a very different point in terms of its implementation across NHS Wales. PAs work across a wide range of medical specialties in secondary care and in a number of practices in primary care, providing services to patients and supporting clinical staff. As at April 2023 the PA workforce in Wales was 171.

Our recommendations are to increase the commissioning for Physician Associates:

Course/ Programme Title	2022-2023 Recommendation	2023-2024 Recommendation	2024-2025 Recommendation	Trend	Context
Physician Associates	52	54	57 (4% over IMTP requests)	Increase	<ul style="list-style-type: none"> <li>Commissioned above IMTP requests.</li> <li>Relatively new profession with good development and recruitment to new posts across Wales through the streamlining process.</li> <li>More posts than graduates in 2023.</li> <li>NHS England Long Term Workforce Plan highlights need for expansion in these roles</li> </ul>

AAs were introduced in 2004 as highly trained and skilled practitioners working within an anaesthetic team under the direction and supervision of a Consultant Anaesthetist. We commissioned the training programme for AAs and successful pilots in Hywel Dda and Swansea Bay are helping to embed this role in NHS Wales. With regards to SCPs further work is required to understand the demand across NHS Wales and how we can support the further development of the roles. In our IMTP we have committed to establishing the education and careers infrastructure to embed MAP roles and to prepare for the regulation of PAs and AAs by the GMC in 2024.

3.10. Multi-Professional Education & Training in Primary and Community Care

During 2022/23 & 2023/24 HEIWs Executive Board has invested in a sustainable infrastructure both internally (through the formation of a small, internal Multi Professional Primary and Community Care Education & Training - MP PaCCET Unit); and at a Health Board level (through the Health Board based Primary and Community Care (PaCC) Academies); working alongside existing Deaneries to support Primary and Community Care and the development of the Primary Care Model for Wales (PCMW).

Course/ Programme Title	2022-2023 Recommendation	2023-2024 Recommendation	2024-2025 Recommendation	Trend	Context
General Practice Nursing (GPN) Foundation Programme	N/A	N/A	50	New	<ul style="list-style-type: none"><li>General Practice Nursing remains a key priority for 24/25 due to the ageing workforce profile and increasing sustainability challenges within primary care.</li><li>A strategic workforce plan for primary care is being developed which will take a 5-year view on future workforce requirements. The plan will forecast the number of GPN that will be needed in future.</li><li>Based on local intelligence from Health Boards, we recommend 50 places to be created on the GPN Foundation Programme in 2024/25.</li></ul>

In addition to an early priority to develop a national Foundation Programme for General Practice Nurses (GPN) detailed below; we are working with our P&CC Academy partners to develop a range of workstreams to support the delivery of care closer to home. These include, but are not limited to:

- Integrated Care GP Fellowship Scheme
- Undergraduate Nursing placements in general practice scheme
- Practice Manager Development programmes/activities
- Multi Professional Independent Prescriber Support
- Advanced Clinical Practitioner (ACP) Primary Care Digitisation Project
- Development of an Allied Health Professional Musculoskeletal Advance Practice Framework
- Urgent Primary Care Practitioner education and training

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The **General Practice Nursing** workforce are key to delivering the primary care model for Wales, bringing care closer to home and an essential part of the multi-professional primary and community care team. MP PaCCET Unit have worked with all 7 HBs to develop an all Wales programme suitable for nurses new to general practice which is delivered remotely through online university module, bilingual competency framework documents, supervisor training and progress meetings, with face to face development of skills, and opportunities for peer support and wellbeing. The programme has been developed from the NHS Wales Competence Framework for Nurses Working in General Practice and in accordance with the NMC Standards for postgraduate education and training.

In 2024/25, we propose to build on the initial work of the PaCCET Unit and PaCC Academies with a focus on the priority areas highlighted above. The financial plan in Chapter 6 includes our suggesting investment of funds of £1.16 million to support the continuation of the GPN programme and develop some of the additional national PaCC E&T workstreams.

### 3.11. Annual Funding

#### 3.11.1. Community Nursing

Our recommendation is to maintain the same level of Funding as in 2023/24 recognising that there will be opportunity within the system to flex according to service need. This funding is allocated to Health Boards based on identified need.

**Community Nurses** are registered nurses who provide highly skilled, invaluable care to people in their own homes, care homes, or close to where they live, in clinics and/or GP practices. They also provide outreach services to those who may not have a secure home. Community nursing covers all four fields of nursing practice.

Community nurses **Specialist Practice Qualification (SPQ)** Programmes lead to an annotation on the NMC register providing a recordable qualification i.e. District Nurse, Practice Nurse, Community Mental Health Nurse, Community Learning Disability Nurse, Community Children Nurse. **Specialist Community Public Health Nurses** are registered nurses or midwives who have undertaken an NMC approved Specialist Community Public Health (SCPHN) course. SCPHN nurses provide highly skilled, expert care for individuals within the communities.

**Health Visitors** provide a professional public health service based on best evidence of what works for individuals, families, groups and communities; enhancing health and reducing health inequalities through a proactive, universal service for all children 0-5 years and for vulnerable populations targeted according to need. **School nurses** are specialist community public health nurses (SCPHN) who work with school-aged children and young people and their families to improve health and wellbeing outcomes and reduce inequalities and vulnerabilities.

There are two health visiting services within health boards, generic services funded by the health board and Flying Start services funded by Welsh Government, through the local authority with an element of funding from health boards. The Welsh Government has announced the phased expansion of the Early Years Provision. The first phase of the expansion (commenced in September 2022) includes all local authorities across Wales undertaking a targeted expansion of Flying Start in more deprived areas that are not currently part of the Flying Start Programme. The expansion includes all four elements of Flying start, including an enhanced health visiting support service.

The NMC have published new standards for SCPHN and SPQ programmes. All education providers delivering SCPHN or SPQ programmes must meet the new NMC standards for any programmes delivered from 31<sup>st</sup> August 2024.

We are currently undertaking an ambitious procurement exercise to ensure that SPQ and SCPHN education within Wales meets the needs of the local populations and A Healthier Wales. To meet this need the new education commissioned will be of a higher standard, reflecting the specialist knowledge,



skills and attributes required by nurses working in community settings in roles which involve more autonomous decision making with nurses managing greater clinical complexity and risk. The new educational programmes will also aim to facilitate inter-professional working, promotes Welsh language, aids career progression, enhances retention and be cost effective in delivery.

Comprehensive engagement with a wide range of stakeholders including Health Boards, education providers and professional bodies demonstrated a strong desire for a ‘Once for Wales’ approach to the assessment of students undertaking the new SPQ/SCPHN education. In response to this and to ensure a cohesive and collaborative approach across Wales to the development of the education we have appointed two part time secondees to lead on the development of All Wales Practice Assessment Documents (PADs) for both the SPQ and SCPHN education.

**New Pilot SPQ Backfill.** HEIW currently provides salary backfill for students who undertake a SCPHN programme but not for students who undertake a SPQ programme. To encourage applications into community nursing and to ensure parity with SCPHN students a pilot programme is being established to provide salary backfill covering all fields of the SPQ for a cohort of students commencing in autumn 2023.

3.11.2. Healthcare Support Workers

Our recommendation is to increase our annual budget to support the development of Healthcare Support Workers (HCSW).

Course/ Programme Title	2022-2023 Recommendation	2023-2024 Recommendation	2024-2025 Recommendation	Trend	Context
Healthcare Support Workers  Griffiths, Sarah 26/07/2023 16:44:07	£2.5 million	£2.5 million	£3 million	Increase	<ul style="list-style-type: none"><li>• Need to develop HCSWs to support delivery of services identified in the IMTPs and information from HBs/Trusts.</li><li>• This increase will be used to commission more flexible routes and provide more opportunities for Support Workers to become registrants. Supporting and developing the skills of Support workers to attract, retain and provide them the opportunity to progress is essential.</li><li>• We continue to develop Work Based Learning and Apprenticeship opportunities for Support Workers and this increase supports this development.</li><li>• The delivery of national priorities, including Primary &amp; Community Care, and stronger tripartite learning with Social Care.</li></ul>

HEIW has an annual budget from Welsh Government as part of the education and training budget to support the development of HCSWs. Organisations submit their costed HCSW education and training requirements annually. These submissions are analysed by an internal team within HEIW, utilising a range of profession specific and finance colleagues.

These funding allocations are aligned to national priorities, with development areas identified by Health Boards, Primary & Community Care and joint working with Social Care colleagues building stronger tripartite learning. Both the IMTPs and the information from the health boards and trusts articulated a requirement for funding to develop HCSWs and support associated resources to enable delivery in multiple areas:

- Health and Social Care including Clinical Induction and the H&SC Joint Induction
- Primary & Community Care
- Allied Health Professions
- Nursing including Older Adult, A&E, Endoscopy and Wellbeing Practitioners
- Midwifery/ Neonatal and Health Visiting
- Facilities
- Healthcare Science including Operating Department Practitioners/Radiotherapy/Diagnostic Radiography
- Digital
- Essential Skills qualification.

The HCSW budget also covers the costs of training assessors and verifiers for any WBL qualifications, creating a sustainable network of quality assurers across NHS Wales. HEIW does not cover the costs of any qualifications available through an apprenticeship route, where the learners meet the eligibility criteria, or where funding is available through alternative education provider funding sources.

HEIW has agreed to fund HCSW development in all areas where Apprenticeship Frameworks do not exist, or learner eligibility is not met (and other alternate funding is not available). In addition, HEIW has agreed to fund posts to integrate the delivery of a joint induction programme for HCSW across health and care, following a successful pilot. Many of the health boards will now utilise the delivery template and associated resources to deliver the joint programme, meeting local need and extending health and care learning more accessible to a wider audience of learners. This year's budget currently supports the second-year completion of the Nursing HCSWs to complete the Level 4 Certificate in Higher Education Nursing Support Worker programme.

HCSW development support will focus on the common core learning for HCSW qualifications. The workforce pipeline which starts with HCSWs needs to be underpinned by robust education and training programmes to ensure that individuals are competent to undertake their current role whilst also allowing for career progression.

### **3.11.3. Post-registration Health Professional Education**

Our recommendation is to increase the annual funding for post-registration education to ensure that there continues to be sufficient resource to support the development of the workforce, the development of consultant practice and to support the delivery of the Enhanced, Advanced and Consultant Practice Framework.

Post-registration education is key to the development of specialist practice and in supporting the vision set out in A Healthier Wales in terms of transforming services for the Welsh population.

Course/ Programme Title	2022-2023 Recommendation	2023-2024 Recommendation	2024-2025 Recommendation	Trend	Context
Enhanced/Advanced / Consultant Practice Education	£2 million	£2 million	£2.5 million	Increase	<ul style="list-style-type: none"> <li>Ensure resource is available to continue to support development.</li> <li>Launch of the Enhanced, Advanced and Consultant Practice Framework could increase demand of education and training.</li> </ul>
Prescribing and Independent Authorisation of Blood Transfusion (IABT)	500k	500k	£750K	Increase	<ul style="list-style-type: none"> <li>IMTP requests show increased need.</li> <li>Important area of expansion to directly benefit population of Wales.</li> <li>Part of Strategic Review of Education provision Phase 2 (SREP 2).</li> </ul>
Genomic Medicine Modules (New contract)	-	-	Min 100 – Max 170 places	New	<ul style="list-style-type: none"> <li>To support the delivery of the Welsh Government's Genomics for Precision Medicine Strategy.</li> <li>This new approach utilises existing Genomics funding allocated within the February 2023 contracts</li> </ul>
PG Cert Critical Care (New contract)	-	-	Min 101 – Max 140 places	New	<ul style="list-style-type: none"> <li>To support the recommendations of the Welsh Government's Task and Finish Group on Critical Care (2019).</li> </ul>
Medical Ultrasound	15 Places	15 Places	20 Places	Increase	<ul style="list-style-type: none"> <li>IMTP's show a consistent increase in demand for Ultrasound Education.</li> <li>Need to ensure a pipeline of sonographers are in the workforce to positively impact patient services and waiting times.</li> <li>To support the delivery of the Diagnostic National Workforce Plan.</li> </ul>
Reporting Radiography	10 places	20 places	20 Places	Maintain	<ul style="list-style-type: none"> <li>To support the need to develop more report radiographers to develop skills and support shortages across the profession.</li> </ul>
Level 7 Clinical Photography Diploma (New contract)	-	-	11	New	<ul style="list-style-type: none"> <li>Commissioned as per IMTP requests.</li> <li>This is new Work Based Learning programme approach utilising existing funds, in order to recruit trainees to build the workforce.</li> </ul>

- 72% rise in clinical photographer posts in Wales, and to practice as a clinical photographer, 60 credits at level 7 to join the Academy for Health Care Science (AHCS) Medical Illustrators Register.
- Demand for clinical photographer expected to increase post-covid.

#### 3.11.4. Work-based Learning and Apprenticeships

In 2021 Welsh Government agreed that HEIW would be their Development Partner for the Healthcare Apprenticeships (previously been held by Skills for Health) with a steering group established, chaired by HEIW and involving a wide range of stakeholders to set and monitor the annual priorities. Due to the differing policy context between Wales and England, a scoping exercise is in progress to understand the policy framework for apprenticeships in Wales.

HEIW has now supported the successful completion of the reviews of the Healthcare Apprenticeship Frameworks currently offered. The suite of Healthcare Apprenticeships is fit for purpose for NHS Wales and associated healthcare partners to meet local need. As a result of these reviews the number of work-based learning (WBL) qualifications contained within Apprenticeship Frameworks has increased, including improving opportunities in areas such as technology & digitalisation in the delivery of education & care enabling a greater range of organisations to invest in apprentices and maximise their levy contribution.

Over the next three years we are committed to ensuring WBL qualifications will be reviewed with the sector experts and Awarding Organisations, and new learning developed where gaps are identified across the CQFW Levels 2 through to Level 7. This will continue to support the development of the registered and non-registered workforce, supporting a sustainable and flexible health and care workforce for the future. Work also continues to identify education and training gaps in the progression routes and develop appropriate solutions, e.g., development of Level 4 WBL qualifications, procurement of part-time routes to health professional registration.

Over the next year we will:

- Develop and implement technological based approaches to support learning in practice for all learners.
- Embed the education-based quality assurance process for WBL across NHS Wales to include all aspects of the WBL Governance Framework.
- Undertake the review of all Wales WBL resources to support the learning process.
- Continue to develop the Y Ty Dysgu learning platform to host WBL resources and other relevant information.
- Undertake reviews of current work-based learning qualifications in line with their agreed review dates.
- Deliver assessor and Internal Quality Assurance (IQA) training, creating an all-Wales network.
- Register learners undertaking post registration WBL qualifications to support Phase 2 of the Strategic Review.
- Work with the Education Workforce Council to ensure any NHS Wales staff who need to register are supported to do so

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### 3.12. Placements

Our programme of placement work supports an increasing volume of students and trainees to meet the proficiency requirements of their professional programme, register on time, and contribute to a sustainable workforce in Wales. The 2023/24 HEIW Annual Placement Plan has been published across education and placement provider networks. The plan provides Universities with student allocation numbers to operationalise within particular Health Boards and wider placement providers.

An extensive guide to assist GP Practices facilitate nursing student placements across Wales has been finalised and agreed for publication. The document has been co-produced with HEIW and wider primary care organisation stakeholders including a Primary Care Nurse Advisory Group and includes detail on all necessary governance arrangements required for nursing student placements with GP Practice Nurses. The impact of increased placement capacity in GP Practices is significant to potential choices students make during the streamlining process and their career aspirations in terms of General Practice Nursing from the point of registration.

**Regional Care Home Education Facilitators (CHEFs) and Practice Education facilitators (PEFs).** We fund PEF and equivalent roles across nursing, midwifery, allied health and healthcare science professions. PEF roles are multi-layered and span the whole student journey providing support from selection, point of registration and support of new employees during their initial period of preceptorship. We developed and rolled out the new CHEF roles to work with key health partners and wider stakeholders to influence, promote and embed placement learning opportunities within the care home sector. The CHEF roles are now embedded with 450 more students having placements in care homes since their introduction. This developing work is led by a national care home steering group including health and social care stakeholders.

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## Chapter 4. Supporting Multi-professional National Programmes

Our IMTP 2023/26 sets out the contribution we will make to supporting multi-professional programmes. This chapter describes the contribution of education and training to supporting the delivery of national programmes with the associated benefits for the workforce.

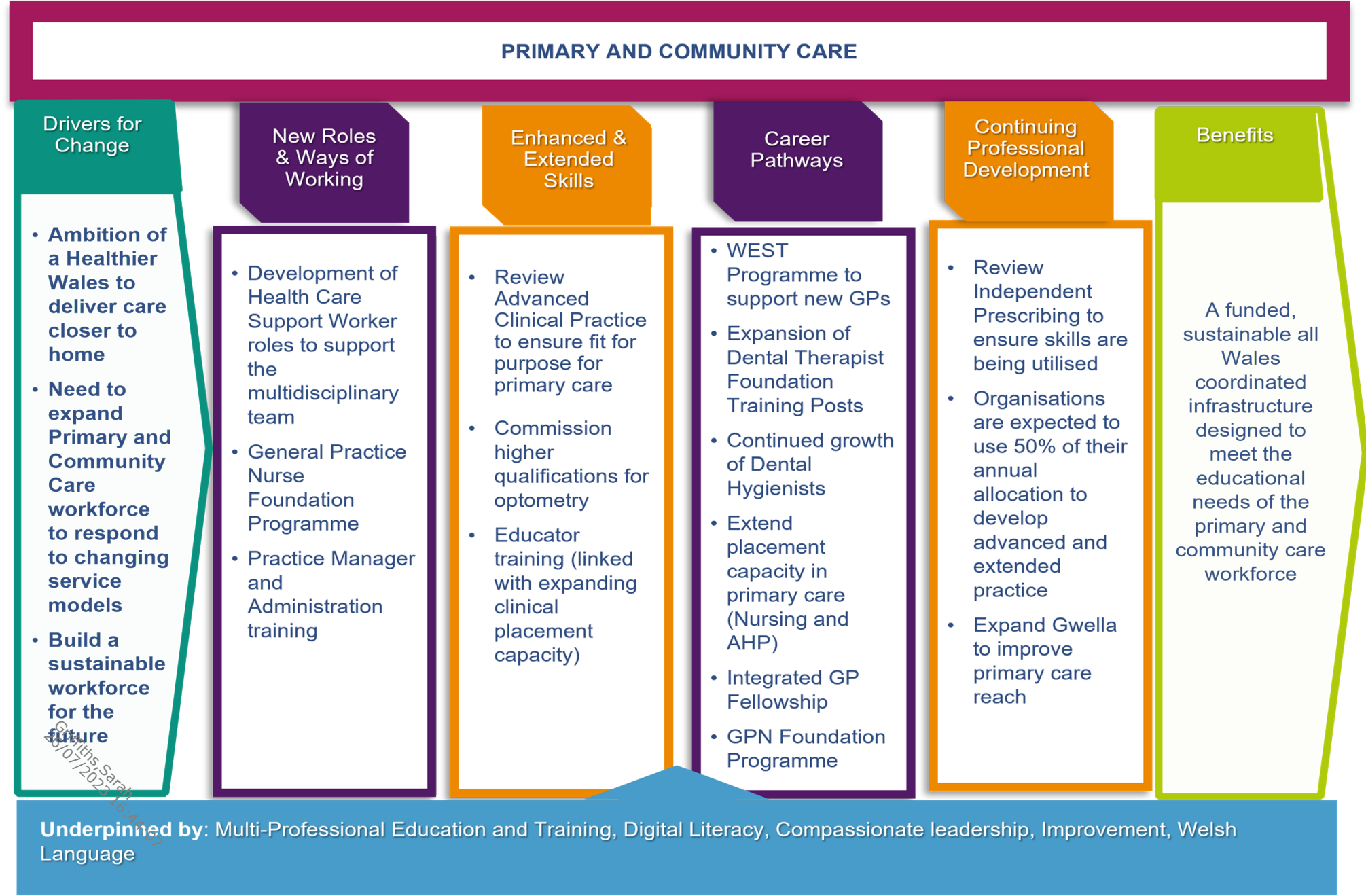
Supporting National Programmes					
	Primary & Community Care	Mental Health	Urgent & Emergency Care	Cancer	Planned Care and Recovery including Diagnostics
Deliverables 2023/24	<ul style="list-style-type: none"> <li>Continue to support the multi-professional workforce priorities of the Strategic Programme for Primary and Community Care.</li> </ul>	<ul style="list-style-type: none"> <li>Complete Year 1 implementation of the strategic workforce plan for Mental Health in partnership with Social Care Wales and the Mental Health Implementation Board</li> </ul>	<ul style="list-style-type: none"> <li>Implement an agreed set of workforce actions to support delivery of the six goals for Urgent and Emergency Care with a focus on Same Day Emergency Care (SDEC).</li> </ul>	<ul style="list-style-type: none"> <li>Implement a coordinated set of workforce actions to support recovery for the national cancer programme.</li> </ul>	<ul style="list-style-type: none"> <li>Implement a coordinated set of workforce actions to support recovery for planned care and recovery including diagnostics .</li> </ul>
Milestones 2023/24	<ul style="list-style-type: none"> <li>Launched the first Accelerated Cluster Development Leadership Programme for Pan Cluster Planning Group (PCPG) representatives.</li> <li>Improved the Gwella Collaborative pages and developed further resource materials available via Gwella.</li> <li>Launched an all Wales GP Integrated Care Fellowship programme</li> </ul>	<ul style="list-style-type: none"> <li>Year 1 Implementation commenced and progressing to plan.</li> <li>Time limited task and finish groups are in place to drive specific actions.</li> <li>Publish a half yearly review of year one implementation progress.</li> <li>Host a series of regional and national events to support implementation at local level.</li> </ul>	<ul style="list-style-type: none"> <li>Launch All Wales Urgent Care Practitioner Competency Framework.</li> <li>Develop a Same Day Emergency Care (SDEC) workforce plan</li> <li>Review workforce requirements and scope a SDEC education and training plan.</li> <li>Develop a SMART Operational Managers training programme.</li> </ul>	<ul style="list-style-type: none"> <li>Roll out Gateway C educational tool to primary care staff and evaluate.</li> <li>Pilot, evaluate and roll out a workforce planning tool for Urology, GI and Gynaecology.</li> <li>Develop a UK wide cancer career and development programme for nurses and AHPs working in cancer care.</li> </ul>	<ul style="list-style-type: none"> <li>Develop and take forward an action plan to address priorities across the diagnostics workforce.</li> <li>Develop a business case and take forward actions to create an Academy of Clinical Endoscopy.</li> <li>Develop project plan to take forward actions from the Imaging Plan.</li> <li>Develop action plans to address the training</li> </ul>

Supporting National Programmes					
	Primary & Community Care	Mental Health	Urgent & Emergency Care	Cancer	Planned Care and Recovery including Diagnostics
	<p>(as part of the GMS sustainability actions and delivered by the multi-professional education unit).</p> <ul style="list-style-type: none"> <li>Launched the Primary Care Compendium.</li> </ul>		<ul style="list-style-type: none"> <li>Seek agreement of APP workforce aligned to education and commissioning timetable</li> <li>Progress development of a consistent All Wales Remote Clinical Decision-Making Education Pathway.</li> <li>Continue to support emerging priorities of the National Six Goals Programme.</li> </ul>	<ul style="list-style-type: none"> <li>Review post registration funding allocated to cancer specialists and options for development of the workforce, making recommendations for the Education &amp; Training Plan.</li> </ul>	<ul style="list-style-type: none"> <li>capacity shortage in cellular pathology.</li> <li>Review gaps across theatre workforce including Operating Department Practitioners (ODPs) and develop an action plan.</li> </ul>
<b>Outcomes 2026</b>	<ul style="list-style-type: none"> <li>A funded, sustainable all Wales coordinated infrastructure designed to meet the educational needs of the primary and community care workforce.</li> </ul>	<ul style="list-style-type: none"> <li>A sustainable mental health workforce that has the expertise to support the population with their mental health and wellbeing needs following the pandemic.</li> </ul>	<ul style="list-style-type: none"> <li>Modern, multi-professional urgent and emergency care workforce models, that use their skills in line with the prudent in practice principles.</li> </ul>	<ul style="list-style-type: none"> <li>Improving cancer survival outcomes by addressing workforce barriers to implementing the National Optimal Pathways for cancer.</li> </ul>	<ul style="list-style-type: none"> <li>A modernised NHS Wales Planned Care and Diagnostics workforce to support the recovery priorities.</li> </ul>

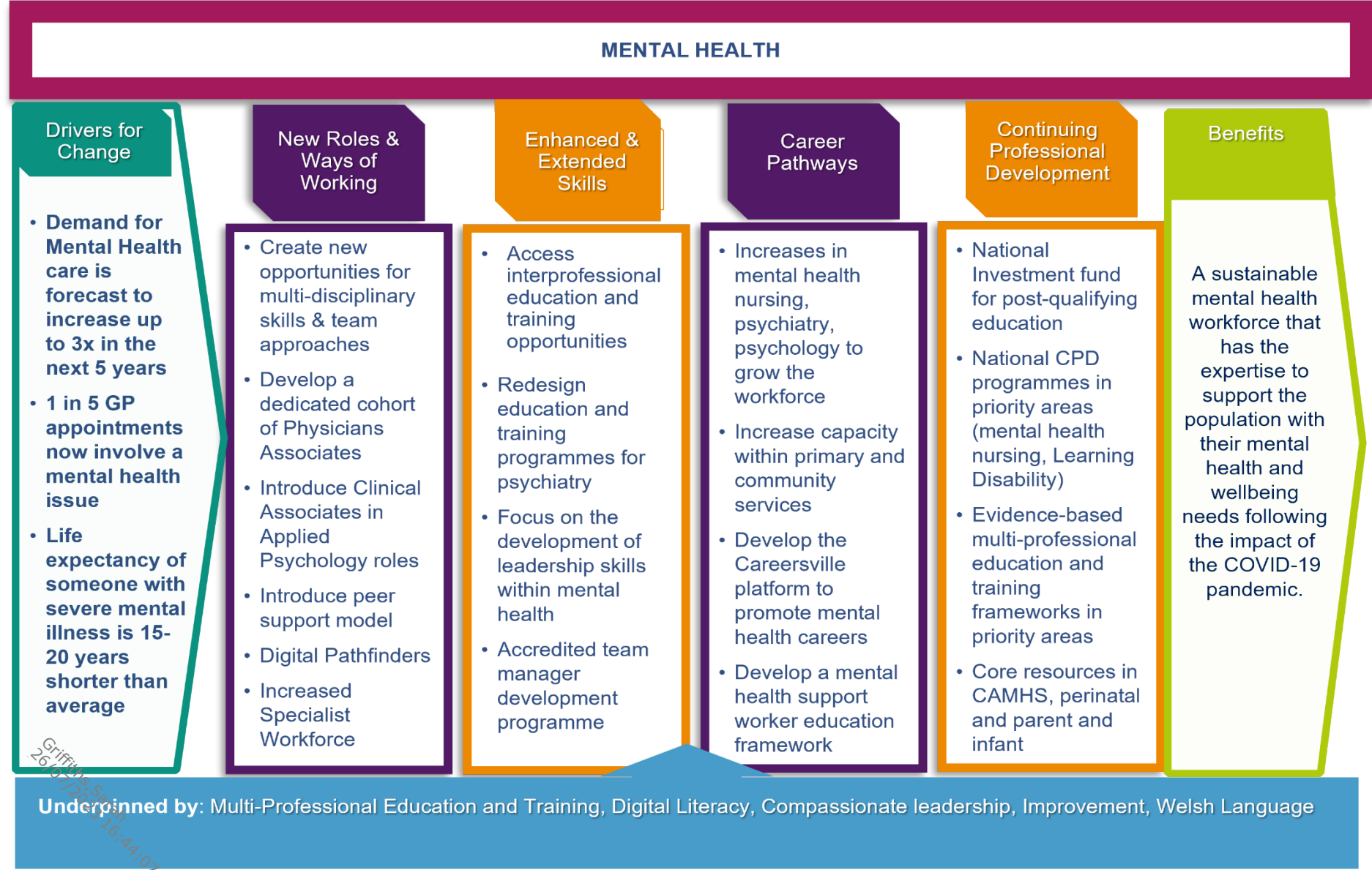
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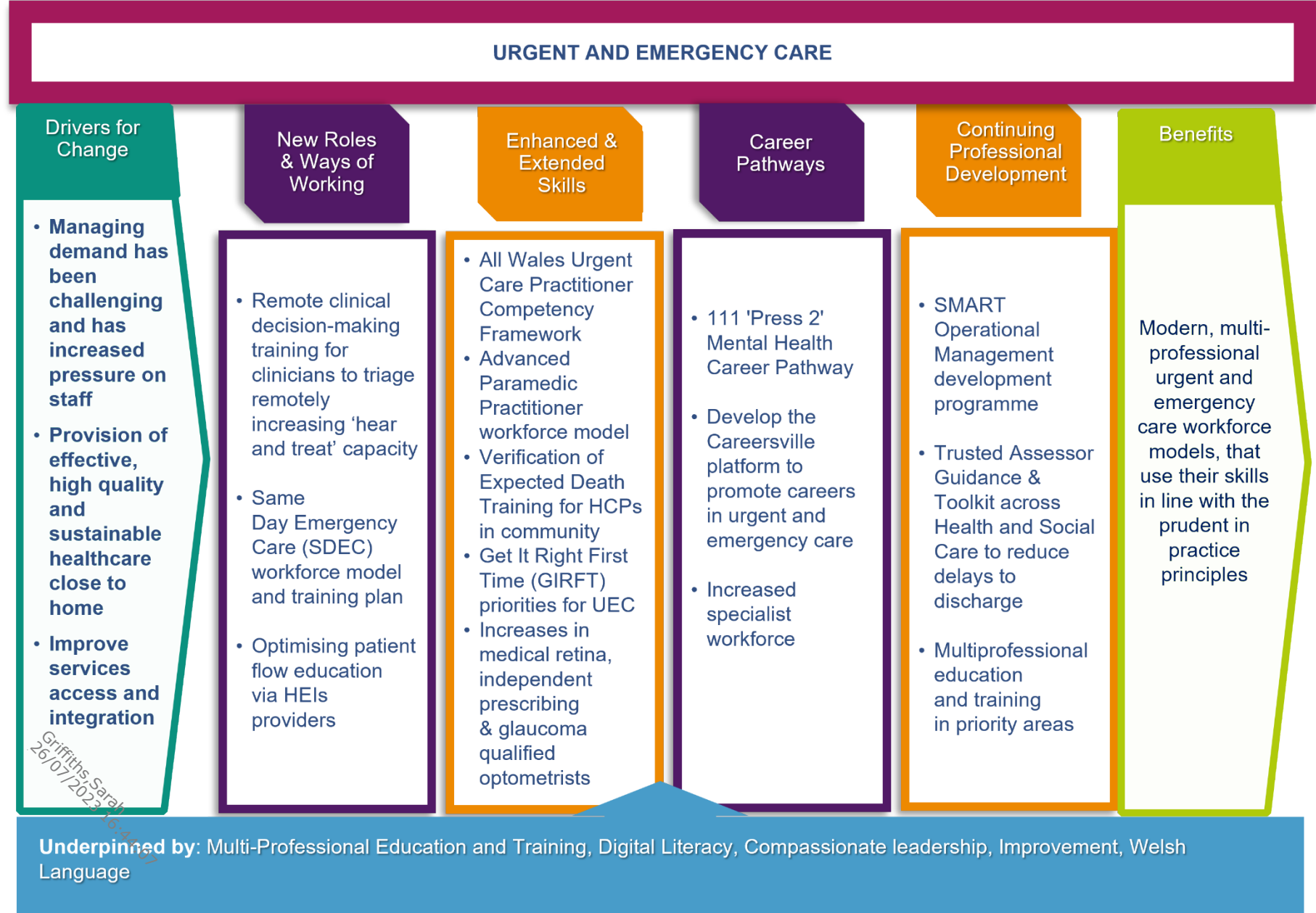
4.1. Primary and Community Care



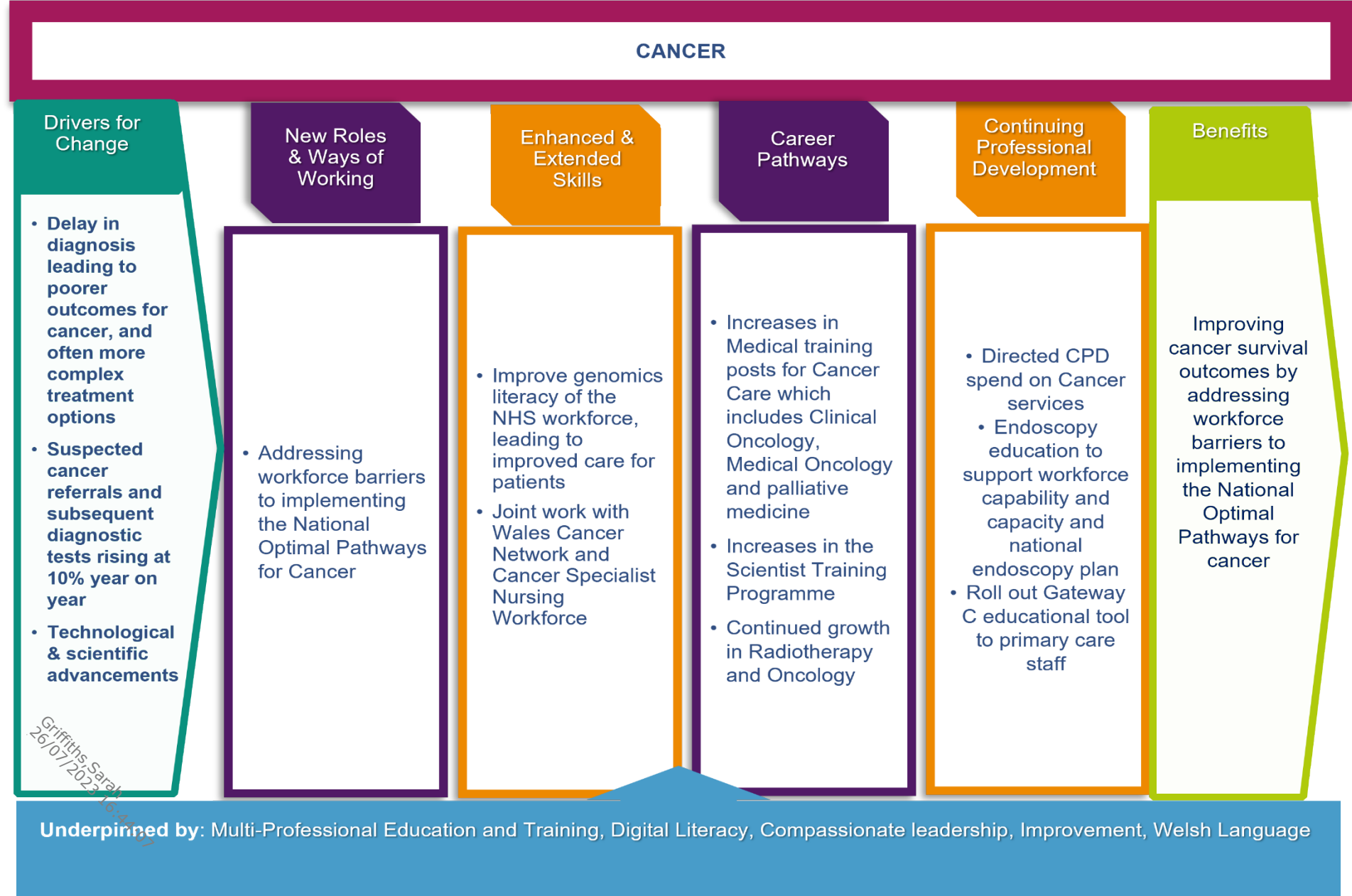
4.2. Mental Health



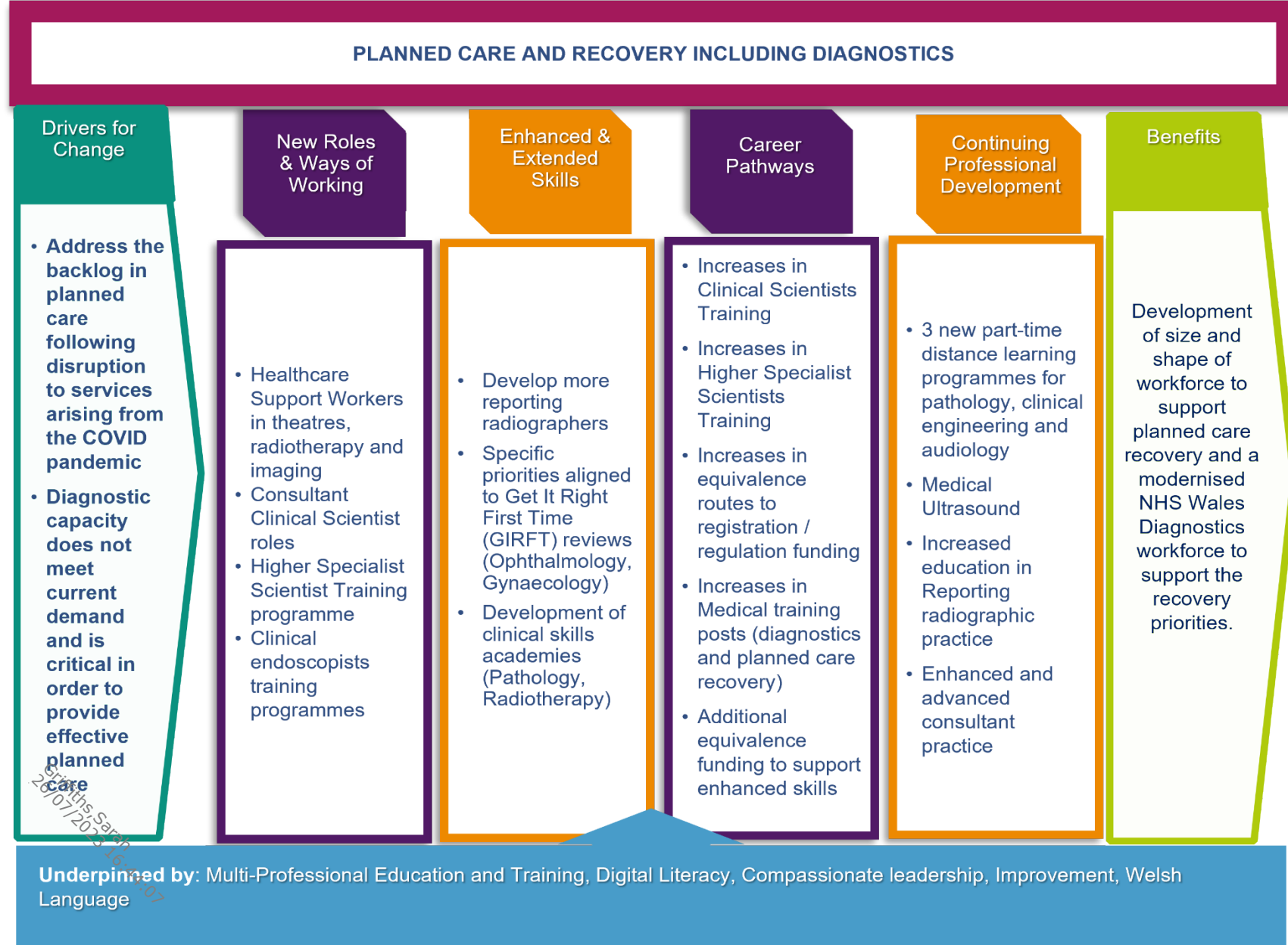
4.3. Urgent and Emergency Care



4.4. Cancer

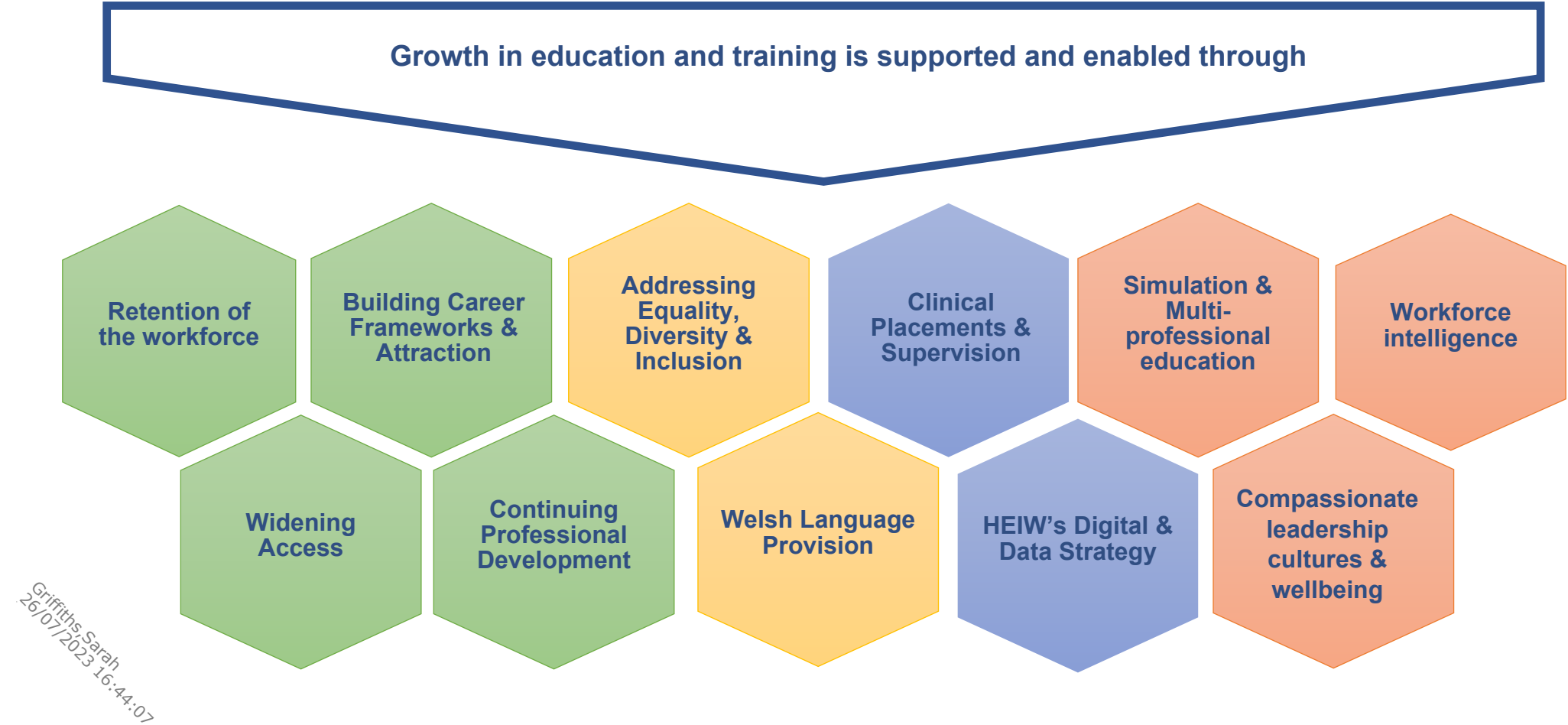


4.5. Planned Care and Recovery including Diagnostics



Chapter 5. Implementation through our IMTP 2023/26

This chapter outlines the commitments we have made and the actions we are taking within our IMTP 2023/26 to support education and training of the workforce now and for the future. It summarises the education enablers necessary to achieve optimal education and training, and thus recruitment into the workforce.





### *Building our Future Workforce*

Developing and implementing plans that align the future demand for workforce and supply

**We will invest in domestic education and training supply to respond to health and care needs**

**To achieve this we will**

- Implement an improvement programme for clinical placements and training & education environments.
- Continue to implement required transformation of education and training for the multi-disciplinary pharmacy team.
- Implement the redesign and re-procurement of health professional post registration education programmes.
- Ensure effective implementation of the pre-registration contracts to deliver the agreed benefits with a focus on continuous improvement through quality and performance management.

**Impact**

- Improve the quality of and increased the number of healthcare placements across Wales.
- Produce pharmacists with enhanced clinical skills and independent prescribing skills.
- Develop new contracts driving improvement and change in terms of Welsh language, interprofessional education, recruitment, and student wellbeing.
- Increase numbers of students applying for health professional post registration education programmes.
- Improve student experience through quality performance management of the contracts.

**We will improve attraction and recruitment to education, training, and employment**

**To achieve this we will**

- Implement an agreed programme of careers and outreach activity, including further development of Careersville to broaden its reach to all-ages.
- Implement the refreshed TrainWorkLive attraction and marketing campaign, for national and local priorities, and encompassing employment and education.
- Implement the reservist workforce model for NHS Wales in partnership with NHS organisations.
- Deliver a grant scheme and compendium of best practice aimed at promoting innovative approaches to widening access.

**Impact**

- Provide high quality careers information in health at all career stages to increase and retain both current and future workforce.
- Increase the workforce in training and working in Wales, with an emphasis on increasing socio-economic inclusion and diversity
- Highlight benefits of training, working, and living in NHS Wales to support workforce retention.
- Develop well-trained, competent, and flexible reservists to support the workforce.
- Provide a consistent, efficient, and transparent approach for programme support to widen access to careers in NHS Wales.



## We will transform multi-disciplinary education and training to meet future needs

### To achieve this we will

- Develop a multidisciplinary education strategy setting the future vision and principles to guide our work to transform education.
- Complete roll out of multi professional HEIW Quality Framework for education and training to ensure continuous improvement.
- Establish the education and careers infrastructure to ensure Medical Associate Practitioners (MAPs) are embedded in Multi-Disciplinary Team workforce models.
- Implement a multi professional clinical skills training academy model for NHS Wales, starting with endoscopy.
- Increase multi-professional education and training programmes in Primary and Community supported by the continued development of the Academy Model.
- Implement the multi-professional strategy for Simulation-Based Education and Training.
- Fully implement and evaluate the 'Y Ty Dysgu' learning management system.

### Impact

- Contribute to the creation of a sustainable health and care workforce that can respond to the demand on services.
- Support the delivery of high-quality education and training and access to high quality facilities and educational support so that future healthcare workforce achieve their potential in service provision to the NHS in Wales.
- Develop new infrastructure that will contribute to the sustainability of primary care and the delivery of the Primary Care Model for Wales.
- Improve the quality and standardisation of and equitable access to interprofessional Simulation Based Education and Training across healthcare in Wales.

## We will develop, publish, and implement strategic workforce plans in priority areas

### To achieve this we will

- Develop a strategic workforce plans for Primary Care, Perinatal and Genomics.
- Publish and commence implementation of the strategic workforce plans in Nursing, Dental and Pharmacy.
- Complete year 1 implementation of the strategic workforce plan for Mental Health.
- Establish a workforce observatory function to support horizon scanning, scenario planning, modelling, and strategic workforce planning in NHS Wales.
- Develop and improve the data intelligence function to inform strategic workforce planning, modelling, and working with partners, improve the governance, quality, and standards of workforce data across NHS Wales.

### Impact

- Develop high quality training and development producing a highly skilled workforce.
- Increase the number of applications across all elements of perinatal workforce.
- Develop appropriate educational resources to align with individual requirements spanning the whole workforce including specialist areas.
- Identify workforce solutions to support a sustainable nursing workforce.
- Develop a Dental Workforce Plan that provides the context for and the development of a multi-skilled workforce in line with A Healthier Wales.
- Implement a clear plan for local, regional, and national action to support the delivery of the integrated Pharmacy workforce.
- Improve access to robust underpinning workforce intelligence, including horizon scanning and research to improve strategic workforce planning across the system.
- Produce useful data on the number of students graduating in future years and the number joining NHS Wales to undertake informed workforce planning and education commissioning.

## 5.2. Activities Relating to Strategic Aim Two – Developing Our Current Workforce

### *Developing our Current Workforce*

Transforming today's workforce to contribute to new models of care which improve quality and safety

#### Develop workforce solutions for National NHS Programmes and Priorities

##### To achieve this we will

- Continue to support the multi-professional workforce priorities of the Strategic Programme for Primary and Community Care.
- Implement a coordinated set of workforce actions to support recovery for planned care, and recovery including diagnostics.
- Implement a coordinated set of workforce actions to support recovery for national cancer programme.
- Implement an agreed set of workforce actions to support delivery of the six goals for Urgent and Emergency care with a focus on Same Day Emergency Care.

##### Impact

- Support for new and existing clinical lead roles to ensure cluster representatives at Pan Cluster Planning Group are appropriately supported in their new role.
- Contribute to the sustainability of General Medical Services through investment in the Integrated GP Fellowship Programme.
- Increase the multi professional workforce and skills deployed within diagnostics services to ensure sustainable service delivery, supporting top of license working and freeing capacity to enable better throughout.
- Strengthen education provision for primary care to improve the quality and timeliness of cancer referrals resulting in earlier diagnosis.
- Identify workforce solutions (in line with the Workforce Strategy) providing a clear approach to recruitment and retention of the right workforce to manage the right patient demand.
- Develop appropriate training and educational resources to enable the multi-professional workforce across the urgent and emergency care pathway to develop, while maintaining their wellbeing.

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## Design and develop resources to support workforce and service transformation

### To achieve this we will

- Lead the implementation of the assurance framework for multi-professional Advanced Practice (AP) and Consultant Practice and Implement the priority actions from the Critical Care Workforce Review for HEIW.
- Lead the implementation of the AHP Framework to transform AHP Practice and workforce across Health and Social Care in Wales.
- Effectively manage the Healthcare Science Programme to implement the future vision for the Healthcare Science workforce described in the national framework.

### Impact

- Develop other options in relation to roles within critical care, supporting staff via improved/standardised education and the professional nurse advocate.
- Improve governance arrangements around Advanced Practice and Consultant Practice.
- Support career path development to aid retention of skills.

## Target development of skills and capabilities to support transformation and future proof current staff

### To achieve this we will

- Continue to 'level up' access to education and training for SAS (Staff Grade, Associate Specialist and Specialty Doctors) and locally employed (LE) doctors who represent 30% of the medical workforce in Wales.
- Support the Wales Eye Care plan by delivering a framework to train and support Optometrists and Dispensing Opticians to provide optimum community care to all persons in Wales.
- Implement a multi-professional CPD strategy and drive improvements in current CPD activity.
- Establish infrastructure to support ongoing delivery of climate smart education for the health workforce.
- Implement the national digital capability framework for the healthcare workforce (for those who are not digital professionals) enabling them to develop the skills, behaviours, and attributes required to thrive in a digital world.
- Support the implementation of the standards for competency assurance of Non-Medical Prescribers in Wales.

### Impact

- Reduce differential attainment among International Medical Graduate doctors regardless of grade.
- Provide optometrists and optometry practice staff in Wales with access to QI training and support to improve skills.
- Provide access to online education resource for all practicing optometrists and dispensing opticians to improve skills.
- Provide new optometry practice placements for higher qualifications to ensure that placements are closer to home and in a familiar environment.
- Drive improvements in CPD provision to increase activity, develop and expand the multi-professional workforce and contribute to building a sustainable workforce.
- Improve Healthcare professionals understanding of digital capability and provide resources to support appropriate education and training.

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## Shaping Culture and Leadership in NHS Wales

Transforming today's workforce to contribute to new models of care which improve quality and safety

### Scale and spread compassionate and collective leadership opportunities for leaders at all levels across NHS Wales

#### To achieve this we will

- Implement a cohesive communication, engagement, and promotional plan to increase awareness of the Gwella@HEIW resources and national leadership programmes available.
- Market, recruit and deliver the HEIW multi-disciplinary Advanced Clinical Leadership Programme and Clinical Leadership Fellowship Programme.
- Co-produce and deliver a quality assured national Compassionate Leadership development programme for leaders at all levels across health and care in Wales.

#### Impact

- Reinforce HEIW's leading role in influencing and supporting a positive change in NHS Wales workplace culture and creating an inclusive and compassionate climate.
- Increased usage of HEIW culture, leadership and succession resources including the Gwella@HEIW leadership portal.
- Create measurable improvements in workplace culture.
- Create compassionate leadership behaviours demonstrated by senior clinicians across NHS Wales.
- Establish collective and inclusive clinical teams with a focus on patient safety and quality.
- Develop a robust pipeline of clinical leaders.
- Provide a quality assured compassionate leadership programme and suite of digital resources to support individuals and organisations across health and care in Wales.
- Embed compassionate leadership principles into existing leadership and management programmes.
- Award educational credits to compassionate leadership models to embed within professional and non-professional training.

### Create diverse and multi-professional pipelines of aspiring leaders for NHS Wales

#### To achieve this we will

- Market and recruit Executive Director and Chief Executive Talent Pools, and NHS Wales General Management Graduates, delivering a leadership development framework in support of senior leader succession planning.
- Enhance Gwella@HEIW with talent management software that effectively enables the management, visibility, and development of talent for all professions.
- Deliver the national programme to develop the Workforce & OD Profession, in partnership with NHS organisations and HPMA Cymru.

#### Impact

- Develop a sustainable and diverse pipeline of aspiring senior and executive leaders across NHS Wales.
- Enhance and target leadership development offerings for senior and executive leaders to improve workplace cultures.
- Report on talent and skills of the professions within the NHS workforce in Wales to inform and positively target talent processes.
- Increase employee engagement levels, retention levels, ability to recruit with impact, number of internal promotions, strength of our succession plan, breadth of our talent pool, employer of choice brand in Wales.

## **Influence cultures that promote retention, staff wellbeing, improved engagement and effective teamworking within NHS Wales**

### **To achieve this we will**

- Develop national resources to support the induction and onboarding of new Directors and Chief Executives into NHS Wales.
- Review and update with partners the NHS Core Principles setting out expectations for both employers and employees to drive positive employee experience and improved quality.
- Work with partners to transform traditional HR approaches to reflect compassionate people practices and processes and ensure that the core needs of staff are met and are an integral part of organisational planning.

### **Impact**

- Develop the NHS Wales health and political context for new CEOs and Executive Directors to enable them to be effective in their role soon after their commencement.
- Define the core principles that outline the behaviours and actions that staff can expect from NHS leaders and colleagues to improve the experience for everyone working in the NHS.
- Improve understanding of issues to and ways to improve retention.

## **Ensure equality, diversity, inclusion is embedded in all that we deliver**

### **To achieve this we will**

- Actively maintain and implement HEIW's Strategic Equality Plan (SEP) incorporating Welsh Government Equality, Diversity and Inclusion Action Plans ensuring an intersectional approach.
- Advance equality in training and education for students, trainees and learners who undertake training commissioned and provided by HEIW.
- Deliver the required actions in More Than Just Words to increase the Welsh language skills of the workforce, including exploration of the role of HEIW in respect of the Welsh translation profession.

### **Impact**

- Design SMART objectives to meet our organisational needs to increase diversity across our programmes so they are reflective of our communities within Wales.
- Develop processes to address the variation in attainment for different professional groups.
- Advance equality in training and education.
- Support the current and future workforce to actively promote bilingualism.

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## Chapter 6. Financial Plan

This chapter sets out the financial investment associated with the Education and Training Plan.

### 6.1. Our Approach

In determining the financial implications of this Education and Training Plan calculated costs are aligned to the identification and review of workforce requirements and recommendations for investment.

The identified funding requirements across multi-professional areas has been calculated utilising consistent costing criteria based on known salary scales and anticipated annual uplifts.

### 6.2. Developments and Investments

Aligned to the contents of this plan, HEIW is actively progressing a range of workforce programmes which will complement the requirements identified in the plan and where additional resource is to be invested. These include:

- Mental Health Workforce Plan
- Primary and Community Care Academies
- Pharmacy Strategic Workforce Plan.

Furthermore, organisationally HEIW is reviewing and advising on a number of existing funding streams currently in place to facilitate education and training across NHS Wales such as study leave, training grade salaries and advising on the future approach to Service Increment for Teaching.

### 6.3. Financial Risks and Opportunities

The financial plan has been developed with the best available information and within the existing policy environment and investment approaches. The actual costs of investment will vary across the years of the plan as a result of the levels of recruitment and commencement of individuals into the wide variety of training programmes. There remains some uncertainty on the scale, length and impact of the COVID-19 pandemic on educational and training commitments in the early years of the plan.

### 6.4. Finance Plan

The total funding requirement for Education, Commissioning and Training for 2024/25 is calculated as **£302.171m** increasing to **£323.557m** by 2026/27.

The total requirement for 2024/25 can be broken down into £155.303m for the wider health Professional Education, which includes **£18.506m** for Pharmacy Training, which includes **£2.12m** in relation to the costs for the Undergraduate Clinical Placement Programme business case, **£74.533m** for Medical Training places, **£37.786m** for GP training, and **£10.387m** for Dental training.

The costs of the Mental Health Workforce Plan is **£2.745m** and the Primary Care Plan is **£2.911m**, which is made up of three specific areas of expenditure as shown in the following table:

	2024/25	2025/26	2026/27
	£m	£m	£m
Health Professional Commissioning	155.303	170.428	179.337
Pharmacy	18.506	19.501	18.056
Medical Training	74.533	75.022	75.464
GP Training	37.786	36.663	35.022
Dental Training	10.387	10.387	10.387
<b>Total Existing Commissioning Activity</b>	<b>296.515</b>	<b>312.001</b>	<b>318.266</b>
Mental Health Workforce Plan	2.745	2.380	2.380
Primary Care Plan	0.766	0.766	0.766
Primary Care Academies	1.750	1.750	1.750
Primary Care Pre-Reg Nursing Placement	0.395	0.395	0.395
<b>Total Additional Activity</b>	<b>5.656</b>	<b>5.291</b>	<b>5.291</b>
<b>Total</b>	<b>302.171</b>	<b>317.292</b>	<b>323.557</b>

The total funding request for Health Professional Commissioning includes an adjustment to reflect the impact of under recruitment and increased attrition in the Spring 2023 cohorts, however the impact of bursary take-up for this period is not yet known.

Health Professional Commissioning Split

Health Professional Commissioning is made up of a number of areas and as such can be further split into the following categories:

FINANCIAL YEAR	2024/25	2025/26	2026/27
	£m	£m	£m
Nursing	74.932	84.992	92.017
Midwifery	6.682	7.569	8.078
Community Nursing	6.868	7.035	7.101
AHP total	37.299	39.440	40.450
Healthcare Science total	17.876	19.752	20.051
Advanced/extended practice	2.500	2.500	2.500
HCSW	3.000	3.000	3.000
Prescribing	0.750	0.750	0.750
Other Health Professional costs <sup>1</sup>	5.396	5.390	5.390
<b>TOTAL</b>	<b>155.303</b>	<b>170.428</b>	<b>179.337</b>

<sup>1</sup>Other

Health professional costs includes, Disability Allowance, Practice Education Facilitators, Overseas Nursing, Critical Care, Equivalence Training for Science Workforce, Return to Practice & Paramedic Refresher Training as well as some other small areas of commissioning not listed above.

**Increase in Requirement.** The increase in the overall requirement for 2024/25 compared to the 2023/24 planned spend is **£19.045m**. This is as a result of a range of factors that are described in more detail in the following table:

	Allocation 2023/24	E&T Plan 2024/25	Increase	Increase
	£m	£m	£m	
Health Professional Commissioning	145.740	155.303	9.563	£5.906m of prior year impact plus additional commissions
Pharmacy	15.695	18.506	2.811	Full Year Impact of Undergraduate Clinical Placements and start of Novice IP Programme
Medical Training	67.913	74.533	6.620	£3.730 of prior year impact plus additional commissions
GP Training	37.603	37.786	0.183	Impact of prior year commissions.
Dental Training	10.335	10.387	0.052	Full year impact of prior year increase of WDTFT
Mental Health Workforce Plan	3.370	2.745	-0.625	Planned Reduction in spend
Primary Care Plan	2.470	2.911	0.441	Increase in Pre-Reg Nursing Placements
<b>Total</b>	<b>283.126</b>	<b>302.171</b>	<b>19.045</b>	

\*It should be noted that within the increase of £19.045m, £1.613m of cost relates to increased commissions in relation to the National Diagnostics Programme Workforce Plan.

**Value for Money.** Although the increase in investment through this Education & Training Plan is an additional £19.045m for 2024/25, the increased investment in training health professionals should be considered in the context of the cost of agency and locum staff to cover vacant posts if numbers in the training pipeline aren't increased. Some examples include the cost of an agency Nurse at c.£80k per annum compared to a salary cost of £44k for a nurse with the cost of training repaid through agency cost savings in just over a year. For Specialty Doctors, the cost of salaried staff vs agency can result in savings of £42k per annum for F1 trainees up to £70k for higher specialist trainees. The associated qualitative benefits of substantive staff over temporary staff and impact on patient care and outcomes has also been considered as part of this investment plan.



## APPENDICES

**Appendix A** Workforce Analysis

**Appendix B** Using intelligence to inform the Education and Training Plan

**Appendix C** Education and Training Recommendations Further Information

**Appendix D** Summary of Engagement Undertaken

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# Education and Training Plan (ETP) 2024/25

## Appendices

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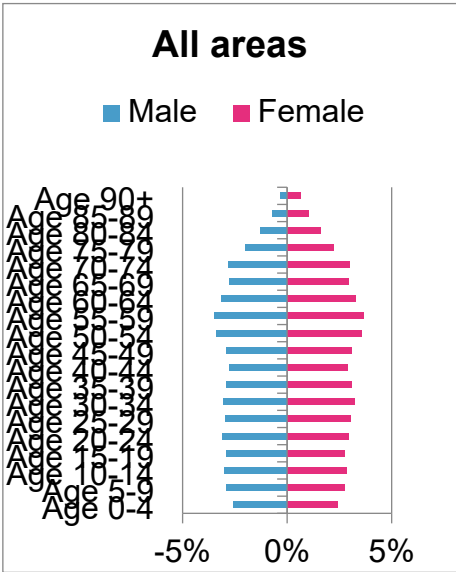
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# Appendix A Workforce Analysis

## 1. Wales Population Estimates

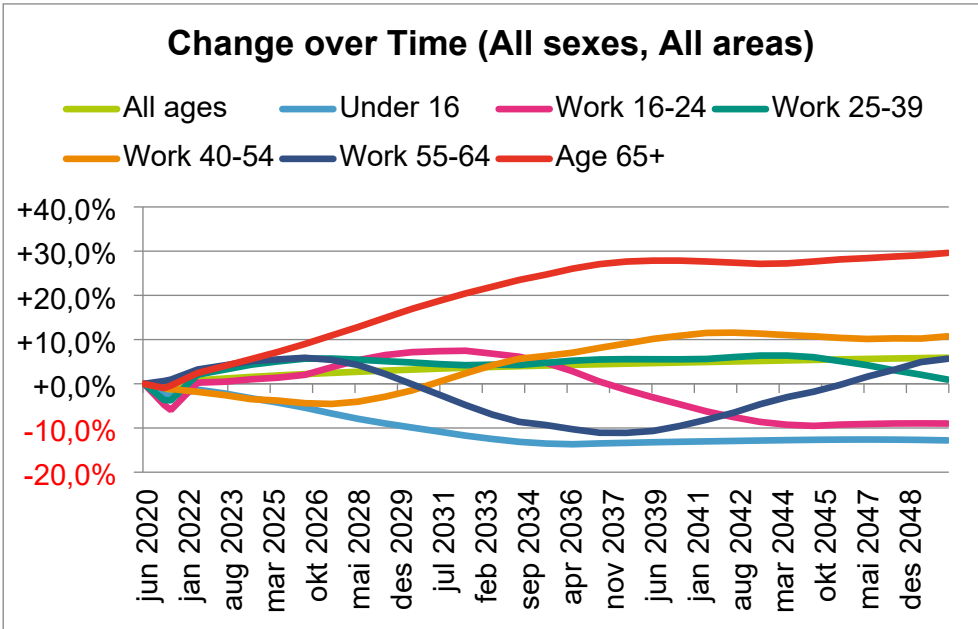
Analysis of the 2021 Census highlights the following trends:

- The population of Wales is 3,107,489, with a growth of 44,033 or 1.4% since the 2011 census (compared to 6.6% in England).
- The population in Wales is ageing, with those aged 65+ increasing by 17.7%, those aged 16-24 down by 12.0%, and those aged under 16 down by 1.5%.
- The median age of the population has increased from 41 in 2011 to 42 in 2021 (compared to 40 in England).
- Based on the population aged up to 18 at the 2021 census, the number of 18-year-olds in subsequent years shows an increase of 7.1% (+2,465) by 2029, followed by a sharp fall of 18.1% (-6,250) by 2050.
- Since 1991, the population of Wales has grown by 8.1% (+234,089), with significant decreases in the under 30 population (including -12.5% in age 0-9 and -9.8% in age 20-29) and significant increases in the age 50+ population (including +41.7% in age 50-59, +37.9% in age 70-79, +45.8% in age 80-89 and +132.1% in age 90+).
- The dependency ratio (which compares the economically dependent population, ages 0-14 and 65+, to the economically productive population of ages 15-64) has increased from 54.6% in 2011 to 60.9% in 2021 (compared to 55.8% in England).
- The population is 48.9% male and 51.1% female, with the gap widening by 0.3% since 2011 - females tend to live longer than males and the



age profile (shown on the left) shows a clear population bulge in the older ages.

The latest official population projections up to 2050 (and based on the 2020 population estimates), show that the actual population in 2021 was lower than predicted and the 2020 population estimate, and that subsequent population projections are being revised. Ahead of this, the projected population changes from 2020 are illustrated below, with the 2021 census included.



There is a significant increase in the population aged 65+ until 2038 when the population bulge from the baby-boom years begins to decline, as this generation passes away. There is an apparent reduction in the younger population (under 16 and 16-24) and continued growth in the older population. This could lead to an increase in demand for healthcare as the population ages combined with a decline in the younger generation which may impact supply of workforce to meet the demand.

## 2. Labour Market Intelligence

The labour market has suffered significant disruption in recent years, due to the pandemic and the ending of freedom of movement for EU citizens. There have been noticeable increases in economic inactivity including due to long-term sickness, as well as increased competition for workers to fill job vacancies.

In March 2023, there were 486,810 economically inactive people in Wales. The average long-term trend in economic inactivity has been largely flat for males and downward for females but has risen sharply (+19.5%) since the start of 2022 (compared to a 0.9% rise across the UK). Since the start of the pandemic, economic inactivity for females in Wales has increased significantly across all working ages (18-64) and has risen significantly for males aged 25-34. The pattern across the UK is different to Wales, where the rates are up for males and slightly down for females.

Since 2010, economic inactivity due to long-term sickness has decreased slightly for males but increased by 25.2% for females. Of all those who are economically inactive, nearly 20% (1,746,100 people across the UK, which equates to over 95,000 people in Wales) want a job.

## 3. Changes to working behaviours

Before the COVID-19 pandemic, there was evidence that advances in technology had set a trend of greater flexibility in working practices, including in part-time working. The experiences of employers and employees during the pandemic has accelerated this shift to greater flexibility and in attitudes to work and working<sup>1</sup>.

In March 2022 the Welsh Government published *Smarter Working: a remote working strategy for Wales*<sup>2</sup>. The Strategy notes that the Coronavirus (COVID-19) pandemic accelerated the move to remote

working. The strategy outlines the Welsh Government approach to achieving 30% of the Welsh workforce working at or near to home in this Senedd term. The impact that this strategy will have on the NHS Wales Workforce is unclear at this stage, however, recent data from the ONS indicates that throughout 2022 the percentage of working adults reporting having worked from home varied between 25% and 40% across the UK, without a clear upward or downward trend and indicating that homeworking is resilient to pressures such as the end of restrictions and increases in the cost of living<sup>3</sup>. For Wales, in the period September 2022 – February 2023 42% of respondents in the Opinions and Lifestyle Survey reported as home or hybrid working<sup>4</sup>.

The CIPD has identified that whilst there was an increase in requests for homeworking, there had not been a similar rise in other forms of flexible working. In fact, the number of workers in a job-share, working flexitime, compressed hours, part-time hours, term-time working, annualised hours and zero-hour contracts has decreased or remained stagnant<sup>4</sup>. An ONS analysis of the average hours worked across the UK over the past decade shows changes in the average hours worked in full time jobs, decreasing from 37 in 2010 to 36.6 in March 2022 with little change at 36.4 in March 2023. At the same time, the average part time hours have gradually increased from 15.6 in 2010 to 16.8 in March 2022, and with little change to 16.7 in March 2023<sup>5</sup>.

Pension changes over recent years, including the McCloud judgement (2018) and changes to the ages at which people can retire and draw their full pension entitlement, may lead to changes in retirement behaviours. The average age of retirement currently within NHS Wales is 63 for males and 64 for female, however, future changes to pensions and state pensionable age may change the average age of retirement. This will need to continue to be monitored to explore whether the recent changes to

<sup>3</sup> [Characteristics of homeworkers, Great Britain - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/peopleinwork/working/workinghours/articles/characteristicsofhomeworkersgreatbritain/2022)

<sup>4</sup> CIPS Trends in Flexible Working, <https://www.cipd.co.uk/knowledge/fundamentals/relations/flexible-working/trends>

<sup>5</sup> [HOUR01 SA: Actual weekly hours worked \(seasonally adjusted\) - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/peopleinwork/working/workinghours/articles/hour01sa/2022)

<sup>1</sup> [cranfield-the-future-of-flexible-working.pdf \(cbi.org.uk\)](https://www.cbi.org.uk/media/16/07/2023/16-44622/cranfield-the-future-of-flexible-working.pdf)

<sup>2</sup> [Smarter working: a remote working strategy for Wales How we will encourage remote working across Wales](https://www.wales.gov.uk/docs/walesgov/consultations/2022/220301-smarter-working-a-remote-working-strategy-for-wales-how-we-will-encourage-remote-working-across-wales.pdf) March 22

pensions and pension flexibilities have any impacts on retirement behaviours, especially given the numbers still due to reach 60+ within our workforce and whether this impacts on the participation rates of older workers.

#### 4. Analysis of Integrated Medium-Term Plans and Workforce Planning Questions

This year, organisations were required to submit three-year IMTPs and HEIW requested organisations to respond to 6 high-level workforce planning questions that would support their education commissioning requests and provide additional, focussed workforce information regarding retirement, recruitment, part time working, workforce transformation, development of the multidisciplinary team and small speciality areas. The organisations have identified a number of common trends, concerns and challenges and a number of workforce challenges, including:

- Workforce shortages across 5 staff groups, both current and future.
- High level of retirements over the next 5 years in roles where there are high levels of vacancies, including nursing, pharmacy, pathology services, ODPs and smaller specialisms such as dietetics, neurophysiology, respiratory physiology, and cardiac physiology.
- Development of new roles within existing multi-disciplinary teams e.g., CAAPS and Psychological Well-Being Practitioner roles in Mental Health services, first contact roles such as Physiotherapy, Dietetics and Audiology within primary care.
- Development of advanced and consultant practice including ANPs, ENPs, Consultant Practitioner roles across nursing, pharmacy and therapies professions.
- Increasing skills sets of the existing support worker workforce including the development of the skills of Healthcare Support Workers and Assistant Practitioners across acute, primary care and district nursing. There are increasing numbers of support workers in Dietetics and Radiology.
- Providing routes for Assistant Practitioners to develop into roles such as Nursing, Biomedical Scientists and Pharmacy Technicians.

- Smaller speciality areas reporting workforce challenges include psychology, speech and language therapy, radiology, cardiac physiology and theatres staff.
- Increased numbers of leavers with organisations citing reasons for leaving include work-life balance.
- Staff retention is fundamental alongside the need to understand why people leave.
- Increased requests for part time and flexible working.
- The continued impact of Covid-19 pandemic on the workforce across NHS Wales, including wellbeing of staff.
- Patient demand and workload increase with organisations reporting widespread pressure on diagnostics, cancer and mental health services as backlogs are tackled.

There is consensus across IMTPs of the need to develop a better long-term workforce strategy, enabled by access to better quality and reliable data and improved management skills to identify, plan and prepare the future workforce. The emphasis within the IMTPs is less about the numbers, and more about the shape of the future workforce.

Recruitment across organisations continues to be challenging, with significant national shortages and longstanding gaps in specialist professional roles which are impacting on the delivery of key programmes of work including diagnostics, cancer, urgent and emergency care and mental health. Whilst many of the organisations are developing attraction plans for targeted services, building international pipelines and considering innovative recruitment methods, all are recognising the need to retain and develop the existing workforce (including recognising the contribution of the support worker workforce), the need to reduce turnover and emphasis on “growing your own” via apprenticeship routes and widening access. There is recognition of the significant impact on staff wellbeing and satisfaction in the current circumstances and the importance of supporting the physical, mental, and emotional well-being of staff.

Quality and patient safety is a focus across organisations with the Duty of Quality aim of improving quality and purpose for patients. All organisations state their ambition to work differently, transforming traditional roles, promoting development, advanced practice and top of license working. The development of new roles features across the IMTPs, including Physician Associates, Clinical Associate in Applied Psychology (CAAP), Anaesthetics Associates and Assistant Practitioners plus extended roles, including Pharmacy Technicians and developing support worker roles.

In terms of key pressures and specialisms requiring the most urgent attention, the IMTPs made repeated references to the same clinical areas:

- Improving diagnostic capabilities to meet referral demands through the development of Regional Diagnostic Centres.
- Primary and Community Care sustainability is one of the critical areas for recovery and improvement.
- Improving single cancer pathway and reducing waiting times.
- Improving clinical outcomes in circulatory diseases including stroke and heart disease.
- Reviewing and streamlining of mental health services to ensure services can match increasing levels of demand, with a community focus.
- Improving community/at-home care through increasing SDEC, ambulatory and palliative care to shift resources from acute to community based-care.
- Extensive delays for orthopaedic referrals & treatment – focus on addressing backlog and unmet demand.
- Focus on increasing use of technology (including AI) to reshape professions and the shape of the workforce.

Through our Education & Training Plan and IMTP, we will support organisations to address these pressures.

## 5. The Impact of Covid and post-Covid workforce

As outlined in the last HEIW Education and Training Plan, the Covid pandemic continues to impact on the workforce and longer-term changes

are yet to become clear, particularly around workforce trends and behaviours such as seen with the increase in remote and flexible working as noted earlier.

As more data emerges other changes are being identified including the longer-term impact on employee health and wellbeing<sup>6</sup> such as long covid. Data from the ONS suggests that an estimated 2.1 million people, or 3.3% of the population, had self-reported long symptoms of Covid-19, as of 1<sup>st</sup> October 2022. As a proportion of the UK population, the prevalence of self-reported long COVID was greatest in people aged 35 to 69 years, females, people living in more deprived areas, those working in social care, those aged 16 years or over who were not working and not looking for work, and those with another activity-limiting health condition or disability<sup>7</sup> which will be contributing towards the increased inactivity numbers in the labour market. Ongoing monitoring will be needed to identify if this trend continues in the longer-term.

### 5.1. Impact of Covid on Education, Training and Development

Extended working from home has offered considerable challenges for maintaining consistent standards of experiential training, which has had an impact on learners and potentially may also have longer-term consequences both for learners and continued professional development. The Institute for Employment Studies reports in their *Work After Lockdown Study*<sup>8</sup> that employers will need to focus more on training, learning and skills development to ensure their workforce is agile and ready to learn new skills as working practices change, including increasing investment in content and innovative modes of delivery to suit new working patterns.

One indicator of the impact of the challenges experienced by learners during the pandemic may be the increased attrition rate of students e.g., the 2021/22 nurse attrition rate in Wales was 16.9%. Whilst this figure is lower than England's average nurse attrition rate of 24%, the rates are

<sup>6</sup> [Health and wellbeing at work | CIPD](#)

<sup>7</sup> [Prevalence of ongoing symptoms following coronavirus \(COVID-19\) infection in the UK - Office for National Statistics \(ons.gov.uk\)](#)

<sup>8</sup> [Work After Lockdown: No Going Back — Work After Lockdown](#)



higher than pre-pandemic levels, and HEIW continues to work collaboratively with universities to reduce attrition rates.

The impact of social isolation during the pandemic continues to affect workforce behaviours with 51% of Gen Z<sup>9</sup> who are just coming into the workforce indicating that their education has not prepared them to enter the workforce, missing out on soft skills such as negotiating, networking, speaking confidently and developing social stamina and attentiveness to work for long periods of time.

## **6. Other findings and trends identified from horizon scanning and research**

In addition to the core findings and trends identified as part of the horizon scanning process for the Education & Training Plan, a further three themes have been continually seen in the research undertaken, as follows: -

### **6.1. The Cost-of-Living Crisis**

The impact of the cost-of-living crisis is being felt by an NHS workforce already coping with Covid fatigue, with serious concerns that the workforce is less likely to be resilient to cope with the stress associated with increasing financial strain. It is expected that the cost-of-living crisis will impact upon the mental, physical and financial wellbeing of NHS staff, with increasing levels of sickness absence, including absences attributed to staff struggling to afford to come into work<sup>10</sup>. Increasingly, NHS staff are opting out of their NHS pension due to the cost of contributions when household budgets are already being squeezed, and with serious longer-term implications regarding the affordability to retire and the need to work for longer.

In addition, ongoing pay disputes are likely to affect attraction numbers into the workforce and may be impacting upon retention rates. NHS staff received below-inflation pay awards for 2022/23 - the real terms impact of which is compounded by high levels of inflation which have worsened morale and are making it harder than ever to recruit and retain staff. The

<sup>9</sup> [Gartners Future Trends for 2023](#)

<sup>10</sup> Rising living costs: The impact on NHS, staff and patients (September 2022) by NHS Providers

cost-of-living crisis is also impacting upon those looking to enter the NHS workforce in the near future, as increasing numbers of students are considering leaving university due to higher food and accommodation costs.

### **6.2. Climate Change and the Climate Crisis**

Climate change has been identified as the most important health issue of the century. Over the next few decades, it will increasingly threaten the health and wellbeing of people and communities across the globe, as well as placing health services under growing pressure on multiple fronts. The effects of extreme weather, such as heatwaves, flooding, wildfire, storms and drought on physical and mental health are all likely to increase in frequency and severity in coming years. In addition, there are serious concerns regarding the changing patterns of disease (including malaria and dengue fever) brought about as a direct result of climate change, plus the impact of reduced pollination and crop failure leading to food shortages and rising prices of food.

### **6.3. Technology and the Digital Agenda**

The move towards the increasing digitalisation and use of artificial intelligence has featured prominently in our horizon scanning, with potential benefits to the healthcare workforce expected to be realised in the reduction of the administrative workload for clinical staff, as well as diagnostic applications that can improve outcomes for patients. Taking a conservative estimate, it is thought that around 15% of current work hours in healthcare could be automated<sup>11</sup> by 2030 across the United Kingdom. (29% of the time of pharmacy, medical and clinical laboratory technicians; 26% for dental assistants; 23% for pharmacists and medical records technicians; 21% for radiation therapists and medical and clinical laboratory technologists; 19% for dieticians and nutritionists; 17% of audiologists).

There is also significant employer demand for digital skills, alongside literacy and numeracy. Basic digital skills have become essential skills for the modern world of work with many employers now requiring advanced

<sup>11</sup> Disconnected? Exploring the Digital Skills Gap (2022) published by World Skills UK

digital skills. In addition, demand for digital skills goes well beyond the digital sector - while demand for digital skills is particularly high in some sectors (i.e., IT and communications) it is notable that in every sector, there is a near universal demand for basic digital skills, and significant demand for advanced digital skills. Many employers already face significant digital skills gaps, particularly relating to advanced digital skills and this is likely to worsen in the near future.

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## Appendix B Using intelligence to inform the Education and Training Plan

# RECOMMENDATION FORMING PROCESS

## PLANNING APPROACH

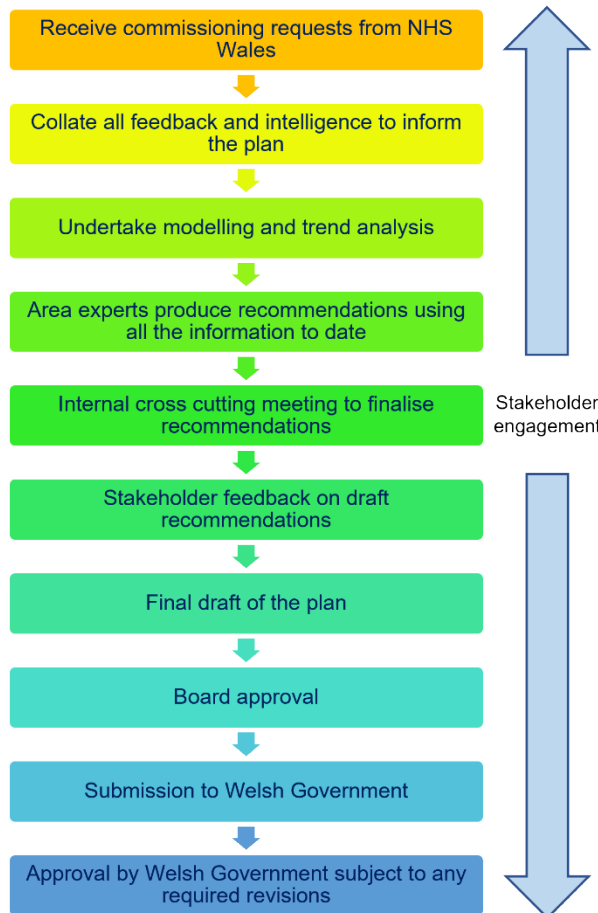
- The established process takes a blended bottom-up/top down approach to creating the plan
- It considers strategic and national priorities
- It is developed from workforce plans from NHS Wales organisations

Health boards and trusts provide information about their local requirements then other information is fed into the process including:



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## PROCESS



## RECOMMENDATIONS WILL CONSIDER HOW TO:

- Meet **local need**
- Make healthcare education **more accessible** to a wider range of students
- Provide **more routes** through to Registration
- Build stronger **tripartite arrangements**
- Cross-working with **primary, community & social care**
- **Inter-professional** across Wales
- Improve opportunities re: **technology & digitalisation** in the delivery of education & care
- Build a **sustainable and flexible** health and care workforce for the future
- Shape the workforce to **deliver care closer to home** and to better align service delivery
- Improve **quality and safety** by supporting NHS Wales organisations find long-term more sustainable workforce solutions for priority service delivery challenges
- Demonstrate **value from investment** in the workforce and the organisation
- Enhance the use of the **Welsh language** within health education across Wales
- Development of **new roles**

**Appendix C Education and Training Recommendations  
Further Information**

This appendix provides further information relating to the recommendations made in Chapter 3.

Educational Commissioning is structured into contracts aligned to Health Board organisation footprints to build stronger tripartite arrangements between HEIW, Education Providers and placement providers. In 2022 the geographical reach of pre-registration education in Wales changed and new contracts were secured.

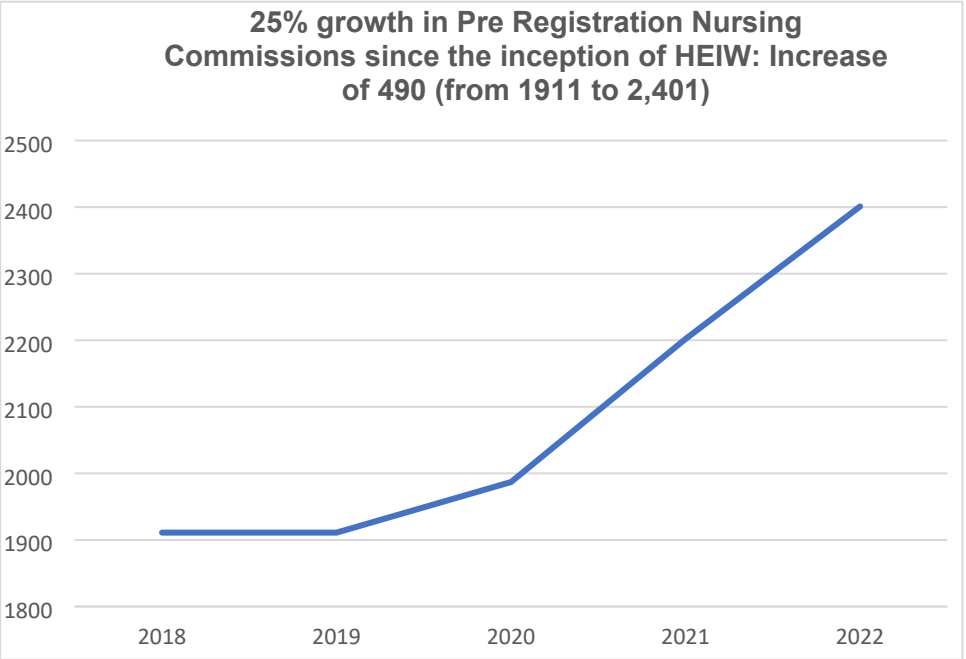
The education contracts require Universities to incorporate contextual admission requirements to students from backgrounds in the lowest 10% of the Welsh Index of Multiple Deprivation (WIMD). Universities are provided with additional financial support for each of these students admitted in order to provide additional student support. The universities are required to market these opportunities to schools and colleges within the lowest WIMD footprints.

A number of the key themes of the pre-registration education contracts are aligned to meet the Healthier Wales plan and also map to recently published National Workforce Implementation Plan. All pre-registration training is now interprofessional. Additionally, HEIs will be required to provide interprofessional simulated learning in teams and 4 weeks of interprofessional placements will be incorporated into all programmes.

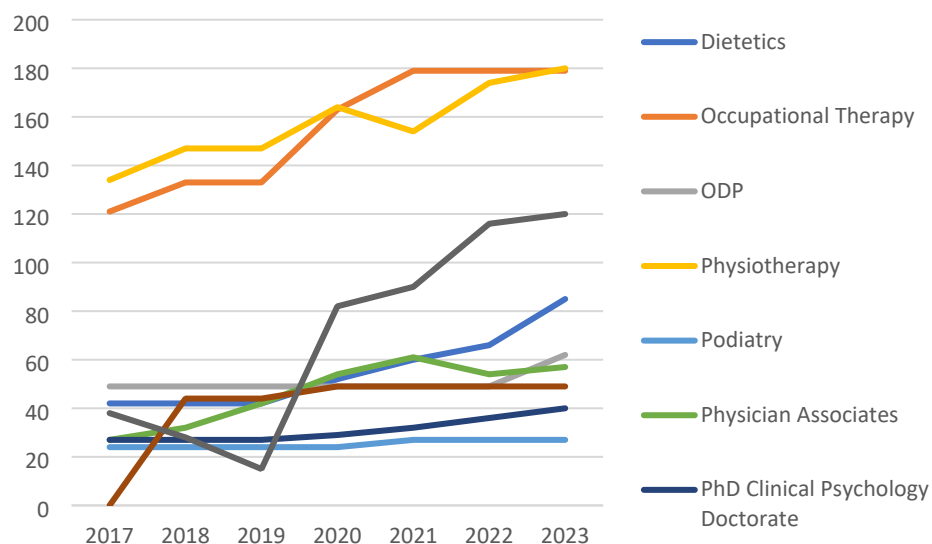
All students will have compassionate leadership principles taught at the beginning of their programmes and be given the opportunity to reflect and build their leadership skills as they progress, and all HEIs will provide a leadership academy providing mentorship to students from healthcare leaders.

**1. Overview of Health Professional Education and Training Places in Wales**

There has been an increase across all Health professional education of 20% including a 25% growth in annual nurse commissioning numbers.



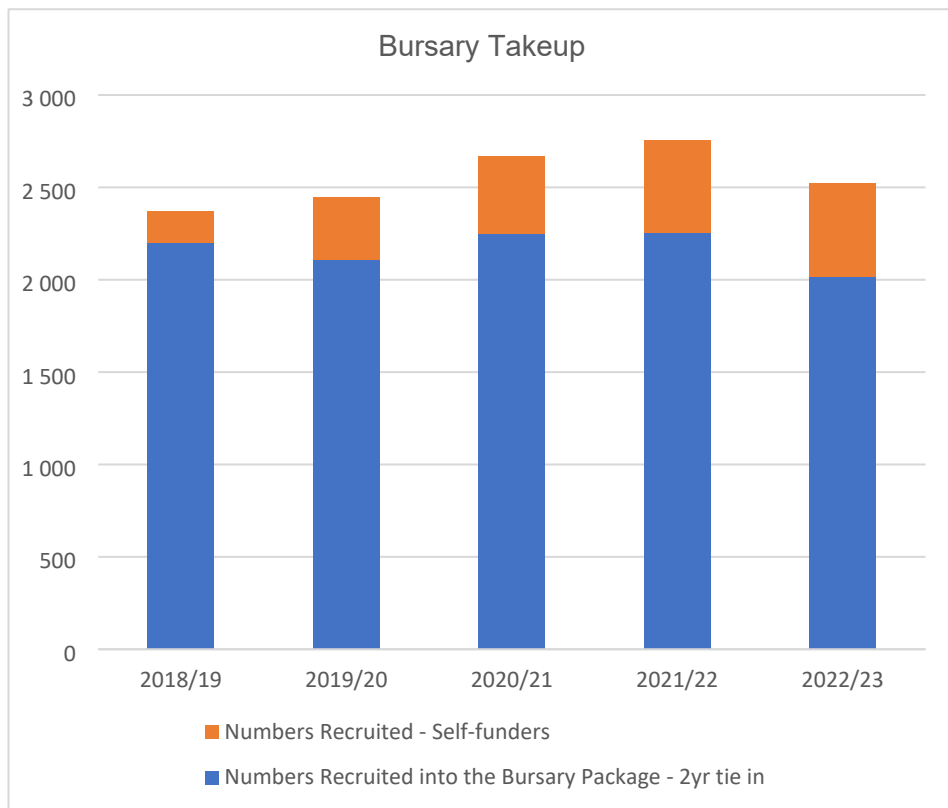
Larger health professional commissioning numbers  
2017-23



Commissioning Fill rates by Programme - 2021/22 vs 2022/23.



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## 2. Nursing and Midwifery

The IMTP requests for nursing pre-registration commissioned places have increased for 2024-25, this is due to the significant increases in request and commissioned training places in recent years. The workforce analytics data shows a clear need to continue to increase the workforce, and the modelling for the nursing workforce shows an increase in the pipeline of future registrations, particularly for adult nursing. Forecasts from service providers show that due to the number of nurses leaving the service there will be a need to replace nurses over the next 3 years. Participation rates have also dropped, as nurses progress through their careers more and more are working part time in the latter years of employment. There is also

a greater demand for services as a result of Covid, population health and the aging population in Wales.

The following constraints to meet the commissioned numbers have been identified:

- Current contracts**  
 The total number of places set out in the contracts is a limiting factor on the number of nurse training places commissioned, the contract allows HEIW to commission up to 20% above the commissioned numbers and even go above this if the commissioned number is mutually agreed by both HEIW and Higher Education Institute (HEI). The financial agreement has already been set for the 10 years of the contract which cannot be exceeded, however not all students will require HEIW funding as a certain percentage will opt out of the bursary and some are self-fund through a student loan.
- Placement capacity**  
 2300 hours of practice are required for nursing programmes as specified in the NMC standards. HEIs can utilise up to 600 hours of simulation in meeting the placement requirements, if agreed with the NMC. However, no HEI has taken up this opportunity to date. Currently, there is over 5000 nursing students enrolled on programmes in Wales across all years of study. This poses a significant placement burden on the service during a challenging time. New placement capacity solutions are being progressed through the Head of Placements and Improvement's programme of work including:
  - Development of placements in social care
  - Expansion of the Practice Education Facilitator role
  - Placement accessibility recommendations
  - Inter-professional placement development.

Currently numbers in the placement plan are met in nursing, but as the number of placements increase, the risk of a reduction of quality of placements increases. Poor quality placements can lead to slowed student progression and increases in programme attrition as seen in recent years.

- **Applications to programmes**

In 2023 applications per nurse training place have reduced when compared to the increase in commissioning numbers. Not all places were filled in 2022-23 with Spring cohorts being the most affected, which has contributed to a significant HEIW underspend for the 22-23 financial year. Student nurse recruitment is a UK wide issue and is thought to result from poor NHS media coverage in relation to the pandemic and widespread industrial action. Table 1 sets out the numbers recruited in 2022-23.

**Table 1: Recruited Nursing numbers for 2022-23.**

	Autumn 2022/23 Comm.	Autumn 2022/23 Recruited	Spring 2022/23 Comm.	Spring 2022/23 Recruited *	Total Comm	Total Recruited
Nursing – Adults	1004	885	662	340	1666	1225
Nursing - Mental Health	275	249	153	95	428	344
Nursing - Child	138	137	30	20	168	157
Nursing - LD	75	29	45	12	120	41
	<b>1492</b>	<b>1300</b>	<b>890</b>	<b>467</b>	<b>2382</b>	<b>1767</b>
* 2022/23 Indicative Numbers due to Spring term start dates						

A programme of work to increase applications to nursing programmes in Wales is currently being progressed between HEIW and HEIs, and a number of task and finish groups have been established in the following areas:

- **National campaigns**

HEIW communications and careers teams are looking at developing campaigns to encourage applicants from a range of backgrounds to apply to nursing. There has been a variety of engagement sessions with HEIs to ensure the maximum number of students are taking up places in the September and spring cohort. For 23/24 HEI commissioned places are set at 2,082, based on current intelligence

there is a projected fill rate of 1784 student, an 85% fill rate across both cohorts. However, HEI's continue to market courses, deliver open days and are gearing up for a bigger role in Clearing. Therefore, this figure is likely to change. HEIW is collecting monthly data from Universities and are receiving regular verbal updates on activity and progress against commissioning numbers. This is being reported into the HEIW data warehouse and the Executive Team is being updated on progress.

- **International nurse recruitment**

A proposal has been developed to fund 150 international nurse students in 23-24 and integrate them into wider cohorts.

- **Healthcare Support Worker (HSCW) Level 4**

In September 2023 the number of HSCW will be more than quadrupled from 100 to 510, so that they can access the Level 4 nursing programme. 67% of the HSCW will join year 2 of a nursing degree in Wales and graduate as registrants at the same time as those students entering the 3 year degree programme. At time of writing 342 have been identified to start the training translating to 230 forecast to transfer to year 2 of pre-registration degrees.

- **Increasing part time and distance learning**

Closer working relationships with Colleges of Further Education are being developed with an objective of developing bridging modules into Health Professional education.

The tender of a part time distance learning programme that will expand nursing provision by an additional 130 places.

## **Workforce Implementation Plan**

The workforce implementation plan sets out ambitions to widen access to nursing and investing in development of work-based learning and apprenticeship routes. The recent HEIW procurement of level 4 Healthcare Support Worker (HSCW) education that is mapped to the first year of a degree programme has provided an opportunity to expand the available places for support workers to progress. This year we are investing in the



workforce and commissioning 510 new learners spread across the four education providers also including a distance learning programme. Last year HEIW funded learners from the HCSW budget to undertake the HE Cert qualification across Wales. This investment ensures there will be a pipeline of support workers in 2024-25 who have completed the level 4 HCSW qualification and are looking to progress to the second year of a nursing degree programme.

### **Future changes to procurement of nurse training programmes**

It is acknowledged that some students are not currently able to access nurse training in Wales, and in response to this, the education commissioning and quality team are progressing a tender for a part time distance learning commissioned programme with widening access entry tariff to commence in September 2024. This will be for all four fields of nursing and includes a distance learning route for Learning Disabilities (LD) nursing for the first time. This tender provides a diversification of the routes on offer, providing greater access to nurse training for all.

LD nursing programmes have long experienced poor recruitment, and a programme of work around this has been established to improve the marketing of the profession across Wales. Placements in LD have been utilised by students from all fields, allowing them the opportunity to swap during their training. Additionally, it has been identified that many graduates from psychology or health and social care degrees may want to progress to LD nursing, and changes to existing contracts have been proposed to develop a PG Dip route of training alongside the BSc routes.

These initiatives seek to increase filled commissioned places on nursing programmes in 2024-25. Increased demand has been identified in the IMTPs for adult and LD nursing, however, the commissioned numbers will

be maintained for 2024-25 as fill rates for these were the lowest of the 4 fields, and it is unlikely that any additional places would be filled.

Commissioning new pre-registration training places in nursing is part of a larger piece of work that is aligned to the workforce implementation plan to grow the nursing workforce in Wales. HEIW is currently developing a

retention guide and plan that sits alongside the nursing workforce plan, for nursing which will help retain staff, and provide students and newly qualified staff with more support.

## **3. Healthcare Professionals**

### **3.1. Allied Health Professions**

The 13 individual Allied Health Professions (AHPs) are:

- Art Therapists
- Music Therapists
- Dietitians
- Orthoptists
- Orthotists
- Physiotherapists
- Psychologists
- Drama Therapists
- Podiatrists
- Occupational therapists
- Prosthetists
- Paramedics
- Speech and Language Therapists

AHPs deliver strong, practical, solution-focused and life-affirming outcomes through a unique range of bio/psycho/social interventions that are particularly valuable in responding effectively to the complex, multi-dimensional needs of the population, which can:

- prevent unnecessary hospital admissions
- reduce length of stay
- facilitate safe sustainable discharge
- enable people to reduce reliance on long term care services
- allow people to remain as independent as possible for as long as possible.

There are a number of strategic drivers to consider when proposing the commissioning number for these professions:

- AHP Framework for Wales: Looking forward together.
- All Wales Rehabilitation framework and AHP public health strategic framework.
- Recurrent WG AHP of £5 million funding to increase the Allied Health Professional services and delivery of community-based care. Available from April 2023, this recurrent funding will increase

the number of community based AHPs and support workers. This will help prevent hospital admissions and allow more people to be discharged from hospital with the right support and rehabilitation in place to recover at home.

- Primary and Community Care Allied Health Professions workforce guidance.
- Mental Health workforce plan.
- Healthy Weight: Healthy Wales.
- Agency costs have increased significantly in recent years for this workforce when taking into account inflation.
- There is a need to provide routes through to advanced practice and consultant posts in order to support transformation of the workforce.

Each profession is considered individually in relation to workforce need, IMTP requests and constraints to current education delivery, and the proposed numbers have increased where it is possible to recruit additional students. Given the ambitious commissioning over the last 2 years the total number of students in training to be AHPs will continue to rise with this plan to support growth of the profession whilst programmes of work around increasing applications, placement capacity and graduate recruitment is progressed, despite maintaining the commissioning number for 24-25 for some professions.

### 3.1.1. Physiotherapy

The physiotherapy workforce is predicted to grow over the next 5 years with the increased numbers already in the training pipeline. The workforce leads have raised concerns about recruitment to posts currently in their IMTP submissions. There were sufficient graduate posts offered in 2022, however 21 posts were unfilled as students choose not to work in Wales. Physiotherapy is a relatively young workforce, and participation rates are similar to other AHPs dropping to 85% for people during their 30s, and is a predominantly female workforce. There are no red flags in terms of large numbers of imminent retirements.

IMTP requests have been consistent for the last 2 years, 198 requested in 2024-25 and 199 requested in 2023-24. However, 180 were commissioned in 2023-24 which was 10% below the IMTP requests but a 3% increase on

the previous year's commissioning. The maximum number in the HEI pre-registration contracts is 200 places for Wales.

Applications remain buoyant for these programmes and 2022-23 commissioning numbers were met. Issues have been raised in relation to placement capacity, and Programme leads have been appointed to progress a series of recommendations for the profession to support placement capacity growth.

For 2024-25 it is proposed to increase commissioning numbers by 5% to 189, this is less than has been requested in IMTP's, but further increases are not recommended until work to improve placement capacity is progressed.

### 3.1.2. Occupational Therapy (OT)

Occupational Therapy (OT) is a key profession to, enabling people to stay living independently in the community, supporting the reablement agenda and keeping people out of secondary services. OT has also been identified as an important profession to realise the ambition set out in the mental health workforce plan.

Applications remain buoyant for this profession and 2022-23 commissioning numbers were met. Issues have been raised in relation to placement capacity, and programme leads have been appointed to progress a series of recommendations for the profession to support placement capacity growth. Of the 123 students in the final year 2021-22 graduating cohort 93 have taken up posts in Wales, and 6 have been released from their requirement to work in Wales.

There is a greater number of the OT workforce in the over 55 age bracket than other AHPs, which indicates a risk of a large number of workforce retirements in the next 5 years.

The number requested via IMTPs is 179, which is an increase by 22% on the previous year. 197 places were commissioned in 2023-24 which was 27% above the IMTP's requests, this was in recognition of the mental

health workforce plan recommendations and was a 10% increase on the previous year.

For 2024-25 it is proposed to maintain commissioning numbers at 197, which is 9% above, the number requested in IMTP's.

### 3.1.3. Dietetics

The dietetics profession has a significant bearing on the prevention agenda, with a specific population health focus to enable people to attain good nutritional status, which is crucial in early years and child development. Dietitians also support programmes of work to prevent falls related to malnutrition and hydration in later years; and maintaining nutritional status during illness.

The dietetics NHS workforce is predicted to grow over the next 5 years with increased numbers already in the training pipeline. An excess of graduate posts were made available last year with good recruitment seen through student streamlining to recruit graduates.

Placement capacity is difficult for this growing profession, however there has been a commitment from the profession to support the training for the increase in commissioned numbers.

Dietetics is a relatively young workforce, and participation rates are similar to other AHPs dropping to ~85% during the over 30s age bracket, and this is a predominantly female workforce, and there are no red flags in terms of large numbers of imminent retirements.

The number requested via IMTP's is 75. In 2023-24 the commissioned number was 82 which was a 22% increase on the previous year. HEI have stated that they are unlikely to recruit to this number due to fall in applications. 75 places is the top end of the range set out on the pre-registration contract, and 82 places is within the 20% that HEIW is able to commission over the contractual range.

For 2024-25 it is proposed to maintain commissioning numbers at 82.

### 3.1.4. Speech and Language Therapy (SLT)

The Speech and Language Therapy profession provides treatment and support to people throughout their lifespan with communication or swallowing difficulties. It is a key profession to enabling children to reach their child development potential and to also support people in the community to manage conditions associated with dysphagia.

There is an identified potential future increase in workforce required in local authority settings that may not necessarily be picked up in the IMTPs, as the Welsh Government is set to consider 'Flying Start' and 'Early Years Integration' transformation workforce requirements in coming years.

The Speech and Language Therapy workforce are a relatively young workforce compared to other professions, however the amount of workforce under the age of 25 is lower.

Placements have been identified as a constraint in South Wales, and HEIW have highlighted the need to investigate and build placement experiences in 'Flying Start' services.

The Royal Society of Speech and language Therapy recommend increases in commissions due to expanding services, stating there are fewer SLTs per head of population in Wales than any other part of the UK, as reflected in membership data.

The number requested via IMTP is 47, an increase from the 44 requested in 2023-24. 49 places were commissioned in the 2023-24 plan, which is 10% higher than the IMTP requests. A range of 48-57 commissions is set out in the education contracts.

For 2024-25 it is proposed to increase commissioning numbers to 53, which is 3% above the IMTP request, with 15 places specifically identified for North Wales.

### 3.1.5. Podiatry

The podiatry profession is key to supporting people to improve mobility, maintain independence, and to enable people to remain mobile and infection free preventing them from requiring admission to hospital.

Unlike other AHPs the NHS podiatry workforce has decreased in size in recent years. It is also an aging workforce with imminent retirements set to deplete the workforce over the next 5 years. Despite this the number of new posts advertised in the NHS was insufficient last year to recruit the graduates and led to students being released from their requirement to work in Wales. Students may also work in private practice which supports the NHS by managing minor cases and preventing the need for people to access NHS services. From engagement with students, it is clear that their preference is to work in the NHS on graduation.

Podiatry students build their clinical skills throughout their training in the HEI NHS clinics located on site and can also access clinical placements within Health Boards. Both students and practice educators have raised with HEIW that students do not spend enough time in NHS placements to enable them to gain the skills required. HEIW has raised this issue with HEIs.

The number requested via IMTP is 22. In the 2023-24 education plan 27 podiatry student places were commissioned which was 30% more than the IMTP requests. The commissioning numbers set out in the HEI pre-registration contract are 26-31 places.

For 2024-25 it is proposed in order to meet HEI contractual requirements to maintain the number at 27. HEIW will engage with the service and HEI in relation to graduate employment and improved placement opportunities.

### 3.1.6. Paramedics

Paramedics are registered healthcare professionals with a unique role that crosses healthcare, public health, social care and public safety, they work autonomously providing care in a range of situations. Paramedics mostly work within Ambulance Services delivering immediate and emergency care in response to 999 calls made by the public. However, they now also work in other areas of healthcare, such as GP practices, hospital emergency departments and police custody suites<sup>12</sup>.

37% of the workforce are over the age of 50, which presents a risk in terms of retirements in the next 10 years. In the past there have been excellent student recruitment to jobs in Wales with all graduates finding registrant employment. However, the graduating 2023 cohort have struggled to find posts near to Swansea, and posts in North Wales have remained vacant. A new programme in Wrexham Glyndwr University recruited to 20 places last year, which was 5 places above contractual range and they have agreed to recruit to higher numbers in 2024-25 with support from HEIW in relation to placements.

For 2024-25 it is proposed to increase commissions to 131 as requested in IMTPs, with an additional 9 places in Wrexham Glyndwr University to support the North Wales workforce.

### 3.1.7. Physician Associates

Physician Associates (PAs) support the medical workforce in the diagnosis and management of patients allowing them to receive the support they need more quickly.

Physician Associates (PAs) is a relatively new profession which has developed over the last 10 years. HEIW has supported the development of new posts to allow the profession to grow. There has been good recruitment to posts across Wales through the student streamlining processes, and there has also been good recruitment to the HEI commissioned places.

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<sup>12</sup> College of Paramedics

For 2024-25 it is proposed to increase commissions by 2% to 55, as requested via IMTP.

#### 4. Healthcare Science

The Healthcare Science profession has become more prominent since the Covid pandemic and are integral in relation to recovery in relation to research, new technology and vaccine development.

A Healthier Wales (2018) sets out the need to transform the workforce in order to deliver future services differently. There is a need to deliver services in Health and Social Care closer to people's homes preventing them from accessing acute secondary services, there is also a need to develop the diagnostics workforce to progress people through care pathways in a timely manner to improve outcomes. This workforce transformation is in a context of an aging population, the legacy of Covid and people presenting to the NHS with more complex needs.

There are a number of strategic drivers and developments to consider when proposing the commissioning number for these professions:

##### Strategic drivers:

- Healthcare Science Framework (2018).
- Statements of Intent – Pathology, Imaging, etc.
- Primary and Community Care.
- Genomics Delivery Plan for Wales (2022).
- Imaging Workforce Strategic Plan (2023 tbc).
- Diagnostics Strategy (2023 tbc).
- Cancer Pathways.

##### Developments:

- Scientific/tech advancements - genomics, artificial intelligence, advanced therapeutic medicines, etc.
- Realisation of value and essential role of diagnostics following pandemic (yet significant waiting lists).
- Regionalisation and restructure – regional laboratories, diagnostic hubs/regional treatment centres, community

delivery, primary care, digital and online platforms/telehealth, point of care testing etc.

- Career development capacity considerations including. job planning, postgraduate/consultant training uptake.

The planned increases are supportive of need within the following ministerial priorities:

- Planned care, recovery, diagnostics pathways of care.
- Cancer Services.
- Delivery of regional diagnostic hubs.
- Primary Care.

##### 4.1.1. BSc Cardiac Physiology PTP

This profession carries out crucial diagnostic, monitoring and analytical procedures for patients with known or suspected heart disease and assists in interventions.

A large percentage of this workforce is over the age of 50 (23%) and the potential number of retirements over the next 5 years presents a risk to ongoing service delivery. The NHS Wales Collaborative have highlighted the importance of this profession for streamlining cardiac services, therefore identifying an increase in the future demand the workforce.

Placement capacity is a significant constraint, with one of the main service providers not taking students on placement, even with an HEIW appointment programme manager specifically appointed to support placement development.

For 2024-25 it is proposed to commission 23 places, as requested via IMTP, with no increased recommended until placement and graduate recruitment issues are addressed.

#### **4.1.2. BSc Audiology PTP**

##### **Higher Education Certificate (HE Cert) Audiological practice**

Audiologists identify and assess hearing and balance function and their associated disorders, they recommend and provide appropriate therapeutic rehabilitation and management.

The shape of this workforce is fairly flat with 50% of the workforce aged over 40, with no imminent risk in terms of retirement. However, long waiting lists for these services indicate an increased need.

Applications to the programme in Wales are buoyant and commissioning numbers are being met, and no placement issued have been raised by the profession or HEI. The HE Cert gives those in support roles the opportunity to progress to an associate practitioner. There is a new tender for part time BSc PTP audiology designed as a progression route for employees to complete levels 5 and 6 of the pre-registration education and graduate to become a PTP audiologist.

For 2024-25 it is proposed to commission, 13 BSc Audiology and 8 HE Cert Audiological Practice as requested in the IMTP.

#### **4.1.3. Nuclear Medicine and Radiotherapy Physics**

Nuclear medicine is a technique that uses radioactive tracers (radiopharmaceuticals) to assess bodily functions and diagnose and treat disease, and radiotherapy is the treatment of cancer with high energy radiation such as x-rays. Healthcare science staff working in this field are responsible for the precision and accuracy of treatments by using advanced computer calculations to develop individual patient treatment plans.

The 'Positron Emission Tomography (PET) Workforce: Request for Workforce Training' sets out the need to increase this workforce over the coming years to ensure sufficient technical expertise are available to realise ambitions. However, the IMTPs did not identify any commissions for Nuclear Medicine and Radiotherapy Physics. HEIW has engaged directly with service to identify commissioning needs.

For 2024-25 it is proposed to commission 3 of each profession as per the HEI contract.

#### **4.1.4. Diagnostic Radiography and HE Cert Diagnostic Radiography**

Diagnostic Radiographers are a key member of the MDT that operate a wide range of imaging equipment including, computed tomography (CT), magnetic resonance imaging (MRI), diagnostic ultrasound and X-ray equipment. This profession is key to realising the NHS Wales ambitions in relation to diagnostics and reduction of waiting lists.

Currently 20% of the NHS Wales workforce are over the age of 50 and therefore retirements could cause a potential risk over the next 5 years. Placement capacity is a significant constraint, as placement supervision is required to be on a 1:1 student to practice educator basis due to patient safety risk. A programme manager has been recruited to scope out recommendations for this profession to build placement capacity.

BSc applications to the programmes in Wales are buoyant with 100% of places filled, however high rates of attrition have reduced the number of expected graduates in 2023. Insufficient students were recruited to the HE Cert Radiography Associate Programme for it to run in 2022-23. The pre-registration HEI contracts range of 139-167 places (including the HE Cert Diagnostic Radiography).

For 2024-25 it is proposed to commission 139 places which includes 15 places on the HE Cert programme.

#### **4.1.5. Biomedical Scientists**

This profession has a key role in investigating the causes of illness and how it progresses, identifying the best type of treatment for patients, and monitoring its effectiveness.

Workforce data does not indicate risks in terms of age and imminent retirement and the participation rates are higher than other professions. The high agency spend for this profession indicates that vacancies are not being filled. In 2023-24 all 27 commissioned places were filled, however

applications per place dropped. It is noted that there are multiple routes into this profession, which are supported through other sources of funding.

The profession has a strong ethos of work-based learning and a tender for a part time route to PTP as a progression route from the level 4 apprenticeship has been progressed. This education route is due to commence in September 2024, and will also provide equivalence modules for employees with an existing Biomedical Science degrees.

Full time PTP placement capacity has been a significant issue for the profession as work-based learning supervision is a priority. HEI contracts for pre- registration education include commissioning range of 28-35 places.

For 2024-25 it is proposed to commission 25 places as requested via IMTP, this is a slight decrease to support the management of placement capacity. This decrease is within the 20% range below the commissioned number that HEIW can recruit to.

#### **4.1.6. Radiotherapy and Oncology**

This profession uses radiotherapy to create individual treatment plans for cancer patients, and graduates are key to the patient cancer pathway and will be employed in one of three centres in Wales.

This profession has a flat workforce curve with no risks identified in relation to imminent retirements. Recruitment to the programme is buoyant with commissioned places filled, and pre-registration HEI contracts set out a range of 23-30 places. 18 commissioning places were identified in the IMTP.

For 2024-25 it is proposed to maintain the commissioned number at 20 which is within 20% of contract figures.

#### **4.1.7. Operating department practitioners (ODP)**

ODPs support each phase of a patient's perioperative care, anaesthetic, surgery and recovery, and in recent years the demand for the services has grown in order to support in theatre services with post Covid recovery.

IMTP requests have significantly increased in the last 2 years. As part of the strategic review HEIW now has 3 providers of this education spread across Wales and commissioning numbers increased to 62 places in 2023-24. HEI Contracts set out a range of 51-62 places.

Recruitment to commissioned places has been an issue in the past, however all places were filled in 2022-23 and the marketing of this profession with local communities by new programme managers is driving up applications. ODP graduates progress through the nurse student streamlining process which works well with sufficient posts and good recruitment of graduates.

For 2024-25 it is proposed to commission 69 places, which is above contract ranges but within the 20% of contract figures.

#### **4.1.8. Clinical Scientist Training Programme (STP)**

The IMTP show an expected small increase for the Clinical Scientist Training Programme (STP), from 53 STP trainees requested in 2023 to 55 for 2024, this increase demonstrates the need for a gradual stable growth following the significant increase in 2023.

The request for 2 Histopathology STP trainees is supported, and there continues to be an interest for future access to professional areas that have programmes available but have not previously made use of the Clinical Scientist roles, such as Critical Care and GI Physiology. It is expected that these requests will be seen in future years, meaning a stable level of growth in this suite of training programmes is needed.



<b>SCIENTIST TRAINING PROGRAMME – STP</b>	
MSc Clinical Science – Audiology	7
MSc Clinical Science – Neurophysiology	3
MSc Clinical Science - Cardiac Science	7
MSc Clinical Science - Respiratory & Sleep	7
MSc Clinical Science - Vascular Science	1
MSc Clinical Science - Clinical Microbiology	4
MSc Clinical Science - Clinical Biochemistry	1
MSc Clinical Science - Genomics	3
MSc Clinical Science - Cancer Genomics	2
MSc Clinical Science - Histopathology	2
MSc Clinical Science - Reconstructive Science	1
MSc Clinical Science - Medical Physics-all specialties combined	9
MSc Clinical Engineering - DRMG/Rehab	4
MSc in Clinical Bioinformatics Genomics (Life Science)	1
MSc in Clinical Scientific Computing (Physical Sciences)	2
MSc Clinical Science - Clinical Pharmaceutical Science	1
<b>Total STP</b>	<b>55</b>

#### 4.1.9. Higher Specialist Scientist Training (HSST)

The HSST programme has been confirmed by the AoMRC to be an equivalent level to the training of medical consultants, and includes research at PhD level, with the conference of a professional doctorate. For the professions where this is in place, it also includes the medical consultant examinations, FRCPath. Healthcare science consultants that have completed this training and are registered on the national Higher Register can provide real value to the delivery of care at this level, especially in light of medical consultant shortages. There is additionally an equivalence route to achieve this registration.

Consultant healthcare scientist training continues to grow, and a guidance paper on Consultant Clinical Scientists has been published which further raises the profile of these roles and subsequent interest in the training.

For 2024-25 it is proposed to commission the IMTPs requests for 20 trainees for 2024, which is an increase from 10 trainees commissioned in 2023-24.

<b>HIGHER SPECIALIST SCIENTIST TRAINING - HSST</b>	
Clinical Biomedical Engineering	1
Medical Physics	5
Microbiology	5
Clinical and Laboratory Transfusion	1
Neurophysiological Science	2
Respiratory and Sleep Science	5
Vascular Science and Imaging	1
<b>Total</b>	<b>20</b>

#### 4.1.10. Equivalence Routes to Registration/Regulation

Equivalence funding is now an established economic investment in the existing workforce that supports the grow your own agenda career development and retention, enabling healthcare scientists to achieve registration/regulation requirements via an experiential or “equivalence” route.

Evidence from last year’s applications indicates a substantial need to increase the budget in this area. There has been substantial awareness raising for this route to career progression, which enables retention and supports succession planning by the strategic Healthcare Science Programme and the Healthcare Science workforce are now fully invested in developing their workforce in this way.

For 2024-25 it is proposed to further increase the budget £140k to £500k to support this area of growth, including the full scope of the Healthcare Science profession, as well as being able to offer support for time away from their essential roles.

## **5. Dental**

### **5.1. Dental**

A strategic dental workforce plan for Wales is being developed to ensure the workforce is identified, trained, supported and available to deliver dental services for the future to meet the oral health needs of the Welsh population.

The plan will ensure the commissioning of dental education and training is based upon a robust evidence base, workforce needs and focused on improving services and the oral health needs of the population. We are working with key partners in HEIs and training providers to train and build the Welsh dental workforce and improve the continuum between undergraduate and postgraduate training to retain the workforce locally to create a sustainable supply of dental professionals. This will ensure that dental education and training is developed appropriately to ensure jobs are available in Wales for those undertaking training and will include post-graduate training for dentists and Dental Care Professionals (DCPs) and the provision of specific enhanced skills training to meet patient needs.

At the heart of Welsh Government policy direction 'The Oral and Dental Services Response to A Healthier Wales' is a whole-system change approach in dentistry to facilitate a step-up in needs-led preventive care to improve outcomes for patients. The dental contract offer encourages new ways of working including focussing on prevention and increasing access for patients. There are opportunities for primary care dental practices to develop new ways of working to increase the use of skill mix and the wider dental team in providing care to patients. However, there are significant workforce shortages in all areas in dentistry which are impacting on people being able to access oral health care in all areas of Wales.

The recommended numbers in this plan will assist in addressing some of these shortages, with an aim to building the workforce, together with the strategic dental workforce plan for Wales recommendations regarding attraction, recruitment, education and training and role redesign will ensure the workforce is fit for the future.

#### **5.1.1. Dental Foundation Training**

Dental Foundation training is essential for all dental graduates who wish to work in primary care dentistry and provides a structured environment to ensure new graduates acquire the knowledge, skills and competencies to work safely in General Dental Practice. This training ensures that the majority of all dental graduates in the UK enter NHS primary care dental practice and are able to see and treat patients safely and effectively.

#### **5.1.2. Dental Core Training**

The request for additional Dental Core trainees is as a result of recent expansion in certain dental services in various Health Boards, providing an opportunity to train and support additional dental core trainees. These posts will support service to patients and career progression in dental specialty areas for young early careers dentists.

#### **5.1.3. Dental Speciality Training**

Work is currently underway with colleagues in health boards across Wales and the Dental Dean in Cardiff Dental School on the recruitment of additional dental specialty training posts approved in the Education and Training plan 2023-24. These posts will safeguard future vulnerable dental specialities at risk due to workforce retirement and also ensure specialty services are provided to patients in future.

#### **5.1.4. Welsh Dental Therapist Foundation Training**

The dental therapy foundation training has been running in Wales since 2003 and places newly qualified dental therapists in General Dental Practice where they gain knowledge and skills of working in NHS primary care within a structured learning programme. Changes to the NHS regulations enabling dental hygienists and therapists to open and close courses of treatment within the NHS GDS contract make this programme an essential part of upskilling this workforce to help address access and prevention for dental patients.

A Healthier Wales: '*The Oral and Dental Services Response to A Healthier Wales*'. The Welsh Government policy direction is a whole-system change approach in dentistry to facilitate a step-up in needs-led preventive care to improve outcomes for patients. Within this are ambitions to ensure a sustainable supply of the dental workforce and investing in the teams who deliver dental care to the people of Wales.

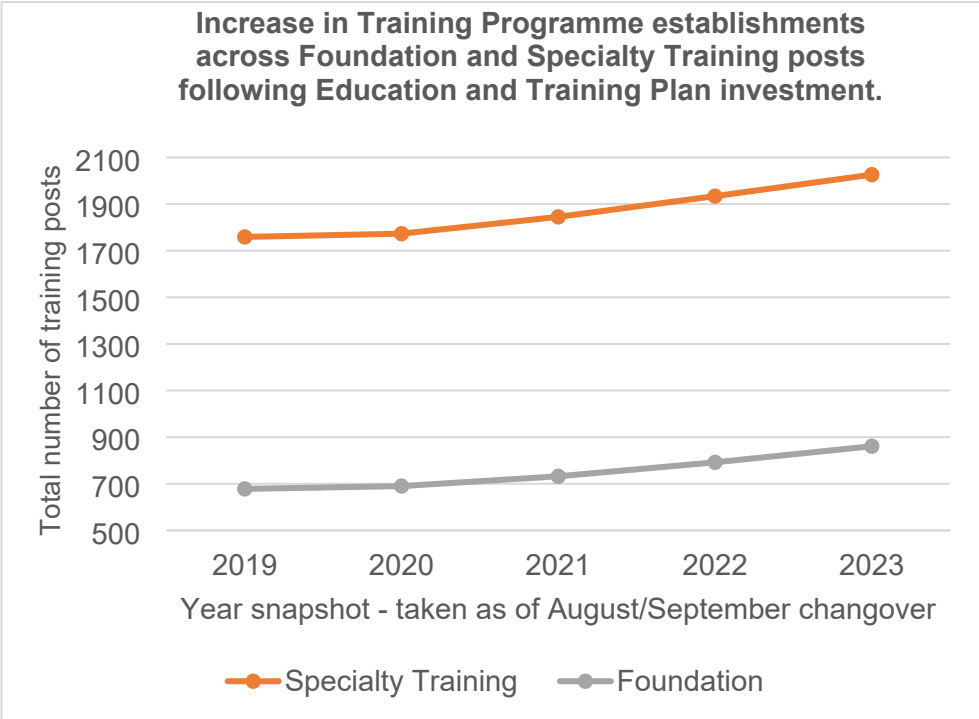
The 'Dental Contract Reform' encourages new ways of working including focussing on prevention and increasing access for patients. There are opportunities for primary care dental practices to develop new ways of working to increase the use of skill mix and the wider dental team in providing care to patients. This is aligned with the principles of Prudent health care and ensuring career opportunities and pathways for all members of the team to improve retention.

#### **5.1.5. Undergraduate Dental Hygiene and Therapy and Dental Hygiene**

Undergraduate Dental hygiene and therapy and Dental Hygiene has increased in recent years. Existing training provision has been expanded at Cardiff University and in North Wales training is provided via Bangor University.

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6. Medical Workforce



6.1. General Practice

In 2019 Welsh Government agreed the commissioning number for General Practice of 160, this figure was agreed to enable the expansion of GP trainee numbers in Wales. The previous intake was 136 per year. In February 2023, there were a total of 651 GP trainees in Wales. Increasing numbers of GP Trainees (31% at February 2023) undertake their training on a part time basis, and there are higher numbers of trainees requiring extensions to their training. This means places and GP trainers are at capacity, and despite an ongoing increase in numbers, the commissioning of trainees are unable to be increased beyond the Welsh Government limit.

There are 11 GP Training Schemes in Wales, and GP Trainees undertake training in both hospital and general practice posts, with many of the training practices in socially deprived and/or rural areas. The number of

training practices has increased from 147 in 2019 to 198 by 2023 (approximately half of all GP practices in Wales).

GP Training Scheme (2022)	No. of Trainees
Aberystwyth Scheme	21
Bangor Scheme	27
Bridgend Scheme	61
Cardiff Scheme	107
Carmarthen Scheme	39
Dyffryn Clwyd Scheme	41
Glam Valleys Scheme	58
Gwent Scheme	97
Pembrokeshire Scheme	30
Swansea Bay Scheme	105
Wrexham and North Powys Scheme	45
Total	631

Increasing numbers of GP trainees now have a more complicated training journey and require additional input to assist them in reaching the required standard to successfully complete their training. The Programme of Additional and Specialised Support Programme (PASS) and the Welsh to Wales cultural induction have been developed to facilitate this, and it is important that resources continue to be available for these programmes so GP trainees in Wales have adequate support during their training.

6.2. Postgraduate Medical Training

The workforce shortages and consultant gaps in a number of priority areas is a limiting factor in the ability of the NHS in Wales to deliver key services and address the backlog in planned care following disruptions to services arising from the COVID pandemic.

For 2024-25 the recommendations are to increase posts across a wide range of specialties/training programmes in Secondary Care/Specialty Training and Foundation Training. HEIW have analysed a range of data

sources including current and projected specialty demand, specialty workforce demographics, supply related factors including workforce pipeline data, historical recruitment data and attrition/retention trends. Workforce data from the Royal Medical Colleges and faculties and Specialty Committee reports are an invaluable source of information to support HEIW's short, medium and long-term approach to workforce planning. We have also worked with colleagues and stakeholders across the system in Wales and considered data and intelligence from a range of sources to review the specialty training provision within the contexts of patient need, training capacity and future planning and the increase in posts will be distributed across NHS Wales according to education and training capacity. Cross sectional collaboration within HEIW is undertaken to explore future needs in this context and ensure clear understanding for establishing new roles in other healthcare professionals, which could impact on the recommendations for medical training posts.

In the immediate term, the increased capacity afforded through these recommendations will support NHS Wales to provide regional treatment, healthcare closer to home and timely access to treatment and diagnostic procedures.

In the medium to long term these recommendations aim to bridge the workforce shortages and consultant gaps and increase the output of consultants over the next 5-10 years enabling NHS Wales to futureproof services and at least maintain current consultant levels against projected consultant retirements during this period.

The flexibility agenda to help prevent burnout and retain doctors across the NHS by providing trainees with a better work life balance and opportunities to train on a part time basis are now fundamental parts of training. Less Than Full Time Training (LTFT) training rates continue to grow in Wales and across the UK. At the end of July 2022, 359 Specialty Trainees in Secondary Care placements were training LTFT; this represents 22% of the trainee population at that point in time and an increase of 79 trainees compared to the same timepoint in 2021. LTFT rates vary significantly across the specialties with programmes such as Paediatrics, Palliative Medicine and Oncology seeing levels over 50%. HEIW continues to work with partners and stakeholders to deliver the flexible training initiatives such

as changes to our (LTFT) policy and the introduction of Portfolio Fellowships aimed at retaining the current workforce and reducing the impact of trainee burn-out and exhaustion.

There is a strong commitment to maximising the training resources and opportunities available across NHS Wales and in those specialties where LTFT is high trainees working varying Whole Time Equivalents (WTEs) will be sharing slots in various configurations (for example two trainees working at 60% would share 1 post. Therefore, whilst the recommendation is to increase the Medical workforce by a further 106 (67 Specialty and 39 Foundation) posts from August 2024 this may translate into more than 106 additional trainees entering the system from August 2024

**Table 2 – Medicine Training Recommendations for 2024/25.**

Emergency Care	
Higher Emergency Medicine	To increase by 4 posts for 2024 and 2 posts for 2025. The increases for 2024 and 2025 are required to ensure the pipeline via ACCS EM established in previous workforce plans is aligned to the higher programme.
ACCS Emergency Medicine	To increase by 3 posts for 2024.
Cancer Care	
Clinical Oncology	Increase by 4 additional Higher Training posts implementing year 4 of the proposal to expand by 4 posts per year for 5 years.
Medical Oncology	Increase by 3 additional Higher Training posts implementing year 4 of the proposal to expand by 3 posts per year for 5 years.
Planned and Urgent Care	
Geriatric Medicine	Increase by 5 additional Higher Training posts implementing year 2 of the proposal to expand by 5 posts per year for 3 years.
Cardiology	To increase by 3 posts for 2024 and a further 3 posts for 2025.
Diabetes & Endocrinology	To increase by 1 post in 2024.
Trauma & Orthopaedics	To increase by 5 posts in 2024 and then by a further 5 in 2025.
Plastic Surgery	To increase by 3 posts in 2024 and then by a further 3 posts in 2025

Ophthalmology	To retain the current levels of training posts and monitor the impact of the proposed regionalisation of services.
Otolaryngology	To increase by 2 posts in 2024.
Vascular Surgery	To increase by 2 posts in 2024
Dermatology	To increase by 3 posts in 2024
Foundation	To increase the number of Foundation Year 2 posts by 39 to meet F1 expansion in 2023 as detailed in the Foundation Expansion Business Case.
<b>Diagnostic &amp; Small Specialties</b>	
Medical Microbiology/ Infectious Diseases	Increase of 3 Medical Microbiology/Infectious Diseases posts implementing year 5 of a plan to increase posts every year for 5 years.
Pathology specialties	To increase by 2 posts in 2024
Small Specialties	To increase by 4 posts in 2024
<b>Mental Health</b>	
Child and Adolescent Psychiatry	To pilot 2 new innovative ST1 run through posts for the August 2024 intake
Core psychiatry	To increase by 8 posts in 2024 implementing year 3 of a proposal to increase by 8 posts per year for 3 years.
Higher Psychiatry training	To increase by 6 posts for 2024. The distribution of which will be determined by intelligence from core trainees applying for higher training.
<b>Women's &amp; Child Health</b>	
Paediatrics	To increase by 4 higher posts aligned to the GRID programme

An assessment of training capacity (trainer and placement) and quality is integral to the process, and recruiting, supporting and developing trainers is essential to sustainable expansion of training places and is a key component of training quality. HEIW is responsible for the quality management of learning environments and works closely with Health Boards and Trusts to review all relevant quality data. This systematic approach has enabled a detailed review of those medical specialties detailed in Table 3, further developing our ambition to provide a comprehensive, responsive and consistent modelling approach to medical workforce planning.

**Table 3 – Medical specialties considered for 2023/24/25**

<b>Emergency Care</b>		
Emergency Medicine & Acute Care Common Stem (ACCS)		
<b>Cancer Care</b>		
Clinical Oncology	Medical oncology	
<b>Planned Care and Urgent Care</b>		
Geriatric Medicine	Cardiology	Diabetes & Endocrinology
Trauma & Orthopaedics	Plastic Surgery	Ophthalmology
Otolaryngology	Vascular surgery	Dermatology
Foundation programme		
<b>Diagnostic specialties &amp; Small Specialties</b>		
Medical Microbiology/ Infectious Diseases	Pathology specialties	Clinical Neurophysiology
Rehabilitation Medicine	Paediatric Haematology	Clinical Immunology
<b>Mental Health</b>		
Child & Adolescent Psychiatry	Old Age psychiatry	General Adult Psychiatry
Core Psychiatry		
<b>Women's &amp; Child Health</b>		
Paediatrics		

### 6.2.1. Emergency Medicine & Acute Care Common Stem (EM)

EM training posts have been increasing for a number of years through the Education and Training Planning process (ETP) with recommendations included for both Higher Emergency Medicine and ACCS Emergency Medicine (the feeder programme). These increases have enabled HEIW to expand the ACCS EM programme considerably and 18<sup>13</sup> new starters were successfully recruited on this programme for the August 2022 intake.

As the increased numbers of ACCS trainees progress through the pipeline the number of Higher programmes available need to be increased to ensure alignment between Core and higher training, which will enable us to offer run-through training to all trainees wishing to undertake this and

<sup>13</sup> Reduced to 17 for August 2022 due to a delayed start.

create opportunities to recruit at the ST4 level to import trainees from elsewhere who wish to enter the EM Higher Programme.

### **6.2.2. Clinical and Medical Oncology**

Cancer services remain a priority for Welsh Government as highlighted in the Cancer delivery Plan for Wales (2016 – 2020) with incidences of new cases rising by approximately 1.5% a year and this is set to rise by at least 2% a year for the next 15 years<sup>14</sup>. Both Clinical and Medical oncology are projected to see a significant workforce shortfall in future years due to increase in demand and projected consultant retirements.

### **6.2.3. Planned Care**

#### **Geriatric Medicine**

A HEIW-led census of consultant geriatricians in 2022 showed the number of WTE consultant geriatricians in Wales has increased by 50% over the last 8 years with increases in Stroke Consultants and those with an interest in Trauma & Orthopaedics.

The development of front door frailty services within the MEAU/A&Es across Wales continues with clear signalling that this is a major area for expansion, and with an ageing population it is likely that demand for Geriatric medicine services will continue to increase.

There are 40 consultant retirements expected over the next 10 years with 21 of these expected in the next 5 years. Current training output will not meet this projected deficit especially given that over one third of current trainees in Geriatric Medicine are working less than full time with significant numbers planning to maintain this as a consultant. The current expansion level is recommended following recent successes at recruitment.

#### **Cardiology**

Wales continues to have high levels of complex cardiac disease compared with UK averages. Waiting times for routine cardiology appointments have increase significantly post-pandemic alongside an increasing demand for

<sup>14</sup> Welsh Cancer Intelligence & Surveillance Unit (2015) Cancer in Wales: 2001-2013. <http://www.wcisu.wales.nhs.uk/sitesplus/documents/1111/WCISU%20Official%20Stats%20Report%20Final%20English.pdf>

complex cardiac devices, and cardiology departments are seeing increased demand as a direct consequence of these long waiting lists.

22% of the current consultant workforce are aged 55 or over and therefore likely to retire or reduce clinical sessions in the next 5-10 years. Following the recent changes to the higher medical curricula unlike most medical specialities the length of the Cardiology training programme remains unaltered (5 years) and as a result the rate of production of CCT holders is therefore unchanged. Current projected output in Cardiology will not meet this future demand.

#### **Diabetes & Endocrinology**

The demand for Diabetes and Endocrinology services is increasing with higher rates observed in Wales both in the community and hospitalised populations. The epidemiology of Type 1 diabetes has changed with rises in paediatric and adult diagnoses.

Consultant recruitment remains high, however over the next 5 years approximately 40% of the current workforce are projected to retire and even with a reduction in training time arising from a change in the curricula training output will not meet this deficit.

#### **Trauma & Orthopaedics**

There are now significantly more people listed for outpatient appointments, diagnostic and treatment services than before the pandemic. Waiting lists are at their highest levels ever recorded with over 60% of people waiting for their first outpatient appointment, and an increased demand for orthopaedic trauma specialties has been seen through the establishment of the Trauma Network in Wales.

49% of the consultant workforce is over the age of 50, and it is projected that the current number of trainees will not replace planned retirements and service the recovery/Planned Care agenda.

#### **Plastic Surgery**

The British Association of Plastic and Reconstructive Surgery (BAPRAS) annual workforce report for the UK recommended that there should be 1 consultant plastic surgeon per 80K population. Based upon this Wales



should have 38 WTE consultant plastic surgeons, based on current numbers there is a deficit of 15.

Work place challenges are adding to this deficit pressure, Swansea Bay University Health Board is currently undergoing a service reform with elective surgery moving to Singleton Hospital and acute services remaining on the Morriston site. Alongside this it is anticipated that 10 consultant retirements will occur within the next 10 years followed by a further 5 within the next 5 year period.

Demand for services continues to increase and there are long waiting lists with new patient referrals waiting up to 52 weeks and for those receiving treatment up to 252 weeks. Recruitment and retention into the specialty is excellent, however the current projected output will not keep pace with the predicted retirement and expansion.

### **Ophthalmology**

Workload in Ophthalmology continues to increase given the ageing patient demographic and demand of patient numbers. The Pyott report has confirmed that Wales is below the recommended number of Consultants per 100,000 population with an ageing workforce particularly in certain geographical areas.

Ophthalmology has one of the highest outpatient waiting lists in Wales, and there is a significant argument to increase training numbers in this specialty, however there are ongoing training capacity issues and a consultant shortage. In addition to this retention of trainees is challenging with increasing numbers of trainees looking to transfer out of Wales and poor retention rates of trainees into consultant roles. The Royal College curriculum changes planned for 2024 suggest that trainees will be able to complete training at an expedited rate.

For 2023-23 it is proposed that current numbers of training posts on the specialty programme are retained, and the impact of the proposed regionalisation of services and curriculum change is monitored.

HEIW will explore the creation of Ophthalmology training posts at a Foundation Programme level to increase exposure to this specialty earlier in training. We will work with partners and the Strategic Board overseeing eye care to explore where the training programme can be enhanced, such as, through increased access to simulation and regional teaching programmes to improve current recruitment and retention levels.

### **Otolaryngology (ENT)**

ENT across the UK has seen significant advances in technology with a requirement for a Consultant led service. Wales now provides a comprehensive secondary and tertiary service at all levels. However, ENT is amongst those specialties with the greatest number of people waiting for outpatient appointments.

Wales has unfilled consultant posts in North and West Wales and over a third of the current consultant population are due to retire in the next 5-10 years. A vital component for the sustainability of the service is local training, and it has been shown that those that apply to train in Wales also to want to stay and work in Wales. Current projected output of the programme will not meet the projected deficit in consultant numbers.

### **Vascular surgery**

The Vascular Society workforce plan for the UK proposes that for a population of Wales the current number of training positions is insufficient. There are also a number of unfilled consultant posts across Wales and over half of the current consultant vascular surgeons in Wales are over the age of 55 and therefore likely to retire in the next 5-10 years.

The training programme delivers high quality training and there is sufficient training capacity to support an expansion which is essential to ensuring the sustainability of future services in this area.

### Dermatology

There is a national shortage of dermatologists. Even before the Covid-19 pandemic waiting lists were lengthy. Wales currently falls considerably short of the Royal College of Physician's recommendation for the number of Consultant Dermatologists per head of population, with longstanding vacancies in key areas and services supported by intermittent locum consultants and a pooling of waiting lists for urgent cancer referrals. Projected retirements over the next 5-10 years is likely to exacerbate this further particularly in certain areas such as North Wales where this retirement level is as high as 75%.

### Foundation Expansion

In 2019 a Business Case was shared with Welsh Government outlining a need to expand training posts at Foundation level to address the current training pipeline challenges as well future challenges with expanded Medical School output, and increases across Specialty Training Programmes. The Business case recommended a phased expansion programme commencing in August 2020 with increases to Foundation Year 1 and Year 2 posts required over a 5-year period as detailed in Table 4.

**Table 4 - Foundation Expansion Programme**

	Number of F1 posts	Number of F2 posts
August 2020	351 (+12)	339
August 2021	381 (+30)	351 (+12)
August 2022	411 (+30)	381 (+30)
August 2023	450 (+39)	411 (+30)
August 2024	450	450 (+39)

At this stage there are no immediate plans to expand F1 numbers further however future expansions will be required to match output of the increased numbers of trainees who have entered Swansea Medical School and the future output of the North Wales Medical School.

### 6.2.4. Diagnostic specialties & Health promotion/prevention

#### Medical Microbiology & Infectious Diseases

Demand for Medical Microbiology and Infectious Diseases continues to increase, and there is a recognised national shortage of trained medical

microbiology/infectious diseases staff. These shortages are also present for nursing and scientific staff in this specialty area. Across the current establishment of consultants in Wales approximately 30% of posts are currently vacant and projected retirements over the next 5 years will exacerbate this further.

### 6.2.5. Pathology specialties

#### Histopathology

The workload in Histopathology increases year on year and complexity of reporting has dramatically increased in recent years especially around cancer reporting and the developing requirements and technology for genetic and molecular testing, and the evolving field of genomics will significantly increase histopathology workforce requirements.

Whilst there is a recognised need for an increase in the number of histopathology training posts in Wales to support the current and future workforce, there have been issues identified around training capacity and the impact of pay differentials preventing significant expansion.

Training capacity issues are improving and in August 2023 further trainees will be appointed to the programme maximising current training capacity and facilitating an increase in trainees.

#### Paediatrics and Perinatal Pathology

This programme has been frozen for a couple of years following issues with insufficient trainer infrastructure to enable Wales to deliver training. It is anticipated that this issue will be resolved to enable a resurrection of the programme from August 2024. However, UK concerns regarding applicant and the introduction of a financial incentive in England may limit success in this area.

### 6.2.6. Small Specialties

Programmes such as Clinical\_Neurophysiology, Clinical Immunology, Rehabilitation Medicine and Paediatric Haematology comprise of small numbers of posts usually 1 or 2. Recruitment into these training programmes can be challenging due to the lack of exposure to the specialty during medical school, Foundation or early years training. Recruitment into consultant roles in these specialties is also challenging and interest from candidates outside of Wales is typically low.

These programmes are therefore usually heavily dependent on the Wales training programmes to supply and maintain a permanent workforce to sustain future services. All of these areas have an ageing consultant workforce, long term consultant vacancies, increased demands in service and significant waiting list times. With consultant retirements projected there is a finite window available to invest now in the future of these specialties to ensure sustainability.

Due to the small nature of these specialties some of the wider workforce discussions are led on an UK basis rather than Wales-wide. This is the case for Paediatric Haematology, which is a new programme for Wales from 2024 but it is an essential area for development and support.

### 6.2.7. Mental Health

Mental Health is a priority area and with increased levels of depression and anxiety compared to pre-pandemic estimates and longer waiting times for services investment in new posts covering Core Psychiatry, and aligned Higher Psychiatry programmes is essential.

The supply and demand analysis for Higher Psychiatry training and associated services highlights a need to increase training post numbers to address current shortfalls in consultant numbers, projected consultant retirements and future service demand.

With increased demands and referrals for children, it is planned to introduce run through training in Child and Adolescent Psychiatry in Wales. This innovative solution will enable trainees to develop general paediatric and psychiatry skills before progressing to specialised skills in Child and

Adolescent Psychiatry to ensure our trainees can best support services and patients in Wales.

To ensure a sustainable pipeline into Higher psychiatry programmes over the next 5-10 years expansion across the three-year Core Psychiatry Programme will also need to be continued. The first increased cohort at the Core level commenced in August 2022, with a further cohort planned for 2023 and one recommended for 2024 to ensure opportunities are maximised.

Higher Psychiatry training is delivered across a range of specialties including Child and Adolescent, Old Age and General Adult Psychiatry all of which report significant workforce challenges now and in the future. Recruitment into Higher Psychiatry Specialty training remains an issue.

Following successive years of low fill rates in the Core Psychiatry programme (the feeder stream); a range of incentives have seen an increase in recruitment to core psychiatry over the last few years and the impact of this on recruitment to higher psychiatry training is currently being reviewed.

With increased output from the Core Programme it is hoped that fill rates for Higher Programmes will start to increase going forward. However, trainee feedback and destination data currently suggest that trainees due to complete Core training in the next year or two are hesitant to progress straight into Higher programmes. HEIW will be working with the programmes and trainees to explore this in further detail and identify ways of attracting, retaining and supporting doctors to deliver sustainable services.

## 6.2.8. Women's & Child Health

### Paediatrics

The most recent Workforce Census Overview from the Royal College of Paediatrics and Child Health (RCPCH) shows that the number of consultants now working less than full time across the UK is around 22%. This is mirrored by reports from Health Boards in Wales where the proportion of consultant paediatricians working less than full time has increased from single figures 5 years ago to up to 30% of the current consultant complement. The proportion of trainees working less than full time (LTFT) has also increased, and at present accounts for more than 70% of the trainee workforce.

Between 2020 and 2022 HEIW recommended an increase of 14 Paediatrics training posts, targeted at the more junior grades, in response to the recommendations by the RCPCH in the Focus on Wales report published in 2019. Since then, the new Progress+ curriculum, reducing training in paediatrics from 8 years to 7 years, has been finalised. Wales has no plans to reduce the number of training posts aligned to this curriculum change, and this should result in a faster output of consultants in future years.

Recruitment into ST4 posts and to subspecialty "Grid" posts is strong and an increase in GRID posts will provide CCT holders in current shortage specialties and in those specialties that are new to Wales, such as, Paediatric Infectious Disease. Recruitment into these posts would attract high calibre and senior trainees into Wales and would also help to reduce/stop trainees leaving Wales in order to undertake subspecialty training.

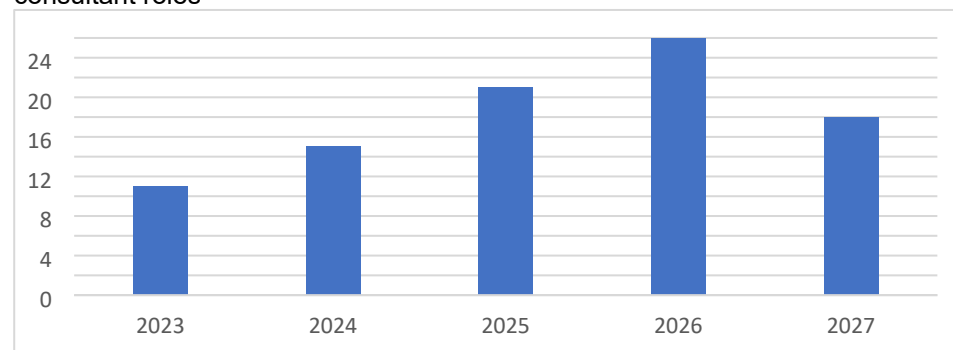
### 6.2.9. Trainee retention

The flexibility agenda to help prevent burnout and retain doctors across the NHS by providing trainees with a better work life balance and opportunities to train on a part time basis are now fundamental parts of training. HEIW has been supporting this agenda with initiatives such as changes to our LTFT policy and the introduction of Portfolio Fellowships. However, in-programme retention is only one part of the solution, and we also need to retain doctors in NHS Wales once they complete their training and are ready to enter the next phase of their career.

HEIW has collated trainee destination data to explore the numbers of trainees who have remained in Wales and taken up consultant role on completing their training. The initial data shows that retention levels within the first year of completing training are 65%<sup>15</sup> and after 12-18 months this increased to 85%<sup>16</sup>. In some specialties retention levels are very low. Feedback from trainees and trainers suggests that delays across Health Boards in developing and advertising consultant posts mean that trainees need to look farther afield for future roles or Fellowships. CCT Fellowships will be explored further to consider what future options are, as these directly impacts some of the priority specialties covered within this plan.

In previous Education and Training Plans in response to demands to support workforce solutions and match future service demand or consultant retirements, number of training posts have significantly increase, and Health Boards will need to develop plans to recruit these individuals on completion of training; a key example being the investment in Radiology where in the last 5 years the programme has doubled in size and approximately 50 new posts created. Over the next 5 years 91 consultants will be eligible to join the Radiology workforce (See figure 1.).

**Figure 1:** CCT Output - Number of trainees completing training and eligible for consultant roles



<sup>15</sup> Data taken from 2020/2021 and 2021/2022 cohorts

<sup>16</sup> Data taken from the 2020/2021 cohort only

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**Table 5: Medical Specialty Training Posts and Changes**

Specialty	Proposed August 2024 changes	August 2023 post numbers	Changes August 2023	Changes August 2022	Changes August 2021	Changes August 2020	Changes August 2019	Changes August 2018	Changes August 2017
<b>Anaesthetics/ICM</b>									
Core Anaesthetics Training/ACCS Anaesthetics		131		10					
Higher Anaesthetics		149	6	3	3	3			
ACCS Intensive Care		14							
Higher Intensive Care Medicine		38	3	4	4	4	2		4
<b>Emergency Medicine</b>									
Acute Care Common Stem - Emergency Medicine	3	31	4	4	2				4
Emergency Medicine (includes PEM & PHEM)	4	58	4		5	7	4		2
<b>Medicine</b>									
Internal Medicine Training/ACCS Acute Medicine		283	12	12	15	13			
Acute Internal Medicine		14			2				
Audiovestibular medicine		1							
Cardiology	3	38							
Clinical Genetics		7		2					
Clinical Neurophysiology	1	2	1						
Clinical Oncology	4	28	4	4	4				
Clinical Pharmacology and Therapeutics		3	1						
Dermatology	3	19	3			3			
Endocrinology & Diabetes	1	24	1						
Gastroenterology		27		1	2				
Genito-urinary Medicine		4							
Geriatric medicine	5	57	5						3

Specialty	Proposed August 2024 changes	August 2023 post numbers	Changes August 2023	Changes August 2022	Changes August 2021	Changes August 2020	Changes August 2019	Changes August 2018	Changes August 2017
Haematology (including Paediatric Haematology from August 2023)	1	18							
Immunology	1	1							
Medical Oncology	3	15	3	3	3				
Neurology		20	3						
Palliative Medicine		17	2	2					
Rehabilitation Medicine	1	2				1			
Renal medicine		17							
Respiratory Medicine		31			2				
Rheumatology		14	2	2					
<b>Surgery</b>									
Core Surgical Training		100							
Cardio-thoracic surgery		7							
General surgery		65	7		4				
Neurosurgery		7			-1				
Ophthalmology		40						4	
Oral and Maxillo-facial Surgery		11		2					
Otolaryngology	2	18							
Paediatric Surgery		2							
Plastic surgery	3	15			2				
Trauma & Orthopaedic surgery	5	50	5				4		
Urology		20			4				
Vascular surgery	2	10			1				
<b>Pathology</b>									
Chemical pathology		4							



Specialty	Proposed August 2024 changes	August 2023 post numbers	Changes August 2023	Changes August 2022	Changes August 2021	Changes August 2020	Changes August 2019	Changes August 2018	Changes August 2017
Histopathology	2	21		1					2
Paediatric & Perinatal pathology		1		-1					1
Infectious diseases		2							
Medical Microbiology and Infectious Diseases	3	22	3	3	3	3			
<b>Psychiatry</b>									
Core Psychiatry Training	8	101	8	8					
Child and Adolescent Psychiatry (run through from ST1)	2								
Child and Adolescent Psychiatry	6	18	2	4					
Forensic Psychiatry		7	1						
Old Age Psychiatry		15	2	2		2	+2		
General Psychiatry		31	2						
Psychiatry of Learning Disability		5							
<b>Imaging and Radiology</b>									
Clinical Radiology		112	5	15	10	10	4	7	11
Interventional Neuro Radiology		1		1					
Nuclear medicine		1							
<b>Women's Health</b>									
Obstetrics and gynaecology		95			2				
Community Sexual & Reproductive Health		4		2					
<b>Paediatrics</b>	4	153		4	6	4			
<b>Public Health Medicine</b>		26	3	2					
				-					
<b>Secondary Care Specialty Training total</b>	67	2027	92	90	73	50	14		

Specialty	Proposed August 2024 changes	<i>August 2023 post numbers</i>	Changes August 2023	Changes August 2022	Changes August 2021	Changes August 2020	Changes August 2019	Changes August 2018	Changes August 2017
<b>Foundation Training</b>									
Foundation Year 1		<i>450</i>	39	30	30	12			
Foundation Year 2	39	<i>411</i>	30	30	12				

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## 7. Optometry

In Wales that there is very good access to optometry services, where optometrists help to detect, treat and manage eye diseases early and stop unnecessary onward referrals. Optometrist's high street practices are seen as an integral part of the transformation of eye care services and the ongoing development of care closer to home. Population mapping has demonstrated the health boards most likely to be affected by an ageing population and increasing eye conditions, such as ARMD and glaucoma, and areas such as North Wales with a rural ageing population would benefit most from transferring services from secondary to primary care.

New regulatory changes allow placements for postgraduate optometry training in glaucoma and independent prescribing to occur in primary care practices from 2023. This gives HEIW the opportunity to commission both the academic qualification and the associated placements for these important skills which are recognised by the regulator.

A new contract provided by Welsh Government for all optometry NHS services puts an emphasis on clinical healthcare for patients. HEIW is providing the education and training to ensure the workforce is ready to support this new contract. This includes commissioning postgraduate qualifications, such as, Independent Prescribing, that allows clinicians to provide additional services to patients. This aligns with a Healthier Wales and Welsh Government's future approach for optometry services paper.

## 8. Pharmacy

### 8.1. Pharmacy

The demands for pharmacy services close to home are increasing and changing as we recover from the pandemic and due to our ageing population with chronic conditions and with the additional technological and clinical advances that are emerging such as precision medicines.

In June 2023, HEIW launched the Strategic Pharmacy Workforce Plan. Development of this plan was led by HEIW, but it represents the collective effort of all our partners. The 31 actions in the Strategic Pharmacy Workforce Plan will help to improve how we develop, value, and support

the pharmacy workforce, in recognition of the increasing clinical leadership role they play in caring for people using medicines, in all settings. Implementation of the pharmacy workforce plan will commence in September 2023

The recommendations in this 2024-25 plan support the implementation of the Strategic Pharmacy Workforce Plan, and are also critical enablers for delivering the ambitious plan of implementing the GPhC IET portfolio. All work is aligned to transform the role and contribution of pharmacists, pharmacy technicians and the wider pharmacy team in providing leadership in medicines use.

Key steps in the workforce plan are to:

- stabilise the current workforce
- retain staff and develop all our staff groups in line with career development frameworks to maximise the contribution of all roles in the pharmacy team
- grow training capacity and infrastructure
- improve skills so that the pharmacy workforce can lead and harness technological advances and digitalisation to release 'time to care';
- grow the size of the pharmacy workforce based on improved workforce information and the impact of technology on future roles.

#### 8.1.1. Pharmacy Support Staff 'Access to Pharmacy'

This programme is designed to deliver on the widening access agenda and HEIW's responsibilities as part of the Foundation Economy. By providing work-based access to Level 2 qualifications, the programme provides pharmacy assistants with the opportunity to fill any academic gaps to meet the entry requirements for the pre-registration pharmacy technician course.

In 2022-23 HEIW was unable to open the 30 anticipated pathways due to an unsuccessful NHS procurement process. In 2023-24 interim measures were put in place for learners who only need Essential Skills in 'Application of Number' and 'Communication' could enrol through existing HEIW contracts with Further Education Colleges. HEIW are pursuing a second round of procurement for a long-term solution for the full 'Access to'

programme which will include Science and Digital Literacy Essential Skills which will support the current backlog of demand.

### **8.1.2. Pre-registration Pharmacy Technicians (PRPT)**

Maintaining the increase in PRPT places is important to grow a workforce skilled in medicines use to meet the needs of the population. Work is underway to overcome the UK shortage of pharmacists and the 18-month period in Wales where there were no new PRPT. A 2-year, Level 4, work-based apprenticeships is now in place, and the growth in numbers will quickly have a positive impact on the pharmacy workforce.

The proposal of 'a strategic campaign to raise awareness of the pharmacy assistant to pre-registration pharmacy technician pathway', received high levels of support as an urgent action in the Strategic Pharmacy Workforce plan, and this action will be implemented to create a larger pool of applications to support employers to move them from an 87% to 100% fill rate in 2024-25.

### **8.1.3. Agored Level 4 Units**

As pharmacists spend more time in clinical consultation and prescribing roles, established pharmacy technicians must be confident professionals, who are better equipped to take up leadership roles for medicines management and some clinical duties.

Where pharmacy technicians historically moved from community into hospital or general practice for career development, these bursaries will support Level 4 work-based learning in Consultation Skills, Introduction to Leadership, Introduction to Education and Training, Independent Pharmacy Professional Practice and Delivering Public Health Services in community pharmacy. This supports retention in community pharmacy and presents opportunities to expand pharmacy technician roles.

### **8.1.4. Advanced and Extended Practice**

The pharmacy technician workforce has a diverse educational background commonly ranging from GCSE or A level to degree level before undertaking the registerable work-based apprenticeship. By maintaining access to the

Advanced and Extend Practice development fund it will support the development of individuals from all levels and all sectors, it will also support a flexible local skills mixing of pharmacy technicians within clinical teams.

### **8.1.5. Pharmacy Undergraduate Placements (PUPs)**

Pharmacy Undergraduate Placements (PUPs) are individual days placements, and the number of commissioned clinical practice placements is being increased for the third consecutive year. Work will continue with partners to implement the next phase of GPhC Initial Education and Training Standards for pharmacists. During placements students based in Cardiff and Swansea University Schools of Pharmacy undertake 'entrustable clinical professional activities' in a range of settings, to develop the enhanced skillset they require as pharmacist independent prescribers on registration from 2026.

### **8.1.6. Trainee Pharmacists**

Recruiting to the August 2023-July 2024 cohort was the most competitive year with 3644 training posts on offer to 2446 eligible students. The multi-sector programme remains a distinct, marketable offer for Wales, via annual Train Work Live campaigns. The initial Oriel fill rate for Wales for the multi-sector programmes for 2023-24 was exceptional at 99% compared to a 60% fill rate in England. However, the capacity to increase trainee pharmacist numbers remains limited by Health Board and general practice training capacity.

For 2024-25 the number of trainee pharmacist posts in Wales will be maintained, whilst improvements to training capacity and quality are made through the implementation of a range of actions from the Strategic Pharmacy Workforce Plan, which include work to recruit training sites and high calibre trainees in rural areas. HEIW has no plans to re-introduce single sector community pharmacy training posts, which achieve a lower fill rate and lower pass rate for the GPhC Registration Assessment.

### 8.1.7. Post Registration Pharmacists

#### HEIW Post Registration Foundation Pharmacists

Retention for the first year of the programme was at 97%, and the interest from employers in offering this programme as a retention tool is growing. Places for 2024-25 are being maintained at 80, which can be supported by Cardiff University. For pharmacists who have registered prior to implementation of the new IETS the programme provides an attractive programme of structured support in employment with a clear route to train as an independent prescriber and gain the Royal Pharmaceutical Society Post-registration Foundation Credential and 80 post-graduate credits. The programme provides employer practice supervisor support of 1 day per month, a university educational supervisor and 7.5 hours of protected development time per week for pharmacists in any sector.

#### First Year of Practice for Novice Independent Prescriber - Expanding Scope of Practice

The first cohort that will complete the Post-registration Foundation Programme in summer 2024, and they will have a relatively narrow scope of prescribing practice. This 'follow-on development' is designed to provide continued 'in-practice' clinical support and protected development time during 2024-25 for those who have qualified as a novice prescriber prior to full-implementation of the IETS. This will rapidly expand the range of conditions for which individuals can prescribe providing better access to medicines.

#### Independent Prescribing (Non-medical prescribing)

As planned in 2024-25, the peak commission of 350 Independent Prescribing courses to deliver on the new Community Pharmacy Contractual Framework, and support the transformation required in the Welsh Government commissioned Hospital Pharmacy Review will be reached.

#### Advanced, Extended and Consultant Level Practice

Maintaining current levels of funding for extended and advanced practice developments provides our partners with the maximum flexibility to develop the workforce and effectively skills mix to deliver on service priorities for

Urgent and Emergency or Planned care. Access is for professionals in every sector and includes Wales locum workforce.

## 9. Innovation and Transformation

### 9.1. Multi-Professional Primary and Community Care

#### National Primary and Community Care (PaCC) Education & Training Workstreams

During 2022/23 & 2023/24 HEIW's Executive Board has invested in a sustainable infrastructure both internally (through the formation of a small, internal Multi Professional Primary and Community Care Education & Training - MP PaCCET Unit); and at a Health Board level (through the Health Board based Primary and Community Care (PaCC) Academies); working alongside existing Deaneries to support Primary and Community Care and the development of the Primary Care Model for Wales (PCMW).

The aim of this essential infrastructure is to:

- Improve the quality and availability of multi professional training
- Improve access to clinical placements and work-based learning
- Improve recruitment and retention
- Strengthen learning infrastructure and support for trainers
- Improve workforce planning in primary and community care at all levels (Practice, Professional Collaborative, Cluster and Health Board)
- Ensure that commissioning of all Wales training and education programmes is appropriate and fit for purpose.

Through co-production with Health Boards, 5 "pillars" of educational support within primary and community care have been identified

- New to Primary Care
- New Roles
- Professional Development
- Multi-professional learning
- Future Workforce.

All the planned E&T developments referenced will be focussed and linked specifically to the aims as outlined above and underpinned by the HEIW quality framework.

### **General Practice Nursing (GPN)**

Primary Care is a Welsh Government priority, and the General Practice Nursing (GPN) workforce are key to delivering the primary care model for Wales, bringing care closer to home. Currently, recurrent funding supports the numbers which were included in phase one and two to attract and train new GPNs at pace, but these numbers are not sufficient to expand the programme to the required size to meet the workforce needs.

WNWRS data indicates an ageing GPN workforce (c.1300) with over 50% over the age of 50 years. A focused programme to support nurses and practices to develop nurses new to general practice is needed to build a sustainable workforce. Without sufficient recruitment to the GPN workforce, the ability for experienced GPNs to undertake additional training in enhanced and/advanced skills and work at the top of their licence is hampered by a lack of new nurses with foundation skills. This reduces the ability for GP practices to deliver more services to an increasing number of patients.

Historically, GPN was seen as a role following significant hospital based experience, therefore career length was limited. Over time, the GPN role has expanded and general practice nursing is a specialism in its own right. However, we do not have a foundation programme as we do for doctors, dentists and pharmacists.

The Community Nursing Specialist Qualification (SPQ) is currently being reviewed nationally and this programme is seen as a stepping stone to SPQ and development of the GPN workforce.

MP PaCCET Unit have worked with all 7 HBs to develop an all Wales programme suitable for nurses new to general practice which is delivered remotely through online university module, bilingual competency framework documents, supervisor training and progress meetings, with face to face development of skills, and opportunities for peer support and

wellbeing. The programme has been developed from the NHS Wales Competence Framework for Nurses Working in General Practice and in accordance with the NMC Standards for postgraduate education and training.

Supports AHW and PCMW bringing care closer to home and developing career pathways that include general practice from registration. Foundation level programme in GPN creates jobs across Wales including in rural areas and areas of social deprivation. Registered nurses are needed to supervise the Healthcare support worker workforce too and with the primary care based nursing training, this programme is a key step to attracting people to our workforce without the need to move to an urban centre of training and early experience.

GPNs are an essential part of the multi professional primary and community care team, and more are needed to provide access to a greater number of appointments for management of long term conditions and preventative health care. By investing in GP Nursing we are not only moving care closer to home but empowering patients to manage their own health and reduce the requirement for secondary care intervention.

## **10. Annual Funding**

### **10.1. Post Graduate Health Professional Education**

#### **10.1.1. Enhanced, Advanced and Consultant Practice Education**

Multi-professional enhanced, advanced and consultant practice is critical to ensure the development of a prudent in practice workforce, maximising the opportunities of all professions to work to the top of their licence. Education post registration is key in supporting the vision set out in A Healthier Wales, transforming care services for the Welsh population, providing care closer to home and echoes the core values that underpin the NHS in Wales, and is fundamental to the development of specialist practice and beyond.

In June the Enhanced, Advanced and consultant practice framework will be launched. RCN has identified a lack of consultant nurse posts, consultants could help fill any skills gaps made by experienced staff retiring,

they could provide support to more junior staff, and could influence the strategic direction of nursing. Having a more prominent Consultant framework will also raise the profile of this level of practice and more nurses may want the educational support to reach this level of practice. The profile of enhanced practice will also increase with the launch of the framework potentially resulting in more demand for education and training to get onto this career path.

Retention across all professions is an issue, and the lack of development opportunities is one of the main reasons cited for leaving. HEIW continues to encourage health boards and trusts to focus their spend on national programmes and priority areas listed below:

- Unscheduled care
- emergency care,
- Cancer services
- Diagnostics
- In hospital eye care
- Public Health Services
- Critical care

For 2024-25 the recommendation is to increase the funding to £2.5m to ensure that there continues to be sufficient resource to continue to support the development of the workforce the development of consultant practice, and support the delivery of the “Enhanced, Advanced and consultant practice framework.

### 10.1.2. Prescribing and Independent Authorisation of Blood Transfusion (IABT)

In line with Welsh Government policy, IABT education is being reviewed as part of phase 2 of the strategic review of education provision (SREP 2). Stakeholder engagement has been held and is ongoing to ensure the education commissioned will meet service needs. To date this education has been funded via the prescribing budget. however going forward a new contract for this education will be established which will require separate funding.

IMTP requests show an increased need, which is summarised in table 5.

**Table 5: IMTP requests for Prescribing and Independent Authorisation of Blood Transfusion**

	Total
Full Independent Prescribing	488
Supplementary Prescribing	35
Limited Independent Prescribing	7
PGCert in Blood Component Transfusion (IABT)	14

For 2024-25 the recommendation is to increase funding from £500k to £600k to ensure there continues to be sufficient resource to support the development of the workforce and support the delivery of IABT.

### 10.1.3. Genomic Medicine Modules

In collaboration with the Genomics education partnership education and training group HEIW has reviewed provision of this education during 2021 and 2022 and following a successful procurement exercise contracts are now in place for seven 20 credit Genomics modules.

Module content is aligned with the NHSE Genomic Medicine MSc framework, and all commissioned modules (see table 6) will cover the relevant ethical, legal and social issues. This education will support national upskilling of existing health professionals to deliver Welsh Government’s Genomics for Precision Medicine Strategy (WG, 2017). Welsh Government’s 3-year Genomics Delivery Plan.

The modules are:

- Genomics of Common and Rare Inherited Diseases Module
- Application of Genomics in Infectious Diseases Module
- Omics Techniques and Technologies and their Application to Genomic Medicine Module
- Molecular Pathology of Cancer and Application in Cancer Diagnosis, Treatment and Monitoring Module



- Introduction to the Counselling Skills used in Genomic Medicine module
- Bioinformatics, Interpretation and Data Quality Assurance in Genomic Analysis Module
- Pharmacogenomics and Stratified Healthcare Module

**Table 6: Contract range of commissioning numbers per year:**

Module	Minimum	Maximum
Genomics of Common and Rare Inherited Diseases Module	20	30
Application of Genomics in Infectious Disease Module	10	20
Omics Techniques and Technologies and their Application to Genomic Medicine Module	10	20
Molecular Pathology of Cancer and Application in Cancer Diagnosis, Treatment and Monitoring Module	20	30
Introduction to the Counselling Skills used in Genomic Medicine Module	10	20
Bioinformatics, Interpretation and Data Quality Assurance in Genomic Analysis Module	10	20
Pharmacogenomics and Stratified Healthcare Module	20	30
Total modules	100	170

In addition to support the development of genomic literacy across NHS Wales a Free-to-access genomics fundamentals eLearning has been developed, and is hosted on the HEIW Y Ty Dysgu learning management system <https://ytydysgu.heiw.wales/>. This resource is also available to pre-registration students and any individual with a university or NHS email address.

For 2024-25 the recommendations are 140 students over 6 lots and 30 students in 1 lot.

#### 10.1.4. PG Cert Critical Care

HEIW has identified a requirement to commission critical care education. Critical care practitioners provide highly skilled, expert care for the most severely ill or injured patients, for example patients with multi-organ failure requiring advanced respiratory support.

Critical care nurses undertake postgraduate study and ongoing training to deliver this highly skilled care. Critical care education also supports national upskilling of existing health professionals to meet the recommendations of Welsh Government's Task and Finish group on Critical Care (2019). Education for nurses working in critical care settings should meet the Guidelines for the Provision of Intensive Care Services (GPICS), Faculty of Intensive Care Medicine (FICM) and the Intensive Care Society (ICS) 201:

- "A minimum of 50% of registered nursing staff must be in possession of a post-registration academic programme in Critical Care Nursing"
- "Post-registration adult intensive care nursing courses should be awarded a minimum of 60 credits at level 6. To meet the requisite standard, courses must adopt the core curriculum described in the National Standards for Critical Care Nurse Education (2016).

Following a successful procurement exercise contracts are now in place for PG cert in Critical at 3 universities across Wales. The 60 credit qualification can be delivered at level 6 or 7, and is mapped to UK Guidelines for the Provision of Intensive Care Services GPICS (2019) occupational standards level 2 and 3.

The 2024-25 recommendations are for North Wales 16 students, South West Wales 30 students and South Wales, Central Wales and East Wales 68 students.

#### 10.1.5. Medical Ultrasound

IMTPs show consistent increasing demand for ultrasound education. This rising need applies to both full scope of practice (120 credits) for Radiographers to become a sonographer and focused scope of practice (60 credits) e.g. midwives trained to work in Growth Assessment Protocol (GAP) foetal monitoring.

Welsh Government (WG) recognises ultrasound imaging as a key enabler of national programmes, specifically recognising the role of the midwife in foetal monitoring to reduce stillbirth rates. It is key that HEIW continues to commission both full scope and focussed scope of practice education to

ensure a pipeline of sonographers into the workforce to positively impact on patient services, reduce waiting times and support the delivery of the Diagnostics National Workforce plan.

HEIW currently has a contract with University West of England to provide this education, with a review also underway as part of SREP 2.

For 2024-25 the recommendations are for 20 places.

#### 10.1.6. Reporting Radiographic Practice

Consultant radiologists as well as radiographers remain on the occupational shortage list, therefore there is a need to develop more reporting Radiographers and expand other areas of Advanced Practice in Radiography to better utilise and develop skills and support shortages across the profession. IMTPs have identified that 14 places are required for 2024 which is an increase on the 10 places that have been supported over the last 4 years

For 2024-25 the recommendation is to increase the budget to £50k.

### 10.2. HealthCare Support Worker

To inform the proposed recommendations, each NHS Wales Health Board and Trust provided their requirements for Undergraduate Education, Post Graduate Education and submitted funding bids for education provision, resources to support education and staffing to embed the implementation, assessment and quality assurance of in-house delivery in relation to the Healthcare Support Workers.

The intelligence used to inform the recommendations and requirements for the healthcare support worker workforce includes:

- Wider workforce intelligence.
- Gap analysis and training needs analysis from each health board.
- Capacity within the system to support training and assessment in relation to both internal and external accredited learning, apprenticeship availability, integration into the workforce environment and approaches to the eligibility context criteria.

- The needs of workforce priority areas and national work programmes.

#### 10.2.1. Healthcare Support Workers

HEIW has an annual budget from Welsh Government as part of the education and training budget to support the development of HCSWs. Organisations submit their costed HCSW education and training requirements annually to HEIW, and these submissions are analysed by an internal team within HEIW, utilising a range of profession specific and finance colleagues.

As part of our commitment to the Duty of Quality, increasing accountability and strengthening the output and related impact, HEIW will introduce biannual formal reporting events and impact analysis reporting.

The funding allocations are aligned to national priorities, with development areas identified by Health Boards, Primary & Community Care and joint working with Social Care colleagues building stronger tripartite learning. Both the IMTPs and the information from the health boards and trusts show a requirement for funding to develop HCSWs and support associated resources to enable delivery in the following multiple areas:

- Health and Social Care including Clinical Induction and the H&SC Joint Induction
- Primary & Community Care
- Allied Health Professions
- Nursing including Older Adult, A&E, Endoscopy and Wellbeing Practitioners
- Midwifery/ Neonatal and Health Visiting
- Facilities
- Healthcare Science including OT/Physio/SLT/Dietetics/Radiotherapy/Imaging
- Digital
- Essential Skills qualification

The HCSW budget covers the costs of training assessors and verifiers for any WBL qualifications, creating a sustainable network of quality assurers across NHS Wales. However, HEIW does not cover the costs of any

qualifications available through an apprenticeship route, where the learners meet the eligibility criteria, or where funding is available through alternative education provider funding sources. HEIW has agreed to fund HCSW development in all areas where Apprenticeship Frameworks do not exist, or learner eligibility is not met (and other alternate funding is not available). HEIW has also agreed to fund posts to integrate the delivery of a joint induction programme for HCSW across health and care, following a successful pilot. Many of the health boards will now utilise the delivery template and associated resources to deliver the joint programme, meeting local need and extending health and care learning more accessible to a wider audience of learners.

From 2024 the funding related to second year Level 4 Certificate in Higher Education Nursing Support Worker programme progression to undergraduate education will be hosted and supported from within the commissioning budget via new contracts held by the four successful, procured higher education institutions.

For 2024-25 the recommendation is to increase the budget for Healthcare Support Workers (HCSW) to £3m, which supports the current allocations, minus the L4 progression opportunities which will be moving to the commissioned learning area from September 2023.

### **Work-Based Learning and Apprenticeships**

In 2021 Welsh Government agreed that HEIW would be their Development Partner for the Healthcare Apprenticeships (previously been held by Skills for Health) with a steering group established, chaired by HEIW and involving a wide range of stakeholders to set and monitor the annual priorities.

HEIW has now supported the successful completion of the reviews of the Healthcare Apprenticeship Frameworks currently offered. The suite of Healthcare Apprenticeships is fit for purpose for NHS Wales and associated healthcare partners to meet local need. As a result of these reviews the number of work-based learning (WBL) qualifications contained within Apprenticeship Frameworks has increased, including improving opportunities in areas such as technology & digitalisation in the delivery of

education & care enabling a greater range of organisations to invest in apprentices and maximise their levy contribution.

Over the next three years we are committed to ensuring WBL qualifications will be reviewed with the sector experts and Awarding Organisations, and new learning developed where gaps are identified across the CQFW Levels 2 through to Level 7. This will continue to support the development of the registered and non-registered workforce, supporting a sustainable and flexible health and care workforce for the future. Work also continues to identify education and training gaps in the progression routes and develop appropriate solutions, e.g., development of Level 4 WBL qualifications, procurement of part-time routes to health professional registration.

Over the next year we will:

- Develop and implement technological based approaches to support learning in practice for all learners.
- Embed the education-based quality assurance process for WBL across NHS Wales to include all aspects of the WBL Governance Framework.
- Undertake the review of all Wales WBL resources to support the learning process.
- Continue to develop the Y Ty Dysgu learning platform to host WBL resources and other relevant information.
- Undertake reviews of current work-based learning qualifications in line with their agreed review dates.
- Deliver assessor and Internal Quality Assurance (IQA) training, creating an all-Wales network.
- Register learners undertaking post registration WBL qualifications to support Phase 2 of the Strategic Review.
- Work with the Education Workforce Council to ensure any NHS Wales staff who need to register are supported to do so.

### 10.2.2. Healthcare Support Worker Development

Healthcare Support Workers (HCSWs) make a valuable contribution to service delivery in all settings with over half of workers in roles supporting Nurses and Allied Health Professionals (AHPs), with others working across Healthcare Science, Facilities, Primary Care and more. Without building capacity and capability in the HCSW workforce, there is the risk of being perpetually out of step and continually training and developing a workforce to address yesterdays and not tomorrow's healthcare needs.

Since the introduction of the Apprenticeship Levy in 2016, organisations have sought to increase the numbers HCSWs undertaking apprenticeships. It is expected that organisations will continue to maximise the use of apprenticeship funding, with support provided where this funding stream is unavailable. This enables the wider breadth of support given to organisations from the HCSW budget.

Many of the current HCSW workforce have the knowledge, skills, values and behaviours to undertake pre-registration programmes with minimal extra support. HEIW has continued to develop accredited work-based learning (WBL) qualifications to meet the development needs of the whole HCSW workforce. HEIW focus support firstly on WBL qualification development when there is an all-Wales need and then regional and local interpretations.

This year HEIW will focus on the common core learning for HCSW qualifications within the qualification review timelines. Pathways for progression will be consolidated and visualise learning routes for various sector staff.

The workforce pipeline which starts with HCSWs needs to be underpinned by robust education and training programmes to ensure that individuals are competent to undertake their current role whilst also allowing for career progression. Supporting the education learning and delivery staffing within health boards will enable successful achievement of certification for the numbers of learners requested through the funding request.

### 10.2.3. Medical Illustration

Clinical photographers record patients' medical conditions through providing photographic and video services to a range of clinical specialities, including ophthalmology, dermatology, wound healing, burns and plastics, paediatrics (including child protection), trauma and dental. Covid has increased demand through advances in telemedicine, such as patients in rural Wales can be photographed locally and the images viewed by consultants working elsewhere in Wales. This reduces travel time for both doctors and patients, reduces waiting lists

There has been a 72% rise in clinical photographer posts in Wales (n=25 in 2011 and n=43 in 2021). To practice as a registered Clinical Photographer, individuals must successfully complete 60 credits at level 7, to be eligible to join the Academy for Healthcare Science (AHCS) Medical Illustrators Register.

A new Work based Learning clinical photography qualification has been developed, with delivery for the first time in September 2023. The new programme will enable clinical photography departments across Wales to recruit trainees to build the workforce.

For 2024-25 the recommendation is to fund all 11 posts as requested via IMTP.

## Appendix D Summary of Engagement Undertaken

The development of the Education and Training Plan (ETP) is supported by the integration of robust stakeholder engagement. We have extensively engaged with HEIW staff, the NHS and our wider stakeholders, including Welsh Government, in the development of this plan

Presentations on the ETP were made to members of HEIW's Stakeholder Reference Group (SRG), Education Commissioning Quality Committee (ECQC), Board, NHS Director Peer Group Meetings, Council of Deans and Welsh Government Policy leads.

A summary of activity is provided below:

Date of Presentation	Forum
09 February 2023	Stakeholder Reference Group (SRG)
23 March 2023	Education Commissioning Quality Committee (ECQC)
09 May 2023	Stakeholder Reference Group
12 May 2023	Political Briefing
02 June 2023	Directors of Planning
07 June 2023	Council of Deans
09 June 2023	Directors of Therapies
16 June 2023	Medical Directors
16 June 2023	Directors of Finance
20 June 2023	NHS Chief Executives
26 June 2023	Engagement Session for SRG & ECQC Members, including Directors of Nursing and Directors of Workforce
03 July 2023	HEIW Board Briefing Session
10 July 2023	Engagement Session for Welsh Government Policy Leads
13 July 2023	Full Welsh Partnership Forum
17 July 2023	Education Commissioning Quality Committee (ECQC)
25 July 2023	NHS Wales Leadership Board

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Members of HEIW’s SRG and ECQC were invited to provide written feedback on the working draft of the plan between 21-30 June 2023, and a total of 23 Organisations submitted responses:

- All Wales Speech & Language Therapy Advisory Forum
- Aneurin Bevan University Health Board
- British Dietetic Association [BDA]
- British Medical Association, Wales
- Cardiff University
- Chartered Society of Physiotherapists (CSP)
- HEIW
- Institute of Biomedical Science
- Powys Teaching Health Board
- Royal College of Nursing Wales
- Royal College of Occupational Therapists
- Royal College of Physicians
- Royal College of Podiatry
- Royal College of Speech and Language Therapists
- Social Care Wales
- Swansea Bay University Health Board
- The College of Optometrists
- Velindre University NHS Trust
- Welsh Allied Health Professions Committee (WAHPC)
- Welsh Ambulance Service NHS Trust
- Welsh Government
- Welsh Renal Network

We have captured this feedback to action within the plan as appropriate, to support our ongoing engagement with our partners and to support the development of future plans. Individual feedback will be provided to each stakeholder who submitted a written response.

**Feedback Themes**

We have received positive feedback on the levels of engagement on the plan, the opportunity to work more closely with our stakeholders on its future development and appreciation for the work to continue to develop and improve workforce planning processes and data. Key themes that arose from the feedback included some concerns regarding maintaining the commissioning numbers for several professions and ongoing concerns regarding capacity issues in training and education. It was also highlighted that workforce pressures and demand for services continue to have an impact and that work to improve retention is vital.

The table below provides a summary of the feedback received and the action taken in response:

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Strengths	Areas to Improve/Future Considerations	Actions Taken
<ul style="list-style-type: none"> <li>The process for this year has been more accessible and easier to understand, particularly in the role of IMTPs in the commissioning of training places</li> <li>Appreciation for the dedicated stakeholder sessions and the detail within the slides.</li> <li>The quality of the plan as a comprehensive piece of work</li> <li>The importance of equality and diversity and increased inclusivity and accessibility continues to be reflected.</li> <li>The increase in numbers for Dietetics and Speech and Language Therapy welcomed.</li> <li>Welcome HEIW's commitment to collect and publish workforce data.</li> <li>Reassuring to see numbers increased across the professional groups to meet predicted future demand.</li> <li>The inclusion of Multi-professional Education and Training in Primary and Community Care is welcomed and the approach is fully supported.</li> <li>In previous years the AHP content was light and this year there is much greater detail and the progress is welcomed.</li> <li>The decision to end streamlining for AHPs is supported.</li> <li>Extend thanks to HEIW for improved engagement year on year and for providing much more detail.</li> <li>It is positive to recognise the CHEF programme of work and are supportive of this work. It is an excellent resource to support</li> </ul>	<ul style="list-style-type: none"> <li>Recognition of the increasing need for more flexible approaches and increased pathways to education and training.</li> <li>The need for continued growth and development in commissioning &amp; workforce planning practices to meet anticipated future demand.</li> <li>Concerns over the impact of current recruitment and retention trends across the professional groups, including the loss of workforce to locum/agency and the private sector on graduation.</li> <li>Concerns regarding capacity to meet future demand, particularly smaller professional groups.</li> <li>Disappointment in the numbers proposed for Podiatry, Adult Nursing and generally flat numbers for AHPs</li> <li>Workforce issues including the impact of current pressure and backlog in the system on education and training.</li> <li>Concerns regarding the potential impact of any changes to the bursary scheme</li> <li>Consistent interest in the plan and in working with HEIW to increase understanding of the process and to support strategic WF planning</li> <li>Further information on how social care and local workforce requirements are captured alongside the IMTP process</li> <li>Need to increase support for Allied Health Professions (AHP) in existing Level 3 and 4 courses.</li> </ul>	<ul style="list-style-type: none"> <li>The need for earlier sharing of the engagement process and timeframe with partners has been captured</li> <li>Targeted discussions taking place in relation to the Midwifery recommendation in response to CEMT feedback</li> <li>We have outlined how direct funding is used to invest in education and training, new pathways, promoting access to high-quality employment &amp; support for grow your own workforce.</li> <li>Plan recognises national challenges in relation to recruitment and retention and signposts work we are undertaking in these areas to respond. Inclusion of further information relating to the nursing recommendations and work to increase student numbers</li> <li>Feedback received to be used to inform our work with WG to shape the bursary and streamlining going forward</li> <li>We will continue to look for opportunities to foster opportunities for future collaboration.</li> <li>Adjustment of terminology e.g. footnote on page 7 updated, terms for biomedical scientists and figure on page 8.</li> <li>List of AHP professions added to the appendix</li> <li>Risks section strengthened and mitigations added</li> <li>Apprenticeships section updated</li> <li>Additional information on enhancing workforce planning practices added. We are continuing to improve our workforce planning practices and access to workforce data. We are</li> </ul>

<p>placement provision and hopefully the continued support of social care staff undertaking nurse training in the future.</p> <ul style="list-style-type: none"> <li>• Encouraged by the recommendations to increase PG optometry courses</li> <li>• Appreciation for the ongoing engagement in the work of HEIW and the positive dialogue</li> <li>• Support for the development of apprenticeship routes</li> </ul>	<ul style="list-style-type: none"> <li>• Terminology within the plan needs to be consistent with the terms used by professional bodies.</li> <li>• The education and commissioning process cannot be a one size fits all approach</li> <li>• Consideration needs to be given to develop strategic workforce plans for Allied Health Professionals (AHP) and Healthcare Support Workers (HCSW)</li> <li>• The plan could make more reference to the variety of Physiotherapy roles and workforce, support workers and advanced roles.</li> <li>• It is felt that streamlining doesn't work for all health boards and partners would like to explore opportunities to amend the process.</li> <li>• There needs to be detail in future on how HEIW are working with stakeholders across the UK and beyond to understand how we can develop a sustainable system of commissioning students by attracting high quality graduates from outside of Wales as well as international students.</li> </ul>	<p>fostering a joined up approach with our partners to support the pipeline.</p> <ul style="list-style-type: none"> <li>• Inclusion of a clinical placement section</li> </ul>
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#### Members of the Stakeholder Reference Group

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• (BAOT) Occupational Therapy</li> <li>• Academy for Healthcare Science (AHCS)</li> <li>• Academy of Royal Medical Colleges</li> <li>• Association for Respiratory Technology and Physiology (ARTP)</li> <li>• Association of Clinical and Reproductive Scientists (ARCS)</li> <li>• BDA (British Dietetic Association)</li> <li>• Board of Community Health Councils</li> </ul> | <ul style="list-style-type: none"> <li>• Directors of Therapies and Healthcare Science</li> <li>• Diverse Cymru</li> <li>• DWOD</li> <li>• Executive Directors of Primary, Community and Mental Health Peer Group</li> <li>• Health Board Chief Pharmacist</li> <li>• HEFCW</li> <li>• Independent Board Members (HEIW)</li> </ul> |
|---|--|



- British Association for Music Therapy
- British Association of Art Therapists
- British Association of Drama Therapists
- British Association of Prosthetists and Orthotists (BAPO)
- British Dental Association
- British Medical Association (BMA)
- British Psychological Society (BPS)
- British Society for Histocompatibility and Immunogenetics (BSHI)
- Chair - HEIW
- Chief Medical Officer
- Chief Nursing Officer
- Chief Operational Officer
- Chief Scientific Adviser for Health
- Chief Therapies (Allied Health Professions) Adviser
- Coleg Cymraeg Cenedlaethol
- College of Optometrists
- College of Paramedics
- Colleges Wales - Colegau Cymru (Merthyr)
- CSP (Chartered Society of Physiotherapy)
- Dental Trainee
- Deputy CEO/ Director of Workforce & OD
- Directors of Finance
- Directors of Nursing
- Directors of Planning

- Institute of Biomedical Science (IBMS)
- Institute of Physics and Engineering in Medicine (IPEM)
- Medical Deanery Lay Representatives
- Medical Directors
- Medical Schools
- Pharmacy Schools Council
- Pharmacy Trainee
- RCOP (Royal College of Podiatry)
- RCN (Royal College of Nursing)
- RCOT (Royal College of Occupational Therapists)
- RCPCH (Royal College of Paediatrics and Child Health)
- RCSLT (Royal College of Speech and Language Therapists)
- Royal College of General Practitioners
- Royal College of Physicians
- Royal College of Surgeons Edinburgh
- Royal Pharmaceutical Society
- Social Care Wales
- Society of Radiographers
- The Association for Clinical Biochemistry and Laboratory Medicine (ACB)
- The Council of Deans
- Trust Chief Pharmacist
- Wales Health Student Forum (WHSF)
- Welsh Council for Voluntary Action
- Welsh Health Partnership Forum (WHPF)

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

<b>Meeting Date</b>	<b>27 July 2023</b>	<b>Agenda Item</b>	<b>3.2</b>
<b>Report Title</b>	<b>Education and Training Task and Finish Group Update Report. 27 July 2023</b>		
<b>Report Author</b>	Sian Richards, Director of Digital Development		
<b>Report Sponsor</b>	Sian Richards, Director of Digital Development		
<b>Presented by</b>	Sian Richards, Director of Digital Development		
<b>Freedom of Information</b>	<b>Open</b>		
<b>Purpose of the Report</b>	To provide an update on: <ul style="list-style-type: none"><li>the establishment of the Education and Training Task and Finish group which has been set up to oversee the delivery of the commissioned education in the 2023/24 plan.</li><li>progress on the development of improved reporting and dashboard capacity and sources and the work of the data subgroup.</li></ul>		
<b>Key Issues</b>	<p>A task and finish group has been established to oversee the delivery of the commissioned education in the 2023/24 Education and Training Plan. The Task and Finish Group met for the second time formally in June 2023. The Group had good representation from all areas and is providing good oversight and assurance. Significant progress is being made by the Group's data subgroup to improve reporting.</p> <p>There has been a focus on the projected fill rates of nursing places against commissioned numbers as this is the area of risk of not achieving full utilisation based on 2022/23. Updates have been provided against all mitigation schemes. An improved fill rate is being projected in comparison to last year and further targeted work is planned for the Spring cohort. It is noted that the current projected fill rate for nursing of 87% compared to 76% position from last year.</p>		
<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: <ul style="list-style-type: none"><li>Note progress detailed in the paper and the projected improved fill rates which are provided for assurance.</li></ul>		

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## **UPDATE REPORT - EDUCATION AND TRAINING PLAN 2023/24 TASK AND FINISH GROUP. JULY 2023**

### **1. INTRODUCTION**

As the Board is aware since our establishment HEIW has been increasing the education and training pipeline to meet NHS demand. This has resulted in record numbers of students and trainees in the Welsh NHS across many different professions and specialties. However, in the academic year 2022/23 for several economic and social reasons filling the number of commissioned places on certain programmes became more challenging. This resulted in a decrease in the fill rate of some courses particularly Nursing (Adult and Learning Disability Fields). HEIW is committed to maximising the opportunity from investment in education and training and is therefore taking all reasonable measures to improve the fill rate for the academic year 2023/24. A task and finish group has been established to provide an oversight function to ensure that the recommendations of the Education and Training Plan (ETP) 2023/24 are delivered. This paper provides an update to the Board on the work of the Education and Training 2023/24 Task and Finish Group.

### **2. BACKGROUND**

The aim of the Group is to ensure that there is sufficient capacity to support and to provide an oversight function to ensure that the recommendations of the ETP 2023/24 are delivered. The group is chaired by the Director of Digital Development. The Group is playing a key role in monitoring delivery and identifying areas for improvement. The Group will continue until ways of working are embedded as part of the revised performance framework and reporting mechanisms.

### **3. PROGRESS**

Following the issues in relation to under filled places from the academic year 2022/23, the priority area for the Group is the information, monitoring and escalation of Nursing fill rates and mitigation plans, as well as the general improvement of data availability and reporting.

#### **3.1 Data and analytics, reporting and early warning**

A Higher Education Institutions Data Sub-Group is supporting the task and finish group. Its purpose is to oversee the design and delivery of data and intelligence from Higher Education Institutes (HEI). The use of the intelligence in a dashboard will ensure that information is available for the delivery team to act on at the earliest opportunity so that a proactive approach is considered to early warning signs, use of trigger points on the timeline and opportunities to intervene with stakeholders maximised. This will enable time for suitable mitigation plans to be developed to address any predicted shortfall. An overview of the current dashboard that has been developed initially for Nursing and Health Professions is in Appendix A. A timeline of undergraduate progress from pre course to post course has been created (appendix B) to inform the dashboard. The aim is to mature the capability and to bring in additional data sources so that data can be triangulated and analysed. A key requirement is to accurately link data from education to employment in the NHS.

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### 3.2 Nursing

Considerable work is ongoing to ensure that Nursing places on the 2023/24 academic programme are filled. This year additional effort has been required when considering a falling application rate, cost of living impact and a change in public opinion in relation to a career in Nursing. There has been a variety of engagement sessions with HEIs to ensure the maximum number of students are taking up places in the September and Spring cohort. For 2023/24 HEI commissioned places are set at 2082, based on current intelligence from the HEIs there is a projected fill rate of 1784 students, an 85% fill rate across both cohorts. Several additional measures and mitigations are being implemented to address the shortfalls. These have been discussed at the Education Commissioning and Quality Committee held on 17 July and include schemes of international recruitment, increasing Healthcare Support Worker (HCSW) access to the nursing programme, bridging modules and distance learning. Currently, these initiatives are expected to fill additional places which is positive.

Combining the HEI fill rate and the new initiatives this is an improving position, the **current projected fill rate for nursing is 87%. It is noted that this is an improved position from last year (76%)**. There is some early optimism that the position will improve further. It is also noted that in comparison to last year there has been a 12.8% increase in the commissioning numbers overall. In addition, the appointment of a marketing manager is expected to have a positive impact on the spring cohort.

### 3.3 Pharmacy

A detailed position was provided in on the provision of 100 Preregistration Pharmacy Technician (PRPT) training programmes. It was confirmed that the recruitment remained on track and no issues of escalation were identified. An action was requested to explore if an April start date was feasible instead of the current March date as this causes reporting difficulties across financial years. 117 foundation trainee pharmacist posts were advertised in Autumn 2022 for 23/24 intake and the fill rate is currently 110 posts confirmed, this may change again depending on MPharm (Master of Pharmacy) results.

### 3.4 Dental

A positive position was reported for Dental with innovative methods being used to fill positions. It is expected that the Dental foundation recruitment will achieve 100% fill rate, 62 places being filled by national recruitment and 10 places by Welsh Enhanced Recruitment Offer (WERO), a further 5 are being offered to overseas applications in the next round of national recruitment on the 6<sup>th</sup> of July.

In relation to specialty training 3 areas not filled (orthodontics Cardiff & Cwm Taf, Specialty care dentistry Merthyr) and new 12-month fixed term posts are being created and filled locally as an alternative. The challenges this poses with training capacity in the units is being worked through with stakeholders so that they can take more trainees.

### 3.5 Medical

**GP Training** - Funded for 160 up to a max of 200 if suitable candidates. 157 posts advertised and 157 were recruited. As at 26<sup>th</sup> June 2023, 7 have dropped out so 150

recruited. It is anticipated there will be more dropouts before August start date and unfilled posts will go into Round 2 for a February start date. Round 2 applications open 25<sup>th</sup> July 2023.

**Medical** - In relation to the recruitment of medical posts the overall fill rates for recruitment into the August 2023 intake are:

- Foundation Training - 100% fill rate.
- Round 1 (Core and lower years training) - 98%
- Round 2 (Higher training) - 78%

New areas of concern following low fill rates for August are Obstetrics and Gynaecology, Oral & Maxillofacial Surgery, Geriatric Medicine and Neurology. Full details of the position have been presented to the Executive Team and ECQC.

#### **4. GOVERNANCE, RISK AND FINANCIAL IMPLICATIONS**

As a strategic workforce organisation, it is essential that HEIW takes all reasonable action to deliver against its commitments and strategic aims of delivering the future workforce outlined in the ETP. Non delivery has led to an underspend and hand back of funds to Welsh Government. Additional oversight and governance have been put in place to maximise the position for 23/24. Based on the information detailed above it is anticipated that this financial year will be an improved position with higher fill rates and an increase in the overall new staff entering the NHS.

#### **5. RECOMMENDATION**

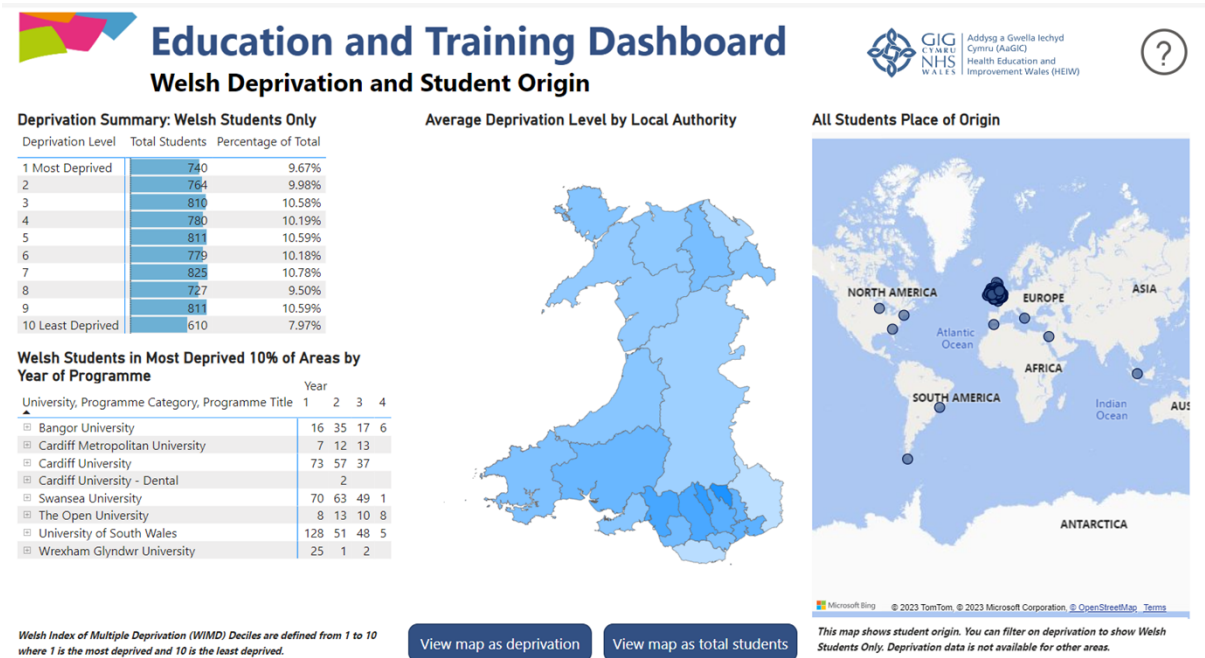
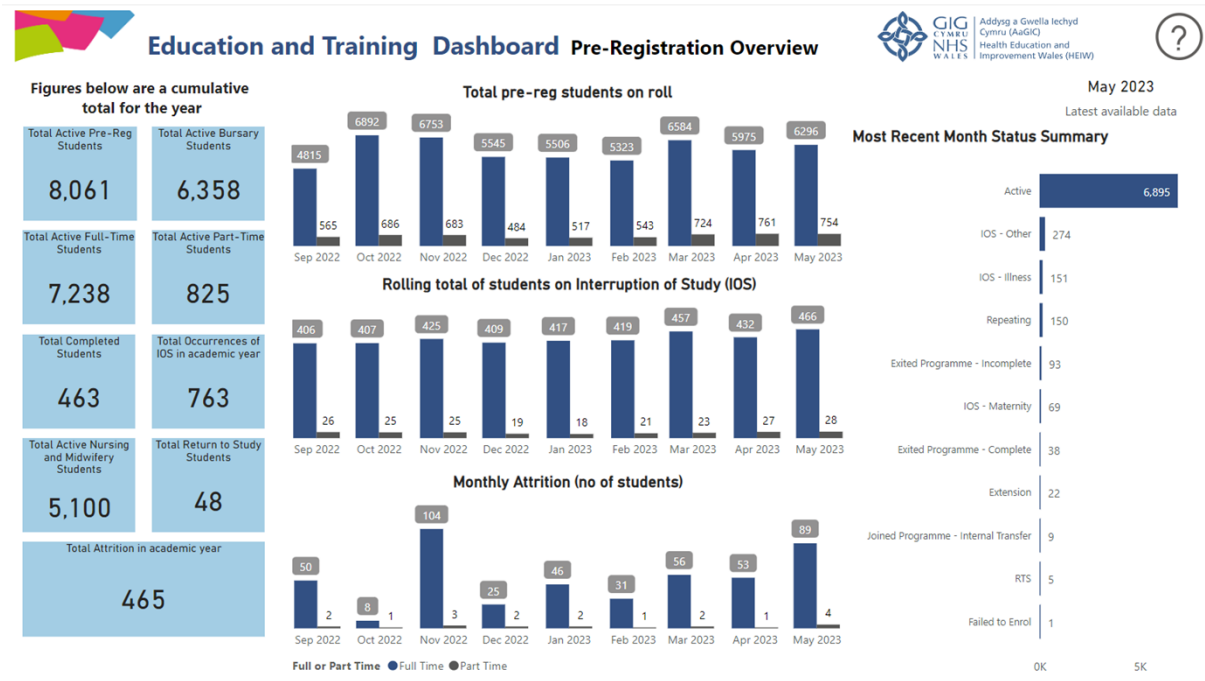
Members are asked to:

- **Note** progress detailed in the paper and the projected improved fill rates which are provided for assurance.

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Appendix A – Higher Education Institutes (HEI)

Overview as follows



Overview page which details timeline of total students in specific status fields (active, Interruption of Study (IOS), attrition, complete), this can be viewed as a breakdown of students in most recent month by each status fields.

- Fill rates tracked against the total number of commissioned places in the training and education plan by institution and by course.
- Demographic breakdowns of students including age, gender, ethnicity, disability etc.
- A finance specific page which is in development and will be finalised following input from the finance department.
- Deprivation analysis, containing Welsh index of Multiple deprivation (WIMD) data and detail of total students by decile, a breakdown of exactly where the 10% most deprived students are by HEI and course, and a map of all student postcodes of domicile.

Work is ongoing to improve the current dashboard and will include further information on the following:

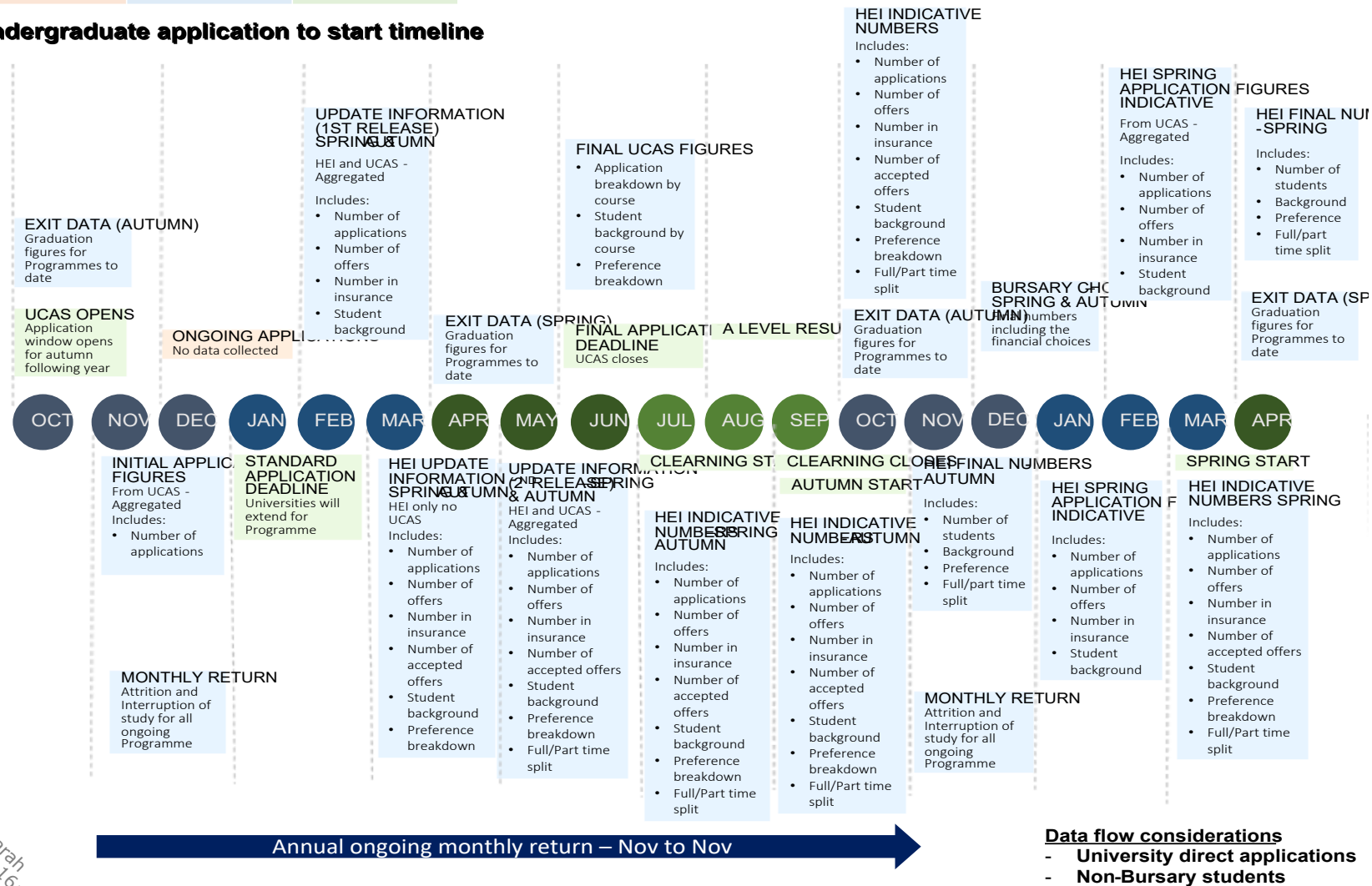
- attrition summary, data quality page, differential attainment page (which will link to the demographic breakdown)
- Conversations have also started with HESA [HESA - Experts in higher education data and analysis](#) and UCAS around obtaining automated pulls of data into the HEIW data.
- A single identifier which tracks students from education into employment is a blind spot, but work is ongoing to address this shortfall, with NI numbers from student finance and bursary systems being brought into the warehouse to match patients across systems. Considerable work is ongoing to obtain this data and ensure all the required information governance assurance is in place.
- The current HEI data ingestion started in September 2022, to get more historic data the HEIW team have met with Bangor and Swansea University to see if it is possible to get more historic data (with fewer fields). It seems technically possible, and conversations are now ongoing around Information Governance

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## Appendix B

No data collection	Data collection	Annual Milestone
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### Undergraduate application to start timeline



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<b>Governance and Assurance</b>			
<b>Link to IMTP strategic aims</b> (please ✓)	<b>Strategic Aim 1: Building our Future Workforce</b> Developing and implementing plans that align the future demand for workforce with supply.	<b>Strategic Aim 2: Developing our Current Workforce</b> Transforming today's workforce to contribute to new models of care which improve quality and safety.	<b>Strategic Aim 3: Shaping Culture and Leadership in NHS Wales</b> Embedding compassionate leadership principles to develop cultures that support inclusion, wellbeing, and quality.
	✓		
<b>Quality, Safety and Patient Experience</b>			
The ambitious plan details the 2023/24 commissioning numbers for the education of the health professional workforce together with medical workforce planning information. This reshaping and development of the healthcare workforce is fundamental to the successful implementation of the Welsh Government's vision for the NHS in Wales. Non delivery will negatively impact on quality and patient experience in the NHS			
<b>Financial Implications –</b>			
potential underspend of non-commissioned places and hand back of money to Welsh Government.			
<b>Legal Implications (including equality and diversity assessment)</b>			
There are no direct legal implications.			
<b>Staffing Implications</b>			
Less student / trainees joining the NHS workforce and risk to reputation as a strategic workforce organisation			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
N/A			
<b>Report History</b>			
<b>Appendices</b>	Appendix A – Dashboard Overview Appendix B – Undergraduate Application to Start Timeline		

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Health Education and  
Improvement Wales (HEIW)

<b>Meeting Date</b>	<b>27 July 2023</b>		<b>Agenda Item</b>	<b>3.3</b>
<b>Report Title</b>	<b>Strategic Nursing Workforce Plan</b>			
<b>Report Author</b>	Gail Harries-Huntley, Workforce Modernisation Manager			
<b>Report Sponsor</b>	Charlette Middlemiss, Interim Deputy Director of Workforce Transformation			
<b>Presented by</b>	Lisa Llewelyn, Director of Nurse and Health Professional Education			
<b>Freedom of Information</b>	Open			
<b>Purpose of the Report</b>	This report will provide an update to the Board on the planning and progress of phase two of the Strategic Nursing Workforce plan.			
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>Phase 1 of the plan has concluded, and a report has been produced on progress and outcomes.</li> <li>For Phase 2, the governance structure and membership of the steering group, and programme management group has been reviewed and new work streams established.</li> <li>The plan is aligned to the seven themes of the Health and Social Care Workforce Strategy and will be informed by evidence, engagement and supply and demand modelling.</li> <li>Extensive engagement with the nursing and wider workforce is in progress.</li> <li>Work is on track for the development of an ambitious and transformational strategic nursing workforce plan by March 2024.</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: <ul style="list-style-type: none"> <li>Note the planning and progress of phase 2 of the Strategic Nursing Workforce Plan</li> </ul>			

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# **Strategic Nursing Workforce Plan (SNWP)**

## **1. Introduction**

The strategic nursing workforce plan (SNWP) will be ambitious and transformative, building on a review of what we need from our nursing workforce in the future rather than focusing on the past. The plan will reflect national guidance and standards on inclusivity; recognising that safe staffing levels are critical to the quality and safety of care; efficiency and productivity to ensure we achieve a flexible and sustainable nursing workforce for the longer term.

## **2. Background**

Nursing represents approximately 40% of the NHS workforce, with a headcount in Wales of 30,653. The challenges facing the health care system are significant and include an ageing population, lifestyle changes, public expectations, and new and emerging medical and digital technologies. Added to this we have increasing numbers of vacancies in our nursing workforce with the Royal College of Nursing estimating nurse vacancies at approximately 2900. The numbers of students applying for places on registered nursing programmes is reducing across the four fields of nursing and nurse wellbeing and burnout is a continuing concern which contributes to problems retaining nurses. Deficits in the current registered nursing workforce in Wales has the potential to impact on the delivery, quality, and safety of care.

At a local level, all organisations within NHS Wales are experiencing unprecedented service pressures which are compounded by workforce challenges including high levels of fatigue and sickness resulting in the increased use of agency staff at a cost of £133 million in 2021/22 in Wales.

## **3. Development of the Strategic Nursing Workforce Plan**

The SNWP is being developed in two phases. Phase 1 focussed on five immediate priorities to develop a coherent demand and supply plan for the nursing workforce and the HEIW Board was briefed on the deliverables of phase one at a Board development session on the 22<sup>nd</sup> June 2023. Phase 2 of the work is focusing on a broader strategic nursing workforce plan built on the seven themes of Our Workforce Strategy for Health and Care by March 2024.

While specific pieces of work in relation to the five priority areas were progressed in phase 1 some will continue into phase 2. These include demand modelling to build on the findings of the strategic analysis of nursing supply and demand. We are working closely with workforce information/analytics colleagues in the digital team as a pilot for the development of demand-side modelling for the nursing workforce. This will allow us to work with partners to consider scenario-based projections of demand and will give us strong indicators as to whether the increase in the supply of nurses is sufficient to meet the increasing demands placed on the system. Such advanced analytics methods have been employed by the NHS England Long Term Workforce

Plan

Phase 1 was informed by several recent reports including, the Real Centre (2022) report based on England which found that, to match nurse supply to increases in demand, there needs to be a long-term focus on international recruitment, retention, and education and training. A key product from Phase 1 has been the development of a Nurse Retention Plan which is also an action within the National Workforce Implementation Plan. This has in turn generated the development of a new retention work programme within HEIW recognising the importance of this to the whole workforce. The Nurse Retention Plan is currently being finalised with a view to an August launch.

There are also a number of other strategic drivers for Phase 2 including advances in care and the impact of genomics; changing and extending roles to have greater influence on patient flow / delivery of care closer to home; increased need for more MDT working; changing expectations and demands of the current and future workforce; long term sustainability of international recruitment; regulatory and professional body requirements and any further legislation, for example the Nurse Staffing Act. The recently published NHS Long Term Workforce Plan in England aimed at putting staffing on a sustainable footing to enhance and improve patient care. It focuses on retaining existing talent and making the best use of new technology alongside the biggest recruitment drive in health service history.

#### **4. Management of the work programme**

Management of the work programme is following the 'HEIW' methodology as the framework for supporting and developing the work programme.

To support Phase 2, a review of the steering group terms of reference was undertaken along with a review of the governance structure (Appendix 1). It was agreed, to strengthen the professional and service contribution to the work programme through the inclusion of a Deputy Director of Nursing and an Assistant Director of Workforce.

A programme management group has replaced the previous programme development group that supported Phase 1 to oversee the content and writing of the plan and to ensure links are made with other work areas, where strategic plans are being developed across HEIW including, primary care and dentistry. Phase 2 priorities have been developed, and support secured from subject experts. The steering group has agreed the seven workstreams within the governance structure against which the plan will be developed. The Nursing Workforce Plan is a standing agenda item on Executive Directors of Nursing and Workforce Directors and regular updates are provided via the chairs of the Steering Group.

The contribution from the seven workstreams will inform the plan, drawing on subject experts as required and continuing to review any policy or regulatory changes that may have an impact on our work as it is progressing. Planning and timetabling to facilitate the modus operandi of the seven workstreams has been agreed and is in train.

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## 5. Engagement

Engagement with the nursing and wider workforce is crucial to ensure the plan reflects the issues that matter to people and supports a co-produced approach. We have commissioned an external company called Clever Together to lead on the engagement with the nursing and wider workforce. The engagement is titled *Our Big Conversation/ Ein Sgwrs Fawr* which has also been supported by external partners including the Royal College of Nursing and the Nursing and Midwifery Council to ensure as wide a reach as possible.

A mandate for the engagement was agreed by the SNWP Steering Group and the first online conversation opened on the 30<sup>th</sup> May, closing on the 20<sup>th</sup> June. To encourage further participation, this was extended to the 26<sup>th</sup> June 2023. There is parallel online conversations being held with the wider workforce to engage them in the discussion.

The format of the '*Big Conversation*' involves holding two psychologically safe/ anonymous online conversations with nurses including students, health care support workers and registrants across Wales both internal and external to the NHS. The first conversation focussed on listening to the lived experience, challenges, issues that nurses face and asking them for solutions. The second conversation will involve feeding back the findings from the first conversation allowing participants to validate that what was heard is correct. In addition, focus groups will be held on the 20<sup>th</sup> and 25<sup>th</sup> July to engage with service users and with nurses who have not been able to engage through the online process.

The initial conversation has resulted in nearly 3,000 contributions which are a combination of ideas, comments and votes, there have also been almost 30,000 views on Twitter.

Analysis of the first conversation shows:

- 58% of participants were from the adult field of nursing,
- 12% from the mental health field,
- 4% from the Learning Disability field
- 8% from the child health field,
- 18% of participants were from the 'other' group this is made up of people outside of the NHS and nurses working in multiple specialities.

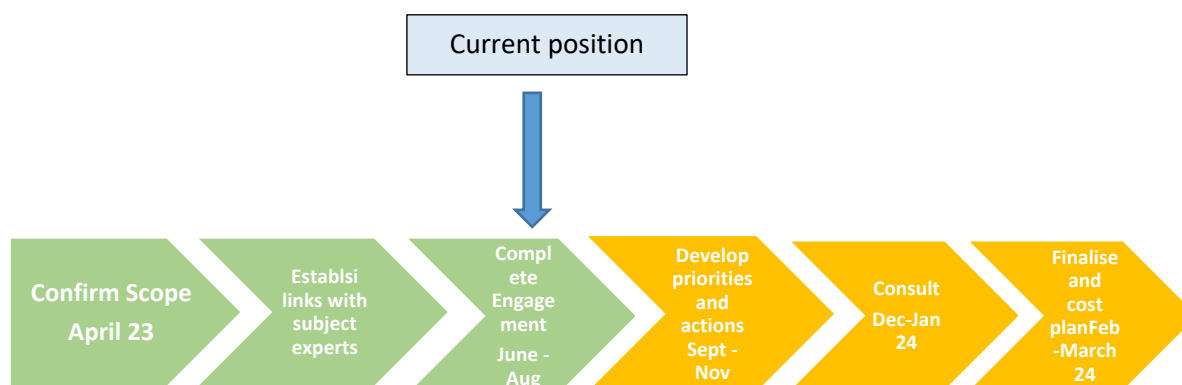
The process and timeline for engagement is:

- First conversation closed on the 26<sup>th</sup> June.
- First report will be submitted to the SNWP programme team on the 28<sup>th</sup> July, Clever Together will present this to the Steering Group at the August 10<sup>th</sup> Steering group meeting.
- Validation conversation will open on the – 8<sup>th</sup> August until the 22<sup>nd</sup> August.
- Final report will be submitted to the SNWP programme team on the – 15<sup>th</sup> September.

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## 6. Next steps

The engagement process will be completed in August with the final report available in September. Analysis of the information gathered will form part of informing the plan. As the work of the seven work streams develop this will be co-ordinated into a first draft to include any new evidence and the results from demand-side modelling. The first draft of the plan for consultation will be complete in November. Consultation will take place through December and January. The plan will be costed in partnership with the finance team by the end of March 2024.



## 4 Quality Impact

The development of phase 2 of the Strategic Nursing Workforce Plan will provide actions and recommendations for the enhancement of the nursing workforce in Wales. This will support the retention of the current workforce with an improved wellbeing offer and offer greater access to training opportunities for those pursuing a career in nursing.

This will result in a more sustainable nursing workforce in Wales which will impact positively on bank and agency usage, provide better continuity of care for service users and their families and ultimately in better outcomes for patients.

## 5 Governance and Risk Issues

A risk log is maintained as part of the steering group governance. Risks include:

- Clarity on the policy position relating to the Nurse Staffing Act and the outcome and recommendations resulting from the current consultation, led by the Health and Social Care Committee.
- Development of the plan is a high-profile piece of work for HEIW and as such the broader political agendas of some stakeholders will need to be anticipated and managed to avoid disruption and any delay in the delivery of the plan.
- Engagement of NHS partners and attendance at meetings, given system pressures, is crucial to drive the agenda forward.

An equality impact assessment is being delivered working with the equality, diversity, and inclusion team.

Regular reports are provided to the HEIW Executive at key stages of the process, and updates to the HEIW Board.

## **6 Financial Implications**

The Strategic Nursing Workforce Plan programme team was established with the appointment of a Design and Development Manager, with a clinical background in nursing, a Programme Manager, and a Senior Support Officer to support the Senior Responsible Officer in managing the programme of work.

HEIW commissioned Clever Together Conversations to undertake a unique comprehensive communication and engagement plan bringing together the experience of nurses in service, the wider workforce as well as the direction and expertise of the Steering Group members, to inform and shape the National Nursing Workforce Plan.

The plan will be costed. Phase two of the plan will have recommendations and actions to improve the supply and retention of the nursing workforce. It is anticipated that some of the actions will require funding. The amount of funding cannot be established until all the actions are agreed at which point the source of funding will also need to be identified.

## **7 Recommendation**

Members are asked to:

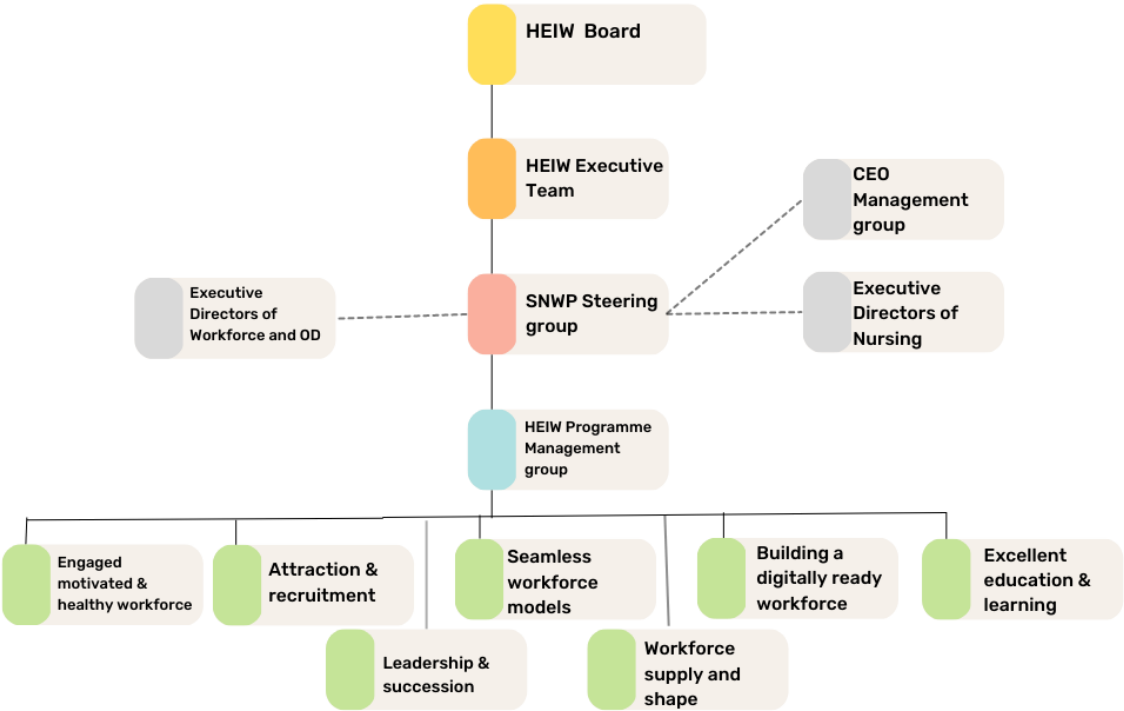
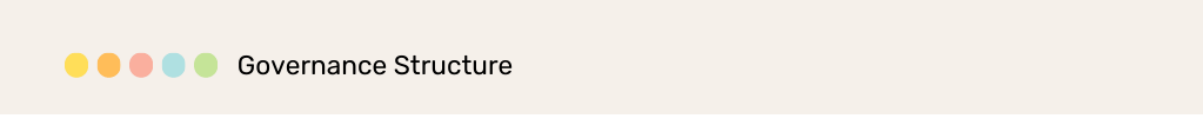
- Note the planning and progress of phase 2 of the Strategic Nursing Workforce Plan

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Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: Building our Future Workforce Developing and implementing plans that align the future demand for workforce with supply.	Strategic Aim 2: Developing our Current Workforce Transforming today's workforce to contribute to new models of care which improve quality and safety.	Strategic Aim 3: Shaping Culture and Leadership in NHS Wales Embedding compassionate leadership principles to develop cultures that support inclusion, wellbeing, and quality.
	✓	✓	✓
Quality, Safety and Patient Experience			
Recruiting and retaining more nurses on substantive contracts within NHS Wales will reduce agency cost, provide continuity of care and better outcomes for patients.			
Financial Implications			
The plan will be costed once the recommendations/actions are agreed a funding source will need to be identified.			
Legal Implications (including equality and diversity assessment)			
None identified			
Staffing Implications			
There are no staffing implications for HEIW. In the long term the staffing issues for the HB/Trusts should be less			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
A Prosperous Wales	Recruitment, education development and retention of a skilled, nursing workforce. Collaborating closely with partners and key stakeholders, planning to ensure the workforce meets the needs of the NHS and people of Wales, now and in the future.		
A Resilient Wales	The Strategic Nursing Workforce plan will support the recruitment and retention of nurses providing increased numbers where required to advise and care for patients thus supporting social resilience through delivering high quality patient care.		
A Healthier Wales	Transforming the nursing workforce vision, ambition, and approaches to deliver an inclusive, sustainable, flexible, and responsive workforce in Wales.		
A More equal Wales	Improve equality of health outcomes for patients across Wales by having access to skilled clinical staff and providing equitable access and opportunities to all to train through the various routes offered.		
A Wales of Cohesive communities	Planning to predict and embrace changes, to build a sustainable nursing workforce across Wales.		
A Wales of Vibrant culture and thriving Welsh language	Ensure opportunities to train through the medium of Welsh and to speak Welsh to patients are supported.		
A Globally Responsible Wales	Provide opportunities for education to be provided throughout Wales. Provide flexibility Consider education opportunities for all nurses.		
Report History			



Appendix 1 – Governance Structure for the Strategic Nursing Workforce Plan



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**NHS**  
WALES

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

<b>Meeting Date</b>	<b>27 July 2023</b>	<b>Agenda Item</b>	<b>3.4</b>
<b>Report Title</b>	<b>Mental Health Procurement</b>		
<b>Report Author</b>	Ainsley Bladon, SMHWFP Implementation Lead		
<b>Report Sponsor</b>	Julie Rogers, Deputy CEO/Director of Workforce and OD		
<b>Presented by</b>	Julie Rogers, Deputy CEO/Director of Workforce and OD		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	For board approval of procurement over £250,000		
<b>Key Issues</b>	<p>Actions 17 and 29 in the Mental Health Workforce Plan sets out the intention to develop a suite of e-learning modules ranging from mental health literacy through to specific continuing professional development areas.</p> <p>We intend to procure an external agency to oversee creation of the modules, including facilitating expert-led content development and technical expertise to develop multimedia for our Y Ty Dysgu platform.</p> <p>The contract will run over two years and the total cost is estimated to exceed £250,000. This is to include the scoping exercise to complete and move any existing content and also the creation of at least 12 new modules and/or programmes of learning.</p> <p>As this is not deemed to be an education and training contract the lower delegated limit of £250,000 as outlined in our Standing Orders is applicable. Given the total contract value exceeds the limit Board approval is required.</p> <p>The procurement will be carried out through an approved public service framework which will allow for a decreased procurement timeline as the framework registration includes all of the relevant pre-qualification assessment.</p> <p>The Executive Team considered and supported the initiation of this procurement exercise and recommended it be approved by Board at its meeting on 27 July. The paper was also noted by the Education Commissioning and Quality Committee.</p>		
<b>Specific Action Required (please ✓ one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
			<b>Approval</b>
<b>Recommendations</b>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• <b>approve</b> the initiation of the procurement exercise.</li> </ul>		

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## MENTAL HEALTH PROCUREMENT

### 1. INTRODUCTION

The strategic mental health [workforce plan \(SMHWFP\)](#) includes actions to support training opportunities for employees across mental health services. This includes foundation and bespoke targeted training to support ongoing professional development and the development of skills. Actions 17 & 29 within the plan are dependent on producing high quality expert-led digital learning content.

### 2. BACKGROUND

The Strategic Mental Health Workforce Plan (SMHWFP) was commissioned by the Welsh Government in April 2020 as a key action in the delivery of the [Together for Mental Health Delivery Plan 2019-22](#) (T4MH: the third and final plan). T4MH sets out to achieve a significant improvement to both the quality and accessibility of mental health services for all ages. The plan has been developed by HEIW and Social Care Wales working in partnership. Mental health is one of the key commitments in A Healthier Wales and aligns with the Health and Social Care Workforce Strategy theme 3 (Seamless Workforce Models), Action 10 (Develop a multi-professional workforce plan to support implementation of Together for Mental Health).

### 3. PROPOSAL

HEIW requires a provider to design and provide digital interactive e-learning modules that align with the requirements recommended in the Strategic Mental Health Workforce Plan. The provider will need to have considerable experience in delivering bespoke digital learning packages to the health and social care sector and experience working within specified parameters for large public sector organisations. In order to complete the desired programme of works, the provider will need to:

- Scope any existing mental health digital learning that is being produced or has been produced by partners – early evidence indicates that this could be up to five sets of existing digital learning
- Adapt any existing content to be transferred to “Y Ty Dysgu” (YTD) to maintain a uniform branding across all HEIW digital learning
- Develop a brand-new digital learning programme around mental health literacy that is applicable to all staff groups across all sectors
- There will be an expectation that the provider supports the creation of up to 15 training modules over the two years which represent a substantial amount of work to deliver at pace

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- Modules will include a range of media including videos, case studies and quizzes
- Ensure that all content complies with HEIW and Social Care Wales technical, legal and brand guidelines and content remains under HEIW ownership.

Specific training modules required in addition the foundation mental health literacy and existing material will include:

- Substance Misuse
- Care of the elderly
- Eating Disorders
- Neurodiversity
- Legal roles
- Cultural Awareness/Inequality
- Physical Health Checks for SMI patients
- Sensory Needs
- Suicide Prevention, Intervention & Self-Harm

Areas of digital learning that are currently in train that the provider will need to work with are:

- Dementia
- Early Intervention in Psychosis
- Trauma
- Perinatal
- Pharmacy
- Urgent Care
- Neurodevelopmental Disorders
- CAMHS, Perinatal and Parent & Infant

### **Rationale for using a Framework to Direct Award**

There is not sufficient capacity within existing resources to deliver the requirements within these two actions. We have convened a task and finish group including digital, education and workforce colleagues to explore the most effective and efficient way of creating our mental health space on Y Ty Dysgu. Early work has included creating our space on the platform and scoping various e-learning modules in development across the sector. It was agreed that an external procurement would be the only appropriate way to progress at pace to deliver this Ministerial priority, and that there would be a limited number of organisations able to deliver both content development as well as technical / digital expertise.

As the action was meant to commence as early as possible this financial year but was delayed by the confirmation of budget by Welsh Government, procurement was consulted as to whether there were any relevant frameworks that we could use to reduce the time taken to find a provider. In line with procurement best practice a review

of appropriate framework agreements was undertaken and **Bloom Procurement Services Framework NEPRO3 (Direct Award)** framework has been identified as a potential route to market that would be able to deliver the requirement fully and within the desired timescales. The use of the Bloom framework means that an order form containing the details of the procurement (e.g. specification) are sent to the framework for any of the providers that have successfully registered on the framework to consider. Any providers on the framework will have been appropriately vetted and passed the relevant pre-qualification criteria to work with HEIW that would normally ensure a longer procurement process.

NEPRO is an OJEU compliant procurement framework which assists the UK public sector to buy and manage specialist professional services from a choice of regional and national suppliers. It allows buyers to move quickly and at the lowest possible cost, whilst achieving better outcomes.

These providers on the framework are then able to respond to the order form with their offer in what is known as a 'mini-competition' within their fellow registered providers. Our market research, working with procurement colleagues, indicates that there are appropriate providers on the framework.

### **Sustainable Procurement**

Providers are required to submit a response that clearly outlines a proposal in which they will deliver the following objectives and how these will be delivered and considered throughout the duration of the contract.

- Wellbeing and Future Generations Act (2015)
- Foundational Economy
- Carbon Footprint

### **SWOT Analysis**

<b>Strengths</b>	<b>Weaknesses</b>
<ul style="list-style-type: none"> <li>• Ensure the best value for money is achieved.</li> <li>• Legally compliant in line with Public Contract Regulations (PCR) 2015.</li> </ul>	<ul style="list-style-type: none"> <li>• Competition in this area</li> </ul>
<b>Opportunities</b>	<b>Threats</b>
<ul style="list-style-type: none"> <li>• Remain compliant in line with Public Procurement Regulations.</li> </ul>	<ul style="list-style-type: none"> <li>• Timescales are behind due to delays in the announcement of Welsh Government funding</li> </ul>

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

Following internal conversations, there is a clear need to progress to external recruitment due to the size and pace of the work required to deliver on these actions. HEIW does not have the capacity to deliver in-house.

There are risks in procuring externally that the supplier does not deliver to specification. We have been working closely with digital and education colleagues to mitigate this risks in the following ways:

- Education has developed a quality assurance process to ensure all content being uploaded on the YTD platform is expert led and of a high standard
- Digital colleagues are supporting the drafting of procurement specification if it goes ahead, to ensure the products that the supplier creates are compliant with all our technical requirements associated with the HEIW platform
- There is a dedicated project support resource who can assist in coordinating contacts across theme areas, minuting meetings of task and finish groups, keeping up to date timelines for delivery of various modules

As such, all relevant procurement guidelines will be followed. It is also our intention to use a framework that has a pre-approved track record of delivery for the public sector including the NHS and NHS Shared Services. The use of an accredited framework to award the contract is in-line with procurement standards but ensures that the process can be undertaken as swiftly as possible by awarding to a smaller pool of pre-vetted appropriate providers. Market research conducted working with procurement colleagues indicates that there are few providers able to provide the full suite of work within this requirement as well as working within HEIW/Y Ty Dysgu guidelines, as such a full procurement process of six months would be unlikely to generate the healthy competition that a full procurement is designed to deliver.

## 5. FINANCIAL IMPLICATIONS

The procurement is estimated to cost more than £250,000 over two years, although as this is only an estimate, providers may enter bids below that value through the framework's mini-competition process.

As this is not deemed to be an education and training contract, HEIW's lower delegated limit of £250,000, as outlined in our Standing Orders, is applicable. Given this Board approval is required.

Funding has already been agreed and is in place through the Welsh Government's funding of the workforce plan.

## 6. RECOMMENDATION

The Board is asked to:

- **approve** the initiation of the procurement exercise.

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Governance and Assurance			
<b>Link to IMTP strategic aims</b> <i>(please ✓)</i>	<b>Strategic Aim 1: Building our Future Workforce</b> Developing and implementing plans that align the future demand for workforce with supply.	<b>Strategic Aim 2: Developing our Current Workforce</b> Transforming today's workforce to contribute to new models of care which improve quality and safety.	<b>Strategic Aim 3: Shaping Culture and Leadership in NHS Wales</b> Embedding compassionate leadership principles to develop cultures that support inclusion, wellbeing, and quality.
	✓	✓	
Quality, Safety and Patient Experience			
<p>It is proposed to commission an experienced provider to deliver these actions so that a high-quality programme of immersive and effective digital learning can be offered to as many staff as possible across the health, social care and third sector. This guaranteed uniform development pathway will be a positive opportunity to upskill the whole mental health workforce and improve patient experience therein.</p>			
Financial Implications			
<p>This expenditure has been budgeted for within the SMHWFP and the proposal has in fact been condensed from several procurements into one to provide for a more attractive and efficacious procurement offer.</p> <p>The financial implication is for a procurement exercise estimated to cost more than £250,000 over two years, although as this is only an estimate providers may enter bids below that value. Board approval is required as it exceeds the delegated limit for a non-education and training contract.</p> <p>We have identified an appropriate framework to utilise for the procurement exercise which will contain providers eminently qualified to fulfil the brief and likely to find the bid attractive. This could therefore generate efficiencies in the projected cost of the procurement.</p> <p>Budget envelope has been guaranteed by Welsh Government for three years and this cost has been projected within that envelope. We have also worked to ensure relevant infrastructure is available in-house to support the procured provider to work as efficiently as possible.</p>			
Legal Implications (including equality and diversity assessment)			
<p>No additional legal implications; the provider will work within HEIW and Social Care Wales existing quality assurance guidelines to produce material that fulfils our corporate responsibility in reference to legal, governance and equality matters.</p>			

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The procurement will follow established protocols for sustainable procurement and will be operated within a specified framework proposal that includes pre-arranged contractual terms that satisfy HEIW's legal obligations.	
<b>Staffing Implications</b>	
There are no staffing implications associated with this proposal.	
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>	
<b>Well-Being goals</b>	<b>Impact of contract includes</b>
A Prosperous Wales	HEIW will work with the successful supplier to ensure the training modules fulfil all objectives outlined in the specification.
A Resilient Wales	N/A
A Healthier Wales	Engage with stakeholders across Wales to ensure a collaborative approach is taken to develop robust mental health training.
A More Equal Wales	Supporting and improving current provisions to ensure equal opportunities.
A Wales of Cohesive Communities	Ensuring the mental health training provided will provide the educational support to meet the workforce requirements.
A Wales of Vibrant culture and thriving Welsh language	Ensuring all course material is accessible bilingually.
A Globally Responsible Wales	The above points ensure NHS Wales is taking the necessary steps within this contractual agreement to become more globally responsible by reducing its carbon footprint, ensuring equality and improving the local economy.
<b>Report History</b>	There are no previous versions of this report
<b>Appendices</b>	There are no appendices for this report

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

<b>Meeting Date</b>	<b>27 July 2023</b>	<b>Agenda Item</b>	<b>4.1</b>
<b>Report Title</b>	<b>Annual Accountability Report 2022/23</b>		
<b>Report Author</b>	Sarah Griffiths, 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 seek Board approval for HEIW's Accountability Report for 2022/23		
<b>Key Issues</b>	<p>The Accountability Report provides an outline of HEIW's programme in relation to the Board's governance arrangements.</p> <p>The Accountability Report includes three main sections: the Annual Governance Statement, the Remuneration and Staff Report and the Parliamentary Accountability and Audit Report.</p> <p>The Accountability Report was reviewed by the Audit and Assurance Committee held on 20 July 2023.</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 Board is asked to:</p> <ul style="list-style-type: none"> <li>• <b>receive</b> and <b>approve</b> the Accountability Report 2022/23 for submission to Welsh Government.</li> </ul>		

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## **ACCOUNTABILITY REPORT 2022/23**

### **1. INTRODUCTION**

The purpose of the report is to seek Board approval for HEIW's Accountability Report 2022/23.

### **2. BACKGROUND**

The purpose of the Accountability Report 2022/23 is for the Accountable Officer to present how the role has been discharged during the year in compliance with the Manual for Accounts issued by Welsh Government.

Members will note that the Accountability Report includes three main sections: the Annual Governance Statement, the Remuneration and Staff Report and the Parliamentary Accountability and Audit Report.

A draft version of the Annual Governance Statement was considered by the Audit and Assurance Committee on 6 April and 20 July 2023 and has been developed further, following receipt of comments from Committee members, Welsh Government, Wales Audit and Internal Audit.

The Accountability Report was reviewed by the Audit and Assurance Committee held on 20 July 2023.

NHS bodies are required to publish, as a single document, a three-part Annual Report and Accounts which includes:

- 1) the Performance Report;
- 2) the Accountability Report; and
- 3) the Financial Statements.

Section 2 is the subject matter of this paper.

### **3. PROPOSAL**

That the Annual Accountability Report 2022/23 is received and approved by the Board.

### **5. GOVERNANCE AND RISK**

According to the Manual of Accounts, the annual report and accounts "as a whole must be fair, balanced and understandable and the Accountable Officer takes personal responsibility for it and the judgments required for determining that it is fair, balanced and understandable". The Accountable Officer must also sign and date all of the relevant sections of the report.

### **6. FINANCIAL IMPLICATIONS**

There are no financial implications. Production of the Annual Report is deemed a core matter for HEIW.

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## 7. RECOMMENDATION

The Board is asked to **receive** and **approve** the Accountability Report 2022/23 for submission to Welsh Government.

Governance and Assurance			
<b>Link to IMTP strategic aims</b> <i>(please ✓)</i>	<b>Strategic Aim 1: Building our Future Workforce</b> Developing and implementing plans that align the future demand for workforce with supply.	<b>Strategic Aim 2: Developing our Current Workforce</b> Transforming today's workforce to contribute to new models of care which improve quality and safety.	<b>Strategic Aim 3: Shaping Culture and Leadership in NHS Wales</b> Embedding compassionate leadership principles to develop cultures that support inclusion, wellbeing, and quality.
	✓	✓	✓
<b>Quality, Safety and Patient Experience</b>			
n/a			
<b>Financial Implications</b>			
There are no direct financial implications.			
<b>Legal Implications (including equality and diversity assessment)</b>			
Completing the Annual Report is a statutory duty for HEIW.			
<b>Staffing Implications</b>			
There are no direct staffing implications.			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
n/a			
<b>Report History</b>	A draft version was considered by Audit and Assurance Committee on 6 April and 20 July 2023.		
<b>Appendices</b>	Appendix 1 - the Annual Governance Statement; Appendix 2 - the Remuneration and Staff Report; and Appendix 3 – the Parliament Accountability and Audit Report		

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## **1. Scope of Responsibility**

The Board of Health Education and Improvement Wales (HEIW) is accountable for governance, risk management, and internal control. The Chief Executive Officer (CEO) has responsibility for maintaining appropriate governance structures and procedures, as well as a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and the organisation's assets for which the CEO is personally responsible. These are carried out in accordance with the responsibilities assigned to the CEO as Accountable Officer by the Chief Executive of NHS Wales.

The Annual Report outlines the different ways the organisation has worked both internally and with partners in response to the unprecedented pressure in planning and providing services. It explains the arrangements for ensuring standards of governance are maintained, risks are identified and mitigated, and assurance has been sought and provided. Where necessary additional information is provided in the Governance Statement, however, the intention has been to reduce duplication where possible. It is therefore necessary to review other sections in the Annual Report alongside this Governance Statement.

The background to HEIW, its functions and the Integrated Medium Term Plan (IMTP) 2022/25 is set out in the Performance Report.

This Governance Statement explains the composition and organisation of HEIW's governance structures and how they support the achievement of our objectives.

During 2022/23 we have continued to further develop our system of governance and assurance. During the year we have reviewed HEIW's Strategic and Corporate Risks. Our Board Assurance Framework is outlined on pages [11-12] and it will continue to evolve in 2023/24.

The Board sits at the top of our governance and assurance system. It sets strategic aims, monitors progress, agrees actions to achieve these objectives and ensures appropriate controls are in place and working properly. The Board also takes assurance from its committees, assessments, against professional standards and regulatory frameworks.

### **Impact of COVID on governance**

The impact of COVID-19 on HEIW's governance in 2022/23 has been limited. Where relevant HEIW's actions taken in response to COVID-19 have been explained within this Governance Statement.

### **Suspension of Board and committee meetings being held in public due to COVID-19**

In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the organisation is required to meet in public. On 31 March 2022 a phased return to in-person meetings commenced with a hybrid model meeting of the March Board where members could attend virtually or in-person. Since September 2022 all Board and Committee meetings have been held face-to-face at Ty Dysgu. Since live streaming of Board and Committee meetings were introduced a significantly higher number of members of the public have viewed these meetings.

### **Reporting period**

The reporting period for this Governance Statement is primarily focussed on the financial year from 1 April 2022 to 31 March 2023. However, it also includes reporting on material issues that have taken place between 31 March 2023 and the date that the Governance Statement is approved by the HEIW Board on 27 July 2023.

## 1.1 Our System of Governance and Assurance

Our vision is “To develop a workforce that improves care and population health” which was developed through extensive engagement with our staff, stakeholders and partners.

Our purpose is as part of the NHS, to work with partners to plan, develop, educate and train the current and future workforce.

As a Special Health Authority our unique contribution or “added value” is to address strategic and specialist workforce opportunities and risks that affect workforce demand and supply through our statutory functions.

HEIW's statutory functions are detailed below:



With our staff we also developed and agreed our values which are:

- **Respect for all:** in every contact we have with others;
- **Together as a Team:** we will work with colleagues across NHS Wales and with partner organisations; and
- **Ideas that Improve:** harnessing creativity, and continuously innovating and evaluating.

These values are supported by a Values and Behaviours Framework and together these set out clearly the expectations on all staff and the way we work. Our Values and Behaviour Framework is on our website at <https://heiw.nhs.wales/about-us/values-and-behaviours/>.

HEIW, in line with all Health Boards and Trusts in Wales, has agreed standing orders for the regulation of proceedings and business of the organisation. These are designed to translate the statutory requirements set out in the HEIW (Establishment and Constitution) Order 2017 into day-to-day

operating practice. Together with the adoption of a scheme of matters reserved to the Board; a scheme of delegation to officers and others; and standing financial instructions, they provide the regulatory framework for the business conduct of HEIW and define its 'ways of working'. These documents, together with the range of corporate policies set by the Board, make up the Governance and Assurance Framework.

HEIW's Declarations of Interest and Standards of Behaviour Policy was rolled out across the organisation in 2018/19. Work has continued during 2022/23 in respect of communication and to ensure that declarations are up to date to proactively manage any conflicts of interest that might arise for our Board members and staff.

## **1.2 The Role of the Board**

The Board has been constituted to comply with the Health Education and Improvement Wales Regulations 2017. In addition to responsibilities and accountabilities set out in terms and conditions of appointment, Independent Members also fulfil a number of Champion roles where they act as ambassadors (see Table [1 on pages 7 to 9]).

On 1 August 2022, John Gammon took up his position as an Independent Member for a term of four years having been appointed as a part of the public recruitment process undertaken in December 2021. Given the delay in his appointment, attendance at Board and Committee meetings were carefully managed. On 31 March 2023, Jonathan Morgan resigned as an Independent Member to take up the role of Chair of Cwm Taf Morgannwg University Health Board.

In March 2023 HEIW concluded a successful public recruitment process for two new Independent Members. On 24 April 2023, Donna MacArthur took up her position as an Independent Member for a term of four years. Jayne Sadgrove will take up her position as an Independent Member on 1 September 2023 also for a term of four years.

The Board is made up of independent members and executive directors. Pushpinder Mangat was appointed as Medical Director on 2 July 2022 having previously undertaken the role on secondment from Swansea Bay University Health Board. Rhiannon Beckett stood down as Interim Director of Finance on 30 April and Glyn Jones commenced as Director of Finance Planning and Performance on 2 May 2023.

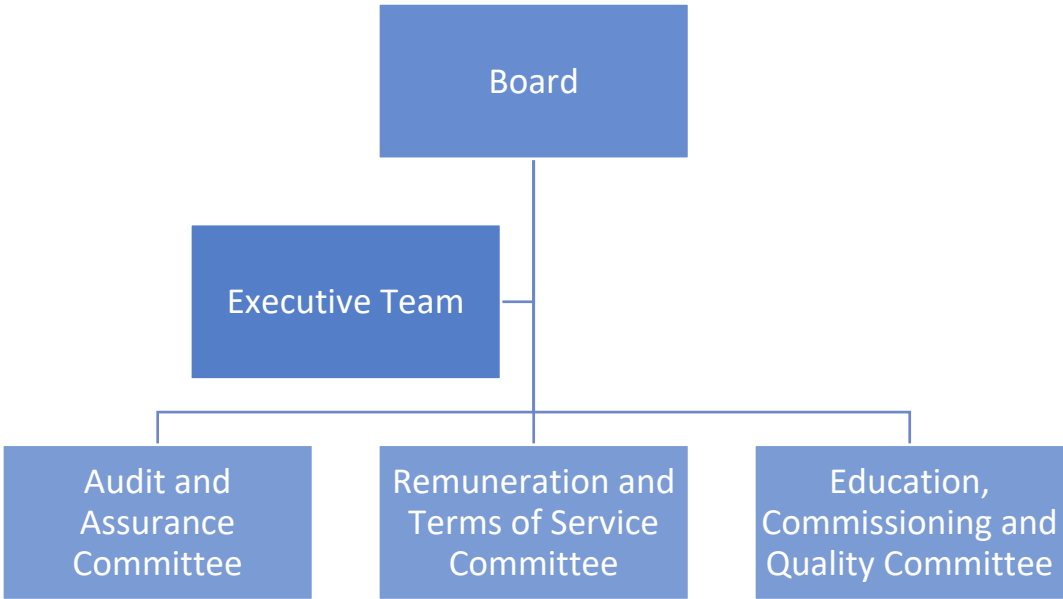
In addition to the executive directors, HEIW has one director positions, the Director of Digital Development. Sian Richards was appointed as Director of Digital Development on 2 July 2022 having previously undertaken the role on secondment from Swansea Bay University Health Board. The Director of Digital Development, together with the executive directors and the Board Secretary, are members of the Executive Team. In addition, the Director of Digital Development has a standing invitation to Board meetings where she can contribute to discussions, but without voting rights as she is not an executive director.

During 2022/23 several Board Development Sessions were undertaken which included a focus on the following elements of governance:

- Developing a Quality Framework.
- Risk Appetite and Risk Tolerance.
- Strategic Risks.
- Compassionate and Collective Leadership.
- Board's self-assessment of its own effectiveness

In addition, in March 2023 a briefing meeting was convened for the Board to consider the findings of the Audit Wales report on the review of Board effectiveness at Betsi Cadwaladr University Health Board and identified any relevant actions for the HEIW Board.

The full membership of the Board, their lead roles and committee responsibilities are outlined in Table 1. Below is a summary of the Board and committee structure:



The Board provides leadership and direction to the organisation and has a key role in ensuring the organisation has sound governance arrangements in place. The Board also seeks to ensure the organisation has an open culture and high standards when conducting its work. Together, Board members share corporate responsibility for all decisions and play a key role in monitoring the performance of the organisation. All the meetings of the Board during 2022/23 were deemed when held to be appropriately constituted with a quorum. The key business and risk matters considered by the Board during 2022/23 are outlined in this statement and further information can be obtained from meeting papers available on our website: <https://heiw.nhs.wales/about-us/board-meetings-agendas-and-standing-orders/>

**1.3 Committees of the Board**

The Board has established three committees, the Audit and Assurance Committee, Remuneration and Terms of Service Committee, and the Education Commissioning and Quality Committee. These committees are chaired by the Chair of the Board or independent members and have key roles in relation to the system of governance and assurance, supporting decision making, scrutiny and in assessing current risks. The committees provide assurance and key issue reports to the Board to contribute to the Board's assessment of assurance and to provide scrutiny on the delivery of objectives.

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The Board is responsible for keeping the committee structure under review and reviews its standing orders on an annual basis. The Board will consider whether any changes are needed during 2023/24 in line with the Board's governance framework and priorities of the IMTP 2023/26.

HEIW is committed to openness and transparency with regard to the way in which it conducts its committee business. The HEIW Board and its committees aim to undertake the minimum of its business in closed sessions and ensure business wherever possible is considered in public with open session papers published on HEIW's website. <https://heiw.nhs.wales/corporate/board-meetings-agendas-and-papers/>

The closed session elements of Board and committee meetings are undertaken because of the confidential nature of the business. Such confidential issues may include commercially sensitive issues, personal issues or discussing plans in their formative stages.

An important committee of the Board in relation to this Governance Statement is the Audit and Assurance Committee. The Committee keeps under review the design and adequacy of HEIW's governance and assurance arrangements and its system of internal control. During 2022/23, key issues considered by the Audit and Assurance Committee relating to the overall governance of the organisation included:

- Reviewing the draft Annual Accounts for 2021-22.
- Reviewing procurement compliance and monitoring progress against the Procurement Compliance Action Plan.
- Revisiting its terms of reference, which will be kept under regular review.
- Approving the Internal Audit Plan for 2022/23 and keeping under review the resulting Internal Audit Reports. Noting key areas of risk and tracking the management responses made to improve systems and organisational policies.
- Approving the Counter Fraud Plan 2022/23 and keeping under review the resultant counter fraud work.
- Ensuring effective financial systems and controls procedures are in place.
- Further developing the Board's risk management systems and processes and monitoring the same.
- Considering, the 2022 Structured Assessment and Audit Wales' 2023 Audit Plan.
- Providing assurance to the Board in respect of Information Management and Information Governance.

The committee provides an Annual Report of its work to the Board and undertook a self-assessment for 2022/23 at its meetings in April and May 2023. A questionnaire based on the National Audit Office Audit and Risk Committee Checklist was developed and circulated to committee members and attendees. An action plan in response to the self-assessment will be developed in response to the findings of the self-assessment process.

The Remuneration and Terms of Service Committee considers and recommends to the Board salaries, pay awards and terms and conditions of employment for the Executive Team and other staff. During 2022/23 key issues considered by the Remuneration and Terms of Service Committee included:

- Performance of executive directors against individual objectives
- National pay awards for members of staff
- Recruitment, Retirement and Return of senior staff



- Consideration of casework updates and actions in line with employment policies
- Preparation for strike action.

The Education, Commissioning and Quality Committee enables the Board to undertake greater scrutiny in respect of commissioning, monitoring and quality assessing of education and training. The committee considered the following key matters in 2022/23:

- Reviewed its own terms of reference
- Reviewed the draft NHS Wales Education, Commissioning and Training Plan for 2023/24 and recommended the Plan for approval at the HEIW Board in July 2022
- Received assurance reports on the tender processes for Phase 2 of Health Professional Education Contracts
- Considered and made recommendations of approval to the Board in respect of Phase 2 Health Professional Contracts
- Ensured the effective management and improvement of the quality of HEIW's education and related research activities
- Ensured the effective performance, monitoring, management and value of education and training programmes and contracts
- Monitored compliance of education and training activities with education providers including a focus on commissioned numbers
- Received updates in respect of the work undertaken by the Stakeholder Reference Group.

The committee provides an Annual Report of its work to the Board and undertakes a self-assessment on an annual basis. A number of areas of focus were identified by the self-assessment process last year and progressed during 2022/23.

The Multi-Professional Quality and Education Group (MPQEFG), which existed as an internal advisory sub-committee for the Education Commissioning and Quality Committee, was de-commissioned by the Board in July. This followed a review of the MPQEG which found that there were other robust mechanisms for providing such advice on monitoring and assurance.

Our Stakeholder Reference Group continued to support the Board with advice and discussion across the range of its functions.

#### **1.4 Membership of the Board and its Committees**

In Table 1, the membership of the Board and its committees is outlined for the year ended 31 March 2023, along with attendance at Board and committee meetings for this year. Members are involved in a range of other activities on behalf of the Board, such as regular development and briefing meetings, and a range of other internal and external meetings.

Any proposed changes to the structure and membership of Board committees requires Board approval. Both the Audit and Assurance Committee and the Education Commissioning and Quality Committee, have considered their own terms of reference. The Board will ensure that terms of reference for each committee are reviewed annually to ensure the work of committees clearly reflects any governance requirements, changes to delegation arrangements or areas of responsibility. The Audit and Assurance Committee and the Education Commissioning and Quality Committee are also required to develop annual reports of their business and activities.

**Table 1 - Board and committee membership and attendance since 1 April 2022 to 31 March 2023:**

<b>Name</b>	<b>Position</b>	<b>Area of Expertise/Representation Role</b>	<b>Board/Committee Membership</b>	<b>Meeting Attendance 2022/23</b>	<b>Independent Member Champion Roles</b>
Chris Jones	Chair	<ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Widening Access</li> <li>• Prevention</li> </ul>	<ul style="list-style-type: none"> <li>• Board (Chair)</li> <li>• RATS Committee (Chair)</li> </ul>	6/7 5/5	Welsh Language
Tina Donnelly	Independent Member	<ul style="list-style-type: none"> <li>• Leadership</li> <li>• Students</li> <li>• Workforce</li> <li>• Education/ Training</li> </ul>	<ul style="list-style-type: none"> <li>• Board</li> <li>• Education, Commissioning and Quality Committee</li> <li>• Audit and Assurance Committee</li> <li>• RATS Committee</li> </ul>	7/7 4/4  3/4*  5/5	Student/ Trainee  Equality & Diversity
Ruth Hall	Independent Member	<ul style="list-style-type: none"> <li>• Rural Education</li> <li>• Quality and Improvement</li> </ul>	<ul style="list-style-type: none"> <li>• Board</li> <li>• Education, Commissioning and Quality Committee</li> <li>• RATS Committee</li> </ul>	7/7 4/4  4/5	Rural Research North Wales
Gill Lewis	Independent Member	Health & Social Care Workforce	<ul style="list-style-type: none"> <li>• Board</li> <li>• Audit and Assurance Committee</li> <li>• Education, Commissioning and Quality Committee</li> <li>• RATS Committee</li> </ul>	6/6 6/6  3/4  5/5	Health & Social Care Integration
** Heidi Phillips	Independent Member	<ul style="list-style-type: none"> <li>• Integrated Care</li> <li>• Improvement</li> <li>• Widening Access</li> <li>• Education/ Training</li> </ul>	<ul style="list-style-type: none"> <li>• Board</li> </ul>	n/a	

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<b>Name</b>	<b>Position</b>	<b>Area of Expertise/ Representation Role</b>	<b>Board/ Committee Membership</b>	<b>Meeting Attendance 2022/23</b>	<b>Independent Member Champion Roles</b>
Jonathan Morgan***	Independent Member	<ul style="list-style-type: none"> <li>• Health and Social Services</li> <li>• Audit</li> <li>• Public accounts</li> <li>• Future Generations</li> </ul>	<ul style="list-style-type: none"> <li>• Board</li> <li>• Audit and Assurance Committee</li> <li>• RATS Committee</li> </ul>	7/7 6/6 5/5	
John Gammon****	Independent Member	<ul style="list-style-type: none"> <li>• Education/ Training</li> </ul>	<ul style="list-style-type: none"> <li>• Board</li> <li>• Education, Commissioning and Quality Committee</li> <li>• RATS Committee</li> </ul>	4/4 2/2 4/4	Digital
Alex Howells	Chief Executive	n/a	Board	7/7	n/a
Julie Rogers	Director of Workforce and OD/ Deputy CEO	n/a	Board	4/7	n/a
Lisa Llewelyn	Director of Nurse and Health Professional Education	n/a	Board	7/7	n/a
Pushpinder Mangat	Medical Director	n/a	Board	6/7	n/a
Rhiannon Beckett	Interim Director of Finance	n/a	Board	7/7	n/a

Please note:

The Director of Finance is the lead officer for the Audit and Assurance Committee. The Director of Workforce & Organisational Development is the lead officer for the Remuneration and Terms of Service Committee. The Medical Director and the Director of Nurse and Health Professional Education are the lead officers for the Education Commissioning and Quality Committee.

(\*) Tina Donnelly was appointed as a member of the Audit and Assurance Committee on 26 May, 2023. Attendance for the Committee therefore reflect number of meetings since appointment.

(\*\*) Heidi Philips stood down as an Independent Member on 9 May 2022.

(\*\*\*) – Jonathan Morgan resigned as an Independent Member on 31 March to enable him to take up his new role as Chair of Cwm Taf Morgannwg University Health Board on 1 April 2023.

(\*\*\*\*) – John Gammon was appointed as a member of the Board on 1 August 2022 and as a member of the Education, Commissioning and Quality Committee on 29 September 2023. Attendance therefore reflects the number of meetings since appointment.

The Board and its committees are fully established and (other than in respect of the suspension of holding Board and committee meetings in public due to COVID 19 as outlined above) operated in line with the Board's standing orders. Table 2 outlines the dates of Board, Board development and committee meetings held during the period 1 April 2022 – 31 March 2023, with all meetings being deemed quorate when held.

**Table 2 - Dates of board and committee meetings held during the period 1 April 2022 to 31 March 2023.**

<b>Board/ Committee</b>	<b>Apr 2022</b>	<b>May 2022</b>	<b>Jun 2022</b>	<b>Jul 2022</b>	<b>Aug 2022</b>	<b>Sep 2022</b>
Board	n/a	26/05/22	13/06/22	28/07/22	n/a	29/09/22
Board Development	28/04/22	n/a	n/a	n/a	25/08/22	n/a
Audit and Assurance Committee	12/04/22	05/05/22	10/06/22	12/07/22	n/a	n/a
Education Commissioning & Quality Committee	n/a	n/a	n/a	15/07/22	n/a	06/09/22
Remuneration and Terms of Service Committee	n/a	26/05/22	n/a	n/a	25/08/22	n/a

<b>Board/ Committee</b>	<b>Oct 2022</b>	<b>Nov 2022</b>	<b>Dec 2022</b>	<b>Jan 2023</b>	<b>Feb 2023</b>	<b>Mar 2023</b>
Board	n/a	24/11/22	n/a	26/01/23	n/a	30/03/23
Board Development	27/10/22	n/a	15/12/22	n/a	16/02/23	n/a
Audit and Assurance Committee	17/10/22	n/a	n/a	n/a	06/02/23	

Education Commissioning and Quality Committee	n/a	n/a	06/12/23	n/a	n/a	23/03/23
Remuneration and Terms of Services Committee	27/10/22	n/a	n/a	26/01/23	n/a	30/03/23

### Local Partnership Forum

The HEIW Local Partnership Forum (LPF) provides the formal mechanism for social partnership within HEIW. It is the formal method for engagement, consultation, negotiation and communication between the trade unions and HEIW management and ensures continued partnership working. During 2022/23 the LPF met bi-monthly and dealt with a range of operational and strategic issues. These covered agile working, well-being, organisational culture, organisational development and equality and diversity. Discussions were also held on the implementation of pay awards and industrial action. The LPF forms a key part of the approval process for workforce policies and supports the work of the Policy Review Group. The LPF has been part of the consultation process for the development of the People & OD Strategy.

## 2. The Purpose of The System of Internal Control

HEIW's Board system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risks. It can therefore only provide reasonable and not absolute assurance of effectiveness.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of HEIW policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively, and economically.

The system of internal control has been in place for the year ended 31 March 2023 and up to the date of approval of the Annual Report and Accounts. We use the Board Assurance Framework system and process to monitor, seek assurance and ensure that shortfalls are addressed through the scrutiny of the Board and its committees. Oversight of our Corporate Risk Register system is provided through scrutiny and monitoring by the Board and its committees.

The effectiveness of the system of internal control is assessed by our internal and external auditors.

A diagram of the Board Control Framework is set out overleaf.

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## Levels of Assurance

### First Line Operational

- Organisational structures – evidence of delegation of responsibility through line Management arrangements.
- Compliance with appraisal process
- Compliance with Policies and Procedures
- Incident reporting and thematic reviews
- Compliance with Risk Management processes and systems
- Performance Reports, Complaints and Trainee Experience Reports, Finance Reports



### Second Line

#### Risk and Compliance

Reports to Assurance and Oversight Committees

- Audit and Assurance Committee
- Education Commissioning and Quality Committee
- Remuneration Committee
- Health and Safety Groups etc

Findings and/or reports from inspections, Annual Reporting, Performance report through to committees



### Third Line Independent

- Internal Audit
- Audit Wales
- Counter Fraud
- Regulators
- Reviews and Reports by Royal Colleges
- External visits and accreditations

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- Independent Reviews

### 3. Capacity to Handle Risk

We have continued to develop and embed our approaches to risk management and emergency preparedness throughout 2022/23. Our Risk Management Policy is reviewed on an annual basis and was reviewed and approved by the Board in July 2022.

HEIW's risk appetite statement set out below describes the risks it is prepared to accept or tolerate in the pursuit of its strategic aims:

*'HEIW recognises that, as an improvement based organisation, it is impossible for it to deliver its services and achieve positive outcomes for its stakeholders without a high appetite for risk. Indeed, only by taking risks can HEIW realise its aims.'*

*HEIW nevertheless recognises that its appetite for risk will differ depending on the activity undertaken. Its acceptance of risk will be based on ensuring that potential benefits and risks are fully understood before decisions on funding are made, and that appropriate actions are taken.*

*HEIW's risk appetite takes into account its capacity for risk, which is the amount of risk it is able to bear (or loss we can endure) having regard to its financial and other resources, before a breach in statutory obligations and duties occurs.'*

Consideration of Strategic Risks and Corporate Risk both form part of the Board Assurance Framework. While they are complimentary, they do not cover the same areas. Strategic Risks are fundamental risks to an organisation's Strategic Aims. These risks are embedded and do not change much in the course of a year. Corporate Risks identify more precise day-to-day activities and are more likely to change over the course of the year.

HEIW's risk tolerance in respect of each of its statutory function is incorporated within the Corporate Risk Register. This will ensure a consistent, integrated approach whereby all risks are clearly linked to organisational objectives with a line of sight to the Board Assurance Framework.

HEIW's strategic risks are reviewed by the Board on an annual basis to ensure they continue to align with our IMTP. Table 3 outlines the key strategic risks for HEIW.

**Table 3 HEIW Strategic Risks 2022/23**

1	<b>Workforce skills and expertise given specialist nature of organisation.</b> There is a risk that HEIW may find itself without the workforce with the requisite skills it requires to deliver on its Strategic Objectives. This could be caused by a lack of staff with relevant skills in the external market or education system or internally due to a lack of staff skills, career mobility, succession planning and skills management, or due to undesirable employee attrition and sickness absence of key individuals. The continued impact on staff wellbeing due to the COVID pandemic renders this risk to be particularly serious.
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2	<b>Capacity to deliver a growing range of functions and responsibilities.</b> The risk of lack of capacity may be caused by a lack of sufficient workforce capacity to deliver the growing functions of the organisation, which could be a result of insufficient planning and an over reliance on existing ways of working, not embracing innovation, new ways of working and not investing in appropriate technology.
3	<b>Cultural change required to deliver an integrated, multi professional approach.</b> There is a risk that HEIW could fail to maintain and continue to develop a positive organisational culture which enables, encourages and develops staff engagement in embracing the multi professional approach. This could be caused by an over reliance on existing ways of working or a lack of time and attention focused on Organisational Development and a failure to embed Compassionate Leadership principles.
4	<b>Effective engagement to ensure that we are influencing and shaping the agenda as system leader and can deliver our plans.</b> Acting as a system leader will require effective horizon scanning and insight into the NHS system and workforce trends and clear communication and engagement for coalition building to encourage system change. The risk of failing to influence the agenda as system leader could be caused by a failure to communicate and engage effectively with stakeholders within health and social care including our newly established Stakeholder Reference Group.
5	<b>Effective engagement with our partners to ensure the delivery of shared objectives and aims.</b> The successful implementation of HEIW's aims and objectives in several areas will rely on engagement and co-operation with our partners in health, social care and education. The risk of failing to deliver in these areas could be caused by insufficient capacity, not effectively maintaining engagement with partners or a failure to achieve buy in from our partners.
6	<b>Volatility of HEIW's financial position including the reliance on commissioning plans, student choices and associated budgets.</b> This could be exacerbated by the increasing financial challenges faced by government and our education providers particularly post COVID-19, leading to a reduction in our flexibility to respond to developments.
7	<b>Workforce intelligence and Data.</b> The risk that the quality of workforce intelligence captured and reported within the NHS does not support accurate decision making and planning for the NHS's future workforce requirements. This could lead to both overcapacity and under capacity within the workforce.

The organisation has a Strategic Risks Control Framework, which identifies and maps the controls and key sources of assurance against HEIW's Strategic Risks.

### Risk Management

The Board sees active and integrated risk management as key elements of all aspects of our functions and responsibilities, especially to support the successful delivery of our business.

The Chief Executive / Accountable Officer has overall responsibility for the management of risk for HEIW. The Board and its committees identify and monitor risks within the organisation. Specifically, Executive Team meetings present an opportunity for the executive function to consider and address risk and actively engage with and report to the Board and its committees on the organisation's risk profile. The Corporate Risk Register is reviewed monthly by the Executive Team, and quarterly by the Audit and Assurance Committee. The Board receives a copy of the Corporate Risk Register for noting



at every meeting and undertakes a review of the Corporate Risk Register twice a year. Risks are escalated to the Board as appropriate.

At an operational level executive directors are responsible for regularly reviewing their Directorate Risk Registers and for ensuring that effective controls and action plans are in place for monitoring progress.

### **HEIW's Risks**

The Corporate Risk Register is continuously updated to capture HEIW's risks as they are identified. key risks that have been managed during 2022/23 are outlined below:

- Cybersecurity remained a high priority risk and work focused on reducing HEIW's cyber security risk profile while improving cyber security resilience. The Cybersecurity threat was also felt to be heightened as a result of the pandemic due to fraudsters increasingly targeting health organisations. To mitigate this risk HEIW continued to roll out the Cyber Security Implementation Plan.
- The merger of Health Education England (HEE) with NHS Digital England and the potential impact on a number of UK wider roles undertaken by HEE such as national recruitment. To mitigate the risk regular four nation meetings were held of the Statutory Education Body Medical Directors/GMC and Academy of Medical Royal Colleges.
- The merger of Health Education England (HEE) with NHS Digital England also impacting on HEIW trainees who access opportunities in HEE in particular in the North West of England. To mitigate the risk the regular four nation meetings were held of the Statutory Education Body Medical Directors/GMC and Academy of Medical Royal Colleges.
- The delay in the approval of the Education and Training Plan for additional commissioned numbers of students and trainees could impact our ability to recruit into certain specialities in Wales. To mitigate the risk the matter was escalated to a national level and risk assessments undertaken on commissioning programmes.
- Where HEIW does not achieve all of its commissioned levels within its education and training contracts then we will not meet our commitments within the annual Education and Training Plan for the NHS's workforce supply. To mitigate this risk both the Medical Directorate and the Nursing and Health Professional Directorate are implementing measures to increase applications and to support students and trainees.
- Should the current Bursary package become less attractive due to the cost of living crisis it may discourage students from applying for health professional course or lead to the loss of existing students. To mitigate HEIW is a member of the Welsh Government's Bursary Oversight Board and providing expertise and input to shape the future policy direction.

Further information can be found in the Board papers on our website: [Board meetings, agendas and standing orders - HEIW \(nhs.wales\)](#)

The Board is also committed to ensuring staff throughout the organisation are trained and equipped to appropriately assess, manage, escalate and report risk. HEIW managers have continued to receive internal training on risk during 2022-23.

### Crisis Management and Business Continuity

HEIW has a Crisis Management and Business Continuity Policy and plan.

The HEIW Crisis Management and Business Continuity Policy and plan has been in operation throughout 2022/23 and was deployed as required in response to the COVID-19 situation and more recently in late 2022 and early 2023, in relation to our preparedness around industrial action.

In line with the Crisis Management and Business Continuity Policy and plan during the COVID-19 crisis, the Crisis Management Team (CMT) in HEIW, has had the role of monitoring the impact and co-ordinating the management of the risks arising. The CMT has also ensured the Executive Team and Board are regularly briefed and have assessed if any risks should be escalated and included within the corporate risk register.

The CMT has met as required throughout 2022-23 to manage the impact of the pandemic. A lessons learned exercise was undertaken which informed a review of our Business Continuity Plan. The plan now includes a section dealing with our IT systems should they become unavailable for any reason particularly a cyber-attack. The revised Crisis management and Business Continuity Policy and Plan were shared across the organisation in September 2022. The CMT was reactivated in late November 2022 in relation to industrial action. This ended in early February 2023 when strike action was called off and negotiations were held.

An annual exercise will be held to test scenarios. We are keen to ensure that all departments have plans in place later this year that would, in the event of a cyber incident, enable HEIW to continue to run operations.

HEIW continues to work closely with a wide range of partners, including the Welsh Government as it continues with its response and planning into the recovery phase. It will be necessary to ensure this is underpinned by robust risk management arrangements and the ability to identify, assess, and mitigate risks which may impact on the ability of the organisation to achieve its strategic aims

HEIW has continued to contribute to the national response through the Director of Workforce and OD's role as joint chair of the Workforce Deployment and Wellbeing Planning and Response Group (Workforce Cell).

Our operating model was adjusted in response to the pandemic in line with Government Guidelines and to safeguard the health of staff. Ty Dysgu reopened to staff on the 17 March 2022 when HEIW moved to our agile 3:2 working model. The 3:2 model was based on full time office-based staff working from Ty Dysgu three days a week and from home two days week. In response to the impact of the cost of living crisis and in particular the substantial increase in fuel costs the model was reversed to a 2:3 model where staff were required to work in the office for a minimum of two days. Following two years of lockdown it was recognised that returning to the office would be difficult for some members of staff. Given this, we set up a small steering group to facilitate the gradual transition to return to the office and have actively put in place measures to support staff wellbeing.

#### **4. The Control Framework**

NHS Wales organisations are not required to comply with all elements of the corporate governance code for central government departments. However, an assessment was undertaken against the main principles as they relate to NHS public sector organisations in Wales and of the Governance, Leadership and Accountability Standard. In response to last year's self-assessment the Board has focussed on the following areas:

- Further development of the induction processes for Independent Members
- Engagement with stakeholders

- Clarification on the information required by the Board as a collective to discharge its duties.

The information provided in this governance statement also provides an assessment of how we comply with the main principles of the Code as they relate to HEIW as an NHS public sector organisation. The Board recognises that not all reporting elements of the Code are outlined in this governance statement but are reported more fully in the organisation's wider Annual Report. The Board is satisfied that it is complying with the main principles of the Code, and is conducting its business in an open and transparent manner in line with, the code. There have been no reported departures from the Corporate Governance Code.

The corporate governance code for central government departments can be found at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/220645/corporate\\_governance\\_good\\_practice\\_july2011.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/220645/corporate_governance_good_practice_july2011.pdf)

HEIW's risk management framework complies materially with the Orange Book, the public sector guide outlining the major principles on the Management of Risk, taking into account the organisation's size, structure and needs.

There have been no reported departures from the Orange Book.

*The Orange Book can be accessed at:*

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/815635/Orange\\_Book\\_Management\\_of\\_Risk.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/815635/Orange_Book_Management_of_Risk.pdf)

The Health and Care Standards set out the requirement for the delivery of health care in Wales. As an education and training body with no direct contact to patients our focus in respect of the Health and Care Standards relate to staff and resources. Improvements to these areas are captured in our Performance Report.

#### **4.1 Other Control Framework Elements**

Control measures are in place to ensure compliance with all of the organisation's obligations under equality, diversity and human rights legislation.

HEIW's aspiration is to be an excellent employer and a great place to work. As such we are fully committed to meeting the general and specific duties set out in the Public Sector Equality Duties Act (2011) and the Anti-Racist Wales Action plan 2022 and the LGBTQ+ Action Plan 2023 . It is also essential that these duties are reflected in the functions of the organisation, which affect students, trainees and staff across the wider NHS.

At HEIW we are committed to eliminating discrimination and promoting diversity and inclusion through equality of opportunity and through everything that we do. We have continued to embed our diversity, quality and inclusion agenda which is informed by strong leadership co production, collaboration and direct engagement with those who are affected by the decisions we make.

HEIW ensures equality of opportunity and access for all by building upon the foundation of Equality and Human Rights Legislation and strive not only to comply with legal requirements, but also to use these to ensure that the organisation exemplifies best practice. HEIW acknowledges that our ability to recruit and retain the best people depends upon creating a positive, compassionate and inclusive culture.

In October 2020, we published our first Strategic Equality Plan (SEP) which sets out our direction of travel for the next four years to promote equality, eliminate discrimination and foster good relations between those who share a protected characteristic and those who do not. Since we published our first SEP, world events, societal changes and new legislation has enabled us to review our objectives to ensure they remain current, relevant, and future-focused. As a result, a new SEP will be launched in early April 2023.

We have an established Equality Diversity and Inclusion (EDI) steering group to support the executive leads for EDI and Race Equality in the discharge of their responsibilities, as well as a staff EDI network to share and highlight best practice, learning and delivery. Two of our independent board members have observer status at the network meetings.

Our Inclusion Network continues to champion equity, equality and wellbeing within the organisation and hosts a number of both virtual and in person events that raise the profile of and celebrate diversity.

In this last year, we have published our third Annual Equality Report for 2021/22 and our Gender Pay Gap Report for 2021/22.

**Pension Scheme** - As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

**Welsh Risk Pool** - The Welsh Risk Pool Services (WRPS) is a risk sharing mechanism, akin to an insurance arrangement which provides indemnity to NHS Wales's organisations against negligence claims and losses. Individual NHS organisations must meet the first £25,000 of a claim or loss which is similar to an insurance policy excess charge.

**Quality and Quality Improvement.** – HEIW has a structure in place for quality governance in respect of post graduate medical education which is being expanded to across other health professions. Quality Governance is the values, behaviours, structures and processes that are in place to enable the Board to discharge its responsibilities for quality. In line with Standing Orders, the Board has established a committee to cover the quality of the education and training provided by HEIW – the Education Commissioning and Quality Committee. This committee holds executive directors to account and seeks assurance, on behalf of the Board, that it is meeting its responsibilities in respect of the quality of education and training services. Quality and Quality Improvement is further considered below.

During 2022/23 HEIW has implemented or continued to implement the measures detailed below to secure quality and quality improvement in relation to its functions:

- The Education Commissioning and Quality Committee's (ECQC) remit includes; assuring the Board on whether effective arrangements are in place to quality manage education systems and; to make recommendations in respect of the quality of education and monitoring education quality.
- There has been significant progress in developing a HEIW Multi-professional Quality Framework with reporting to ECQC across the Medical and Nursing Directorates aligned to the principles of

the framework. The Quality Framework ensures high-quality education and training is commissioned and delivered through a system of quality planning, quality management, quality assurance and quality improvement.

- The mid and end-of-year service reviews with each sub-directorate team focuses on quality and quality improvement. In addition, the Quality Framework has encouraged cross directorate working on quality activities.
- Quality Activity continues to be undertaken in collaboration with training programme structures as well as local education providers responsible for the education and training delivered within a supportive learning environment. HEIW works closely with regulators to ensure high quality training environments.
- HEIW gathers information on student and trainee experiences. This information is used to inform improvements within the education and training provision.
- Quality Improvement is embedded in the functions of HEIW, both in terms of internal sharing of good practice as well as through learning from NHS and other healthcare partners. We deliver Quality Improvement training to ensure that staff are equipped with the skills to deliver improvement. We also provide these skills to trainees and their trainers to utilise within the clinical arena.
- We are also actively responding to the new legal requirements associated with the duties of Quality and Candour which were introduced in Wales on 1 April, 2023.

**Welsh Language-** As HEIW was established in 2018 it has not been named as an organisation that comes under the Welsh Language Measure 2011. Given this HEIW has a Welsh Language Scheme, based on the Welsh Language Standards, which has been approved by the Welsh Language Commissioner's Office under the original (1993) Welsh Language Act.

A plethora of activities to support the Welsh Language Scheme has taken place in 2022-23. These have included a number of new training activities, specifically in the field of language awareness in a healthcare setting and raising confidence amongst speakers, as well as a regular programme of communications regarding a broad range of activities which have been undertaken by staff to ensure compliance. The number of staff learning Welsh continues to grow – now to around 20% of our substantive staff. HEIW's internal translation demand appears to have steadied at 4 to 5 million words per year.

Welsh Government's More Than Just Words (MTJW) five year plan, published in August 2022, to strengthen the provision of Welsh language services for health and social care, included several actions requiring HEIW to take the lead at a national level. This was reinforced by the National Workforce Implementation Plan. A MTJW steering group has been established within HEIW which seeks to support the implementation of the actions allocated to HEIW within the two Welsh Government plans.

Significant internal progress has been made in the latter part of the year since the steering group was established, and concrete progress against these actions will ensue over the coming year.

### **Stakeholders and Partners**

As the national workforce body for NHS Wales, we recognise how critical engagement with stakeholders and partnership working is to our work. It is through effective engagement and partnership working that we are able to clearly understand the challenges facing health care in Wales, build workforce solutions and support the delivery of excellent patient care.

At the beginning of 2022-23 we completed our research into the engagement reach of HEIW with our stakeholders. This has enabled us to benchmark and further develop our communication and engagement activities which are key enablers to our partnership working. As a result, we have extensive mechanisms in place to maximise our stakeholder engagement and partnership working.

Our approach in 2022-23 included:

- High profile virtual and in-person engagement events across Wales on key pieces of national work such as the Education and Training Plan 2023-24, Strategic Pharmacy Workforce Plan, apprenticeship frameworks, all-Wales Simulation Strategy, Workforce Strategy for Health and Social Care phase 2 and the HEIW IMTP.
- Launch events for critical national programmes of work such as the Strategic Mental Health Workforce Plan for Health and Social Care.
- In-person and virtual events such as Physician Associate Stakeholder event, STEME, QIST conference, Healthcare Science Cymru Conference, Simulation Conference, workforce planning conference.
- Exhibiting, promoting and engaging at third party events such as the Welsh NHS Confederation Conference.
- HEIW Stakeholder Reference Group to facilitate engagement, dialogue and advice from stakeholders to inform our strategic planning and decision making.
- Bilingual public Board and committee meetings as well as our AGM and showcase event spotlighting achievements and developments of interest to our audience.
- Regular joint Board and Executive Team meetings with NHS partners and Social Care Wales.
- Regional Partnership Board for the development of regional work and solutions.
- Strategic meetings with HEIs to build opportunities for joint working and linking the education and workforce agendas.
- Membership of national groups and networks contributing to key national programmes of work.
- Virtual bilingual briefing sessions with MSs and MPs enabling discussion with political representatives from across Wales.
- Twice yearly joint meeting with 26 Welsh royal colleges and professional bodies which is a part of bringing the clinical voice to the conversation.
- Promoting how HEIW is making a difference in NHS Wales and opportunities for partnership working through regular bilingual news and social media posts plus newsletters including our Primary Care Newsletter, Stakeholder Bulletin, Mental Health Newsletter.
- Highlighting achievement and recognition through news articles and social media promotion of award wins.
- Supporting and awareness raising through sponsorship including Betsi Cadwaladr Health Board staff awards, UK HPMA awards and Womenspire awards.
- Introducing all generations to the many careers and employment opportunities in HEIW and NHS Wales through Careersville, TrainWorkLive, videos, events, blogs and social media campaigns.

As we look forward to 2023-24 we will continue to build and maintain our partnerships through effective communications and engagement. Based on our engagement reach research and feedback from partners and stakeholders, we are revising our communications and engagement strategy which will focus on building and maintaining excellent partnerships through high quality:

- Communications
- Engagement
- Marketing
- Events

**Carbon Reduction** - HEIW has a Board approved Biodiversity and Decarbonisation Strategy 2021-24 intended to help reduce the impact of climate change and improve biodiversity. The strategy sets out the organisation's high-level aspirations and intentions to meet requirements, to call its staff, stakeholders, partners and suppliers to action, and to make positive changes now to achieve longer-term goals for Wales. It focuses on four key areas for action. These are:

1. Engaging and supporting our staff
2. Sustainable procurement
3. Developing our office, Ty Dysgu, and supporting our local communities
4. Environmental sustainability

HEIW has developed a Sustainability Action Plan to deliver the strategy and reports progress to Welsh Government on a bi-annual basis, in line with National Climate Emergency Programme requirements.

In 2022/23, we have:

- Undertaken a detailed carbon footprinting exercise, which will enable us to determine the organisation's carbon hotspots and develop targets and initiatives to reduce emissions; the work will also inform the Public Sector Net Zero reporting for 2022/23
- Continued to develop the green spaces in the grounds of Ty Dysgu, with additional planting and preparing for the inclusion of a bird sanctuary
- Established monthly staff litter picks for Ty Dysgu and the surrounding areas, with staff ensuring they meet the minimum target set for bags collected on each pick
- Built on the work already done towards implementing staff incentives for active travel choices by initiating the development of a healthy travel charter for HEIW
- Run and contributed to a number of staff events to promote and support sustainability across the organisation, including a Spring planting event, a summer party to celebrate the Queen's Platinum Jubilee, 'Let's Go Green for Halloween' and 'Fairtrade Fortnight'.

HEIW is responsible for a key action in the NHS Wales Decarbonisation Strategic Delivery Plan (March 2021) which relates to the education of the workforce. As well our efforts to reduce our impact on climate change, we have an external role to play in promoting sustainable healthcare through education, training and leadership.

This is considered further within the sustainability section within the Performance Report part of the Annual Report (page [44]).

## Ministerial Directions

Whilst Ministerial Directions are received by NHS Wales organisations, these are not always applicable to HEIW. Ministerial Directions issued throughout the year are listed on the Welsh Government website [Health and social care | Topic | GOV.WALES](#) .

The following ministerial direction received as at year end 31 March 2023 was applicable to HEIW.

Ministerial Direction/ Date of Compliance	Date/Year of Adoption	Action to demonstrate implementation/response
n/a		

## Data Breaches

Incidents resulting in a data breach are reported in accordance with HEIW's statutory requirements and documented confidentiality breach protocol. Under the Data Protection Act 2018 (DPA) personal data breaches (as defined by the act) are considered a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data.

Personal data breaches (as defined in the DPA) are required to be risk assessed to determine the risk to living individuals and the risks to the rights and freedoms of living individuals. Personal data breaches resulting in likely risk to living individuals and a high risk to individuals rights and freedoms must be reported to the Information Commissioners Office (ICO), and to data subjects where the breach is likely to result in a high risk to the rights and freedoms of individuals.

All data breaches are appropriately investigated and are reported to the Audit and Assurance Committee. Where appropriate or mandated, data breaches are reported to Welsh Government.

During 2022/23, HEIW reported no data breaches which were notifiable to Welsh Government or the Information Commissioner. Lower-level data breaches were recorded appropriately with the Data Protection Officer informed. Initial mitigations were implemented, and the incidents were discussed at meetings of the Information Governance and Information Management Group so lessons learned can be shared.

## 4.2 Planning

During 2022-23 HEIW has implemented its IMTP for 2022-25. On 30 March 2023 we submitted a Board-approved IMTP (2023-26) to Welsh Government in accordance with the NHS Planning Framework and our statutory duty to produce a financially balanced three-year integrated plan. The Board is responsible for setting the organisation's strategy and as such has played a central role in developing the IMTP (2023-26). HEIW's strategic aims see page [14] of the Performance Report and strategic objectives are central to the planning and performance practices in place to give the Board assurance on our ability to deliver as an organisation.

As the strategic workforce body for NHS Wales our IMTP is shaped heavily by the Workforce Strategy for Health and Care [<https://heiw.nhs.wales/files/workforce-strategy/>], alongside a focus on supporting and addressing the significant workforce challenges linked with service and Ministerial Priorities. Our IMTP for 2023-26 also includes a number of strategic objectives relating to the National Workforce Implementation Plan published by Welsh Government on 1 February, 2023. The plan was developed through engagement with our Board, NHS Wales and Welsh Government colleagues, our wider stakeholders and our staff. This year we are pleased that we have been able to have



conversations with all NHS organisations on our emerging IMTP 2023-26. Through our established Stakeholder Reference Group, we have also engaged with over 40 different organisations and sought feedback on the draft Plan.

In January 2020, the Board approved our Performance Framework which describes the organisation's system for making continuous improvements to achieve our Strategic Aims and Objectives and to deliver our 'Business As Usual' activities. During 2022/23 the Board has regularly assured and scrutinised our progress with the delivery of the IMTP 2022-25. In March 2023 the Board approved a refreshed approach to the Performance Framework in 2023-24. The new approach is based on key business questions enabling a clear focus on data driven insights that will measure is important and clearly show the impact and added value of the work undertaken by HEIW.

The Board will continue to receive quarterly Integrated Performance Reports which outline the progress against delivery of the IMTP highlighting the achievements, areas we have experienced challenges and the mitigating actions in place.

Throughout this year we have continued to embed our service review process in which the Executive Team holds biannual service review meetings with senior leaders and their teams to review the progress of key projects or programmes of work. Following each round of service reviews the planning and performance team ensure the learning is shared within HEIW and the themes and learning is presented to the Board to provide further assurance on the performance of the organisation.

## 5. Review of Effectiveness

As Accountable Officer, the CEO has responsibility for reviewing the effectiveness of the system of internal control. The review of the system of internal control is informed by the work of the internal auditors, and the executive officers within the organisation who have responsibility for the development and maintenance of the internal control framework, and comments made by external auditors in their audit letter and other reports.

The Board and its committees rely on several sources of internal and external assurances which demonstrate the effectiveness of HEIW's system of internal control and advise where there are areas of improvement. These elements are detailed above in the diagram on pages [11-12] of this Governance Statement.

The processes in place to maintain and review the effectiveness of the system of internal control include:

- Board and committee oversight of internal and external sources of assurance and holding to account executive directors and senior managers.
- Executive directors and senior managers who have responsibility for development, implementation and maintenance of the internal control framework and the continuing improvement in effectiveness within the organisation.
- The review and oversight of the principal risks on the Corporate Risk Register and the Board Assurance Framework by the Board and committees.
- The oversight of operational risk through the Board and its committees.
- Oversight of fraud risk through the Counter Fraud team.
- The monitoring of the implementation of recommendations through the audit tracker overseen by the Audit and Assurance Committee and

- Audit and Assurance Committee oversight of audit, risk management and assurance arrangements.

HEIW's Board received the Audit and Assurance Committee's 2022/23 Annual Report at its meeting in May. The Committee Chair's reflections within the Committee's Annual Report were as follows:

## Committee Chair's Reflection

*'This year, we have begun to enter into a period of recovery from the COVID-19 pandemic. Seeing the end to a constantly changing environment, with different rules and regulations to a move towards business as usual.*

*Digital capability has enhanced, and the hybrid approach to working is now embedded with a mixture of working from home, working in the office, remote and in person meetings. Work has continued throughout this period and the Committee, including Independent Members who sit on the Committee, External Audit, Internal Audit, Local Counter Fraud Services and others, have continued to deliver all the business expected.*

*There has been good engagement and attendance at Committee meetings of all parties, and thanks must go to everyone for playing their part. The support for the meetings has been excellent and ensures that the business runs smoothly. Many thanks to Dafydd and the team for this.*

*We continue to receive high-quality reports from all participants, and the challenge and interest in the subject matter is good. The Committee has received reports detailing internal issues relating to HEIW and external issues of interest to HEIW. These reports have contained sufficient detail to allow for lessons to be learnt and for HEIW to strive for best practice. Many of the risks relating to the organisation have been signed off and closed down during the year.*

*We will continue to focus going forward on clear lines of responsibility between the Audit and Assurance Committee, the Education, Commissioning and Quality Committee and the Board. We will also be continuing to monitor our governance of the organisation through the Board Assurance Framework.*

*The Audit and Assurance Committee will continue to receive regular performance reports from the Audit Wales and Internal Audit, indicating areas which could merit more detailed examination, and we will continue to focus on those recommendations where attention is needed. Thanks must go to the Internal Audit team, with the majority of the Internal Audits completed within year.*

*I would also like to thank my fellow Independent Members for their fantastic support and engagement during the year. Heidi Phillips stood down as Independent Member in May 2022. Jonathan Morgan, my Vice-Chair, resigned as Independent Member in March 2023 to enable him to take up the role as Chair of Cwm Taff University Health Board. I would like to thank Jonathan for all his support as Vice Chair. Tina Donnelly, who was appointed as a member of the Committee in May 2022, has provided valuable insight and experience to the Committee. It is a credit to all involved in supporting the work of the Audit and Assurance Committee that, during a period where there has been a turnover in the membership of the Committee, the Committee has continued to be able to provide the Board with assurance.*

*It has been pleasing to see many of the executive team at the Audit and Assurance Committee, both as presenters and observers, and we hope that this will continue next year.'*

## 5.1 Internal Audit

Internal Audit provides the CEO, as Accountable Officer and the Board through the Audit and Assurance Committee, with a flow of assurance on the system of internal control. The CEO commissioned a programme of audit work which has been delivered in accordance with public sector internal audit standards by the NHS Wales Shared Services Partnership. The scope of this work is agreed with the Audit and Assurance Committee and is focussed on significant risk areas and local improvement priorities.

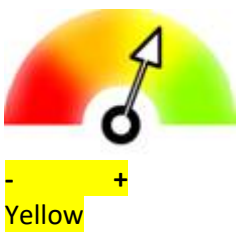
The overall opinion by the Head of Internal Audit (HoIA) on governance, risk management and control is a function of this risk based audit programme and contributes to the picture of assurance available to the Board in reviewing effectiveness and supporting our drive for continuous improvement.

The Head of Internal Audit is satisfied that there has been sufficient internal audit coverage during the reporting period in order to provide the Head of Internal Audit Annual Opinion. In forming the opinion, the Head of Internal Audit has considered the impact of the audits that have not been fully completed.

## 5.2 The Head of Internal Audit Conclusion:

The scope of the opinion of the HoIA is confined to those areas examined in the risk based audit plan, which has been agreed with senior management and approved, by the Audit and Assurance Committee. The HoIA assessment should be interpreted in this context when reviewing the effectiveness of the system of internal control and should be seen as an internal driver for continuous improvement. The HoIA opinion on the overall adequacy and effectiveness of the organisation's framework of governance, risk management, and control is set out below.

### Assurance rating

	The Board can take <b>Reasonable Assurance</b> that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.
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The audit work undertaken during 2022/23, has been reported to the Audit and Assurance Committee.

The evidence base upon which the overall opinion is formed is as follows:

- An assessment of the range of individual opinions arising from the work undertaken in respect of the individual risk-based audit reports contained within the Internal Audit plan which have been reported to the Audit and Assurance Committee throughout 2022/23. This assessment has taken account of the relative materiality of these areas.

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- Other assurance reviews, which impact on the Head of Internal Audit Opinion including audit work performed at other organisations. While undertaken formally as part of a particular health organisation's audit programme, the work covers activities relating to other health bodies. For example, NHS Wales Shared Services Partnership. Other knowledge and information that the Head of Internal Audit has obtained during the year including: cumulative information and knowledge over time; observation of Board and other key committee meetings; meetings with Executive Directors, senior managers and Independent Members; the results of *ad hoc* work and support provided; liaison with other assurance providers and regulators; and research. Cumulative audit knowledge of the organisation that the Head of Internal Audit considers relevant to the Opinion for this year.

### Internal audit report assurance ratings

A summary of the reviews and associated assurance ratings in each of the domains is set out below. It is confirmed that during the reporting period HEIW did receive one limited assurance report and no assurance reports.

### Corporate governance, risk management and regulatory compliance

- **Dental Professional Support Unit** - Overall Internal Audit issued a **reasonable** assurance report for our review of risk management.

### Strategic planning, performance management & reporting

- **Performance Management Framework** - Overall Internal Audit issued a **reasonable** assurance report for our review of Project/Programme Management.
- **Quality Monitoring of Commissioned Services** - Overall Internal Audit issued a **substantial** assurance report for our review of Project/Programme Management.

### Financial governance and management

- **Finance – delegated budgetary control** - Overall Internal Audit issued **substantial** assurance for this review.

### Information governance & security

- **IT Migration of systems** – Overall Internal Audit issued **substantial** assurance for this review.
- **IT – Software system development** - Overall Internal Audit issued limited assurance for this review.

### Operational service and functional management

- **Partnership working** - Overall Internal Audit issued **reasonable** assurance for this review.
- **Phase 2 of strategic review of commissioning of health professional education** - Overall Internal Audit issued **reasonable** assurance for this review.
- **SLA arrangements** - Overall Internal Audit issued reasonable assurance for this review.

## Workforce management

- **Workforce training and development** – Overall Internal Audit issued substantial assurance for this review.

### 5.3 External Audit – Audit Wales (AW)

The Auditor General for Wales is the statutory external auditor for the NHS in Wales. AW undertakes the external auditor role for HEIW on behalf of the Auditor General.

AW's structured assessment for 2022 was designed in the context of the ongoing response to the pandemic where HEIW was also supporting the recovery of and transformation of the NHS workforce in the context of significant numbers of people waiting for treatment.

The assessment found that: *'HEIW has good governance arrangements in place, key systems of assurance continue to mature, and the Board is setting a clear strategic direction for the organisation. Financial resources are managed well, and staff wellbeing is a clear priority. We have identified a small number of improvements to further enhance public transparency of Board business, strengthen financial reporting and improve compliance with PADR targets'.*

Audit Wales made the following recommendations based on the 2022 Structured Assessment work.

- Public Transparency of Board Business. That HEIW should ensure confirmed minutes and/or meeting recordings are published on HEIW's website within 14 days of a meeting taking place.
- Board and Committee effectiveness reviews. The Organisation should ensure all effectiveness reviews are completed in time to feed into annual reporting cycle such as the annual governance statement.
- Financial Reporting. The Organisation should enhance financial reporting by including the explanation of the short and medium-term consequences of any underspends.
- PADR compliance. That HEIW should report specific actions it is taking to improve this target in its integrated performance report, with a view to achieving 85% by March 2023.

### 5.4 Data Quality

The quality and effectiveness of the information and data provided to the Board is continually reviewed at each meeting of the Board. The Performance Report and Dashboard has been subject to development and revision throughout the year to provide further clarity for the Board.

### 5.5 Regulators

HEIW works with all professional regulators in the development of our education and training programmes. Over the past year, we have continued to work closely with regulators when adjusting our courses to respond to the workforce demands created by the pandemic. We have a specific role supporting the GMC in relation to quality of postgraduate medical education.

## 6. Conclusion – Corporate Governance Report

During the period 1 April 2022 –31 March 2023 there have been no significant internal control or governance issues identified. This is due to the establishment of sound systems of internal control in place to ensure HEIW met its objectives. It is recognised that further work will be necessary in 2023/24 to further develop these arrangements. It will be important to communicate widely with staff to further embed these arrangements.

Signed by  
Chief Executive:

Date: 27 July 2023

#### **Statement of the Chief Executive's Responsibilities as Accountable Officer**

The Welsh ministers have directed that the Chief Executive should be the Accountable Officer to the Special Health Authority.

The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officer's Memorandum issues by Welsh Government.

The Accountable Officer is required to confirm that, as far as she is aware, there is no relevant audit information of which the entity's auditors are unaware, and the Accountable Officer has taken all the steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

The Accountable Officer is required to confirm that that the Annual Report and accounts as a whole is fair, balanced and understandable and that they take personal responsibility for the annual report and accounts and the judgements required for determining that it is fair, balanced and understandable.

The Accountable Officer is responsible for authorising the issue of the financial statements on the date they were certified by the Auditor General for Wales.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Chief Executive:  
Date: 27 July 2023

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## Directors' Report

The information required for this report can be found in the tables and pages of the Annual Report detailed below.

Composition of Board: Table 1 pages [ 7 to 10] of the Governance Statement – detailed information in relation to the composition of the Board including executive directors and independent members, who have authority or responsibility for directing or controlling the major activities of HEIW during the financial year 2022–2023. This includes the names of the Chair and Chief Executive. Table 1 also includes the names of the directors forming the Audit and Assurance Committee.

Board and board level committee meeting dates for the period ending 31 March 2023: Table 2 pages [9 and 10] of the Governance Statement.

Declaration of interest: details of company directorships and other significant interests held by members of the Board which may conflict with the responsibilities as Board members [page 11] of the Performance Report.

HEIW confirms it has complied with cost allocation and the charging requirements set out in HM Treasury guidance during the year.

Information Governance. During 2022/23, no data breaches met the assessment criteria for reporting to the Information Commissioners Office. (page [21] of the Governance Statement). Environmental, social and community issues: HEIW is cognisant of the impact it has on the environment and takes steps to minimise this, where possible. Details of the Board approved HEIW Decarbonisation Strategy and approach to sustainability are outlined in page [20] of the Governance Statement.

### Statement of directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act (Wales) 2006 to prepare accounts for each financial year. The Welsh ministers, with the approval of the Treasury, direct that these accounts give a true and fair view of the state of affairs of the special health authority and of the income and expenditure of the special health authority for that period.

In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting principles laid down by the Welsh ministers with the approval of the Treasury
- make judgements and estimates which are responsible and prudent
- state whether accounting standards have been followed, subject to any material departures disclosed and explained in the account.

The directors confirm that they have complied with the above requirements in preparing the accounts. The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the authority and to enable them to ensure that the accounts comply with the requirements outlined in the above mentioned direction by Welsh ministers. By order of the Board, signed:

Chair

Date: 27 July 2023

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Chief Executive

Date: 27 July 2023

Director of Finance, Planning and Performance

Date: 27 July 2023

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## REMUNERATION AND STAFF REPORT

The information contained in this report relates to the remuneration of the senior managers employed by Health Education & Improvement Wales (HEIW).

The Pay Policy Statement set out in Annex 3 relates to HEIW's strategic stance on senior manager remuneration and to provide a clear statement of the principles underpinning decisions on the use of public funds.

The definition of "Senior Manager" is: 'those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments.' For HEIW, the senior managers are considered to be the regular attendees of Board meetings, i.e. Members of the Executive Team and the independent members.

### Remuneration & Terms of Service Committee

The terms of reference and operating arrangements for the Remuneration and Terms of Service Committee are set out in HEIW's standing orders which were reviewed and updated in July 2022. The purpose of the Committee is to provide advice to the Board on the remuneration and terms of service and performance for the Chief Executive, Executive Directors and other senior staff. It also provides assurance to the Board in relation to HEIW's arrangements for the remuneration and terms of service, including contractual arrangements, for all staff. Further details of the membership and role of the Remuneration and Terms of Service Committee is provided in the Annual Governance Statement.

### Salary and Pension Disclosures

Details of salaries and pension benefits for senior managers captured within this report are given in Annexes 1 and 2. The single figure of remuneration (Annex 1) is intended to be a comprehensive figure that includes all types of reward received by senior managers in the period being reported on, including fixed and variable elements as well as pension provision.

The single figure of remuneration includes the following:

- Salary and fees both pensionable and non-pensionable elements;
- benefits in kind (taxable, total to the nearest £100);
- pension related benefits - those benefits accruing to senior managers from membership of a participating defined benefit pension scheme.

HEIW has paid no annual or long-term performance related bonuses. Annual salary figures are shown prior to any reduction as a result of any salary sacrifice scheme.

During 2022/23 NHS Wales staff received pay awards at various rates, which included a one off non-consolidated payment of 1.5% of salary in March 2023. This additional payment is included within the reported remuneration figures.

The value of pension related benefits accrued during the year is calculated as the real increase in pension multiplied by 20 less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.

The pension benefit figure is calculated on the basis of an increase in the value over the financial year. Where an individual has become a 'Senior Manager' during the year any increase or decrease in benefits are pro-rated over the period they were in that post.

Annex 2 gives the total pension benefits for all senior managers. The inflationary rate applied to the 2020/21 figure is 3.1% as set out in the 'Disclosure of Senior Managers' Remuneration (Greenbury) 2023' guidance document.

Cash Equivalent Transfer Value (CETV) figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023-24 CETV figures.

### **Remuneration Relationship**

NHS Bodies in Wales bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and 25<sup>th</sup> percentile, median and 75<sup>th</sup> percentile remuneration of the organisation's workforce. This information is provided within note 9.6 (Fair Pay Disclosures) in the annual accounts.

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## **2022/23 Staff Report**

### **Number of senior staff**

As of 31 March 2023, there were 7 senior staff that made up the Executive Team; they were also members of the Board or regular attendees. The Chief Executive, the Director of Workforce & OD/Deputy Chief Executive the Medical Director, the Director of Nurse and Health Professional Education, the Director of Finance and Planning the Director of Digital Development and Board Secretary make up the Executive Team. All senior staff are directly employed by HEIW.

Their pay bands are broken down as follows:

### **Numbers of Senior Staff @ 31 March 2023**

Executive and Senior Pay scale	7
Agenda for Change Pay scale	1

### **Staff Numbers**

The following table shows the average number of staff employed (FTE) by Health Education & Improvement Wales, by group from 1 April 2022 to 31 March 2023:

<b>Staff Group</b>	<b>Permanently Employed (Inc. Fixed Term)  (Ave FTE)</b>	<b>Agency Staff  (Ave FTE)</b>	<b>Staff on Inward Secondment  (Ave FTE)</b>	<b>2022/23 Total  (Ave FTE)</b>
Administrative and Clerical and Board Members	274.89	8.88	10.05	<b>293.82</b>
Medical & Dental	48.10	0	3.33	<b>51.43</b>
Professional Scientific and Technical Staff	29.50	0	0	<b>29.50</b>
Additional Clinical Services	1.92	0	0	<b>1.92</b>
Nursing & Midwifery	6.67	0	4.68	<b>11.35</b>
Allied Health Professionals	4.12	0	0.88	<b>5.00</b>
Healthcare Scientists	0.42	0	0	<b>0.42</b>
<b>Totals</b>	<b>365.62</b>	<b>8.88</b>	<b>18.94</b>	<b>393.44</b>

The table above does not include the Chair or Independent Members.

## Staff Composition

The gender breakdown of the Executive Team and other employees as of 31 March 2023 was as follows:

<b>Staff Composition @ 31 Mar 2023 (headcount)</b>	<b>Male</b>	<b>Female</b>
Senior Staff (Executive Team)	2	5
Other Employees	192	424
<b>All Staff</b>	<b>194</b>	<b>429</b>
% All Staff	31.1%	68.9%

The table above includes all staff on secondment and excludes staff employed via an agency.

Due to the nature of its work, HEIW employs a number of individuals on a sessional basis. This results in the headcount of staff for the organisation being significantly higher than the full time equivalent.

## Sickness Absence data

The following table provides information on the number of days lost due to sickness:

	<b>From 1 April 2022 to 31 March 2023</b>	<b>From 1 April 2021 to 31 March 2022</b>
	<b>Number</b>	<b>Number</b>
Days lost (long term)	2,332.57	1,940.95
Days lost (short term)	887.77	673.54
<b>Total FTE days lost</b>	<b>3,220.34</b>	<b>2,614.49</b>
<b>Total staff years</b>	<b>370</b>	<b>315</b>
Average working days lost	8.69	8.29
Total staff employed in period (headcount)	595	495
Total staff employed in period with no absence (headcount)	449	388
<b>Percentage staff with no sick leave</b>	<b>75.5%</b>	<b>78.4%</b>

The table above is prepared using data recorded in the Electronic Staff Records (ESR) system, which only includes staff substantively employed by HEIW.

*The staff numbers in the tables above are calculated on different bases depending on the requirements of the individual disclosures (e.g. full time equivalents, headcount, average for the year, total at a specific point).*

HEIW's rolling 12-month sickness rate was 2.48%. This is marginally higher than for 21/22 when it was at 1.8% but it still remains substantially below the NHS Wales target of 4.1%. The ratio between short and long-term sickness remains relatively constant at around 28%:72% respectively. This means that most days lost due to sickness are related to long-term episodes for a small number of staff. The largest number of days lost continue to be for reasons of anxiety and stress but again these relate to a very small number of cases and can be reasons which are home or work related. All such cases are fully supported by the relevant managers and members of the People Team.

## Staff Policies Applied During the Financial Year

HEIW is now in its fifth year following its establishment in October 2018. The establishment of HEIW as a new organisation involved the Transfer of Undertaking Protection of Employment (TUPE) transfer of staff including staff from Cardiff University into the new organisation and the NHS. In addition there have been a number of much smaller TUPE transfers in the intervening years both from within the NHS and from Cardiff University. Those that transferred from Cardiff University retained their University contract terms and conditions and at the time of transfer in 2018 these amounted to the majority of the total staff. However, by the end of 2021/22 the figure was 44% and at the end of 2022/23 the percentage of staff who still retain Cardiff University contracts is now 27%. The change is attributable to voluntary movement of staff into new roles on NHS contracts, turnover where all new staff enter on NHS contracts and renewal of fixed term contracts under NHS terms and conditions.

The HEIW Local Partnership Forum (LPF) provides the formal mechanism for social partnership within HEIW. It is the formal method for engagement, consultation, negotiation and communication between the trade unions and HEIW management and ensures continued partnership working. During 2022/23 the LPF met bi-monthly and dealt with a range of operational and strategic issues. The LPF forms a key part of the approval process for workforce policies and supports the work of the Policy Review Group. We continue to work with staff side through the Local Partnership Forum to rationalise the number of workforce policies by extending NHS policies to cover the former Cardiff University staff covered by TUPE where there is no detriment and by agreement. During 2022/23 the following policies were either introduced or were reviews of existing policies:

Policy name	New /Review	Applicable to
Annual leave	Review	NHS contract staff
Retirement	New	All staff
PADR	Review	All staff
Carers	Review	All staff
Agile Working	Review	All staff
Values Based Recruitment	New	All staff
Voluntary Early Release	New	All staff
Parental Leave	New	All staff
Interim Retire and Return (Procedure)	Review	All staff

All newly appointed staff are employed on NHS terms and conditions of service either Agenda for Change of Medical & Dental. Former Cardiff University staff may choose to transfer to NHS terms and conditions of service at any time. Where former Cardiff University staff covered by TUPE accept a new post within HEIW either permanently or temporarily that results in a contractual change they will transfer to NHS terms and conditions of service.

We have continued to recruit to new and vacant posts during 2022/23 and the People Team Dashboard showed a headcount of 549 on 1<sup>st</sup> April 2022 rising to 602 on 31<sup>st</sup> March 2023. ESR recorded 135 new starters and 78 leavers during 2022/23, this doesn't include internal movements within HEIW.

The recruitment volumes within TRAC recorded 226 posts advertised. This included the substantive recruitment of one Executive Directors, the Director of Finance Planning and Performance replacing the interim arrangements with effect from May 2023.

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We have reviewed our Access to Learning and Performance Appraisal Development Review Policies, simplifying the process of accessing funding and leave for development, and focussing on contribution and regular and meaningful conversations.

We have strengthened our coaching and project management skills through commissioning training and development, including PRINCE II, PRINCE II Agile, Coaching for Impact and the Institute of Leadership and Management (ILM).

We continue to engage and collaborate through our Local Partnership Forum and staff networks, developing an annual calendar of events to promote awareness of staff health and wellbeing and inclusion. We held a Health Needs Assessment, the fourth consecutive year, the response rate was 23% and the overall staff engagement was 82%.

We hold fortnightly staff forums and quarterly staff conferences, two virtual and two in person. At the last staff conference, we held staff focus groups to gain feedback and engagement on the developing People and Organisational Development Strategy.

Our Corporate Induction has been relaunched with the experience of the individual at its heart, with aim of engaging and introducing our culture and values.

During 2022/23 staff returned to work from Ty Dysgu under a hybrid operating model. Initially this entailed working 3 days in the office and 2 days at home (pro rata for part time staff). However it was subsequently modified to 2 days in the office and 3 days at home. This model continues with staff operating flexibly within those parameters. The return to office based working has enabled staff to reconnect with their colleagues in person and also to benefit from the incidental connections that have been lost with homeworking.

Our focus this year has been on raising awareness of all the staff health and wellbeing resources available across NHS Wales. We have done this through the hosting of the national resources on the HEIW website, and on our Gwella Leadership Portal. We continue to provide leadership and programme management to the NHS Wales Staff Health and Wellbeing Network, meeting every six weeks to share best practice, collaborate on all Wales initiatives and providing peer review to new and emerging work. We contributed significantly to the review of the Managing Attendance at Work Policy and accompanying training.

## **Equality, Diversity and Inclusion**

HEIW's aspiration is to be an excellent employer and a great place to work. As such we are fully committed to meeting the general and specific duties set out in the Public Sector Equality Duties Act (2011), the Anti-Racist Wales Action Plan 2022 and the LGBTQ+ Action Plan 2023. It is also essential that these duties are reflected in the functions of the organisation, which affect students, trainees, and staff across the wider NHS.

At HEIW we are committed to eliminating discrimination and promoting diversity and inclusion through equality of opportunity and through everything that we do. We have continued to embed our diversity, quality and inclusion agenda which is informed by strong leadership, co-production, collaboration, and direct engagement with those who are affected by the decisions we make.

HEIW ensures equality of opportunity and access for all by building upon the foundation of Equality and Human Rights Legislation and strives not only to comply with legal requirements but also to use these to ensure that the organisation exemplifies best practices. HEIW acknowledges that our ability to recruit and retain the best people depends upon creating a positive, compassionate, and inclusive culture.

In October 2020, we published our first Strategic Equality Plan (SEP) which set out our direction of travel for the next four years to promote equality, eliminate discrimination and foster good relations between those who share a protected characteristic and those who do not. Since we published our first SEP, world events, societal changes and new legislation has enabled us to review our objectives to ensure they remain current, relevant, and future-focused. As a result, a new SEP will be launched in early April 2023. We have also published our third Annual Equality Report for 2021/22 and our Gender Pay Gap Report for 2021/22.

We have an established Equality Diversity and Inclusion (EDI) steering group to support the executive leads for EDI and Race Equality in the discharge of their responsibilities. Our staff EDI network provides a variety of internal and external speakers whilst enabling us to share and highlight best practices, and opportunities for learning and development. Two of our independent board members have observer status at the network meetings. Our Inclusion Network continues to champion equity, equality and well-being within the organisation and hosts several virtual and in-person events that raise the profile of and celebrate diversity.

We have attended and supported several events and activities with the Grange Pavilion community centre, Diverse Cymru, iLeads youth programme, Race Council Cymru, and Black History 365 amongst others. This has enabled us to engage with our local community groups, celebrate the diversity of our service users and provide opportunities for engagement in the planning and delivery of our service users. Our ambition is to build on this work and not only ensure these existing relationships flourish but to develop new relationships across Wales.

We continue to engage with the following external partners to provide an impartial review of our policies and practices to ensure alignment with national standards in respect of equality, diversity and inclusion:

- Stonewall Diversity Champion – tackling barriers and inequalities faced by lesbian, gay, bisexual and transgender staff
- Disability Confident – supporting HEIW to make the most of the talents that disabled people can bring to your workplace
- Dying to Work TUC – additional employment protection for terminally ill workers
- Anti-Violence Collaboration – sets out the responsibilities of the partners when dealing with violent or aggressive incidents relating to NHS staff

### **Expenditure on Consultancy**

For the purpose of the statutory accounts, consultancy is defined as time limited/ad-hoc assignments that are not related to the day-to-day activities of HEIW.

During 2022/23, HEIW's expenditure on consultancy was £35k.

### **Tax Assurance for Off-Payroll Engagements**

HEIW is required to disclose any arrangements it has whereby individuals are paid through their own companies or off payroll.

There were none during this period.

### **Exit Packages**

Details of all exit packages are included within note 9.5 of the Annual Accounts. During 2022/23 no exit packages were paid by HEIW.

### **Statement of Assurance**

I confirm that there is no relevant audit information in the Annual Report of which the Audit Wales is unaware. As Chief Executive, I have taken all the steps in order to make myself aware of any relevant information and ensure the Audit Wales is aware of that information.

Alex Howells

Chief Executive and Accountable Officer, Health Education & Improvement Wales

27 July 2023

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## Annex 1a: Single Figure of Remuneration 2022/23

Single Figure of Remuneration					
Name	Title	Salary (Bands of £5k)	Benefits in Kind (taxable) to nearest £100	Pension Benefit to nearest £1,000	Total to nearest (Bands of £5k)
Alex Howells	Chief Executive	165 – 170	-	29	190 – 195
Julie Rogers	Director of WOD / Deputy CEO	125 – 130	-	18	140 – 145
Dafydd Bebb <sup>1</sup>	Board Secretary	101 – 105	-	12	110 – 115
Push Mangat <sup>2</sup>	Medical Director	150 – 155	-	-	150 – 155
Sian Richards <sup>3</sup>	Director of Digital Development	95 – 100	-	21	115 – 120
Lisa Llewelyn	Director of Nursing & Health Professional Education	110 – 115	-	21	135 – 140
Rhiannon Beckett	Interim Director of Finance	110 – 115	-	70	180 – 185
Chris Jones	Chair	40 – 45	-	-	40 – 45
Tina Donnelly	Non-Executive Director	5 – 10	-	-	5 – 10
Ruth Hall	Non-Executive Director	10 – 15	-	-	10 – 15
Gill Lewis	Non-Executive Director	5 – 10	-	-	5 – 10
Heidi Phillips <sup>4</sup>	Non-Executive Director	0 – 5	-	-	0 – 5
Jonathan Morgan <sup>5</sup>	Non-Executive Director	5 – 10	-	-	5 – 10
John Gammon <sup>6</sup>	Non-Executive Director	5 – 10	-	-	5 – 10

The value of 'Pension Benefit' in the table above is calculated as follows:

$(\text{real increase in pension} \times 20) + (\text{real increase in any lump sum}) - (\text{contributions made by the employee})$

\*excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.

This is not an amount that has been paid to an individual during the year. These figures can be influenced by many factors e.g. changes in a persons salary, any additional contributions made by the employee, the and other valuation factors affecting the pension scheme as a whole.

<sup>1</sup> The salary value for Dafydd Bebb includes a payment for the sale of annual leave in the range £0 - £5k.

<sup>2</sup> Pushpinder Mangat joined HEIW substantively from 2<sup>nd</sup> July 2022 having previously been seconded from Swansea Bay UHB. His full year equivalent salary in HEIW is in the range £140k - £145k. Pushpinder chose not to be covered by the NHS pension scheme for the period employed by HEIW and therefore no pension benefits accrued.

<sup>3</sup> Sian Richards joined HEIW substantively from 1<sup>st</sup> July 2022 having previously been seconded from Swansea Bay UHB. The salary figure reported in the table above does not include the one-off non-consolidated 'recovery payment' relating to 2022/23 the pay offer was not agreed until after the balance sheet date. This payment will be included within the 2023/24 salary.

<sup>4</sup> Heidi Phillips stood down as an Independent Member on 9<sup>th</sup> May 2022

<sup>5</sup> Jonathan Morgan resigned as an Independent Member on 31<sup>st</sup> March 2023.

<sup>6</sup> John Gammon was appointed as an Independent Member on 1<sup>st</sup> August 2022.

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# Annex 1b: Single Figure of Remuneration 2021/22

Single Figure of Remuneration					
Name	Title	Salary (Bands of £5k)	Benefits in Kind (taxable) to nearest £100	Pension Benefit to nearest £1,000	Total to nearest (Bands of £5k)
Alex Howells	Chief Executive	155 - 160	-	69	225 - 230
Julie Rogers <sup>1</sup>	Director of WOD / Deputy CEO	115 - 120	-	6 <sup>1</sup>	120 - 125 <sup>1</sup>
Dafydd Bebb	Board Secretary	90 – 95	-	24	110 – 115
Push Mangat <sup>2</sup>	Medical Director	165 – 170	-	49	215 - 220
Eifion Williams <sup>3</sup>	Director of Finance	45 – 50	-	-	45 - 50
Angela Parry <sup>4</sup>	Interim Director of Nursing	15 – 20	-	1	15 - 20
Nicola Johnson <sup>5</sup>	Director of Planning, Performance & Corporate Services	90 – 95	-	73	165 – 170
Sian Richards <sup>6</sup>	Director of Digital Development	90 - 95	-	72	160 - 165
Lisa Llewelyn <sup>7</sup>	Director of Nursing & Health Professional Education	90 – 95	-	40	130 - 135
Rhiannon Beckett <sup>8</sup>	Interim Director of Finance	25 – 30	-	11	35 - 40
<b>Non-Executive Directors</b>					
Chris Jones	Chair	40 – 45	-	-	40 – 45
Tina Donnelly	Non-Executive Director	5 – 10	-	-	5 – 10
Ruth Hall	Non-Executive Director	5 – 10	-	-	5 – 10
John Hill-Tout <sup>9</sup>	Vice Chair	5 – 10	-	-	5 - 10
Gill Lewis	Non-Executive Director	5 – 10	-	-	5 – 10
Heidi Phillips	Non-Executive Director	5 – 10	-	-	5 – 10
Jonathan Morgan <sup>10</sup>	Non-Executive Director	0 – 5	-	-	0 - 5

The value of 'Pension Benefit' in the table above is calculated as follows:

$(\text{real increase in pension}^* \times 20) + (\text{real increase in any lump sum}^*) - (\text{contributions made by the employee})$

\*excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.

This is not an amount that has been paid to an individual during the year. These figures can be influenced by many factors e.g. changes in a persons salary, any additional contributions made by the employee, the and other valuation factors affecting the pension scheme as a whole.

<sup>1</sup> Julie Rogers was seconded from Welsh Government until joining as a HEIW employee on 1 March 2022. The Civil Service Pension scheme were not able to provide the required information to calculate the pension benefit in time for the publication of the 2021/22 accounts. Figures have subsequently been provided and have been included in the table above.

<sup>2</sup> Push Mangat is seconded from Swansea Bay UHB.

<sup>3</sup> Eifion Williams retired on 31 December 2021 and chose not to be covered by the NHS Pension Scheme during his employment in HEIW. The full year equivalent salary is in the range £60,000 - £65,000.

<sup>4</sup> Angela Parry's appointment as Interim Director of Nursing ended on 30 June 2021. The full year equivalent salary is in the range £70,000 - £75,000.

<sup>5</sup> Nicola Johnson was seconded from Swansea Bay UHB. She returned to her substantive role on 31 March 2022.

<sup>6</sup> Sian Richards is seconded from Swansea Bay UHB.

<sup>7</sup> Lisa Llewelyn commenced as Director of Nursing & Health Professional Education on 1 June 2021. The full year equivalent salary is in the range £105,000 - £110,000.

<sup>8</sup> Rhiannon Beckett commenced as Interim Director of Finance on 1 January 2022.

<sup>9</sup> John Hill Tout's term as Independent Member ended on 31 January 2022. The full year equivalent salary is in the range £10,000 - £15,000.

<sup>10</sup> Jonathan Morgan was appointed as an Independent Member on 4 January 2022. The full year equivalent salary is in the range £5,000 - £10,000.

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## Annex 2: Pension Benefits – 2022/23

Name	Title	Real increase in pension at pension age (bands of £2,500) £'000	Real increase in pension lump sum at pension age (bands of £2,500) £'000	Total accrued pension at pension age at 31 March 2023 (bands of £5,000) £'000	Lump sum at pension age related to accrued pension at 31 <sup>st</sup> March 2022 (bands of £5,000) £'000	Cash Equivalent Transfer Value at 31 March 2023 £'000	Cash Equivalent Transfer Value at 31 March 2022 £'000	Real increase in Cash Equivalent Transfer Value £'000	Employer's contribution to stakeholder pension £'000
Alex Howells	Chief Executive	0 – 2.5	(2.5) – (5.0)	75 – 80	145 – 150	1,433	1,340	30	-
Julie Rogers	Director of WOD / Deputy CEO	0 – 2.5	-	0 – 5	-	35	-	18	-
Dafydd Bebb	Board Secretary	0 – 2.5	-	5 – 10	-	115	87	12	-
Push Mangat <sup>1</sup>	Medical Director	-	-	-	-	-	-	-	-
Sian Richards	Director of Digital Development	2.5 - 5	0 – (2.5)	25 – 30	40 – 45	390	345	21	-
Lisa Llewelyn <sup>2</sup>	Director of Nursing & Health Professional Education	0 – 2.5	(2.5) – (5.0)	55 – 60	160 – 165	36	-	21	-
Rhiannon Beckett	Interim Director of Finance	2.5 – 5	5 – 7.5	20 - 25	35 – 40	414	320	70	-

Pushpinder Mangat joined HEIW substantively from 2<sup>nd</sup> July 2022 having previously been seconded from Swansea Bay UHB.

Pushpinder chose not to be covered by the NHS pension scheme for the period employed by HEIW and therefore no pension benefits were accrued.

<sup>2</sup> Lisa Llewelyn has no CETV as at 31/03/2022 as she is over the normal pension age for the relevant pension scheme. The CETV value at 31/03/23 relates to the 2015 NHS Pension Scheme.

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### **Annex 3: Pay Policy Statement**

#### **Salary and pension entitlements of senior managers 2022-23**

The pay and Terms and Conditions of Employment for the executive team and senior managers have been, and will be determined by the HEIW Board, based on the recommendations of the Remuneration and Terms of Service Committee, within the framework set by Welsh Government. The Remuneration and Terms of Service Committee also considers applications relating to the Voluntary Release Scheme. The Remuneration and Terms of Service Committee members are all Independent Members of the Board and the committee is chaired by HEIW's chairperson. The Terms of Reference for the Committee are regularly being reviewed.

#### **Auditors**

The auditors have reviewed this report for consistency with other information in the financial statements and will provide an opinion on the following disclosures:

- Single total figure of remuneration for each director;
- CETV disclosures for each director;
- Payments to past directors, if relevant;
- Payments for loss of office, if relevant;
- Fair pay disclosures (included in annual accounts);
- Exit packages (included in annual accounts) if relevant, and;
- Analysis of staff numbers.

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# **The Welsh Parliament Accountability and Audit Report**

## **For the Year ended 31 March 2023**

### **Regularity of Expenditure**

Regularity is the requirement for all items of expenditure and receipts to be dealt with in accordance with the legislation authorising them, any applicable delegated authority and the rules of Government Accounting.

The Health Education and Improvement Wales (HEIW) Board ensures the funding provided by Welsh Ministers has been expended for the purposes intended by Welsh Ministers and that the resources authorised by Welsh Ministers to be used have been used for the purposes for which the use was authorised.

The Chief Executive is the Accountable Officer and ensures that the financial statements are prepared in accordance with legislative requirements and the Treasury's Financial Reporting Manual. In preparing the financial statements, the Chief Executive is required to:

- observe the accounts directions issued by Welsh Ministers, including the relevant accounting and disclosure requirements and apply appropriate accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards have been followed and disclosed and explain any material departures from them; and
- prepare them on a going concern basis on the presumption that the services of the Special Health Authority will continue in operation.

### **Fees and Charges**

Where HEIW undertakes an activity which is not funded directly by the Welsh Government, HEIW receives income to cover its costs. Further detail of income received is published in the annual accounts.

HEIW confirms it has complied with cost allocation and the charging requirements set out in HM Treasury guidance during the year.

### **Remote Contingent Liabilities**

Remote contingent liabilities are those liabilities that due to the unlikelihood of a resultant charge against HEIW are therefore not recognised as an expense nor as a contingent liability. Detailed below are the remote contingent liabilities as at 31st March 2023.

	<b>2022-23</b>
Guarantees	nil
Indemnities	nil

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# **The Certificate and report of the Auditor General for Wales to the Senedd**

## **Opinion on financial statements**

I certify that I have audited the financial statements of Health Education and Improvement Wales for the year ended 31 March 2023 under Section 61 of the Public Audit (Wales) Act 2004.

These comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Cash Flow Statement and Statement of Changes in Taxpayers' Equity and related notes, including a summary of significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual.

In my opinion, in all material respects, the financial statements:

- give a true and fair view of the state of affairs of Health Education and Improvement Wales as at 31 March 2023 and of its net operating costs for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

## **Opinion on regularity**

In my opinion, in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

## **Basis for opinions**

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my certificate.

My staff and I are independent of the Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinions.

Griffiths, S. J.  
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## Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this certificate.

The going concern basis of accounting for Health Education and Improvement Wales is adopted in consideration of the requirements set out in HM Treasury's Government Financial Reporting Manual, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it anticipated that the services which they provide will continue into the future.

## Other Information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The Chief Executive is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

## Opinion on other matters

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

In my opinion, based on the work undertaken in the course of my audit:

- the parts of the Accountability Report subject to audit have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers' directions; and
- the information given in the Performance and Accountability Reports for the financial year for which the financial statements are prepared is consistent with the financial statements and is in accordance with Welsh Ministers' guidance.

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## **Matters on which I report by exception**

In the light of the knowledge and understanding of Health Education and Improvement Wales and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance Report or the Governance Statement.

I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

- I have not received all the information and explanations I require for my audit;
- adequate accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements and the audited part of the Accountability Report are not in agreement with the accounting records and returns;
- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed;
- certain disclosures of remuneration specified by HM Treasury's Government Financial Reporting Manual are not made or parts of the Remuneration Report to be audited are not in agreement with the accounting records and returns; or
- the Governance Statement does not reflect compliance with HM Treasury's guidance.

## **Responsibilities of Directors and the Chief Executive for the financial statements**

As explained more fully in the Statements of Directors' and Chief Executive's Responsibilities, the Directors and the Chief Executive are responsible for:

- maintaining adequate accounting records;
- the preparation of financial statements and annual report in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- ensuring that the annual report and financial statements as a whole are fair, balanced and understandable;
- ensuring the regularity of financial transactions;
- internal controls as the Directors and Chief Executive determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; and
- assessing the Authority's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors and Chief Executive anticipate that the services provided by the Authority will not continue to be provided in the future.

## **Auditor's responsibilities for the audit of the financial statements**

My responsibility is to audit, certify and report on the financial statements in accordance with the National Health Service (Wales) Act 2006.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue a certificate that includes my opinion.

Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- Enquiring of management, the audited entity's head of internal audit and those charged with governance, including obtaining and reviewing supporting documentation relating to Health Education and Improvement Wales policies and procedures concerned with:
  - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
  - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
  - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in the following areas: expenditure recognition and posting of unusual journals;
- Obtaining an understanding of Health Education and Improvement Wales framework of authority as well as other legal and regulatory frameworks that the Health Education and Improvement Wales operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of Health Education and Improvement Wales; and
- Obtaining an understanding of related party relationships.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management, the Audit and Assurance Committee and legal advisors about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance and the Board; and
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are

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indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Health Education and Improvement Wales controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of my auditor's report.

### **Other auditor's responsibilities**

I am also required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

### **Report**

I have no observations to make on these financial statements.

Adrian Crompton

Auditor General for Wales

[Date]

1 Capital Quarter

Tyndall Street

Cardiff

CF10 4BZ

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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>27 July 2023</b>	<b>Agenda Item</b>	<b>4.2</b>
<b>Report Title</b>	<b>Performance Report 2022/23</b>		
<b>Report Author</b>	Sarah Griffiths, 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 set out HEIW's Performance Report for 2022/23		
<b>Key Issues</b>	<p>The purpose of the Performance Report is to provide an update on the organisation's performance in 2022/23, including progress on delivery of our Strategic Aims and performance of our business activities.</p> <p>The Performance Report was considered at the meeting of the Audit and Assurance Committee held on 20 July.</p> <p>In 2022/23, the Annual Report which includes the Performance Report, Accountability Report and the Financial Statements (Annual Accounts) should be completed and submitted to Welsh Government as a single unified PDF document by 31 July.</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 Board is asked to:</p> <ul style="list-style-type: none"><li>• <b>consider</b> the Performance Report; and</li><li>• <b>approve</b> the Performance Report for submission to Welsh Government by 31 July.</li></ul>		

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## PERFORMANCE REPORT 2022/23

### 1. INTRODUCTION

The purpose of the report is to set out HEIW's performance for 2022/23.

### 2. BACKGROUND

In 2022/23, the Annual Report which includes the Performance Report, Accountability Report and the Financial Statements (Annual Accounts) should be completed and submitted by HEIW to Welsh Government as a single unified PDF document by 31 July.

### 3. PROPOSAL

This report sets out HEIW's Performance Report 2022/23 and the Board is asked to consider and approve the Performance Report for submission to Welsh Government by 31 July.

### 4. GOVERNANCE AND RISK

The purpose of the Performance Report is to provide information on the entity, its main objectives and strategies and the principal risks that it faces.

### 5. FINANCIAL IMPLICATIONS

There are no financial implications. Production of the Annual Report is deemed a core matter for HEIW.

### 6. RECOMMENDATION

The Board is asked to:

- **consider** the Performance Report; and
- **approve** the Performance Report for submission to Welsh Government by 31 July.

#### Governance and Assurance

	Strategic Aim 1:	Strategic Aim 2:	Strategic Aim 3:
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<b>Link to IMTP strategic aims</b> <i>(please ✓)</i>	<b>Building our Future Workforce</b> Developing and implementing plans that align the future demand for workforce with supply.	<b>Developing our Current Workforce</b> Transforming today's workforce to contribute to new models of care which improve quality and safety.	<b>Shaping Culture and Leadership in NHS Wales</b> Embedding compassionate leadership principles to develop cultures that support inclusion, wellbeing, and quality.
	✓	✓	✓
<b>Quality, Safety, and Patient Experience</b>			
n/a			
<b>Financial Implications</b>			
There are no direct financial implications.			
<b>Legal Implications (including equality and diversity assessment)</b>			
Completing the Annual Report is a statutory duty for HEIW.			
<b>Staffing Implications</b>			
There are no direct staffing implications.			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
n/a			
<b>Report History</b>	The report was considered by the Audit and Assurance Committee at its meeting on 20 July 2023.		
<b>Appendices</b>	Appendix 1 - Performance Report 2022/23		

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## **DRAFT PERFORMANCE REPORT 2022-23**

### **Welcome from our Chair and Chief Executive**

We are pleased to present this annual report for 2022/2023. We are now in our 5<sup>th</sup> year as an organisation. The Chief Executive summary gives an insight into how the organisation has continued to develop, perform and deliver during the year. The country has faced recovery from the Covid pandemic, the emergence of the war in Ukraine, economic challenges with rising inflation, a very tight labour market and continuing industrial action involving key NHS workforce.

We would want to fully recognise the dedication, professionalism and energy of our staff that form team HEIW.

There have been significant changes in our independent members with 3 new members joining the Board during the year. One independent member has left to take up the Chair role in Cwm Taf Morgannwg University Health Board. Our independent members bring a wealth of experience and energy to the Board.

We have continued to build and develop our partnerships with a wide range of stakeholders across the NHS, social care, education, regulators, professional bodies and most importantly our trainees and students. Our Stakeholder Reference Group continues to mature and is well attended engaged and involved. The relationship with Welsh Government is key to effective work, and new relationships with the NHS Executive and The National Workforce Implementation Plan are key enablers for delivering on the Strategic Workforce Plan for Health and Social Care to support A Healthier Wales

Our focus is always on improving care and bettering outcomes through education, training and workforce development, underpinned by the ambition of the Workforce Strategy for Health and Social Care. Our system leadership role in compassionate and collective leadership has matured significantly. The development of our Integrated Medium-Term Plan sets out what we will be delivering across our functions, including workforce planning and intelligence, careers and widening access, workforce transformation, and education and training. Our transformation of education and our focus on the digital opportunities in partnership with Digital Health Care Wales (DHCW) are fundamental to meeting the needs of the service whilst widening access and opportunity to train, work, and live in Wales, serving the Welsh population. Through our educational commissioning budgets, the organisation supports the socioeconomic duty, and our work on addressing access, diversity and inclusion is maturing with a particular focus on differential attainment for our trainees and students. From September 2022 Nursing Studies commenced at Aberystwyth University. More courses are available through the medium of Welsh. We are actively pursuing the Mwy Na Geiriau agenda.

The pipeline and sustainability of our NHS workforce are key determinants for the future NHS. During the year a key highlight was the development and launch of the Strategic Mental Health Workforce Plan – securing full funding from Welsh Government for 2023/2024. There is a key focus for 2023/24 on the development of the Strategic Workforce Plan for Pharmacy, the Strategic Primary Care workforce plan

and the Strategic Nursing workforce plan. The Nurse retention plan will be a key component of the ongoing work.

No doubt 2023/2024 will bring its own challenges – however we believe the organisation can contribute positively to ensuring the workforce is well trained and well supported through compassionate leadership to meet the needs of the service.

Dr Chris Jones

Alex Howells

Chair

Chief Executive Officer

27 July 2023

27 July 2023

## Chief Executive's Foreword

In 2022/23, NHS Wales has experienced unprecedented demand, the focus has been on recovery from the pandemic and supporting strategic programmes of work that will deliver long term benefits for the health and care workforce.

The aims and objectives of the IMTP 2022-25 were delivered in conjunction with emerging priorities, adjusting where necessary to support the needs of the service.

Overall, HEIW has made good progress on delivering 56 strategic objectives across our six strategic aims, thanks to the professionalism and dedication of our staff and ongoing cooperation of our partners.

Many of these are core to the implementation of the Workforce Strategy for Health and Social Care and include:

- The development and approval of the 2023/24 Education Commissioning and Training Plan, which is the vehicle for agreeing the numbers of staff we train in Wales.
- The launch of the Strategic Mental Health Workforce Plan, which also developed a methodology which is now being applied in other critical areas including nursing and pharmacy.
- Deployment of a range of new health professional undergraduate education provisions in Welsh Universities (Phase 1 of the Strategic Review of Health Professional Education).
- New education and training provision through the multi professional primary and community education and training framework.
- Support for the workforce solutions needed for many national programmes, including peri-natal, primary care, urgent and emergency care, planned care, nursing, imaging and endoscopy.
- Talent pipeline development through dedicated leadership and succession programmes.

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- Development of Careersville, the digital platform created to enable users to explore different health and care careers. This now has eight dedicated “buildings” and a skills library to support the 350 NHS roles on offer.
- Continued implementation of new education and training standards for pharmacists.
- Implementation of a new digital learning platform Y Ty Dysgu.

HEIW’s Multi-professional Quality Framework has been adopted as a system underpinning high quality multi professional education and training across all sections of HEIW - integrating Quality Planning, Quality Management and educational governance of education and training, Quality Assurance and Quality Improvement.

The Framework aims to harmonise critical quality activity across healthcare professions, embedding consistency of standards, language and approach and facilitating sharing of information across the organisation to manage and assure the experiences and outcomes of learners.

HEIW strives for continuous improvement, and this is not limited to education and training delivery. Our enabling functions continue to mature including finance where our in-year financial monitoring continues to be of a high standard, and through working closely with Welsh Government finance colleagues, we have managed our financial position transparently and once again achieved all financial targets for the fifth year.

Proportionate and robust governance are key to enabling delivery of priorities and we have once again this year been able to maintain our effective governance arrangements, reflected by the findings of the internal and external audit reports and the organisation’s ability to deliver on its key commitments for 2022/23.

HEIW continues to work in a hybrid model which enables staff to maintain work life balance in pursuit of delivering the organisational goals. We have also continued to deliver our internal priorities including embedding the Welsh language in all we do, delivering the decarbonisation agenda and ensuring our Strategic Equality Plan has a positive impact on equality and diversity in our organisation and across all of our functions.

We are proud of the work we have achieved in collaboration with the system this year, driving quality improvement throughout NHS Wales and working to improve citizen outcomes both now and for the future.

Alex Howells

Chief Executive

27 July 2023

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## **Key Facts**

HEIW – Special Health Authority

All Wales remit

£289.361m annual budget 87% on education and training

Over 600 directly employed staff

3,155 medical and dental trainers and supervisors

## **Promotes**

350 + careers in Wales

27 health libraries

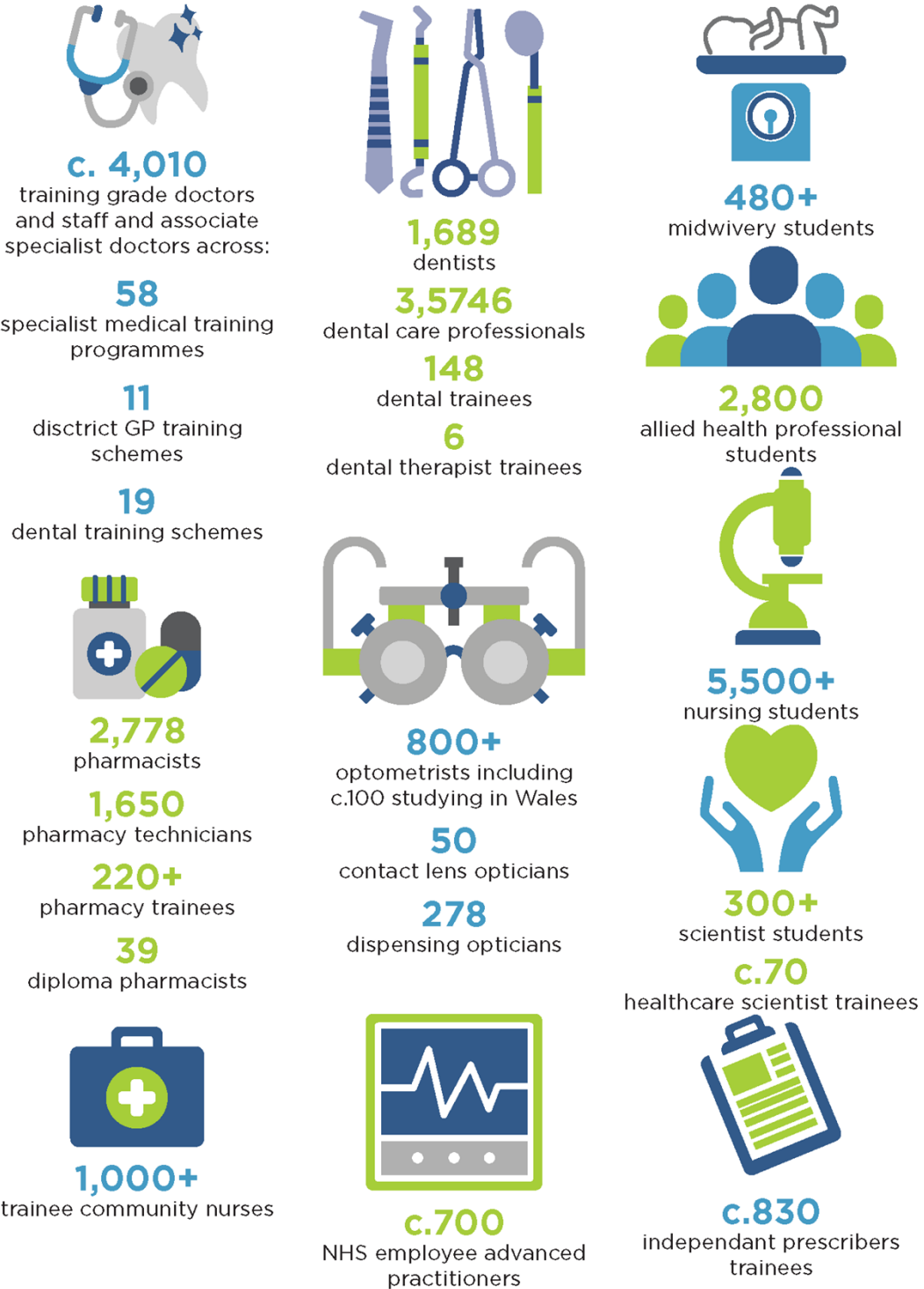
NHS Wales e-library for health managed by Digital Health & Care Wales

2,300 + subscription e-journals

22+ databases, e-learning and guidelines

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**At any time we are supporting the education, training and CPD of:**



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## Who are we?

HEIW is the statutory education body and strategic workforce organisation for NHS Wales.

## Vision and Purpose

Our vision is **“To develop a workforce that improves care and population health”**.

Our purpose is as part of the NHS, to work with partners to plan, develop, educate and train the current and future workforce.

As a Special Health Authority, our unique contribution or “added value” is to address strategic and specialist workforce opportunities and risks that affect workforce demand and supply through our statutory functions.

Our role in developing a sustainable workforce makes a fundamental contribution to the implementation of the Wellbeing of Future Generations (Wales) Act 2015 and the five ways of working. We see this as part of our core purpose, creating the conditions for a sustainable workforce for the future and widening access to health careers and opportunities. HEIW engages with partners and stakeholders to shape education and training opportunities making them more accessible regardless of background or geography.

## What we do – our functions

The organisation undertakes a wide range of functions, as outlined below, which together help us to achieve and deliver our vision and purpose.

### Functions



- **Leadership Development:** we are responsible for setting the strategy, principles and frameworks for leadership development across Wales, based on compassionate and collective leadership, together with the commissioning and

delivery of leadership development activity for key groups. We lead on succession planning and talent management for aspiring Directors and Chief Executives.

- **Workforce Strategy, Planning and Intelligence:** as well as providing strategic leadership for the development of workforce planning capacity across the NHS, we have a lead role in the development of strategic workforce plans and the provision of analytical insight and intelligence to support the development of the current and future shape of the workforce.
- **Workforce Development and Transformation:** we support workforce transformation and improvement to respond to significant service challenges, including skills development, role design, prudent approaches, CPD and career pathway development.
- **Education and Training, Planning Commissioning and Delivery:** we plan, commission, deliver, and quality manage undergraduate and postgraduate education and training for a wide range of health professions and lead on apprenticeship frameworks in Wales.
- **Careers and Widening Access:** we promote health careers and the widening access agenda to ensure that opportunities to work in the health and care system are available to all. We are aiming to include people in our communities that have valuable skills and experience that are currently under-represented in our workforce.

## How we do it

### Our Culture, Values and Behaviours

As a workforce focused organisation, our culture and the way we do business are very important to us. Our aspiration continues to be an exemplar employer and a great place to work, recognising that our workforce is not only distributed across Wales but has successfully embraced a hybrid model of home working and office-based working.

We continue to develop our people, inclusion, and organisational development practices to enable us to reach our aspirations. It is critical that we have a motivated, engaged, and sustainable workforce that is competent, confident and with the appropriate capacity to help us deliver our priorities. We are keen to support the development of our existing staff, as well as being attractive to new staff as our organisation continues to mature.

In line with our aim to be an exemplar employer, we want our own workforce to be happy, healthy, and engaged, and we promote wellbeing, equality, diversity, inclusion and bilingualism within HEIW, in line with the national *Workforce Strategy for Health and Social Care*. Together with our staff we have developed our organisational values:

**Respect for all:** in every contact we have with others

**Together as a Team:** we will work with colleagues across NHS Wales and with partner organisations

**Ideas that Improve:** harnessing creativity, and continuously innovating and evaluating

Our Values and Behaviour Framework is on our website at <https://heiw.nhs.wales/about-us/values-and-behaviours/>.

We continue to embed the values and behaviours into our policies, practices, and processes and take all opportunities to be a role model for the national work we are leading on compassionate and collective leadership.

Effective communication and engagement, including with staff, is critical and has been a top priority since the organisation was established. Our communication and engagement strategy describes how we communicate and engage effectively with staff to create an inclusive and respectful work environment.

We are committed to eliminating discrimination and promoting diversity and inclusion through equality of opportunity and through everything that we do. As such, we are fully committed to meeting the general and specific duties set out in the Public Sector Equality Duties Act (2011), the Anti-Racist Wales Action Plan 2022 and the LGBTQ+ Action Plan 2023. It is also essential that these duties are reflected in the roles of the organisation, which affect students, trainees, and staff across the wider NHS.

We have continued to embed our diversity, quality and inclusion agenda which is informed by strong leadership, co-production, collaboration, and direct engagement with those who are affected by the decisions we make.

HEIW ensures equality of opportunity and access for all by building upon the foundation of Equality and Human Rights Legislation and strives not only to comply with legal requirements but also to use these to ensure that the organisation exemplifies best practices. HEIW acknowledges that our ability to recruit and retain the best people depends upon creating a positive, compassionate, and inclusive culture.

Our revised Strategic Plan (SEP) which, set out our direction of travel to promote equality, eliminate discrimination and foster good relations between those who share a protected characteristic and those who do not, was approved at March Board. We have also this year published our third Annual Equality Report for 2021/22 and our Gender Pay Gap Report for 2021/22.

We have an established Equality Diversity and Inclusion (EDI) steering group to support the executive leads for EDI and race equality in the discharge of their



responsibilities. Our staff EDI network provides a variety of internal and external speakers whilst enabling us to share and highlight best practices, and opportunities for learning and development. Two of our Independent Board Members have observer status at the network meetings. Our Inclusion Network continues to champion equity, equality and well-being within the organisation and hosts several virtual and in-person events that raise the profile of and celebrate diversity.

We have attended and supported several events and activities with the Grange Pavilion community centre, Diverse Cymru, iLeads Youth Programme, Race Council Cymru, and Black History 365 amongst others. This has enabled us to engage with our local community groups, celebrate the diversity of our service users and provide opportunities for engagement in the planning and delivery of our service users. Our ambition is to build on this work and not only ensure these existing relationships flourish but to develop new relationships across Wales.

We continue to engage with the following external partners to provide an impartial review of our policies and practices to ensure alignment with national standards in respect of equality, diversity and inclusion:

- Stonewall Diversity Champion – tackling barriers and inequalities faced by lesbian, gay, bisexual, and transgender staff.
- Disability Confident – supporting HEIW to make the most of the talents that disabled people can bring to your workplace.
- Dying to Work TUC – additional employment protection for terminally ill workers.
- Anti-Violence Collaboration – sets out the responsibilities of the partners when dealing with violent or aggressive incidents relating to NHS staff.

## **Shape of our Workforce**

Our workforce is made of over 600 staff who have come from a range of backgrounds including frontline NHS services, various education settings as well as other public sector services or professional sectors such as finance and information technology. Full details of the shape and composition of our workforce can be found in the Remuneration and Staff Report 2022/23 on pages 3 to 6.

When HEIW was established in 2018, it brought together staff from three former organisations:

- Workforce Education and Development Services
- Wales Deanery and
- Wales Centre for Pharmacy Professional Education.

HEIW continues to have a strong focus on organisational development. In addition to the staff who have transferred to the organisation from predecessor organisations, we

have recruited a significant number of new staff over the last five years from both NHS and non-NHS backgrounds.

### **Attraction, Recruitment and Selection**

We use a variety of methods to advertise our vacancies and use values-based recruitment across all areas supported by appropriate training for managers including on unconscious bias.

We know that around 80% of our future workforce are already with us today. As an organisation with the primary purpose of current and future workforce development for NHS Wales, it is vital that our own staff have excellent experience in this area.

Key to this is our personal and development review (PADR) policy procedure. During the PADR, staff have the opportunity to discuss their progress against their agreed objectives with their line manager, develop ongoing objectives and create and agree a personal development plan to enable ongoing personal and professional development. Our current performance is 64.7% and we are still working hard with our managers to ensure that PADRs are completed and recorded to achieve the expected target of 85%.

All our staff are required to complete the all-Wales statutory and mandatory training in line with NHS Wales Health Boards and Trusts. We have worked hard with managers to meet the 85% tier one performance target rate and are currently just short of this target with a performance rate of 84%.

### **Communicating Effectively with People, Stakeholders, Partners and the Public**

We work closely with a wide and diverse range of partners and stakeholders in various sectors to continuously evaluate, reimagine and transform how we need to work to meet the needs of an ever-changing world. Further details can be found in the Annual Governance Statement on pages 18 to 20.

Our Local Partnership Forum meets bi-monthly; further details can be found in our Annual Governance Statement on page 10.

### **Data Analytics and Intelligence**

The Data and Analytics Team provide analytical support both internally to HEIW and externally across NHS Wales and more widely. Internally, the team is responsible for maintaining and reporting on the local Electronic Staff Record (ESR) system and works collaboratively to ensure accuracy on reporting. The team supports HEIW directorates in the production and reporting of key performance indicators across the organisation. Externally, the team produces national workforce reports, undertakes pay modelling, respond to national requests for workforce information, influence data quality standards and provide high level workforce modelling. The information and analysis provided by the team supports the development of workforce plans and enables data driven decision to be undertaken on the workforce.

The Data and Analytics Team are also responsible for the creation and maintenance of the HEIW data warehouse. This provides HEIW with a rich source of information from multiple data areas that enable the team to create insight through complex modelling and business information reporting. The team aims to provide reliable evidence and analytics using the efficiency of data science to support national-level decisions and policymakers in their projects. Advanced analytics are utilised such as data mining, neural language processing, predictive analysis and forecasting modelling to provide insight.

## **Digital and Information Systems**

The Digital Team design, develop, run, and support the digital technology systems and applications that support HEIW, ensuring that these are fit for purpose and provide enabling capability to the organisation. Digital is much more than just the technology. It is about delivering positive change to the way services are delivered, by using the power of information and technology to improve the delivery of the functions of HEIW and the workforce. In addition, the Digital Team leads the improvement of digital skills across NHS Wales to ensure the workforce is ready for a digital future and consider and plan for how technology will change the shape of the workforce and training and education.

## **Staff health, Safety and Wellbeing**

The well-being of staff is of paramount importance, and we strive to ensure that our working environments and practises, both within our homes and in our headquarters, support us in achieving this aim.

We have a strong wellbeing network across the organisation, and as the system leader in staff wellbeing within NHS Wales, we are able to test and promote a wide range of initiatives and resources within HEIW prior to further rollout.

## **Planning**

The Board approved the Integrated Medium-Term Plan (IMTP) for 2022/25 for submission to Welsh Government in March 2022.

The IMTP is HEIW's operational plan and sets out HEIW's vision, purpose, and functions in the context of our Workforce Strategy for Health and Social Care, the Ministerial Priorities, and the Wellbeing Goals through the delivery of our 6 strategic aims. The IMTP supported the delivery of the seven themes of the Workforce strategy. The implementation of the IMTP was reviewed on a regular basis by the Board through the quarterly performance reporting.

Further details on our Planning can be found in our Annual Governance Statement on pages 21 to 22.

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## Student and Trainee Voice

We have a number of methods in place to ensure we are hearing what is being said by our students and trainees and that this contributes to our health care agenda. These are detailed below.

The 'trainee think tank', a group of 12 to 15 medical and dental trainees from a variety of specialties, directly engages with the senior medical deanery team in HEIW, to influence the education and training agenda. A virtual trainee engagement conference was held on 13 April 2022. The main aims of the conference were to provide updates on education and training, share ideas and provide development opportunities for trainees in their representative role. A trainee information page has been created which enables seamless access to trainee information and resources. The inaugural annual "Improving Medical Training in Wales" publication was launched in May 2022, with the aim of communicating directly to trainees and other stakeholders about a range of developments in education and training in Wales.

Trainee feedback is an important component of our processes for quality management of education and training, collected via sources including the General Medical Council national training survey.

The Wales Health Student Forum (WHSF) is an innovative group of over 100 healthcare students from across all healthcare courses who are passionate about shaping the learning experience of healthcare students within Wales. There have been two successful student forum events to date:

- A setting the scene meeting clarifying the role of HEIW and the role of the forum going forward where the programme for the year was agreed.
- A student wellbeing conference with speakers from Professional Support Unit, workforce, student alumni and members of the HEIW Board.

## Governance

As a statutory body, HEIW has a Board consisting of a Chair, Chief Executive, six independent members and four executive directors. Further information about the Board, their roles and responsibilities can be found in the Annual Governance Statement on pages 3 to 10.

Declarations of interest: details of company directorships and other significant interests held by members of the Board which may conflict with our responsibilities are maintained and updated on a regular basis. A register of interest is available in the Board meetings section of our website at <https://heiw.nhs.wales/about-us/key-documents/>. A hard copy can be obtained from the Board Secretary on request.

## Organisational Risk and Governance

As an organisation, we adhere to the HEIW Risk Management Policy. We maintain a risk management system which enables and empowers staff to identify, assess and

manage risks to HEIW. Strategic and corporate risks are monitored by the Board and managed by the Executive Team and operational risks are managed by teams at the most appropriate level.

### **Annual Education and Training Commissioning Meetings**

Every year we hold meetings with Health Boards and Trusts to review the provision of postgraduate medical education to ensure that this complies with General Medical Council (GMC) standards. Commissioning forms the cornerstone of HEIW's Quality Planning activity for high quality education and training in clinical learning environments in line with HEIW's Multi-professional Quality Framework. Meetings are held annually with Health Boards and Trusts to consider whether education and training is meeting provisions of HEIW's Expectations Agreement with Local Education Providers. Ongoing development of the multiprofessional approach to activity will underpin processes, systems, and governance around co-ordinated commissioning activity. This provides a mechanism to deliver a whole workforce perspective and develop system-wide responses to concerns and identification, sharing and adoption of best practice.

Such meetings provide valuable insights and opportunities to consult with executive directors and education teams across Wales. This year a key focus area has been the implementation of contracts for Phase One of the Strategic Review of Health Professional Education and the commissioning exercises under Phase Two of the Strategic Framework including the level four Health Care Supporter Worker contract and a phased approach to the tender of a series of contracts for Health Care specific Postgraduate Education.

Further details on governance, assurance, and risk management can be found in the corporate governance report.

### **Wellbeing of Future Generations (Wales) Act 2015**

It is anticipated that the Wellbeing of Future Generations Act will be extended next year to include HEIW.

The application of the act to HEIW would be welcomed by the organisation. Our role in education and training places us in an excellent position to contribute to the implementation of the act. The five ways of working are already aligned with our strategic objectives and deliverables within our IMTP 2023-26.

As an organisation we do not have a population health responsibility. However, we collaborate across the system to scenario plan and forecast the workforce demand which informs the commissioning in the annual Education and Training Plan, pivotal to widen access to NHS careers. This significantly contributes to preventing social deprivation, poverty, long-term health, and socio-economic issues in Wales.

We are instrumental in developing the current workforce in NHS Wales, as well as developing an attractive and accessible pipeline for our future workforce through

widening access to all types of roles across all ages, backgrounds and interests, contributing to long term improvement across our remit.

The act's five ways of working are also reflected in the inclusive approach to collaboration and co-production with our stakeholders including underrepresented and marginalised groups in our society and in the way we carry out our business reflecting our culture and core values. Our recognition of the Disability Confident Scheme, Dying to Work Charter and the Anti-Violence Collaborative is evidence of this.

## **Legal and Policy Context for NHS Wales**

As well as the Wellbeing of Future Generations Act, there are a number of other legislative and high-level policy drivers which underpin our objectives and work. These include:

### **The Social Services and Wellbeing (Wales) Act 2014**

This act imposes duties on local authorities and health boards to promote the wellbeing of those who need care and support, or carers who need support and to put in place measures that support a preventative approach and reduce the need to escalate care.

### **A Healthier Wales**

The long-term plan for Health and Social Care embraces the prudent healthcare principles and sets out an ambitious plan for a whole system revolution and provides essential context for all NHS plans going forward. In addition to the Workforce Strategy referred to above, it challenges HEIW, along with other NHS organisations, to develop sustainable plans and actions to deliver care close to home, through strengthening primary and community services, and refocusing on prevention.

### **Nurse Staffing Act 2016**

The Nurse Staffing Act requires organisations to demonstrate that they are providing safe levels of nursing care within adult acute medical and surgical inpatient wards. Although we do not deliver patient care, we took on responsibility for the Nurse Staffing Levels Act Team in 2020.

### **Duty of Quality**

The duty of quality came into legal force on 1<sup>st</sup> April 2023 in line with the Health and Social Care (Quality and Engagement) (Wales) Act 2020 and applies to all of HEIW's statutory functions. These new legal requirements will be captured through processes that will be introduced in 2023/24. HEIW's Quality Framework will be important in ensuring the continuous improvement of quality in HEIW. During the year, senior leaders have been identifying quality indicators that will best represent the unique nature of HEIW, these will be a mix of measurement and narrative to give a rounded picture of HEIW's quality approach which will culminate in an Annual Quality Report

due in April 2024. Quality reporting is embedded throughout the performance section and governance section of this Annual Report.

## Performance summary

Our 2022-25 IMTP was developed to deliver the organisation's six Strategic Aims, and some of the highlights of the past year are detailed below.

Our Strategic Aims were tested on partners through our stakeholder engagement and aligned to the functions set out within the legislation. The six HEIW Strategic Aims for 2022-25 were as follows:

<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 transform healthcare education and training to improve opportunity, access and population health.
<b>Strategic aim 3</b>	To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity.
<b>Strategic aim 4</b>	To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care.
<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.

## Performance outcomes and highlights for 2022-23

Some of the key highlights, in respect of the delivery of our IMTP, are outlined below.

The New Advanced Clinical Leadership Programme was launched in the Autumn and developed in collaboration with clinical stakeholders across NHS Wales. The development of a national clinical leadership programme for senior clinical leaders was a direct response to a commitment in the Health and Social Care Workforce Strategy for NHS Wales 2020 which set the ambition that 'by 2030, leaders in the health and social care system will display collective and compassionate leadership.' This programme represents a considerable investment in our senior clinical staff. Its aim is to create a cohort of leaders with the right values, behaviour, knowledge, skills and confidence to build a culture of compassionate and inclusive leadership. This in turn will attract, continuously support and develop a flexible and agile workforce who feel valued and are valued. Following an exceptional level of interest, we will be running several cohorts again this year.

The Strategic Mental Health Workforce Plan for health and social care was formally launched by the Deputy Minister for Mental Health and Wellbeing, Lynn Neagle in November at Cardiff City Stadium. This ambitious Workforce Plan was developed jointly by HEIW and Social Care Wales to respond to the demands of mental health services in the future. At its heart is a clear vision for a strong, sustainable multidisciplinary workforce offering compassionate care to people in Wales. The vision will support the Welsh Government's [Together for Mental Health Delivery Plan 2019-22](#) and future sector developments. It is the first Workforce Plan of its kind in Wales and recognises that a wide range of staff, carers and volunteers engage with people experiencing mental health problems. The Workforce Plan aims to develop skills and capacity across health and social care to increase support for those in need. It looks to improve prevention and early intervention services, as well as addressing challenges and pressures on services for people with severe mental health needs. Areas of focus within the Workforce Plan include improving recruitment by providing attractive and innovative career opportunities, staff retention through enabling access to Continuing Professional Development, and widening access through non-traditional career paths such as apprenticeships.

HEIW's new infection prevention and control workforce framework won a Gold Infection Prevention Society (IPS) Impact Award in November. The All-Wales Education, Learning and Development Framework was developed for the Wales Specialist Infection Prevention and Control (IPC) workforce. It was published by HEIW as a part of the International Infection Prevention Week. Multi-professional IPC experts from health, social care and educational organisations across Wales developed the new framework and a digital interactive tool. The resource assists IPC specialists to reflect on their current level of practice and identify areas where they can benefit from further learning to enhance or develop skills. The programme highlights specific areas of training, learning and development that will enable the IPC workforce to build on identified and relevant competencies and meet essential IPC workforce needs, support health and care colleagues and improve patient care.

HEIW has developed a new workforce model to ensure sustainable access to future critical care services. The workforce model outlines solutions that will help to alleviate workforce pressures experienced by critical care teams and improve timely patient access to critical care services across NHS Wales. These include the development and introduction of new job roles to support existing critical care team structures, as well as ensuring a standardised approach to education and training for all critical care nurses across Wales. The development of the workforce model was led by two experienced critical care nurses seconded from Cardiff and Vale University Health Board (CAVUHB). HEIW has ensured that this new resource is available to all critical care service leaders to support future service development, education and career opportunities for our critical care workforce.

HEIW's All Wales Simulation Strategy was approved at November Board. This is an exciting strategy which aspires towards excellent interprofessional simulation-based education and training which is accessible across Wales. The strategy will advance healthcare simulation, not only as an education tool, but also as a means of improving quality and translational science to enhance safety and experience of the patient. This is because simulation training provides an opportunity for students and trainees to apply theory and gain experience in skills or procedures that would otherwise be



difficult without potentially putting patients at risk, such as managing emergency situations and resuscitation.

HEIW has entered into an innovative partnership with all health boards across Wales to empower the Primary and Community Care workforce to deliver outstanding health services through developing excellence in education and training. HEIW has funded each health board to set up a Primary and Community Care Academy. These Academies are working with Health Boards and HEIW to develop coherent, consistent and high quality training and development opportunities for Primary Care. The aim is to Improve access to clinical placements and work-based learning of primary and community care training and to also improve the recruitment and retention of staff. This includes training and education programmes being commissioned that are consistently fit for purpose and appropriate to the need. One such example is the General Practice Nursing (GPN) Foundation Programme which has been set up to equip nurses, new to general practice, with all the essential skills they need to improve care for their patients. The first group of learners are in post and supporting the delivery of high quality primary care. For these nurses, it is the first step on a career journey which may lead to career progression through enhanced or advanced practice.

HEIW's national Education and Training Plan for 2023/24, was approved by the Minister for Health and Social Care in January 2023. The plan represents an investment of over £280m, resulting in further increases and record investment in healthcare professional training in Wales. This will be a vital part of the training and workforce pipeline in Wales. Our recommendations in the plan were informed by health board and trust plans, wider workforce intelligence, national service challenges and priorities, needs of individual professions and occupations, and capacity within the system to support students and trainees. Investing in education and training will bring a valuable return in a short space of time on graduation. The plan not only includes record investment but will increase training places by 15%, including in the following areas: Nursing and Paramedicine, Acute Care, Anaesthetics and Intensive Care, Cancer Care and Mental Health. A copy of the plan is available on our website.

'Y Tŷ Dysgu' - our new online learning and course/event management system was launched in December. This will transform our online learning offer, as well as providing our external users with a single standardised approach to HEIW online learning, an improved user experience and opportunities for multi-professional learning. The site is bilingual and enables users to create events and networks. We will continue to develop Ty Dysgu next year.

Further detail relating to our performance in implementing our 2022-25 IMTP through the six strategic aims can be found in the performance analysis section of our end of year performance report (Q4 Performance) 2022-23, which can be found in the May Board papers on our website here: <https://heiw.nhs.wales/about-us/board-meetings-agendas-and-standing-orders/> .

**Performance against the NHS Wales delivery framework 2022/23 and the six domains. As noted above, we are a unique NHS organisation in Wales and very**

few of the NHS Wales delivery framework measures apply to us. Those that do apply to HEIW are shown below.

### Performance Against the NHS Wales Delivery Framework 2022/23 and the Six Domains

As noted above, we are a unique NHS Organisation in Wales and very few of the NHS Wales Delivery Framework measures apply to us. Those that do apply to HEIW are shown below.

<b>STAFF, TRAINING AND DEVELOPMENT</b>	
<b>Delivery measure 67</b> Agency spend as a percentage of the total pay bill. Outcome: HEIW: 2.1%	<b>Delivery measure 68</b> Percentage of sickness absence rate of staff (12 month rolling). Outcome: **HEIW: 2.48%. NHS Wales: 7.06% (Feb – Jan 23)
<b>Delivery measure 69</b> Percentage of staff who have recorded their Welsh language skills on ESR who have Welsh language listening/speaking skills level 2 (foundational level) and above. Target: 85% Outcome: **All HEIW staff 28.71% *Core HEIW staff 24.44 NHS Wales: 23.18	<b>Delivery measure 70</b> Percentage compliance for all completed level one competencies within the core skills and training framework by organisation. Target 85% Outcome: **All HEIW staff 68.3% *Core HEIW staff 84% NHS Wales: 82.60% (Jan-Dec 21)
<b>Delivery measure 71</b> Percentage of headcount by organisation who have had a PADR/ medical appraisal in the previous 12 months (excluding doctors and dentists in training). Target – 85% ESR and medical appraisal and revalidation system (MARS). Outcome: **HEIW – all Staff: 55.1%	<b>Delivery measure 72</b> Overall staff engagement score – scale score method. Target – Improvement Outcome: **HEIW NHS staff survey 2020: 81% HEIW local survey: 79% (HNA) NHS Wales staff survey: 7

*HEIW – core Staff: 64.7% NHS Wales: 66.97% (Jan 2023)	Awaiting revised staff survey to be agreed.
<b>Delivery measure 73</b>  Percentage of staff who report that their line manager takes a positive interest in their health and well-being.  Target – Improvement  Outcome: Will be provided from new Staff Survey due in 2023.	<b>Delivery measure 74</b>  Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach.  Target: Reduction  Outcome: 2% increase per person FTE
<b>Delivery measure 75</b>  Qualitative report detailing the progress of NHS Wales' contribution to de-carbonisation as outlined in the organisation's plan.  Target: 16% reduction by 2030  Outcome: Amber	<b>Delivery measure 76</b>  Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the foundational economy via the delivery of the Foundational Economy in Health and Social Services 2021/22 Programme.  Outcome: Reporting provided covering the four areas.

\* HEIW core staff = staff who work more than 0.3 FTE

\*\* HEIW all staff = core staff + staff who work 0.3 FTE or less

All data in relation to HEIW (except where it relates to the Staff Survey) is based on the detail held at March 23 or where it is based on a rolling 12 month period, it relates to Apr 22 – Mar 23. The Staff Survey data results for 2020 are quoted as these are the most up to date figures.

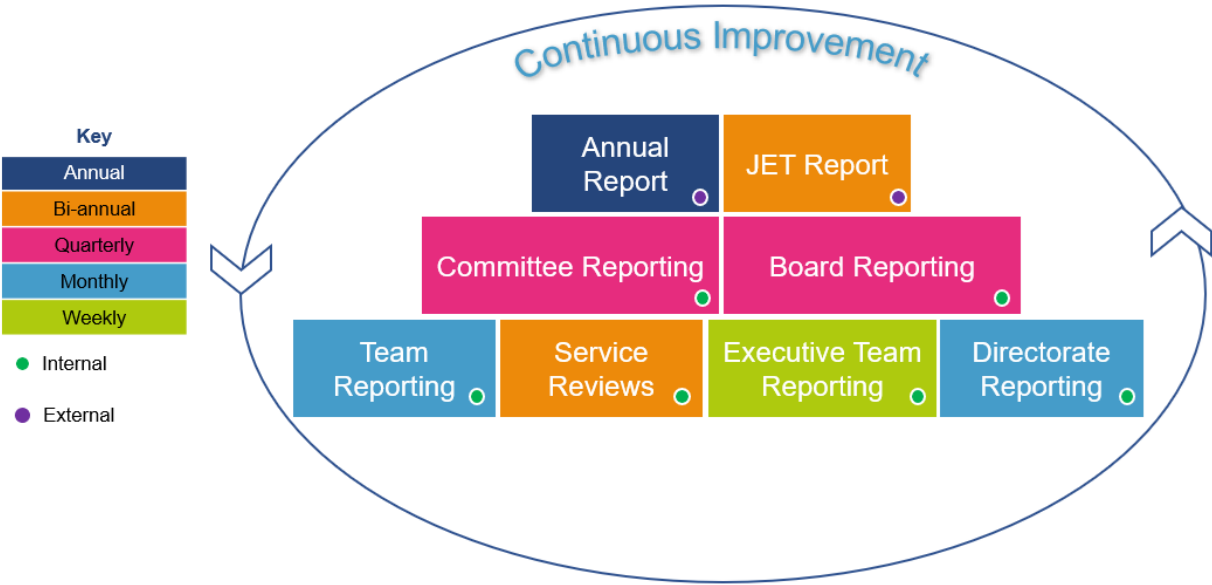
## Annual Report Performance Analysis

### Performance Framework

The Performance Framework describes the organisation's system for making continuous improvements to achieve our Strategic Aims and Objectives and to deliver our 'Business as Usual' activities. We are committed to developing a compassionate and collective culture that is underpinned by effective performance management and a focus on improvement. Given the specific nature of our role as a strategic organisation and the demands placed on us by the UK regulators, we are taking a

proportionate approach and we largely measure and monitor a different set of performance indicators to the rest of NHS Wales. Our reporting cycle is also different, with a greater focus on academic cycles, annual and quarterly timescales rather than the daily, weekly, and monthly beat of other NHS organisations. The integrated performance report and dashboard reflects the Ministerial Priority Measures.

Our performance cycle provides the opportunity to review the progress of key projects or programmes of work through bi-annual Joint Executive Team (JET) Meetings and quality and delivery meetings with Welsh Government. Internally this is achieved through bi-annual service reviews and ongoing quarterly updates via the digital planning system launched in July 2022.



### Developing our IMTP 2023-26

In March 2023, the Board approved the refresh of our Strategic Framework for the next three years through reflection on our vision, purpose, and the strategic context. The Board agreed that simplifying and consolidating our aims to 3 would provide a clearer vision for the organisation and our stakeholders. Below you can see that our foundations for success are key to ensuring we delivery our plans with quality at the heart of everything we do.

Griffiths, Sarah  
26/07/2023 16:44:07



This year we are pleased that we have been able to have conversations with all NHS organisations on our emerging IMTP 2023-26. We have also engaged with over 40 different organisations on our draft IMTP through the Stakeholder Reference Group.

We have also discussed the development of our plans regularly with Welsh Government planning colleagues to update on progress, build relationships and share information about key risks and incorporated the feedback into our plan as part of this process. We have consulted with our staff on the development of the plan through ongoing engagement at our Deputies and Deans group, our Local Partnership Forum and dedicated IMTP development sessions. We have also discussed our plan with all our staff through our wider engagement mechanisms.

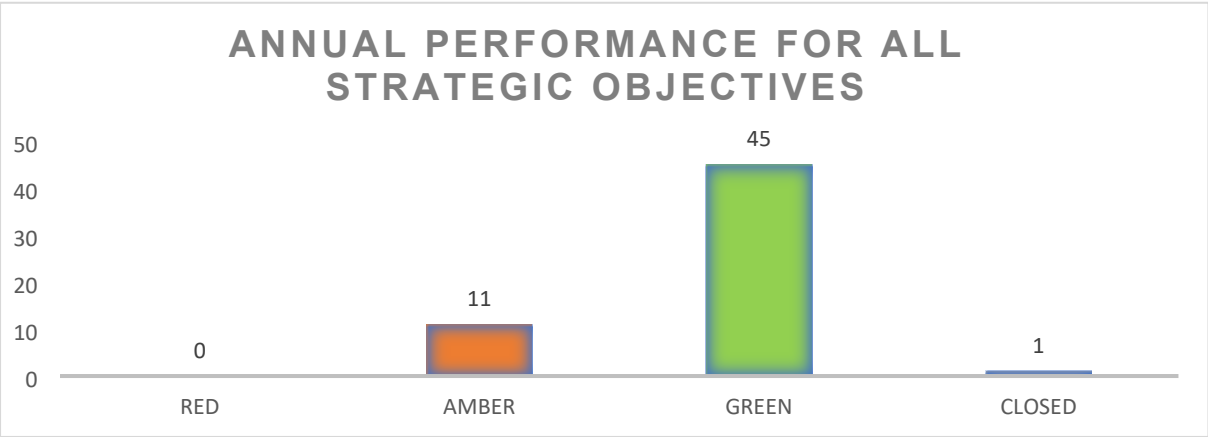
As a strategic body it is essential that we focus on longer term planning as well as short term solutions to support current pressures and recovery from the pandemic. We aim to balance the short and more medium term, sustainable actions. These will support the implementation of the Workforce Strategy which forms such an important part of our strategic context, as well as providing flexibility to respond to emerging priorities from the recovery programme.

Our plan reflects the multi-dimensional nature of our work, including profession-specific objectives, multi-professional objectives and objectives that relate to national programmes. We value our strategic agility and have responded as required to emerging issues in-year, including support for the response to transformation calls of peri-natal services and the development of a reservist workforce solution. Our planning process and our performance management arrangements focus on ensuring that these are clearly connected and that stakeholders can see our work through these different lenses.

A large component of our plan is already agreed in the form of the Education and Training Commissioning Plan. This is produced on an annual basis, linked to academic cycles. This is a critical foundation for the IMTP and requires us to understand our financial profiles on at least a 5-year timescale given the duration of the programmes we commission.

**Delivery of our IMTP 2022-25**

In our 2022/25 IMTP, we agreed to progress, in 2022/23, 56 Strategic Objectives across our 6 Strategic Aims. In addition to the delivery of our Strategic Objectives and business as usual activities, we supported Welsh Government and NHS partners in the pandemic recovery work. The below graphs summarise our 2022/23 performance demonstrating 80% of our strategic objectives successfully completed their key plans for the year. We closed one strategic objective in year which related to the establishment of the office of the Chief Digital Officer and added one strategic objective in response to reports regarding the peri-natal workforce.



**2022/23 PERFORMANCE OVERVIEW BY STRATEGIC AIM**

**Strategic Aim 1: To lead the planning, development, and wellbeing of a competent, sustainable, and flexible workforce to support the delivery of ‘A Healthier Wales’**

- The work to implement the vision in the [Workforce Strategy for Health and Social Care](#) continued across the year. Collaboration arrangements with Social Care Wales are in place and Phase 1 actions will conclude in September 2023. Phase 2 will consist of the actions identified in the National Workforce Implementation Plan recently published by Welsh Government.
- The national Nursing Workforce Plan Programme has focused on establishing effective system programme governance to deliver on the strategic imperatives emerging from the Programme. Early priority work has included, expanding the routes into nursing, including 50 Open University places funded for the part time programme in March 2023, standardising the approach to retention through the

creation of a multi-professional retention guide and data and insights to drive workforce modelling to inform the plan priorities.

- Dental workforce development has focused on increasing professionals, supporting leadership development, and increasing service accessibility. This includes, increasing training places; 12 additional specialty training places (100% increase), a dedicated dental nurse training programme and increasing dental hygiene and therapy undergraduate training. The development of dental leadership through Gwella and investment in long-term recruitment strategies including the Train Work Live campaign officially launched in March 2023 with an introduction by the Health Minister and the Chief Dental Officer for Wales. We have launched an incentivised local recruitment scheme to recruit Foundation Dentists to practices in rural high need areas that have traditionally not recruited via National Recruitment. This has been well received and we are expanding the offer due to its success.
- Throughout the year we have been preparing and consulting on the Pharmacy workforce plan through extensive stakeholder engagement. The plan will be presented to the HEIW Board for approval in Q1 2023/24.
- The Continuous Professional Development (CPD) Strategy has been in production throughout the year and will deliver action 24 of the [Workforce Strategy for Health and Social Care](#) after stakeholder engagement and feedback.
- We launched the Y Ty Dysgu Minimum Viable Product in December 2022, with additional functionality being continuously delivered since then. Training and migration began in December and will continue across 2023/24. The system will provide a centralised standard approach to training and education provided by HEIW which aids quality and drives efficiency.
- HEIW continues to lead the NHS Wales Staff Health and Wellbeing Network with priority resources identified through the group covering subjects that are affecting the workforce including menopause, financial support, dealing with stress and resources to support staff experience burnout.
- We have developed Careersville with dedicated buildings for eye care and dental introduced this year and development of the existing buildings to represent the 350 NHS careers on offer including those in social care.
- This year saw the approval of the Digital and Data Strategy by the HEIW Board, a key milestone in the development of workforce data, planning and modelling for NHS Wales which in turn supports our ambitions to develop workforce planning expertise and capabilities across the system. We have launched an All-Wales Workforce Planning Development Programme, a national conference, resources to support teams and standard training for deployment via Y Ty Dysgu.

**Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs**



- The Education and Training Plan 2023/24 was approved by Welsh Government, with funding secured. Representing an investment over £280m a record investment in healthcare professional training in Wales.
- The implementation of Phase 1 of the Strategic Review of Health Professional Education commenced in September 2022, with an overall recruitment rate of 94.5%, with all programmes except adult nursing and operating department practitioners achieving above 90%. 12 of the 23 programmes achieved 100% or oversubscription. Due to the large numbers in nursing, there was a financial impact to HEIW which was managed with Welsh Government.
- An integral part of the education and training experience is placements. During the year, work has focused on supporting profession specific issues within rural locales, the introduction of Care Home Education Facilitators to expand the provision within care, agreements of core role elements for Practice Education Facilitators (PEF) and a pilot for multi-professional PEF roles. This also aligns to inter-professional training ambitions with workstreams established to advance work in this area.
- Commissioning programmes for phase 2 of the Strategic Review of Health Professional Education have been progressed including priority areas including genomics, critical care, and community nursing.
- HEIW has signed a Work-Based Learning Qualifications Development Framework with Agored Cymru which is key to consistency and quality for work-based learning. We have also worked across the system to establish multiple apprenticeship frameworks and support.
- HEIW began implementation of the Multi-Professional Quality Framework to drive improvements in education and training and in turn patient experience and outcomes.
- Work to support Staff Grade, Associate Specialist and Specialty Doctors, and Locally Employed (LE) Doctors to access education and training continues, including a suite of generic modules to cover a range of topics to ensure well-rounded knowledge to support their breadth of responsibilities.
- The All-Wales Simulation Strategy was published and launched. The implementation of the Strategy has begun with a number of tools and forums to embed new approaches, including a Simulation Scenario Template to support and promote the implementation of standards in simulation-based education and training (SBET).
- HEIW led multi-professional stakeholder engagement for the Future Doctor Programme to establish requirements for a 'Future Health Professional' model to deliver sustainable excellence in health and care over the next 10 years.
- We have continued to make good progress on the implementation of the Initial Education and Training Standards for Pharmacy, including placement of 207 students into clinical settings for a total of 1050 days through the undergraduate placement programme. Cohort two of the pre-registration pharmacy technician programme was also recruited successfully.



**Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels**

- Over the last 12 months, the Gwella platform has developed across a range of disciplines. User figures show an increase of 275% with views of resources increasing from 404k to 1.2 million.
- An Aspiring CEO Leadership Development Programme was developed to aid in executive level talent management and aid succession planning.
- Two cohorts of the Advanced Clinical Leadership programme began with overwhelmingly positive feedback.
- Preparatory work for the launch of the Aspiring Executive Talent Pool recruitment.
- Recruitment and selection to the 2023-25 NHS Wales Graduate Management Programme has successfully been undertaken with final interviews in April 2023.
- The development of the Workforce and Organisational Development has progressed with a Workforce and Organisational Development (OD) Opportunity Bureau launched on Gwella, in conjunction with the strategic and business partner OD Programme and the Story telling OD and Leadership Programme.

**Strategic Aim 4: To develop the workforce to support the delivery of safe, high quality care levels.**

- Throughout the year we have been developing and implementing multi-professional workforce models for Primary and Community Care through the establishment of a Primary and Community Care Education and Training Unit, deployment of the first cohort of the Community General Practice Nursing training and launched [GatewayC](#) across all Primary Care Contractors in Wales.
- The Strategic Mental Health Workforce Plan for Health and Social Care was submitted to Welsh Government in June 2022 which identifies workforce models including increasing professionals in the system. Funding for the educational elements through the commissioning process was approved, which will provide 50% increase in clinical psychology and 20% overall increase in mental health nursing by 2025-26. Early implementation actions include training for 800 frontline staff to support psychologically informed practice delivered in Q4.
- HEIW are supporting planned care through the existing national programmes. This year a strategic forum has been established to co-ordinate the HEIW input to national programmes for planned care, cancer and diagnostics including profession specific issues for ophthalmology, gynaecology, urology and general surgery. This is supported by training provision, resources creation and in the case of genomics, identification of a requirement for a strategic workforce plan.
- All outcomes for the National Endoscopy Programme for the 3-year programme period April 2019 – March 2023 have been completed which focused on increasing workforce capacity and capability. This has been supported with the delivery of training for clinical endoscopists, specialism training and supporting Bowel Screening Wales applications. This will facilitate greater diagnostic list

capacity, a reduction in health board waiting lists and greater efficiency in service delivery, with the introduction of the extended workforce structure.

- We have delivered the first cohort of the Professional nurse Advocate training for critical care which is focused on supporting the wellbeing of critical care unit staff. Each health board has a funded place. We have also been developing a post graduate certificate in critical care to expand the training opportunities and retain skills.
- HEIW have been supporting the delivery of the Six Goals for Urgent and Emergency care workforce deliverables through Discharge to Recover then Assess e-learning, facilitating the Urgent Care Practitioner Task and Finish Group and support for the launch of the new Optimising Patient Hospital Flow Framework.
- We have been supporting the development of the eye care profession through cluster leads with resources and education, commissioning modules to upskill eye care professionals to deliver enhanced clinical services to patients in practice, developing access to quality improvement training for the whole workforce and made available mentoring and peer review for optometrists which will be expanded to newly qualified independent prescribers.
- The Allied Health Professional (AHP) Programme launched the AHP Dementia Framework, and the revised Person-centred Rehabilitation Framework designed to support the breadth of professions within the AHP umbrella in treatment of dementia and rehabilitation. Numerous events were delivered to develop the profession including a spotlight event on reducing health inequalities, a leadership at every level virtual session and the first of the AHP Roadshows to influence the AHP Framework action plan being refreshed by Welsh Government in collaboration with the service.
- This year has seen a number of national workforce planning tools deployed for use within mental health in patient wards, health visiting and district nursing. They will support effective identification of service supply and demand.
- The Healthcare Science Programme continued to focus on increasing professionals in the system, supporting the routes to registration and developing capabilities including leadership and quality improvement. This includes work to baseline an accurate picture of professionals in the system to ensure succession planning and opportunities can be taken to embrace innovation and technology.
- We continue to have success with the all-Wales Physicians Associate Recruitment Group, the workforce in Wales is now 171, an increase of 62 across the year, and more expected.
- The role of Anaesthetics Associates is in its infancy, but we have seen success in embedding this in NHS Wales within Hywel Dda and Swansea Bay, with options for the future expansion of the role in development.
- The advanced practice framework was refreshed, and a Consultant Practice Framework developed in collaboration with service leads. An e-portfolio was

developed and piloted in year which will standardise the appraisal and revalidation process.

- As part of the support for the development of social prescribing, HEIW led the development of the National Skills and Competency Framework.
- Work has begun on a Peri-natal Workforce Plan as a result of the strategic reviews into maternity and neo-natal services.

#### **Strategic Aim 5: To be an exemplar employer and a great place to work**

- Throughout the year consultation on a new People and Organisational Development Strategy was undertaken. The Strategy reflects our new ways of working and refreshed approaches, including values-based recruitment and selection policy and toolkit. We have been contributing to the national work to transform the NHS job descriptions, which HEIW piloted, and the streamlined application process has seen an increase of between 10% – 40% applications per post. We continue to attend jobs fairs and have been awarded the Armed Forces Covenant Bronze which has seen an increase of 10% ex-military individuals applying for roles.
- The organisation continues to embed the actions from the Strategic Equality Plan and the elements of the Welsh Government Anti Racist Wales Action Plan. Work this year has focused on how we can better align our equality and inclusion activity, this includes utilising our governance processes such as the Equality Impact Assessments to embed equality and inclusion into everyday action.
- This year has been a great year for Welsh Language at HEIW, the organisation was recognised as the Welsh Language Employer of the year at the Annual Apprenticeship Awards and one of our apprentices won Translation Apprentice of the year, Welsh Language Apprentice of the year and was made the Apprenticeships Ambassador of the Coleg Cenedlaethol Cymraeg. The learner pool grew to 75 registered learners with four passing their mynediad exams which is the first time HEIW employees have undertaken Welsh Language exams. The organisational task and finish group continue to embed the More Than Just Word Framework Action plan and related actions in the National Workforce Implementation Plan.
- HEIW is committed to contributing to the Welsh Government ambition of net zero by 2030. This year we have delivered training to 62 health and care professionals across NHS Wales with over 130 further training places available for the coming year. We are working to embed climate smart thinking into our education and training pathways to ensure the workforce is skilled in recognising opportunities to reduce our carbon emissions and collaborate to drive action.
- We continue to embed multi-disciplinary quality improvement capacity and capability which is a key aspect of the Multiprofessional Quality Framework. Training has been delivered to the NHS Wales Graduates, the Advanced Clinical Leadership Programme participants and we also offer the training to professionals across the breadth of NHS Wales on an ongoing basis.

- Educational research and evaluation are key enablers for us to ensure that we continuously improve quality, enhance our processes for investment in the NHS Wales workforce and provide the evidence base for the decisions we make in planning for our workforce. It is also key to providing sustainable high-quality training programmes that represent value for money and adapt to changing educational environments, as well as determining the impact that our activity has on the healthcare workforce, practise and ultimately, patient care and safety. HEIW has developed organisational infrastructure (comprising the HEIW Research Governance Framework, Research Governance Group and Evaluation, Research, Improvement, and Innovation Collaborative) to underpin delivery of this agenda.

#### **Strategic Aim 6: To be recognised as an excellent partner, influencer & leader**

- The work to refresh the Communications and Engagement Strategy has delivered a number of benefits. We have refined our message and increased the membership and reach of our Stakeholder Reference Group. We have introduced additional marketing and engagement channels and developed our partnerships with a new approach to strategic education meetings. We have also welcomed new relationships with local communities as part of our equality, diversity and inclusion work.
- We continue to finalise plans for the single digital platform with key foundation actions taking place this year, including the re-procurement of the Intrepid system the current home of medical training, education and career progression opportunities for NHS Wales.
- The Board approved our Digital and Data Strategy which sets the vision for the next five years to "transform the workforce for a healthier Wales" through the use of digital technologies and data intelligence.
- HEIW has continued to build strategic relationships with education partners to ensure the strategic workforce supply has the right skills and the education and training they receive is of the highest quality. A new terms of reference for the education and partnership forum has been agreed by the Council of Deans which is a positive step for the system.

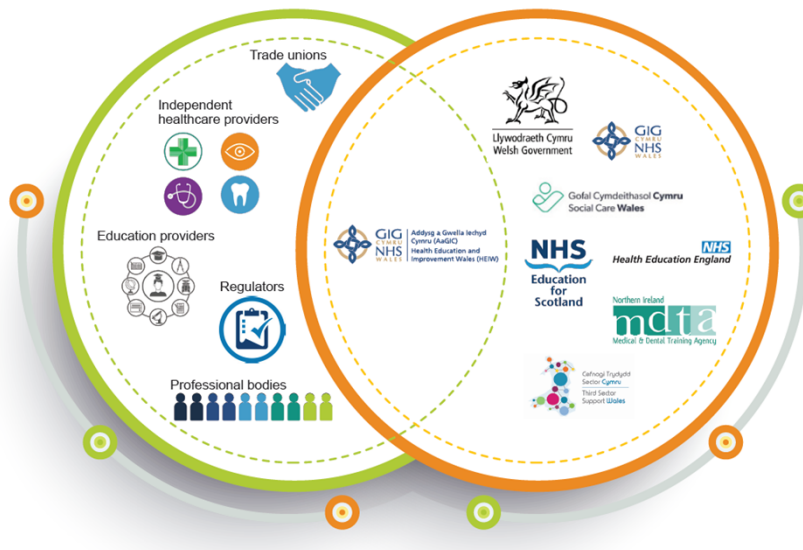
### **Areas of Challenge**

HEIW's key areas of challenge over the year are considered under the HEIW's Risks section on page 14 of the Annual Governance Statement.

### **Delivering in Partnership**

As an All-Wales organisation, with several strategic functions, the importance of communicating and engaging with our partners and stakeholders cannot be over emphasised.

## HEIW and our partners



As the national workforce body for NHS Wales, we recognise how critical engagement with stakeholders and partnership working is to our work. It is through effective engagement and partnership working that we are able to clearly understand the challenges facing health care in Wales, build workforce solutions and support the delivery of excellent patient care.

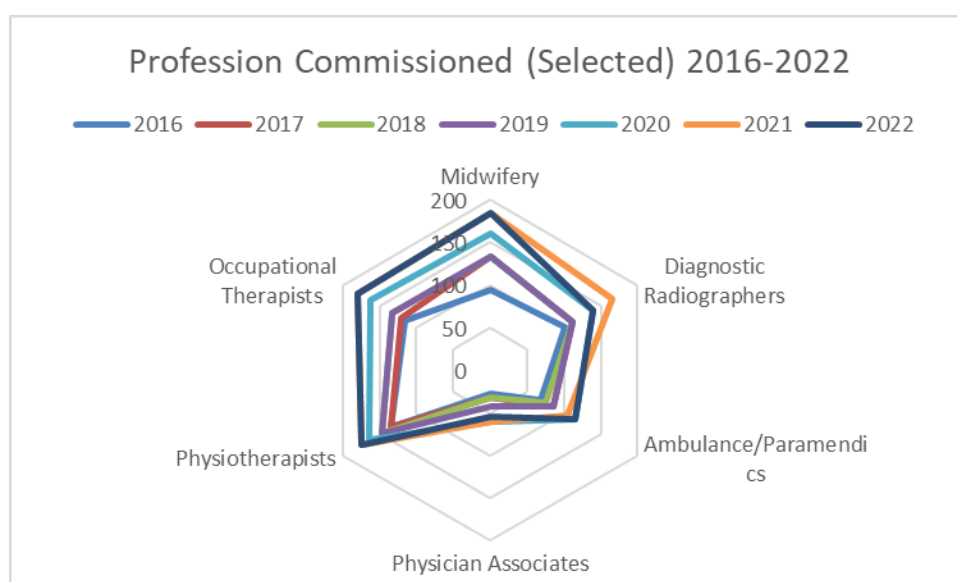
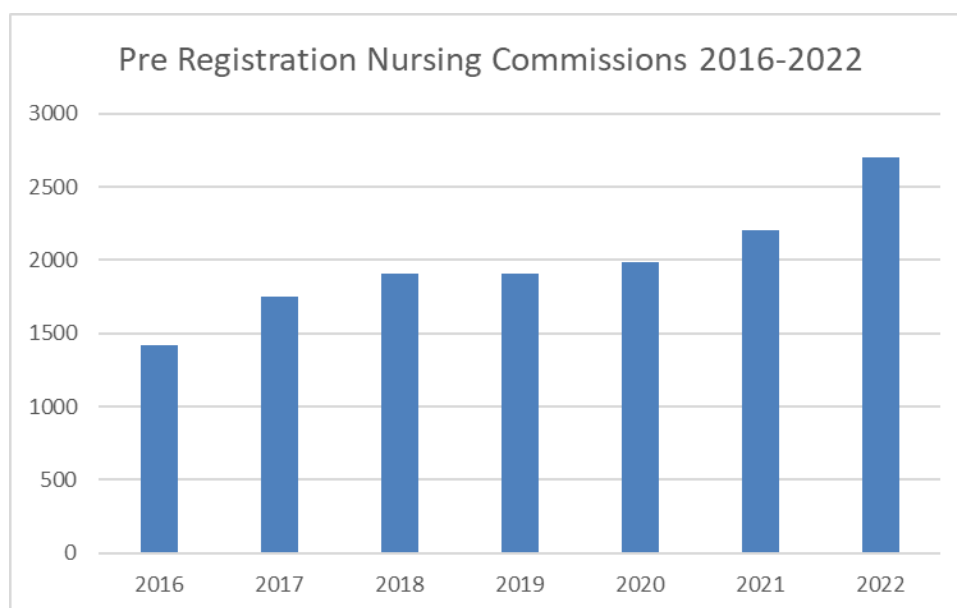
HEIW's approach to engaging partners and stakeholders is more fully outlined in pages 18 to 20 of our Annual Governance Statement.

### Highlights from Education and Training Commissioning

The majority of our annual budget 87% is invested in education and training. In 2022/23, we continued to commission an increasing number of training and student places across a range of health professions, in line with continued investment and commitment from Welsh Government and our Education, Training and Commissioning Plans. The infographic on page 4 of this Performance Report provides an overview of the education and training which is commissioned and supported by HEIW.

The trends in commissioning and training numbers for Wales are shown in Appendix 1.1 and 1.2 on pages 46 to 53 at the end of this Performance Report. A number of professions are highlighted below.

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### Health Professional Education

Of the 2,653 commissioned places for Autumn 2022, the contracted educational providers managed to fill 2,474 places. This achieved an overall fill rate of 93.3%. In the main, all Allied Health Professional Courses filled their commission places for Autumn 2022, as did midwifery.

The challenge across the UK is in filling pre-registration places for adult and learning disability nursing. For Wales, the number of applicants and applications for Nursing had been increasing incrementally since 2019, however applications to pre-registration nursing fell across the UK in 2022, with 159 of 1,459 places not filled. Data and analytics provided by UCAS (2022) and the Higher Education Institutions (HEIs) on the nursing application cycle across the UK, shows applicants in 2022 dropped by 6% and applications dropped by 5% on the 2021/22 cycle. In 2023, the most recent

census data shows application numbers down by 10% on 2022. The fall in application and applicant numbers for Autumn 2022, along with economic challenges for prospective students has resulted in the Higher Education Institutions not being able to recruit to the commission targets.

The demand for health professionals from the health boards via their IMTP's continues to show an upward trend, hence there is a requirement to commission and fill more nursing courses. The last four years have demonstrated an upward curve in commissioned places by circa 51%, with under recruitment being more prevalent in the Spring intake.

In response to the this, HEIW has set up a number of initiatives to investigate and converge strategies with partners to increase applications into Wales through a national campaign, look at how we can increase the fill rates in the spring cohort and scope the possibility of ethical international recruitment and opportunities to widen access from underrepresented groups.

A number of short term and long-term proposals have been set out in relation to building Learning Disability (LD) student nurse recruitment including enabling students in different fields changing to LD nursing, commissioning more flexible routes into programmes and post-graduate options.

This rate remains provisional until there is confirmation of the actual rate via data validation processes. To fill the additional places, HEIW will further invest in the newly commissioned CertHE Healthcare Nursing Support Worker Qualification, due for its first intake in Autumn 2023. This investment will offer more students the opportunity to progress onto year two of the Pre-registration Nursing Degree programme, thereby ensuring there are additional newly qualified nurses, to meet service need, exiting programmes in Spring 2024/25.

### ***Secondary care medical training***

Following recruitment Rounds 1 and 2 for posts commencing in August 2022, we achieved a final recruitment rate of 90.9% (408 of 449 posts advertised). Of the 408 doctors accepting posts, 390 commenced on the programme.

This is a reduction of 2.5% when compared to last year, when the recruitment rate was 93.4% (401 of 429 posts advertised). Despite this, overall, there has been a slight increase in the numbers of doctors appointed.

Some specialties (Stroke Medicine, Acute Internal Medicine, Higher Psychiatry Specialties, GU Medicine, and Rehabilitation Medicine) remain challenging to fill and this is reflected across the UK. In this recruitment round we also saw Palliative Medicine take a dip across the UK. It is thought that this is because of recent curriculum changes and a requirement for these trainees to dual accredit with General Internal Medicine. Further work across the UK will review this in detail.



The 2022 Education and Training Plan recommended an increase in training posts for Child and Adolescent Psychiatry, Intensive Care Medicine, Clinical Oncology and Palliative Medicine and, whilst there are clear workforce requirements for these expansions, these posts were not filled through these recruitment rounds. We will attempt to recruit to these vacancies at the next recruitment opportunity.

### ***Foundation Training***

400 of the 411 trainees recruited (97%) started the F1 training year in July 2022 and at 17 January 2023, there were 11 vacancies. There are 24 F1 trainees requiring an extension to their training commencing July 2022.

### ***GP Training***

Over the two recruitment rounds for General Practitioner (GP) training programmes starting August 2022 and February 2023 there were a total of 175 trainees recruited.

Two programmes to support trainees who may encounter difficulties during their training have been developed for the 2022/23 training year. The 'Welcome to Wales' programme is a cultural induction open to all new recruits who graduated overseas. This programme was therefore offered to 63 of the new recruits for this training year. The 'Programme of Additional and Specialised Support' was also established during this training year and provides an additional two educational sessions per month on an individual and small group basis to those trainees at most risk of experiencing a complicated training journey, extrapolated from evidence related to recruitment assessment scores. Currently 138 trainees who are most at risk, and those already experiencing complicated training journeys are benefiting from these additional sessions, intended to improve trainee outcomes and increase trainee throughput.

### ***Dentistry***

Dental Foundation Training:

In the 2022/23 cohort, 64 posts were filled via National Recruitment, and there are 3 extensions to training from the 2021/22 cohort, giving a total of 67 Dental Foundation trainees for the 2022/23 training year in training posts.

Dental Core Training (DCT):

- The fill rate across years 1-3 is 93% (63 of 68 posts filled).
- There are 50 official DCTs, 11 locally appointed trainees (LATs), 2 locum appointments for service (LAS), and 5 vacancies.
- In DCT1, there are 22 of 27 posts filled with official DCTs, 2 LATs, 1 LAS, and 2 vacant posts.
- In DCT2, there are 25 of 36 posts filled with official DCTs, 5 LATs, 1 LAS, and 3 vacant posts. Two posts have been occupied as DCT3 for 2022/23.
- In DCT3, 1 of 5 posts is filled with an official DCTs, 4 are LATs. There are no vacancies.



### Dental Specialty Training (DST):

- The fill rate is 96% (23 of 24 posts filled).
- There were 2 DST trainees in a Period of Grace at the end of Q3 and one vacant post in Paediatric Dentistry (which has recently been recruited to locally).

All of the training programmes for dental continue to fill via either national or local recruitment and where vacancies exist, we work with local providers to fill these as quickly as we are able to.

### Quality of Education and Training

HEIW is responsible for ensuring there are high quality learning environments for all healthcare learners in Wales including the quality of education and training of our future and current NHS Wales workforce, in line with regulatory standards and requirements. This remains one of HEIW's core functions and top priorities. HEIW has adopted a Quality Framework integrating Quality Planning, Quality Management, Quality Assurance and Quality Improvement as a system for underpinning high quality multiprofessional education and training across professional groups. The organisation also has a statutory duty to secure continuous improvements in the quality of education and training. Excellent communication with all our partners, stakeholders, students and trainees continues to be essential in this work.

### Health Professional Education

Universities are a key partner of the NHS as they provide routes into education and training for all health professionals at undergraduate and postgraduate level. The quality aspects of the contract management process with universities assures HEIW, Welsh Government and health boards that the health professional education commissioned and delivered in Wales adheres to the highest academic and vocational standards. This process also supports initiatives to widen access, promote the use of the Welsh Language and to provide a local route to education, amongst other themes.

As part of this contract assurance process, HEIW provides its education partners with an individual annual quality review. This review is only possible due to the open, collaborative approach undertaken by all parties. The aim of each individual review is to guide the continuous improvement of education programmes and, as such, improvement plans set out in the individual quality report for each University are incorporated into their own improvement processes. This is all encapsulated within our Quality Performance Framework.

The Performance Quality Framework also sets out the principles and practices deployed to manage concerns via a staged escalation process facilitating a risk-based approach to managing concerns.

HEIW draws on several data and mechanisms for assurance that Education Providers meet their responsibilities for provision of placement quality. These measures link with all elements of a quality cycle (planning, management, improvement, and assurance).

## **Concerns and Challenges**

Application rates to Learning Disability, Adult and Mental Health Nursing and Bio-medical Science remain areas of concern. There are still improvements that need to be made in these areas and progress against plans will continue to be monitored.

## **Postgraduate Medical Training**

HEIW ensures high-quality postgraduate medical education and training in Wales whilst meeting regulatory standards through the application of our Quality Framework. This comprehensive framework includes routine and responsive practices which enable us to work in collaboration with Local Education Providers (LEPs) across Wales to ensure the delivery of quality education and training in a manner which appropriately prioritises patient safety. In setting out LEP's obligations to HEIW, the Expectations Agreement reflects the fundamental elements of Postgraduate Medical and Dental provision. A proportionate approach to Quality Management is taken where concerns arise thereby encouraging transparency and effective working relationships in the delivery of solutions.

HEIW secured General Medical Council (GMC) approval to adapt its standards for medical education and training (as published in 'Promoting Excellence', 2015) for use across healthcare programmes supported by HEIW to provide a common starting point for Quality Management (and local Quality Control) activity. These standards are themed around the learning environment and culture, educational governance, and leadership, supporting learners, supporting educator, and curricular and assessment, so are universal to training. The Agreement underpins the annual commissioning process by which HEIW seeks assurance that provider obligations, as set out in the Agreement, are being met. This forms the foundation of HEIW's Quality Planning activity. The operation of the Quality Framework also provides an important basis for identification of areas of Quality Improvement on a continuous basis, based upon Quality Management and Quality Assurance Information.

HEIW undertook a significant programme of work in 2022 considering themes from Health Education England's 'The Future Doctor Programme' in the context of multidisciplinary working, ensuring a cohesive approach to training and workforce modernisation across healthcare professions. HEIW's objective was to identify projects aimed at enhancing postgraduate medical training and 'future proofing' medical roles in the context of multidisciplinary training and working, aiming to equip the medical workforce with the skills to manage complex care, understand the communities they serve and work across healthcare with a broad skillset.

Quality Management activity continued throughout the pandemic, albeit in a modified way. There was still an important requirement to ensure patient safety and effective learning environments. We therefore adapted and changed our systems and took proactive action and overall, the quality of training and education was maintained. In 2022/23, more training concerns were identified than in previous years, with a clear impact of increasing trainee fatigue, and challenges in delivering service catch up to the population leading to increased service demand.

### **Enhanced Monitoring**

'Enhanced Monitoring' status is applied by the GMC to those sites which they consider require an additional level of support.

As at March 2023, 5 Local Education Provider's (LEPs) remain under enhanced monitoring, and improvement action plans remain on track. Obstetrics and Gynaecology at Prince Charles Hospital was de-escalated from enhanced monitoring with the GMC due to evidence of sustained improvement. Emergency Medicine at Wrexham Maelor Hospital was escalated to enhanced monitoring status in October 2022 due to concerns over progress. HEIW has taken steps to ensure an appropriate action plan is in place and a further visit to monitor progress has been scheduled.

<b>Local Education Provider (Health Board)</b>	<b>Site(s)</b>	<b>Specialty</b>
1. Betsi Cadwaladr University Health Board	Wrexham Maelor Hospital	Emergency Medicine
2. Betsi Cadwaladr UHB	Wrexham Maelor Hospital	Medicine
3. Swansea Bay UHB	Morriston Hospital	Emergency Medicine
4. Swansea Bay UHB	Morriston Hospital	Trauma & Orthopaedics
5. Aneurin Bevan University Health Board	The Grange University Hospital, Ysbyty Ystrad Fawr, Royal Gwent and Nevill Hall Hospitals	Medicine

### **Annual Training Survey**

HEIW's response rates to the GMC National Training Surveys were high at 87% against a UK average of 76% for the trainee survey and a 58% response rate for the trainer survey against a UK average of 34%. These results have been published on the GMC's online reporting tool with a key themes report for Wales being produced within HEIW. Details of some of the key messages within this report are provided below:

Overall, the survey results were broadly in line with the rest of the UK. Trainees in Wales continue to report high levels of satisfaction with good levels of clinical supervision.

The results for Surgery highlight an improvement in some areas as elective activity started to resume following the pandemic albeit with some challenges for core trainees in specific areas. General Medicine and related subspecialties continue to be a priority area for quality activity.

In recent years Obstetrics and Gynaecology has been an area of focus for Quality Management activity. However, the 2022 results report that improvement in this area continues. In addition, there is evidence of improvement in Emergency Medicine in some individual sites. The programme level results report several areas which are suggestive of good practice with several above outliers being reported. These include Chemical Pathology, Child and Adolescent Psychiatry, Old Age Psychiatry, Histopathology and Palliative Medicine.

Whilst the Wales score for induction is in line with the rest of the UK, the results suggest that there is scope for improvement in this area with a particular focus upon induction quality and departmental induction given the link with patient safety.

The majority of trainees report that their training is providing them with sufficient experience to support their continued progression.

Generally, trainers reported that they feel supported in their training role. However, the ability to use the time allocated for the role is an area for which ongoing work will be required to sustain or improve the feedback.

Wellbeing has been a particular theme in both the trainee and trainer survey in recent years with reported increases in burnout levels. The trainee results suggest that the most significant impact has been upon foundation trainees and trainers in Primary Care and some medical specialties.

The GMC continue to express confidence in the ability of HEIW to meet its training standards outlined in Promoting Excellence.

### ***Medical Appraisal Process***

HEIW supports and improves professional standards through revalidation and appraisal in line with the requirements of the regulators. Over the course of the year, the Revalidation Support Unit (RSU) has worked closely with the Chief Medical Officer, Medical Directors, GMC and appraisal leads across the four nations to ensure that the future model of medical appraisal is robust and remains wellbeing focussed. We have reviewed the latest recommendations released by the Academy of Royal Colleges (Fit for the future: the Medical Appraisal Guide) for beyond the pandemic, which has incorporated a number of principles that have been embedded in Wales for many years.

The Chief Medical Officer as Chair of the Wales Revalidation Oversight Group (WROG) tasked the RSU with developing and maintaining a Revalidation Action Plan for Wales and undertaking a programme of Revalidation Quality Assurance Review Visits to all Designated Bodies (DBs) in Wales. Working with the RSU's revalidation and appraisal stakeholders, the unit produced a focused action plan highlighting key areas for improvement.

The Review Visits explore the quality and robustness of appraisal and revalidation systems within each organisation and provide assurances to the CMO as Higher-Level Responsible Officer in Wales. The second cycle of these visits commenced in May 2022 and each visit report sent to the CMO for information. The data collated throughout the visiting process is fed into the action plan noted above to ensure good practice is shared and areas for improvement are addressed.

### ***Trainee Support***

Our Professional Support Unit (PSU) for medical, dental and pharmacy trainees, continues to provide a range of support interventions for trainees that are having challenges progressing through training. The PSU has seen an increase in referrals over recent years. In the year 2022/23 we received a total of 412 referrals with an average caseload through the year of 460 trainees (in comparison, total referrals for 2021/22 were 390, with an average caseload of 360). In addition to this, in 2022/23 we have referred 229 trainees for enhanced psychological support, a slight reduction from the previous year. The drivers for the increased referrals are complex and multi-factorial and include increasing recognition of differential attainment and the impact on complicated training journeys, higher proportion of international medical graduates (there is a link between location of primary medical qualification and level of differential attainment), and impact of the pandemic on psychological wellbeing. The PSU offer a range of interventions including one to one interventions, and wellbeing development seminars and webinars for trainees and the wider training faculty. It is reassuring that now just over half of all trainees supported by the PSU self-refer.

During 2023/24, it has been agreed that trainee pharmacists are included in the PSU offering. There has been a soft launch of this offering during Q3 and Q4 which included trainees utilising referral pathways as appropriate. Collaborative work has commenced with the PSU to develop a plan for a full offering launch for the 2023/24 trainee intake in July 2023.

### **Dental Quality Management**

All trainees are monitored via an online portfolio. For Dental Foundation Trainees and Dental Core Trainees this is an Axia portfolio managed through NHS England (previously Health Education England) and for Dental Specialty Training, this is via Intercollegiate Surgical Curriculum Programme, with the exception of Dental Public Health which has a standalone portfolio.

## **Dental Foundation Training (DFT)**

An Early-Stage Review (ESR) for all Dental Foundation Trainees took place in December 2022 to gain insight into progression and identify any major issues prior to the Interim Reviews of Competency Progression (RCPs) in February 2023. The review confirmed that 41 trainees were progressing as anticipated and 23 requiring some targeted development. Final review panels (RCPs) will take place in July 2023 to determine whether any trainees require extensions to training beyond the end of the programme in August.

Dental Foundation Trainees have continued to have the opportunity to provide feedback on their training through interim and end of training surveys at 6 or 12 month intervals.

## **Dental Core Training (DCT)**

DCT Trainees were monitored through a Review of Competency Progression (RCP) in February 2023 and 45 trainees progressed satisfactorily with less than five requiring some targeted development. A final RCP will take place in July 2023 at the end of their training year.

DCT Trainees have continued to have the opportunity to provide feedback on their training through end of placement questionnaires either at 6 or 12 months.

## **Dental Specialty Training (DST)**

The General Dental Council undertook a Quality Assurance review of the dental specialty training delivered via HEIW, and the final report published on their website reported that all actions had been satisfactorily met.

Interim Review of Competency Progressions and Annual Review of Competency Progressions were held for all trainees. The lay and external Specialty Advisory Committee (SAC) representatives provided complimentary feedback about the well-structured and clearly managed processes undertaken and the approach to quality assurance.

Dental Specialty Trainees had the opportunity to feedback on their training through questionnaires at their Annual Review of Competency Progression or interim meetings and through an on-line survey on completion of training. All trainee feedback for their experiences in HEIW has been favourable and positive.

## **Dental Trainee Support**

The Dental Trainee Forum continues into its second year led by the Dental Welsh Clinical Leadership Trainee Fellow. This has representatives from all dental training programmes and years. The forum meets quarterly and ensures trainees have the opportunity to feed back their experiences and concerns. This is essential to ensuring we offer the best training experience possible.

Trainees continue to be supported through the Professional Support Unit if required and are encouraged to self-refer if they identify a need. Pastoral support is provided to all trainees through their Educational Supervisors and Training Programme Directors.

### **Welsh Dental Therapists Foundation Training (WDTFT)**

This programme has continued to run with 7 dental therapists successfully completing and exiting in August 2022. An additional 6 therapists were recruited in September 2022 and will be completed in August 2023. Plans to increase the number of dental therapist foundation training places to 20, for September 2023, to expand this workforce in the NHS dental services in Wales is aligned to Welsh Government Policy direction for dentistry.

### **Dental Nurse Training**

HEIW has established a National Examining Board for Dental Nursing (NEBDN) Diploma Course in response to the current shortage of this dental workforce in Wales. Accreditation has been awarded with NEBDN to allow HEIW to become an approved centre for training. 30 places are available, and the course will begin in June 2023.

### **Pharmacy Quality Management**

The Pharmacy Deanery has mapped all activities to the HEIW Quality Framework. In addition, the Pharmacist Foundation Programme have met the General Pharmaceutical Council (GPhC) accreditation requirements. The Pre-Registration Pharmacy Technician programme meet the quality standards of GPhC and Welsh Government Modern Apprenticeship Framework.

### **Pre-Registration Pharmacy Technicians**

35 pre-registration pharmacy technicians were recruited to the September 2022 cohort. 20 NHS employed commissioned posts and 15 employed in community pharmacy. 3 trainees have since withdrawn from the training programme.

37 pre-registration pharmacy technicians training places were offered for February 2023 intake and 34 accepted. The sector split is 22 of NHS employed commissioned posts and 12 in community pharmacy.

Community employed pre-registration pharmacy technicians now account for 42% of the training cohort compared to 27% for the 2020 intake.

A community pharmacy pre-registration pharmacy technician trainee was awarded the significant accolade of Apprentice of the Year at the Apprenticeship Awards Cymru 2022.

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## **Trainee Pharmacists - Foundation**

The planned recruitment for trainee pharmacists in August 2022 started with the Oriel declarations in April 2021. The Oriel process concluded in December 2021 with confirmation of 100% fill rate for the 111 multi-sector places advertised. The number commencing in August 2022 was 105 due to programme withdrawals and MPharm exam failures.

The 2023 cycle started with Oriel submissions in April 2022. A total of 121 training posts were offered within Oriel which is an increase of 10 posts compared with 2022/23. The final number of posts offered were 117 due to capacity issues in two health boards.

The Oriel recruitment process and National Selection Centre was completed in September 2022 for the new intake of trainees starting in August 2023.

As in previous years, there were 2 bursts of the TrainWorkLive campaign coinciding with the opening and closing of the application window. The first burst was run by HEIW and the second by Jam Jar. This featured a new split creative of a community pharmacist to complement earlier hospital and general practice images.

HEIW filled 116 (99%) places compared to an overall average fill rate for English regions of 60%. This is exceptional in a year with 3,644 training posts on offer to 2,446 eligible students. Two students have since withdrawn from the offers due to personal circumstances taking the current fill to 114.

Most trainees on the 2021/22 programme have completed their training. We currently have 13 trainees on programme extensions ranging between 1 month and a whole year.

Wales had again the best UK pass rate for the GPhC registration assessment. In June 2022, Wales had a 96.4% pass rate versus a UK average of 80% and in November 2022 Wales had a 75% pass rate versus a UK average of 56%.

The HEIW Foundation team successfully completed step 1 of the GPhC accreditation process for the Foundation training programme during Q2 and submitted the step 2 accreditation document to GPhC for review in Q4.

## **MPharm Funded Clinical Placements**

The regulatory changes to the initial education and training of pharmacists requires the four-year MPharm degree to include a significant increase to undergraduate clinical placements. HEIW was successful in securing Welsh Government funding for pharmacy undergraduate clinical placements in July 2023.

During 2022/23, HEIW worked closely with Cardiff School of Pharmacy and Pharmaceutical Sciences to establish a programme of funded undergraduate clinical



placements for year 3 and year 4 MPharm students. HEIW worked in partnership with Cardiff University to develop the educational framework for the clinical placements.

Evaluation of the educational framework to meet the learning outcomes has been commissioned from Cardiff Unit for Research and Evaluation of Medical and Dental Education (CUREMeDe).

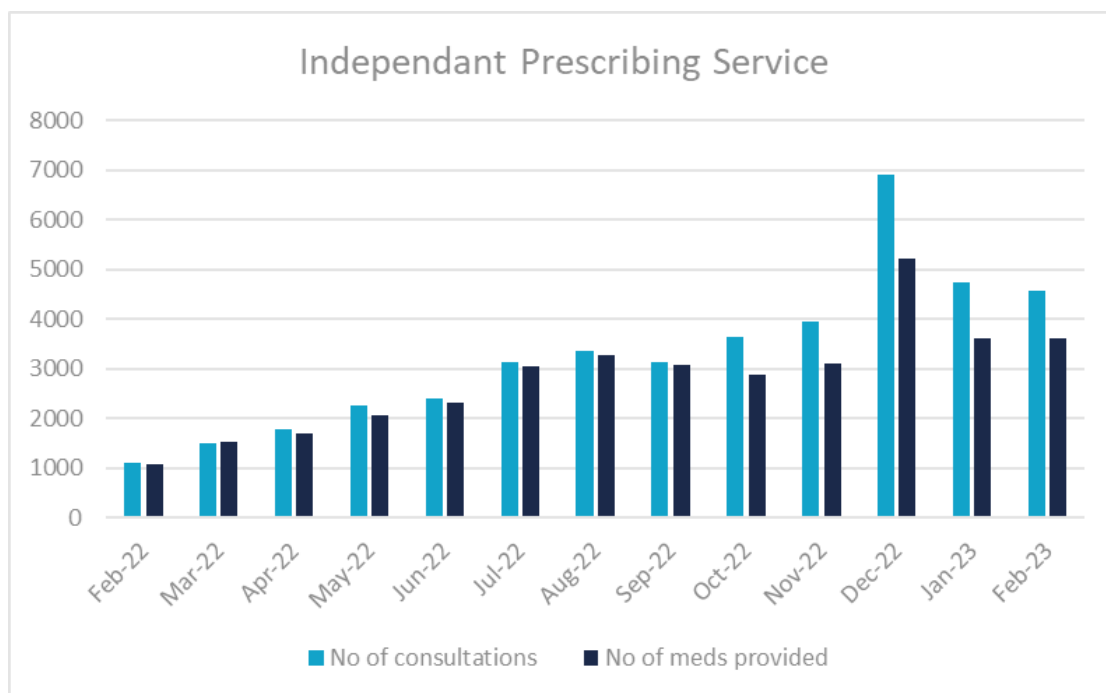
During 2023/24, Swansea University MPharm undergraduates will be included in the next phase of increasing the number of funded clinical placements across year 2,3, and 4.

HEIW has commenced exploring other alternative modules of undergraduate delivery within the acute sector to support managing capacity issues.

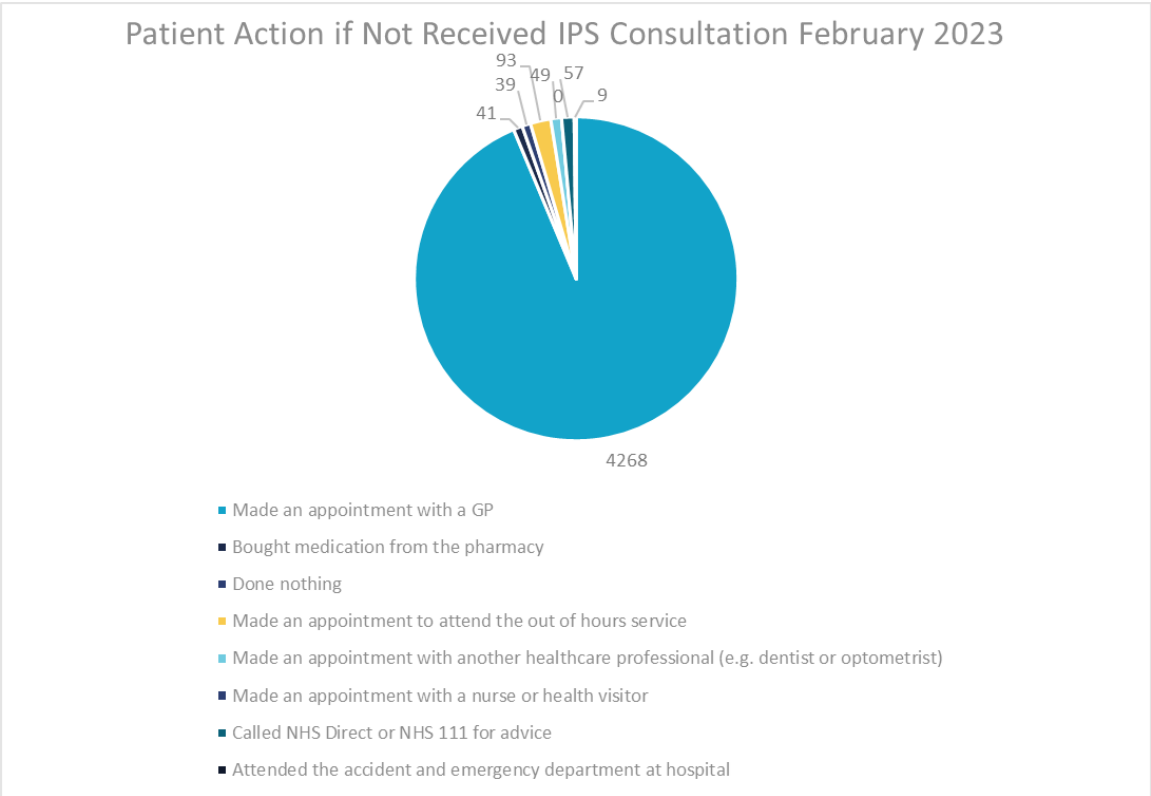
### Existing Pharmacy Workforce

HEIW has invested in developing the skills and competence of the existing pharmacy workforce to meet the changing landscape of pharmacy service delivery.

A particular focus is upskilling the existing workforce with the enhanced skills of Independent Prescribing and the skills of the community pharmacy workforce to deliver the requirements of Presgripsiwn Newydd-New Prescription. The impact of HEIW investment can be seen in the data below:



As the number of community pharmacist are trained as Independent Prescribers there is clear evidence of the skills being utilised for the benefit of patients and the NHS system. Of those patients that accessed the service 98.2% said they would have visited another healthcare provider had the service not been available in pharmacy.



Complaints handling

HEIW’s bespoke Complaints Handling Policy reflects our unique role within NHS Wales as a training and education provider. This Policy was reviewed and amended this year to confirm that any Duty of Candour issue would be dealt with by HEIW under the Putting Things Right regulations, while all other complaints and issues would be handled in accordance with HEIW’s Complaints Handling Policy. The amended policy was approved at March Board. Our Complaints Handling Policy outlines the process for dealing with concerns and complaints, emphasises a swift resolution of issues where possible and outlines how the implementation of the policy will be monitored. The Policy also supports organisation learning and seeks to identify and share lessons learned from complaints. HEIW received less than 5 complaints under the Complaints Handling Policy during the reporting period.

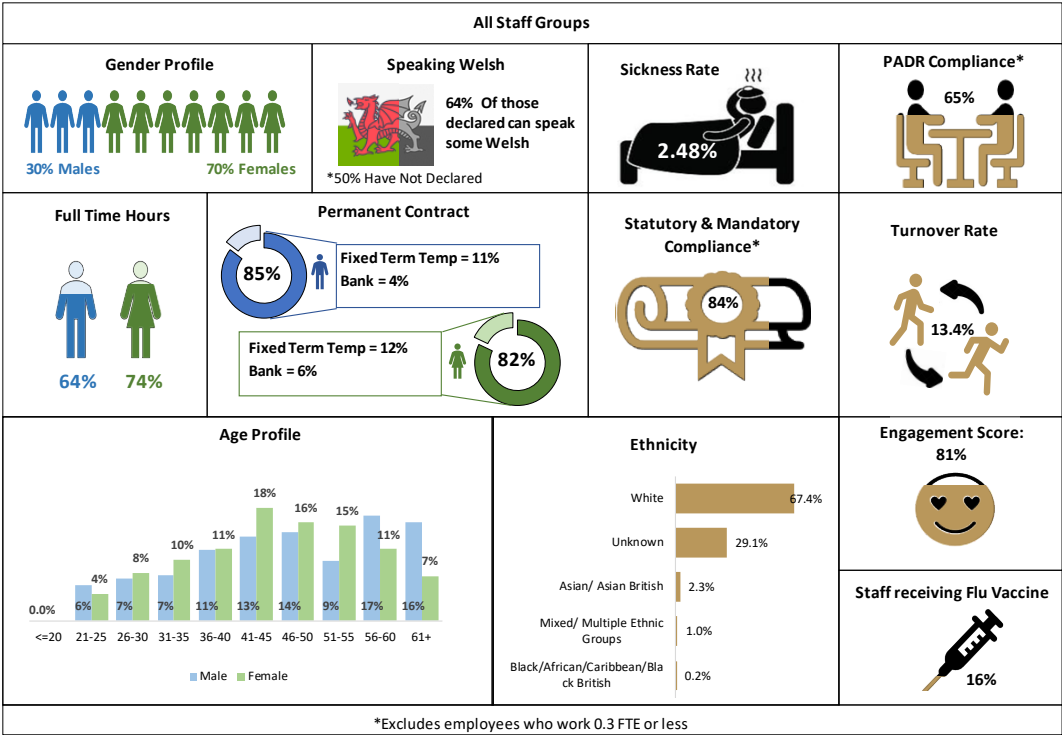
Our Workforce

Our staff group make up has continued to change over the last year with growth in core staff in Directorates including Medical, Digital and Nursing. There has been little change in the numbers of sessional staff and therefore this group has become a smaller proportion of the overall total, but no less key and fundamental to the ongoing success of HEIW.

Our commitment to all staff with people being our single most precious asset, is reflected in the People and Organisational Development Strategy which is in the final stages of approval. This strategy will focus and guide our approach in how we value

and develop our staff, ensuring the workplace is one where staff are proud and happy to work and where we are seen as an exemplar employer.

Workforce Infographic as at March 2023



Workforce Movement

The HEIW headcount had increased to 602 by the end of March 2023, which is an increase of 56 over the 12-month period. The increase reflects HEIW's continued growth as an organisation during 2022/23 during which there has been expansion in a number of areas with several new posts being agreed. The Digital Directorate has seen further growth representing the continued importance of this field and of strong digital governance. In addition, the Medical Directorate has seen growth particularly with the establishment of a team associated with Primary Care education and development. There has also been growth in other areas to meet increasing service and Welsh Government demand.

The post Covid operating model of 3 days in the office and 2 days at home has been further modified and now involves 2 days in the office and 3 days at home. This model is popular and effective although is kept under review.

Turnover

The 12-month rolling turnover rate for HEIW for the period to March 2023 was 13.4%, this is an increase on the previous year's figure of 10.4% but remains at a reasonable level which continues to be healthy enough to continue to support business continuity and organisational memory whilst also bringing in new thinking and new ideas. We

routinely send all staff leaving an exit questionnaire, enabling us to learn from and explore reasons for leaving.

## **Sickness**

HEIW's rolling 12-month sickness rate was 2.48% and although marginally up from the previous rate of 1.8% it remains substantially below the NHS Wales target of 4.1%. Long term absence makes up 73% of our total sickness absence and this ratio has been relatively consistent in this and previous years. The sickness absence levels have remained at significantly low levels throughout the year.

## **Mandatory and Statutory Training**

The Welsh Government KPI requires 85% compliance at a minimum level in the 10 UK Core Skills Framework for NHS Staff, hosted on the Electronic Staff Record system. The majority of these learning modules require a 3-year refresher period, although specific modules may differ in this. New starters are excluded from this report for the first 3 months in post.

The HEIW compliance rate for core staff at the end of March 2023 was 84% which is 1% short of the Welsh Government target figure. This figure has been consistently around 85% over the last 12 months. It remains the responsibility of individual staff and managers to ensure that they achieve compliance in statutory/mandatory training requirements whilst the People Team and the wider Workforce and OD teams continue to support and encourage staff in this process.

The sessional clinical staff who work for 3 sessions or less are not included in the above figures as their primary employment is predominantly with other employers. They are however still required to undertake a lighter version of appraisal with HEIW to both monitor performance and objectives and to identify relevant training needs. Similarly with Statutory and Mandatory training, where their prime employment is elsewhere, they can provide confirmation of having undertaken the relevant training with their prime employer.

## **Engagement and Wellbeing**

We have had less than five formal grievances and disciplinary cases. This indicates a good level of engagement with our workforce as our workforce continues to grow. We undertook a culture remeasure survey during 2021 which was a re-run of the survey undertaken when HEIW was created in 2018, the return rate was 44% which is a reasonable response for this type of survey and enabled results to be produced.

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## Equality, Diversity and Inclusion

We remain broadly representative of the overall NHS workforce in terms of the gender profile of the organisation, with nearly 70% of the workforce being female, and this includes our senior leaders as represented by the HEIW Board.

Across Wales, 5% of the population identify themselves as from a minority ethnic background, within our local areas of Cardiff and Rhondda Cynon Taff this is 16% and 4% respectively. Currently, from those who have declared their ethnicity, those from a minority ethnic background make up 3% of our workforce which is less than the overall NHS Wales profile of 8%. In respect of our ethnicity profile, we have more work to do to ensure we reflect our communities and the population of Wales.

Our age profile is more in keeping with NHS Wales workforce overall, with the majority of the workforce being between 36 and 60. However, we recognise that those in the 21 to 25 age bracket make up 4% of our workforce, compared to the average of 6% in the same age bracket across NHS Wales.

## Financial Performance

The HEIW Board approved its draft Annual Plan at its meeting on 31<sup>st</sup> March 2022. The plan set a revenue funding requirement for the year of £307.514m and Board received confirmation that the initial core funding allocation from Welsh Government totalled £304.246m. This has subsequently been revised to an in-year funding requirement of £289.361m at year-end. HEIW reported an underspend of £1.141m for the year, meeting its financial duty to break-even against the Revenue Resource Limit (RRL).

The underspend is split between pay costs, where there are various vacant posts within the establishment and non-pay costs which relate to travel, training, and conference activity where activity is lower than budgeted. Commissioning expenditure was under budget due to the under-recruitment of students on some nursing and other health professional courses in spring 2023 and also Clinical Fellows. This is offset against some approved grant expenditure and a small number of overspends within the commissioning category.

The draft annual accounts were submitted to Welsh Government by the deadline of 5<sup>th</sup> May 2023. Expenditure on the two main commissioning areas is shown in the table below. Operating costs of £36.9m relate to non-commissioning expenditure including staff and director costs (£25.6m), premises and related items (£2.9m), establishment costs (£3.1m), supplies and services (£3.7m) and other expenditure (£1.6m). Capital expenditure during the year totalled £226k against the Capital Resource Limit (CRL) of £226k.

Non-Medical Training & Education	£'m
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Student Training Fees (Universities)	65,543
Funding for Healthcare Education Fees (Health Boards & Trusts)	3,897
Student Bursaries Reimbursement (Universities)	22,182
Student Salaries Reimbursement (Health Boards & Trusts)	20,829
Advanced Practice Training fees	1,702
Healthcare Support Working Training	2,685
Non-Medical Prescribing	288
Training related Travel and Subsistence	4,634
Disability Support Allowance	682
Other	2
<b>TOTAL</b>	<b>122,444</b>

<b>Postgraduate Medical, Dental &amp; Pharmacy Education</b>	<b>£'m</b>
Training Grade Salaries	60,149
Postgraduate Centre and Study Leave	4,857
GP Registrars	37,755
Dental Foundation Trainees	9,073
Pharmacy Training	11,420
Induction & Refresher	20
Welsh Clinical Academic Training	1,500
GP CPD and Appraisal Costs	1,088
Trainee Relocation Expenses	2,016
Primary Care Grants	785
Other	906
<b>TOTAL</b>	<b>129,569</b>

## Welsh Language

HEIW comes under the original (1993) Welsh Language Act therefore have published Welsh Language Scheme which has been approved by the Welsh Language Commissioner.

We have focussed on the implementation of the Welsh Language Scheme, and on increasing the services provided by HEIW through the medium of Welsh and improving the language skills of our staff.

HEIW's role in respect of the Welsh language was strengthened over the latter half of 2022/23, firstly by the publication of the More than just Words Action (MTJW) Plan in August 2022, and then the NHS Workforce Implementation Plan which was published in February 2023. Both Welsh Government plans allocated a number of actions to HEIW relating to the Welsh language and the NHS workforce at a national level.

As such, we have set up a MTJW working group within HEIW. This includes representatives from across the organisation, from all the departments which are involved in the delivery of these actions.

In order to further support our work, we have undertaken a number of events (virtually) over the course of the year. These have included the creation and delivery of a “Raising Confidence” course which has now been delivered to over 75 colleagues across the NHS in Wales and is proven to have considerable positive impact.

The continued successful implementation of our Welsh Language Scheme over the past year is demonstrated in part by the number of staff learning Welsh which continues to increase, with over 15% of our staff now registered as learners. Demand for translation continues to be high, with the team translating well over 4 million words last year. Our Apprenticeship scheme continues to flourish, with HEIW winning the Welsh Language Employer of the year award at the Swansea Gower College Awards night.

Externally, we continue to engage regularly with a wide range of stakeholders, including the Welsh Language Commissioner, our HEI’s and Social Care Wales, and local health boards, with the aim of creating a continuum of language awareness and learning opportunities at all stages of a health worker’s career.

## **Sustainability**

### **Annual Report Biodiversity and Decarbonisation**

In 2022/23, we have not only built on and expanded our proactive approach to the biodiversity and decarbonisation agenda but have begun baselining how sustainable healthcare is embedded throughout education and training. The Sustainability Steering group and Green Group continue to deliver the priorities in the HEIW Biodiversity and Decarbonisation Strategy. Our strategy continues to be delivered via an action plan, in line with Welsh Government’s Decarbonisation Strategy, that will support wider plans and ambitions through our functions and activities.

We have undertaken further work throughout the year to increase the biodiversity with an increasing range of flora at Ty Dysgu that will support different species across the year. We launched a monthly litter pick in the autumn of 2022 which has already seen 8 full bags of rubbish and three hub caps removed from the area within and surrounding the Ty Dysgu estate.

With funding from the Health & Social Care Climate Emergency National Programme Funding Scheme in year, HEIW procured 198 training places for climate-smart and carbon literacy training for NHS Wales staff from two providers, in line with Initiative 39 of the NHS Wales Decarbonisation Plan. There have been 133 expressions of interest from across the system and 62 individuals have completed the training, with a further 18 enrolled.

In March 2023, HEIW successfully inducted three Sustainability Fellows (0.2 FTE fixed term for two years), to focus on specific sustainability projects across Leadership and Policy, Quality Improvement and Education and Training which will drive sustainable healthcare as a key consideration of integrated health and care.

Emissions and Waste

We monitor emissions and waste creation on an ongoing basis, taking account of the impact of our hybrid ways of working and our commitment under the Environment (Wales) Act 2016. As a Strategic Health Authority of NHS Wales, our emissions differ considerably to other NHS Wales organisations.

Throughout 2022/23 HEIW staff worked to a hybrid model of 2 to 3 days in the office and 2 to 3 days at home. This return to the office although in a limited capacity has had an impact on utilities usage and waste. 100% of the organisations waste is diverted from landfill and 48% was recycled. This equates to 1000kgs of CO2 saved which is the equivalent of powering 1 domestic house for a year.

Table 1 shows emissions for the whole of 2022/23, with table 2 providing a comparison between 2021/22 and 2022/23. Costs increased across all areas due to the fuel crisis and rising inflation (costs include discount Energy Bill Relief Scheme discounts). Water usage increased significantly over the year due to the water requirements to support increasing biodiversity in the estate. We also saw an increase in shower usage after lockdown which also suggest more people are cycling/walking/running to work. The gas usage increase was minimal even though Winter 2022 was much colder than the previous year, increasing the heating requirements. Electric car charging increased this year which also contributed to higher utilities usage. Waste has increased by 40%, but this was expected as more people are back using the building, but we have also seen an increase in recycling which is a hugely positive behavioural change.

Table 1: Utilities (Units and Costs) 2022/23

22/23	Electricity kWh	Gas kWh	Water & Sewerage m3	Waste (Tonnes)
Q1	81913	75171	1006	1.4
Q2	93752	59438	987	1.5
Q3	86027	131583	1100	1.8
Q4	84650	162879	1137	2.1
Total units	346342	429071	4230	6.8
Total Cost Exc VAT (£)	£93,265	£40,635	£7,287	£2,887

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**Table 2 Utilities and Waste Comparison 2021/22 & 2022/23**

	Electricity (KWh) 21/22	Electricity (KWh) 22/23	Gas (KWh) 21/22	Gas (KWh) 22/23	Water & sewerage (m3) 21/22	Water & sewerage (m3) 22/23	Waste (Tonnes) 21/22	Waste (Tonnes) 22/23
Total Units	310095	346342	428,261	429071	3157	4320	3.8	6.8
Cost (£)	£67,665	£93,265	£17,195	£40,635	£6,010	£7,287	£2,057	£2,887
Difference in units	36247		810		1163		3	
Difference (%)	12%		0.2%		37%		79%	
Difference (£)	£25,600.00		£23,440		£1,277		£830	
Difference £ (%)	38%		136%		21%		40%	

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## Appendix 1.1 Trends in Education & Training Commissioning

Specialty	August 2022 post numbers	Changes August 2022	Changes August 2021	Changes August 2020	Changes August 2019	Changes August 2018	Changes August 2017
<b>Anaesthetics/ICM</b>							
Core Anaesthetics Training/ACCS Anaesthetics	131	+10					
Higher Anaesthetics	143	+3	+3	+3			
ACCS Intensive Care	14						
Higher Intensive Care Medicine	35	+4	+4	+4	+2		+4
<b>Emergency Medicine</b>							
Acute Care Common Stem - Emergency Medicine	27	+4	+2				+4
Emergency Medicine (includes PEM & PHEM)	54		+5	+7	+4		+2
<b>Medicine</b>							
Internal Medicine Training/ACCS Acute Medicine	271	+12	+15	+13			
Acute Internal Medicine	14		+2				
Audio vestibular medicine	1						
Cardiology	38						
Clinical Genetics	7	+2					
Clinical Neurophysiology	1						
Clinical Oncology	24	+4	+4				
Clinical Pharmacology and Therapeutics	2						
Dermatology	16			+3			
Endocrinology & Diabetes	23						
Gastroenterology	27	+1	+2				

Genito-urinary Medicine	4						
Geriatric medicine	52						+3
Haematology	18						
Immunology	1						
Medical Oncology	12	+3	+3				
Neurology	17						
Palliative Medicine	15	+2					
Rehabilitation Medicine	2			+1			
Renal medicine	17						
Respiratory Medicine	31		+2				
Rheumatology	12	+2					
<b>Surgery</b>							
Core Surgical Training	100						
Cardio-thoracic surgery	7						
General surgery	58		+4				
Neurosurgery	7		-1				
Ophthalmology	40					+4	
Oral and Maxillo-facial Surgery	11	+2					
Otolaryngology	18						
Paediatric Surgery	2						
Plastic surgery	15		+2				
Trauma & Orthopaedic surgery	45				+4		
Urology	20		+4				
Vascular surgery	10		+1				
<b>Pathology</b>							
Chemical pathology	4						

Histopathology	21	+1					+2
Infectious diseases	2						
Medical Microbiology and Infectious Diseases	19	+3	+3	+3			
Paediatric & Perinatal pathology	1	-1					+1
<b>Psychiatry</b>							
Core Psychiatry Training	93	+8					
Child and Adolescent Psychiatry	16	+4					
Forensic Psychiatry	6						
Old Age Psychiatry	13	+2		+2	+2		
General Psychiatry	29						
Psychiatry of Learning Disability	5						
<b>Imaging and Radiology</b>							
Clinical Radiology	107	+15	+10	+10	+4	+7	+11
Interventional Neuro Radiology	1	+1					
Nuclear medicine	1						
<b>Women's Health</b>							
Obstetrics and gynaecology	95		+2				
Community Sexual & Reproductive Health	4	+2					
<b>Paediatrics</b>	153	+4	+6	+4			
<b>Public Health Medicine</b>	23	+2					
	1935	+90	+73	+50	+14		
<b>Foundation Training</b>							
Foundation Year 1	411	+30	+30	+12			
Foundation Year 2	381	+30	+12				

## Appendix 1.2 Health Professional Commissioning Trends

Staff Group	2022	2021	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998
Pre Registration Nursing	2396	2202	1,987	1,911	1,911	1,750	1,418	1,283	1,053	1,011	919	1,035	1,070	1,179	1,095	1,079	1,271	1,265	1,247	1,387	1,291	990	1,113	976	905
Midwifery	185	185	161	134	134	134	94	94	94	109	107	102	123	110	95	90	100	97	97	100	120	96	86	70	72
District Nurses	80	80	80	80	80	80	41	41	24	31	20	26	30	26	28	45	71	68	71	65	57	62	69	50	52
DN (Modules)	123	123	123	123	123	123	123	123	163	172	100	50	40	40	98										
Health Visitors	92	92	92	92	90	82	71	66	49	39	31	31	36	46	36	36	37	47	53	62	55	48	36	44	44
Health Visitors (Modules)	30	30	30	30	30	40																			
CPNs	30	30	30	30	30	39	21	27	23	13	26	20	21	21	21	13	23	15	17	34	34	30	40	16	35
CPN (Modules)	60	60	60	60	60	40	48	48	40	40	30	20	20	20	20										
CLDNs	0	0	0	0	0	0	12	12	0	0	5	0	2	3	2	3	6	5	10	10	14	10	13	7	15
CLDNs (Modules)	10	10	0	10	10	10	12	12	7	8	0	4	10	6	4										
School nurse	30	30	19	19	19	19	18	18	18	18	27	22	24	24	24	22	21	21	24	20	17	13	6	0	0
School nurse (modules)	0	0	3	3	3	3	2	2	6	10	0	25													
Practice nurses	30	30	20	20	20	20	1	1	14	12	39	16	16	18	16	20	23	17	11	15	15	23	0	0	0
PN (Modules)	50	50	29	29	29	29	29	34	18	8	10	12	16	16	16										
CCN (p/t)	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Paediatric nurses	0	0	7	0	0	16	12	12	11	13	10	8	6	9	7	2	15	10	7	13	15	0	0	0	0
Paed. nurses (Modules)	24	24	10	24	24	24	3	3	13	8	3	8	8	8	8										

Staff Group	2022	2021	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998
Occupational Therapists	179	179	163	133	133	121	116	111	88	79	71	69	102	100	93	81	98	91	106	112	79	65	45	40	37
Physiotherapists	174	174	164	147	147	134	134	121	96	89	103	90	90	95	85	82	86	101	126	140	115	91	77	73	67
Speech & Language Therapy	49	49	49	44	44	0	44	44	37	30	25	36	43	35	35	54	44	40	39	40	38	33	33	33	27
Dietetics	40	40	40	30	30	30	42	38	30	33	28	30	36	40	34	22	24	24	30	31	28	28	28	28	27
Post grad. Dietetics	20	20	20	12	12	12									12	11	12	12	14	15	15	15	15	15	30
Podiatry	27	27	24	24	24	24	20	20	26	15	24	24	31	30	26	28	26	26	26	27	28	28	28	28	21
Orthoptics	0	0	5	5	5	5	5	5	5	3	2	0	0	0	0	0									
Medical Photography	0	7	5	5	5	5	4	4	4	3	3	2	2	2	2	2	3	3	3	3	3	3	3	3	3
ODPs	49	49	49	49	49	49	39	39	46	44	28	32	29	30	25	23	32	32	39	41	36	33	32	14	14
Surgical Care Pracs	0	0	0	0	0	0	0	0	0	0	0	0	0	8	8										
Physicians Associate	54	61	60	42	32	32	27																		
Clinical Psychologists	36	32	29	27	27	27	27	27	26	25	21	16	18	19	18	18	21	21	21	20	19	18	15	15	15
Pharmacists - Pre Reg.		160	40	50	41	41	38	38	40	40	39	43	45	43	38	36	40	40	40	40	36	34	4	30	30
Pharmacists Dip & Techs		77	99	85	75	75	60	60	62	63	63	41	54	66	54	51	66	64	50	53	21	20	19	14	12
Dental Hygienists	33	18	18	18	18	18	18	18	10	12	10	7	9	11	9	9	9	9	9	9	8	8	7	7	6
Dental Therapists	13	13	13	13	13	13	13	13	12	11	11	6	8	11	8	8	8	8	8	8	7	7	6	6	0
Ambulance Paramedics	116	105	115	85	76	86	69	94	36	25	24	40	57	75	101	70	90	85	85	70	57	48	48	40	48

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**GIG**  
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**NHS**  
WALES

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

<b>Meeting Date</b>	<b>27 July 2023</b>	<b>Agenda Item</b>	<b>4.4</b>
<b>Report Title</b>	<b>Presentation of Annual Accounts 2022-23</b>		
<b>Report Author</b>	Martyn Pennell, Head of Financial Accounting		
<b>Report Sponsor</b>	Glyn Jones, Director of Finance Planning & Performance		
<b>Presented by</b>	Glyn Jones, Director of Finance Planning & Performance		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To present the Board with the audited Annual Accounts for 2022-23 and, in accordance with the recommendation from the Audit and Assurance Committee, to request the Board approves the accounts prior to submission to Welsh Government.		
<b>Key Issues</b>	<p>The audited Annual Accounts (appendix 1) show that Health Education &amp; Improvement Wales has for 2022-23:</p> <ul style="list-style-type: none"> <li>• met the requirement to break-even against its Revenue Resource Limit over the accounting period;</li> <li>• met the requirement to break-even against its Capital Resource Limit over the accounting period</li> <li>• not met the requirement to pay 95% of non-NHS invoices within 30 days.</li> </ul> <p>Audit Wales are proposing to issue an unqualified audit opinion for the 2022-23 accounts.</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>In accordance with the recommendation from the Audit and Assurance Committee, the Board is asked to:</p> <ul style="list-style-type: none"> <li>• <b>Approve</b> the audited accounts and financial statements for 2022-23.</li> </ul>		

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## **PRESENTATION OF ANNUAL ACCOUNTS 2022-23**

### **1. INTRODUCTION**

This purpose of this report is to present the Board with the audited Annual Accounts for 2022-23 and, in accordance with the recommendation from the Audit and Assurance Committee, to request the Board approves the accounts prior to submission to Welsh Government.

### **2. BACKGROUND**

At the Audit & Assurance Committee on 3<sup>rd</sup> May 2023 members were presented with the draft 2022-23 accounts for HEIW that had been submitted to Welsh Government.

Audit Wales have now substantially completed their audit work and the final accounts are provided in appendix 1.

As detailed in their ISA 260 report, Audit Wales are intending to issue an unqualified audit report for this year's accounts once they have been provided with a Letter of Representation by HEIW. This is included within the ISA 260 and will be signed by the Chief Executive and Chair of HEIW subject to approval by Board.

Corrections have been made for two material misstatements affecting the current financial year and also for prior periods. The net impact of these adjustments on the financial statements is:

- 2022/23 Financial Year
  - Reduction in net expenditure of £1.035m
  - Recognition of a prepayment of £4.892m at 31/03/23
  - Recognition of a debtor of £3.151m at 31/03/23
- 2021/22 Financial Year
  - Reduction in net expenditure of £0.811m
  - Recognition of a prepayment of £5.299m at 31/03/22
  - Recognition of a debtor of £1.707m at 31/03/22

The opening balances as at 1<sup>st</sup> April 2021 have also been adjusted to recognise the prepayment and debtor balances at that point.

There are no non-trivial misstatements identified in the accounts that remain uncorrected.

A number of disclosure amendments have been made as detailed in Appendix 3 of the ISA 260 report that do not impact on the financial position.

Audit Wales have identified one recommendation from their work in relation to accounting for intangible assets. This recommendation has been accepted in full by management and a response has been provided.

In accordance with the recommendation to approve the 2022-23 accounts by the Audit and Assurance Committee, and subsequent approval by the Board on 27<sup>th</sup> July 2023,

the annual report will be submitted to Welsh Government by the required deadline of 31<sup>st</sup> July 2023.

### **3. PROPOSAL**

The proposal is for the Board to approve the 2022-23 annual accounts.

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

Approval of the 2022-23 annual accounts at Board will ensure HEIW can meet its statutory reporting requirements for the year.

### **5. FINANCIAL IMPLICATIONS**

The audited financial statements show that for 2022-23 HEIW has met its requirements to:

- Break-even against its Revenue Resource Limit over the accounting period. Note 2.1 on page 22 of the financial statements shows a revenue underspend of £1.141m;
- Break-even against its Capital Resource Limit over the accounting period. Note 2.2 on page 22 of the financial statements shows a break-even against the allocation of £0.226m

### **6. RECOMMENDATION**

In accordance with the recommendation from the Audit and Assurance Committee, the Board is asked to:

- Approve the audited accounts and financial statements for 2022-23.

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<b>Governance and Assurance</b>			
<b>Link to IMTP strategic aims</b> (please ✓)	<b>Strategic Aim 1: Building our Future Workforce</b> Developing and implementing plans that align the future demand for workforce with supply.	<b>Strategic Aim 2: Developing our Current Workforce</b> Transforming today's workforce to contribute to new models of care which improve quality and safety.	<b>Strategic Aim 3: Shaping Culture and Leadership in NHS Wales</b> Embedding compassionate leadership principles to develop cultures that support inclusion, wellbeing, and quality.
<b>Quality, Safety and Patient Experience</b>			
There is no impact on quality, safety and patient experience.			
<b>Legal Implications (including equality and diversity assessment)</b>			
There are no direct financial implications as a result of this paper. The achievement of the required financial duties for the year are detailed in paragraph 5 above.			
<b>Staffing Implications</b>			
There are no direct staffing implications.			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
Sound financial governance is required to support the organisation in meeting its long term goals. The receipt of an unqualified audit opinion provides assurance that there is appropriate governance in place.			
<b>Report History</b>	Draft annual accounts presented to Audit & Assurance Committee on 3 <sup>rd</sup> May 2023. Final Accounts were presented to the Audit and Assurance Committee on 20 <sup>th</sup> July 2023.		
<b>Appendices</b>	Appendix 1 – Audited Annual Accounts 2022-23		

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Health Education and Improvement Wales (HEIW) SHA

FOREWORD

These accounts have been prepared by Health Education and Improvement Wales, a Welsh Special Health Authority under schedule 9 section 178 Para 3(1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers have, with the approval of the Treasury, directed.

These accounts cover the period 1st April 2022 to 31st March 2023.

Statutory background

HEIW was established as a Special Health Authority by establishment order 2017 No. 913 (W. 224), which was made 11th September 2017 and came into force on the 5th October 2017.

HEIW operated in a shadow form until 1st October 2018 with all establishment and set up costs being borne by the Welsh Government, and with the predecessor bodies of NHS Wales Shared Services Partnership (NWSSP) hosted by Velindre University NHS Trust and Cardiff University delivering operational activity to 30th September 2018.

On 1st October 2018 staff were transferred into HEIW and the organisation became fully operational.

HEIW has a leading role in the education, training, development and shaping of the healthcare workforce, supporting high-quality care for the people of Wales.

Performance Management and Financial Results

HEIW must comply fully with the Treasury's Financial Reporting Manual to the extent that it is applicable to them. As a result, the Primary Statement of in-year income and expenditure is the Statement of Comprehensive Net Expenditure, which shows the net operating cost incurred by HEIW which is funded by the Welsh Government. This funding is allocated on receipt directly to the General Fund in the Statement of Financial Position.

HEIW has an annual requirement to achieve a balanced year end position against the Resource and Capital limits set for the year.

Performance against these limits is reported in Note 2 to the financial statements.

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## Statement of Comprehensive Net Expenditure for the period ended 31 March 2023

	Note	2022-23 £000	2021-22 £000 Restated
Non Medical Education And Training	3.1	122,444	119,078
Postgraduate Medical, Dental & Pharmacy Education	3.2	129,569	114,724
Other Operating Expenditure	3.3	36,882	33,752
		<b>288,895</b>	267,554
Less: Miscellaneous Income	4	(692)	(528)
<b>Net operating costs before interest and other gains and losses</b>		<b>288,203</b>	267,026
Investment Revenue	5	0	0
Other (Gains) / Losses	6	0	0
Finance costs	7	17	0
<b>Net operating costs for the financial period</b>		<b>288,220</b>	267,026

See note 2 on page 22 for details of performance against Revenue and Capital allocations.

The notes on pages 8 to 65 form part of these accounts.

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Other Comprehensive Net Expenditure

	2022-23 £000	2021-22 £000
		Restated
Net (gain) / loss on revaluation of property, plant and equipment	0	0
Net (gain)/loss on revaluation of right of use assets	0	
Net (gain) / loss on revaluation of intangibles	0	0
(Gain) / loss on other reserves	0	0
Net (gain) / loss on revaluation of available for sale financial assets	0	0
Impairment and reversals	0	0
Other comprehensive net expenditure for the period	0	0
<b>Total comprehensive net expenditure for the period</b>	<b>288,220</b>	<b>267,026</b>

The notes on pages 8 to 65 form part of these accounts.

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**Statement of Financial Position as at 31 March 2023**

		31 March 2023	31 March 2022
	Notes	£000	£000 Restated
<b>Non-current assets</b>			
Property, plant and equipment	11	1,578	1,940
Right of Use Assets	11.3	1,483	
Intangible assets	12	0	0
Trade and other receivables	15	0	0
Other financial assets	16	0	0
<b>Total non-current assets</b>		<b>3,061</b>	<b>1,940</b>
<b>Current assets</b>			
Inventories	14	0	0
Trade and other receivables	15	9,733	9,132
Other financial assets	16	0	0
Cash and cash equivalents	17	4,103	5,955
		<b>13,836</b>	<b>15,087</b>
Non-current assets classified as "Held for Sale"	11	0	0
<b>Total current assets</b>		<b>13,836</b>	<b>15,087</b>
<b>Total assets</b>		<b>16,897</b>	<b>17,027</b>
<b>Current liabilities</b>			
Trade and other payables	18	(12,734)	(8,418)
Other financial liabilities	19	0	0
Provisions	20	0	0
<b>Total current liabilities</b>		<b>(12,734)</b>	<b>(8,418)</b>
<b>Net current assets/ (liabilities)</b>		<b>1,102</b>	<b>6,669</b>
<b>Non-current liabilities</b>			
Trade and other payables	18	(1,304)	(125)
Other financial liabilities	19	0	0
Provisions	20	0	0
<b>Total non-current liabilities</b>		<b>(1,304)</b>	<b>(125)</b>
<b>Total assets employed</b>		<b>2,859</b>	<b>8,484</b>
<b>Financed by :</b>			
<b>Taxpayers' equity</b>			
General Fund		2,859	8,484
Revaluation reserve		0	0
<b>Total taxpayers' equity</b>		<b>2,859</b>	<b>8,484</b>

The financial statements on pages 2 to 7 were approved by the Board on 27.07.2023.

Chief Executive and Accountable Officer .....

Date: xx/xx/xxxx

The notes on pages 8 to 65 form part of these accounts.

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## Statement of Changes in Taxpayers' Equity

### For the period ended 31 March 2023

	General Fund £000	Revaluation Reserve £000	Total Reserves £000
<b>Changes in taxpayers' equity</b>			
Balance b/f as at 31 March	8,484	0	8,484
NHS Wales Transfer	0	0	0
RoU Asset Transitioning Adjustment	0	0	0
<b>Balance at 1 April 2022</b>	<b>8,484</b>	<b>0</b>	<b>8,484</b>
Net operating cost for the period	(288,220)		(288,220)
Net gain/(loss) on revaluation of property, plant and equipment	0	0	0
Net gain/(loss) on revaluation of right of use assets	0	0	0
Net gain/(loss) on revaluation of intangible assets	0	0	0
Net gain/(loss) on revaluation of financial assets	0	0	0
Net gain/(loss) on revaluation of assets held for sale	0	0	0
Impairments and reversals	0	0	0
Other reserve movement	0	0	0
Transfers between reserves	0	0	0
Release of reserves to SoCNE	0	0	0
Transfers to/from (please specify)	0	0	0
<b>Total recognised income and expense for period</b>	<b>(288,220)</b>	<b>0</b>	<b>(288,220)</b>
Net Welsh Government funding	280,304		280,304
Welsh Government notional funding	2,291		2,291
<b>Balance at 31 March 2023</b>	<b>2,859</b>	<b>0</b>	<b>2,859</b>

The notes on pages 8 to 65 form part of these accounts.

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## Statement of Changes in Taxpayers' Equity

### For the year ended 31 March 2022

	General Fund £000 Restated	Revaluation Reserve £000 Restated	Total Reserves £000 Restated
<b>Changes in taxpayers' equity</b>			
Balance b/f as at 31 March	8,472	0	8,472
<b>Balance at 1 April 2021</b>	<b>8,472</b>	<b>0</b>	<b>8,472</b>
Net operating cost for the year	(267,026)		(267,026)
Net gain/(loss) on revaluation of property, plant and equipment	0	0	0
Net gain/(loss) on revaluation of right of use assets			
Net gain/(loss) on revaluation of intangible assets	0	0	0
Net gain/(loss) on revaluation of financial assets	0	0	0
Net gain/(loss) on revaluation of assets held for sale	0	0	0
Impairments and reversals	0	0	0
Other reserve movement	0	0	0
Transfers between reserves	0	0	0
<b>Release of reserves to SoCNE</b>	<b>0</b>	<b>0</b>	<b>0</b>
Transfers to/from LHBs	0	0	0
<b>Total recognised income and expense for period</b>	<b>(267,026)</b>	<b>0</b>	<b>(267,026)</b>
Net Welsh Government funding	265,015		265,015
Welsh Government notional funding	2,023		2,023
<b>Balance at 31 March 2022</b>	<b>8,484</b>	<b>0</b>	<b>8,484</b>

The notes on pages 8 to 65 form part of these accounts.

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**Statement of Cash Flows for period ended 31 March 2023**

		<b>2022-23</b>	2021-22
		<b>£000</b>	£000
			Restated
<b>Cash Flows from operating activities</b>	notes		
Net operating cost for the financial period		<b>(288,220)</b>	(267,026)
Movements in Working Capital	27	<b>4,894</b>	(437)
Other cash flow adjustments	28	<b>1,396</b>	2,542
Provisions utilised	20	<b>0</b>	(7)
<b>Net cash outflow from operating activities</b>		<b>(281,930)</b>	(264,928)
<b>Cash Flows from investing activities</b>			
Purchase of property, plant and equipment		<b>(226)</b>	(280)
Proceeds from disposal of property, plant and equipment		<b>0</b>	0
Purchase of intangible assets		<b>0</b>	0
Proceeds from disposal of intangible assets		<b>0</b>	0
Payment for other financial assets		<b>0</b>	0
Proceeds from disposal of other financial assets		<b>0</b>	0
Payment for other assets		<b>0</b>	0
Proceeds from disposal of other assets		<b>0</b>	0
<b>Net cash inflow/(outflow) from investing activities</b>		<b>(226)</b>	(280)
<b>Net cash inflow/(outflow) before financing</b>		<b>(282,156)</b>	(265,208)
<b>Cash Flows from financing activities</b>			
Welsh Government funding (including capital)		<b>280,304</b>	265,015
Capital receipts surrendered		<b>0</b>	0
Capital grants received		<b>0</b>	0
Capital element of payments in respect of finance leases and on-SoFP		<b>0</b>	0
Capital element of payments in respect of on-SoFP PFI		<b>0</b>	0
Capital element of payments in respect of Right of Use Assets		<b>0</b>	
Cash transferred (to)/ from other NHS bodies		<b>0</b>	0
<b>Net financing</b>		<b>280,304</b>	265,015
<b>Net increase/(decrease) in cash and cash equivalents</b>		<b>(1,852)</b>	(193)
<b>Cash and cash equivalents (and bank overdrafts) at 1 April 2022</b>		<b>5,955</b>	6,148
<b>Cash and cash equivalents (and bank overdrafts) at 31 March 2023</b>		<b>4,103</b>	5,955

The notes on pages 8 to 65 form part of these accounts.

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## Notes to the Accounts

### 1. Accounting policies

The Minister for Health and Social Services has directed that the financial statements of Special Health Authorities (SHAs) in Wales shall meet the accounting requirements of the NHS Wales Manual for Accounts. Consequently, the following financial statements have been prepared in accordance with the 2022-23 Manual for Accounts. The accounting policies contained in that manual follow the 2022-23 Financial Reporting Manual (FReM), in accordance with international accounting standards in conformity with the requirements of the Companies Act 2006, to the extent that they are meaningful and appropriate to the NHS in Wales.

Where the Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the SHA for the purpose of giving a true and fair view has been selected. The particular policies adopted by the SHA are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

#### 1.1. Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and inventories.

#### 1.2. Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

#### 1.3. Income and funding

The main source of funding for the SHA are allocations (Welsh Government funding) from the Welsh Government within an approved cash limit, which is credited to the General Fund of the SHA. Welsh Government funding is recognised in the financial period in which the cash is received.

Non-discretionary funding outside the Revenue Resource Limit is allocated to match actual expenditure incurred. Non-discretionary expenditure is disclosed in the accounts and deducted from operating costs charged against the Revenue Resource Limit.

Funding for the acquisition of fixed assets received from the Welsh Government is credited to the General Fund.

Miscellaneous income is income which relates directly to the operating activities of the SHA and is not funded directly by the Welsh Government. This includes payment for services uniquely provided by the SHA for the Welsh Government. Income received from LHBs transacting with the SHA is always treated as miscellaneous income.

From 2018-19, IFRS 15 Revenue from Contracts with Customers has been applied, as interpreted and adapted for the public sector, in the FReM. It replaces the previous standards IAS 11 Construction Contracts and IAS 18 Revenue and related IFRIC and SIC interpretations. The potential amendments identified as a result of the adoption of IFRS 15 are significantly below materiality levels.

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Income is accounted for applying the accruals convention. Income is recognised in the period in which services are provided. Where income had been received from third parties for a specific activity to be delivered in the following financial year, that income will be deferred.

Only non-NHS income may be deferred.

#### **1.4. Employee benefits**

##### **1.4.1. Short-term employee benefits**

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

##### **1.4.2. Retirement benefit costs**

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

The latest NHS Pension Scheme valuation results indicated that an increase in benefit required a 6.3% increase (14.38% to 20.68%) which was implemented from 1 April 2019.

As an organisation within the full funding scope, the joint (in NHS England and NHS Wales) transitional arrangement operated from 2019-20 where employers in the Scheme would continue to pay 14.38% employer contributions under their normal monthly payment process, in Wales the additional 6.3% being funded by Welsh Government directly to the Pension Scheme administrator, the NHS Business Services Authority (BSA the NHS Pensions Agency).

However, NHS Wales' organisations are required to account for **their staff** employer contributions of 20.68% in full and on a gross basis, in their annual accounts. Payments made on their behalf by Welsh Government are accounted for on a notional basis. For detailed information see Note 34.1 within these accounts.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the NHS Wales organisation commits itself to the retirement, regardless of the method of payment.

Where employees are members of the Local Government Superannuation Scheme, which is a defined benefit pension scheme this is disclosed. The scheme assets and liabilities attributable to those employees can be identified and are recognised in the NHS Wales organisation's accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within finance income. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs.

### **1.4.3. NEST Pension Scheme**

An alternative pensions scheme for employees not eligible to join the NHS Pensions scheme has to be offered. The NEST (National Employment Savings Trust) Pension scheme is a defined contribution scheme and therefore the cost to the NHS body of participating in the scheme is equal to the contributions payable to the scheme for the accounting period.

### **1.5. Other expenses**

Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

### **1.6. Property, plant and equipment**

#### **1.6.1. Recognition**

Property, plant and equipment is capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the NHS Wales organisation;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000; or
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

#### **1.6.2. Valuation**

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

At the Statement of Financial Position date the building asset held by HEIW relates solely to expenditure on leasehold improvements, which is carried at depreciated cost.

Future asset purchases that are not leasehold improvements will be carried on the following basis:

Land and buildings used for services or for administrative purposes are stated in the Statement of Financial Position (SoFP) at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses.

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Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. NHS Wales' organisations have applied these new valuation requirements from 1 April 2009.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure.

References in IAS 36 to the recognition of an impairment loss of a revalued asset being treated as a revaluation decrease to the extent that the impairment does not exceed the amount in the revaluation surplus for the same asset, are adapted such that only those impairment losses that do not result from a clear consumption of economic benefit or reduction of service potential (including as a result of loss or damage resulting from normal business operations) should be taken to the revaluation reserve. Impairment losses that arise from a clear consumption of economic benefit should be taken to the Statement of Comprehensive Net Expenditure (SoCNE).

From 2015-16, IFRS 13 Fair Value Measurement must be complied with in full. However IAS 16 and IAS 38 have been adapted for the public sector context which limits the circumstances under which a valuation is prepared under IFRS 13. Assets which are held for their service potential and are in use should be measured at their current value in existing use. For specialised assets current value in existing use should be interpreted as the present value of the assets remaining service potential, which can be assumed to be at least equal to the cost of replacing that service potential. Where there is no single class of asset that falls within IFRS 13, disclosures should be for material items only.

In accordance with the adaptation of IAS 16 in table 6.2 of the FReM, for non-specialised assets in operational use, current value in existing use is interpreted as market value for existing use which is defined in the RICS Red Book as Existing Use Value (EUV).

Assets which were most recently held for their service potential but are surplus should be valued at current value in existing use, if there are restrictions on the NHS organisation or the asset which would prevent access to the market at the reporting date. If the NHS organisation could access the market then the surplus asset should be used at fair value using IFRS 13. In determining whether such an asset which is not in use is surplus, an assessment should be made on whether there is a clear plan to bring the asset back into use as an operational asset. Where there is a clear plan, the asset is not surplus and the

current value in existing use should be maintained. Otherwise the asset should be assessed as being surplus and valued under IFRS13.

Assets which are not held for their service potential should be valued in accordance with IFRS 5 or IAS 40 depending on whether the asset is actively held for sale. Where an asset is not being used to deliver services and there is no plan to bring it back into use, with no restrictions on sale, and it does not meet the IAS 40 and IFRS 5 criteria, these assets are surplus and are valued at fair value using IFRS 13.

### 1.6.3. Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any carrying value of the item replaced is written-out and charged to the SoCNE. As highlighted in previous years the NHS in Wales does not have systems in place to ensure that all items being "replaced" can be identified and hence the cost involved to be quantified. The NHS in Wales has thus established a national protocol to ensure it complies with the standard as far as it is able to which is outlined in the capital accounting chapter of the Manual For Accounts. This dictates that to ensure that asset carrying values are not materially overstated. For All Wales Capital Schemes that are completed in a financial year, NHS Wales organisations are required to obtain a revaluation during that year (prior to them being brought into use) and also similar revaluations are needed for all Discretionary Building Schemes completed which have a spend greater than £0.5m. The write downs so identified are then charged to operating expenses.

## 1.7. Intangible assets

### 1.7.1. Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the NHS Wales organisation; where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use
- the intention to complete the intangible asset and use it
- the ability to use the intangible asset
- how the intangible asset will generate probable future economic benefits
- the availability of adequate technical, financial and other resources to complete the intangible asset and use it
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

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## Measurement

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), indexed for relevant price increases, as a proxy for fair value. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

### 1.8. Depreciation, amortisation and impairments

Freehold land, assets under construction and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the NHS Wales Organisation expects to obtain economic benefits or service potential from the asset. This is specific to the NHS Wales organisation and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and estimated useful lives.

At each reporting period end, the NHS Wales organisation checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

Impairment losses that do not result from a loss of economic value or service potential are taken to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to the SoCNE. Impairment losses that arise from a clear consumption of economic benefit are taken to the SoCNE. The balance on any revaluation reserve (up to the level of the impairment) to which the impairment would have been charged under IAS 36 are transferred to retained earnings.

### 1.9. Research and Development

Research and development expenditure is charged to operating costs in the year in which it is incurred, except insofar as it relates to a clearly defined project, which can be separated from patient care activity and benefits therefrom can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the SoCNE on a systematic basis over the period expected to benefit from the project.

### 1.10 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale

within one year from the date of classification. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the SoCNE. On disposal, the balance for the asset on the revaluation reserve, is transferred to the General Fund.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead it is retained as an operational asset and its economic life adjusted. The asset is derecognised when it is scrapped or demolished.

### 1.11 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration.

IFRS 16 leases is effective across public sector from 1 April 2022. The transition to IFRS 16 has been completed in accordance with paragraph C5 (b) of the Standard, applying IFRS 16 requirements retrospectively recognising the cumulative effects at the date of initial application.

In the transition to IFRS 16 a number of elections and practical expedients offered in the standard have been employed. These are as follows: The entity has applied the practical expedient offered in the standard per paragraph C3 to apply IFRS 16 to contracts or arrangements previously identified as containing a lease under the previous leasing standards IAS 17 leases and IFRIC 4 determining whether an arrangement contains a lease and not to those that were identified as not containing a lease under previous leasing standards.

On initial application HEIW has measured the right of use assets for leases previously classified as operating leases per IFRS 16 C8 (b)(ii), at an amount equal to the lease liability adjusted for accrued or prepaid lease payments.

No adjustments have been made for operating leases in which the underlying asset is of low value per paragraph C9 (a) of the standard.

The transitional provisions have not been applied to operating leases whose terms end within 12 months of the date of initial application has been employed per paragraph C10 (c) of IFRS 16.

Hindsight is used to determine the lease term when contracts or arrangements contain options to extend or terminate the lease in accordance with C10 (e) of IFRS 16.

Due to transitional provisions employed the requirements for identifying a lease within paragraphs 9 to 11 of IFRS 16 are not employed for leases in existence at the initial date of application. Leases entered into on or after the 1st April 2022 will be assessed under the requirements of IFRS 16.

There are further expedients or election that have been employed by HEIW in applying IFRS 16.

These include:

- the measurement requirements under IFRS 16 are not applied to leases with a term of 12 months or less under paragraph 5 (a) of IFRS 16
- the measurement requirements under IFRS 16 are not applied to leases where the underlying asset is of a low value which are identified as those assets of a value of less than £5,000, excluding any irrecoverable VAT, under paragraph 5 (b) of IFRS 16

The entity will not apply IFRS 16 to any new leases of intangible assets applying the treatment described in section 1.7 instead.

HEIW is required to apply IFRS 16 to lease like arrangements entered into with other public sector entities that are in substance akin to an enforceable contract, that in their formal legal form may not be enforceable. There are currently no such arrangements in place.

HEIW is required to apply IFRS 16 to lease like arrangements entered into in which consideration exchanged is nil or nominal, therefore significantly below market value. These arrangements are described as peppercorn leases. Such arrangements are again required to meet the definition of a lease in every other respect prior to inclusion in the scope of IFRS 16. The accounting for peppercorn arrangements aligns to that identified for donated assets. Peppercorn leases are different in substance to arrangements in which consideration is below market value but not significantly below market value. There are currently no such arrangements in place.

The nature of the accounting policy change for the lessee is more significant than for the lessor under IFRS 16. IFRS 16 introduces a singular lessee approach to measurement and classification in which lessees recognise a right of use asset.

For the lessor leases remain classified as finance leases when substantially all the risks and rewards incidental to ownership of an underlying asset are transferred to the lessee. When this transfer does not occur, leases are classified as operating leases.

#### **1.11.1 The entity as lessee**

At the commencement date for the leasing arrangement a lessee shall recognise a right of use asset and corresponding lease liability. The entity employs a revaluation model for the subsequent measurement of its right of use assets unless cost is considered to be an appropriate proxy for current value in existing use or fair value in line with the accounting policy for owned assets. Where consideration exchanged is identified as below market value, cost is not considered to be an appropriate proxy to value the right of use asset.

Irrecoverable VAT is expensed in the period to which it relates and therefore not included in the measurement of the lease liability and consequently the value of the right of use asset.

The incremental borrowing rate of 0.95% has been applied to the lease liabilities recognised at the date of initial application of IFRS 16.

Where changes in future lease payments result from a change in an index or rate or rent review, the lease liabilities are remeasured using an unchanged discount rate.

Where there is a change in a lease term or an option to purchase the underlying asset HEIW applies a revised rate to the remaining lease liability.

Where existing leases are modified HEIW must determine whether the arrangement constitutes a separate lease and apply the standard accordingly.

Lease payments are recognised as an expense on a straight-line or another systematic basis over the lease term, where the lease term is in substance 12 months or less, or is elected as a lease containing low value underlying asset by HEIW.

#### **1.11.2 HEIW as lessor**

HEIW does not lease out any of its assets and is therefore not a lessor.

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**1.12. Inventories**

Whilst it is accounting convention for inventories to be valued at the lower of cost and net realisable value using the weighted average or "first-in first-out" cost formula, it should be recognised that the NHS is a special case in that inventories are not generally held for the intention of resale and indeed there is no market readily available where such items could be sold. Inventories are valued at cost and this is considered to be a reasonable approximation to fair value due to the high turnover of stocks. Work-in-progress comprises goods in intermediate stages of production. Partially completed contracts for patient services are not accounted for as work-in-progress.

HEIW does not currently hold any inventory.

**1.13. Cash and cash equivalents**

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value. In the Statement of Cash flows (SoCF), cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the cash management.

**1.14. Provisions**

Provisions are recognised when the NHS Wales organisation has a present legal or constructive obligation as a result of a past event, it is probable that the NHS Wales organisation will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using the discount rate supplied by HM Treasury.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the NHS Wales organisation has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the NHS Wales organisation has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

**1.14.1. Clinical negligence and personal injury costs**

The Welsh Risk Pool Services (WRPS) operates a risk pooling scheme which is co-funded by the Welsh Government with the option to access a risk sharing agreement funded by the participative NHS Wales bodies. The risk sharing option was implemented in both 2022-23 and 2021-22, although no costs were apportioned to the SHA during the year. The WRP is hosted by Velindre NHS Trust.

**1.15 Discount Rates**

Where discount is applied, a disclosure detailing the impact of the discounting on liabilities to be included for the relevant notes. The disclosure should include where possible undiscounted values to demonstrate the impact. An explanation of the source of the discount rate or how the discount rate has been determined to be included.

**1.16. Financial Instruments**

From 2018-19 IFRS 9 Financial Instruments has applied, as interpreted and adapted for the public sector, in the FReM. The principal impact of IFRS 9 adoption by NHS Wales' organisations, was to change the calculation basis for bad debt provisions, changing from an incurred loss basis to a lifetime expected credit loss (ECL) basis.

All entities applying the FReM recognised the difference between previous carrying amount and the carrying amount at the beginning of the annual reporting period that included the date of initial application in the opening general fund within Taxpayer's equity.

**1.17. Financial assets**

Financial assets are recognised on the SoFP when the NHS Wales organisation becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

The accounting policy choice allowed under IFRS 9 for long term trade receivables, contract assets which do contain a significant financing component (in accordance with IFRS 15), and lease receivables within the scope of IAS 17 has been withdrawn and entities should always recognise a loss allowance at an amount equal to lifetime Expected Credit Losses. All entities applying the FReM should utilise IFRS 9's simplified approach to impairment for relevant assets.

IFRS 9 requirements required a revised approach for the calculation of the bad debt provision, applying the principles of expected credit loss, using the practical expedients within IFRS 9 to construct a provision matrix.

**1.17.1. Financial assets are initially recognised at fair value**

Financial assets are classified into the following categories: financial assets 'at fair value through SoCNE'; 'held to maturity investments'; 'available for sale' financial assets, and 'loans and receivables'. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

**1.17.2. Financial assets at fair value through SoCNE**

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through SoCNE. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.

**1.17.3 Held to maturity investments**

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

**1.17.4. Available for sale financial assets**

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to the SoCNE on de-recognition.

**1.17.5. Loans and receivables**

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the net carrying amount of the financial asset.

At the SOFP date, the NHS Wales organisation assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the SoCNE and the carrying amount of the asset is reduced directly, or through a provision of impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through the SoCNE to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

**1.18. Financial liabilities**

Financial liabilities are recognised on the SOFP when the NHS Wales organisation becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

**1.18.1. Financial liabilities are initially recognised at fair value**

Financial liabilities are classified as either financial liabilities at fair value through the SoCNE or other financial liabilities.

**1.18.2. Financial liabilities at fair value through the SoCNE**

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.

**1.18.3. Other financial liabilities**

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

**1.19. Value Added Tax (VAT)**

Most of the activities of the NHS Wales organisation are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

**1.20. Foreign currencies**

Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. Resulting exchange gains and losses are taken to the SoCNE. At the SoFP date, monetary items denominated in foreign currencies are retranslated at the rates prevailing at the reporting date.

**1.21. Third party assets**

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS Wales organisation has no beneficial interest in them. Details of third party assets are given in the Notes to the accounts.

**1.22. Losses and Special Payments**

Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

Losses and special payments are charged to the relevant functional headings in the SoCNE on an accruals basis, including losses which would have been made good through insurance cover had the NHS Wales organisation not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses register which is prepared on a cash basis.

The NHS Wales organisation accounts for all losses and special payments gross (including assistance from the WRP).

The NHS Wales organisation accrues or provides for the best estimate of future pay-outs for certain liabilities and discloses all other potential payments as contingent liabilities, unless the probability of the liabilities becoming payable is remote.

All claims for losses and special payments are provided for, where the probability of settlement of an individual claim is over 50%. Where reliable estimates can be made, incidents of clinical negligence against which a claim has not, as yet, been received are provided in the same way. Expected reimbursements from the WRP are included in debtors. For those claims where the probability of settlement is between 5- 50%, the liability is disclosed as a contingent liability.

### 1.23. Pooled budget

In accordance with section 33 of the NHS (Wales) Act 2006, NHS Wales organisations are able to operate pooled budgets with Local Authorities for specific activities defined in the Pooled budget Note.

HEIW SHA has not entered into any pooled budget arrangements,

### 1.24. Critical Accounting Judgements and key sources of estimation uncertainty

In the application of the accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources.

The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or the period of the revision and future periods if the revision affects both current and future periods.

### 1.25. Key sources of estimation uncertainty

Non Medical Education and Training expenditure and current assets include estimates of the numbers of students recruited and their funding choices for university courses starting in the spring of each year. Estimates of the training fees payable are based on the information available at the Statement of Financial Position date. Any changes to these estimates are adjusted in the following reporting period.

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**1.26 Private Finance Initiative (PFI) transactions**

The NHS Wales organisation has no PFI arrangements.

**1.27. Contingencies**

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS Wales organisation, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS Wales organisation. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

Remote contingent liabilities are those that are disclosed under Parliamentary reporting requirements and not under IAS 37 and, where practical, an estimate of their financial effect is required.

**1.28. Absorption accounting**

Transfers of function are accounted for as either by merger or by absorption accounting dependent upon the treatment prescribed in the FReM. Absorption accounting requires that entities account for their transactions in the period in which they took place with no restatement of performance required.

Where there is a transfer of function the gain or loss resulting from the assets and liabilities transferring is recognised in the SoCNE and is disclosed separately from the operating costs.

**1.29. Accounting standards that have been issued but not yet been adopted**

The following accounting standards have been issued and or amended by the IASB and IFRIC but have not been adopted because they are not yet required to be adopted by the FReM

IFRS14 Regulatory Deferral Accounts.

Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable.

IFRS 17 Insurance Contracts, Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

**1.30. Accounting standards issued that have been adopted early**

During 2022-2023 there have been no accounting standards that have been adopted early. All early adoption of accounting standards will be led by HM Treasury.

**1.31 Charities**

The NHS Organisation has no NHS Charitable Fund.

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## 2. Financial Duties Performance

The statutory financial duties of Special Health Authorities are set out in section 172 of the National Health Service (Wales) Act 2006.

Section 172(1) sets out what is referred to as the 'First Financial Duty' - a duty to secure that SHA expenditure does not exceed the aggregate of the funding allotted to it for a financial year. Under the powers of direction in the National Health Service (Wales) Act section 172(6) WHC/2019/004 clarified that the annual statutory financial duty is set separately for revenue and capital resource allocations.

### 2.1 Revenue Resource Performance

	Financial performance 2022-23
	£000
<b>Net operating costs for the period</b>	<b>288,220</b>
Less general ophthalmic services expenditure and other non-cash limited expenditure	0
Less revenue consequences of bringing PFI schemes onto SoFP	0
Less unfunded revenue consequences of bringing RoU Leases onto SoFP	0
Total operating expenses	288,220
Revenue Resource Allocation	289,361
<b>Under /(over) spend against Allocation</b>	<b>1,141</b>

HEIW SHA has met its financial duty to break-even against its Revenue Resource Limit over the period.

### 2.2 Capital Resource Performance

	2022-23
	£000
<b>Gross capital expenditure</b>	<b>226</b>
Add: Losses on disposal of donated assets	0
Less: NBV of property, plant and equipment and intangible assets disposed	0
Less: capital grants received	0
Less: donations received	0
Less IFRS16 Peppercorn income	0
Less <b>initial recognition</b> of RoU Asset Dilapidations	0
Add: recognition of RoU Assets Dilapidations <b>on crystallisation</b>	0
Charge against Capital Resource Allocation	226
Capital Resource Allocation	226
<b>(Over) / Underspend against Capital Resource Allocation</b>	<b>0</b>

HEIW SHA has met its financial duty to break-even against its Capital Resource Limit over the period.

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2.3 Integrated Medium Term Plan

HEIW has submitted an Integrated Medium Term Plan for the period 2022-25 in accordance with NHS Wales Planning Framework 2022-25. However, as this was not a statutory requirement for SHAs under the NHS Finance (Wales) Act 2014 the plan did not require Ministerial approval.

2.4 Creditor payment

The SHA is required to pay 95% of the number of non-NHS bills within 30 days of receipt of goods or a valid invoice (whichever is the later). The SHA has achieved the following results:

	2022-23	2021-22
Total number of non-NHS bills paid	6,576	5,462
Total number of non-NHS bills paid within target	6,176	5,287
Percentage of non-NHS bills paid within target	93.9%	96.8%

HEIW SHA has not met the target.

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### 3. Analysis of gross operating costs

#### 3.1 Non Medical Education and Training

	2022-23	2021-22
	£000	£000
		Restated
Student Training Fees (Universities)	65,543	64,318
Additional Training Costs (Universities)	0	1,693
Funding for Healthcare Education Fees (Health Boards & Trusts)	3,897	2,007
Student Bursaries Reimbursement (Universities)	22,182	24,681
Student Salaries Reimbursement (Health Boards & Trusts)	20,829	17,395
Advanced Practice Training fees	1,702	1,569
Healthcare Support Working Training	2,685	2,256
Non-Medical Prescribing	288	278
Training related Travel and Subsistence	4,634	3,843
Disability Support Allowance	682	907
Other	2	131
<b>Total</b>	<b>122,444</b>	<b>119,078</b>

#### 3.2 Postgraduate Medical, Dental & Pharmacy Education

	2022-23	2021-22
	£000	£000
Training Grade Salaries	60,149	55,994
Postgraduate Centre and Study Leave	4,857	4,804
GP Registrars	37,755	31,526
Dental Foundation Trainees	9,073	8,333
Pharmacy Training	11,420	9,042
Induction & Refresher	20	61
Welsh Clinical Academic Training	1,500	1,606
GP CPD and Appraisal Costs	1,088	1,017
Trainee Relocation Expenses	2,016	1,410
Primary Care Grants	785	0
Other	906	931
<b>Total</b>	<b>129,569</b>	<b>114,724</b>

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3.3 Other Operating Expenditure	2022-23 £000	2021-22 £000
Local Health Boards	0	0
Welsh NHS Trusts	0	0
Welsh Special Health Authorities	0	0
Goods and services from other NHS bodies	0	0
WHSSC/EASC	0	0
Local Authorities	0	0
Purchase of healthcare from non-NHS bodies	0	0
Welsh Government	0	0
Other NHS Trusts	0	0
Directors' costs	1,228	1,098
Operational Staff costs	24,335	20,202
Supplies and services - clinical	104	112
Supplies and services - general	3,560	2,916
Consultancy Services	35	268
Establishment	3,082	2,425
Transport	0	0
Premises	2,877	5,349
External Contractors	415	345
Depreciation	581	519
Depreciation RoU Asset)	287	
Amortisation	0	0
Fixed asset impairments and reversals (Property, plant & equipment)	7	0
Fixed asset impairments and reversals (RoU Assets)	0	
Fixed asset impairments and reversals (Intangible assets)	0	0
Impairments & reversals of financial assets	0	0
Impairments & reversals of non-current assets held for sale	0	0
Audit fees	184	146
Other auditors' remuneration	0	0
Losses, special payments and irrecoverable debts	50	170
Research and Development	0	0
Expense related to short-term leases	0	
Expense related to low-value asset leases (excluding short-term leases)	0	
Other operating costs	137	202
<b>Total</b>	<b>36,882</b>	<b>33,752</b>

### 3.4 Losses, special payments and irrecoverable debts: charges to operating expenses

	2022-23 £000	2021-22 £000
<b>Increase/(decrease) in provision for future payments:</b>		
Clinical negligence;		
Secondary care	0	0
Primary care	0	0
Redress Secondary care	0	0
Redress Primary care	0	0
Personal injury	0	0
All other losses and special payments	0	0
Defence legal fees and other administrative costs	0	0
Gross increase/(decrease) in provision for future payments	0	0
Contribution to Welsh Risk Pool	0	0
Premium for other insurance arrangements	0	0
Irrecoverable debts	50	170
<b>Less: income received/due from Welsh Risk Pool</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>50</b>	<b>170</b>

	2022-23 £	2021-22 £
Permanent injury included within personal injury £:	0	0

## 4. Miscellaneous Income

	2022-23 £000	2021-22 £000
Local Health Boards	2	2
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	0	0
NHS trusts	85	0
Welsh Special Health Authorities	0	2
Foundation Trusts	0	0
Other NHS England bodies	0	0
Other NHS Bodies	0	0
Local authorities	0	0
Welsh Government	239	112
Welsh Government Hosted Bodies	0	0
Non NHS:		
Private patient income	0	0
Overseas patients (non-reciprocal)	0	0
Injury Costs Recovery (ICR) Scheme	0	0
Other income from activities	0	0
Patient transport services	0	0
Education, training and research	366	412
Charitable and other contributions to expenditure	0	0
Receipt of NWSSP Covid centrally purchased assets	0	0
Receipt of Covid centrally purchased assets from other organisations	0	0
Receipt of donated assets	0	0
Receipt of Government granted assets	0	0
Right of Use Grant (Peppercorn Lease)	0	
Non-patient care income generation schemes	0	0
NWSSP	0	0
Deferred income released to revenue	0	0
Right of Use Asset Sub-leasing rental income	0	
Contingent rental income from finance leases	0	0
Rental income from operating leases	0	0
Other income		
Provision of laundry, pathology, payroll services	0	0
Accommodation and catering charges	0	0
Mortuary fees	0	0
Staff payments for use of cars	0	0
Business units	0	0
Scheme Pays Reimbursement Notional	0	0
Other	0	0
<b>Total</b>	<b>692</b>	<b>528</b>

Injury Cost Recovery (ICR) Scheme income is subject to a provision for impairment re personal injury claims

	2022-23 %	2021-22 %
To reflect expected rates of collection ICR income is subject to a provision for impairment of:	23.76	23.76

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**5. Investment Revenue**

	2022-23 £000	2021-22 £000
<b>Rental revenue :</b>		
PFI Finance lease income		
planned	0	0
contingent	0	0
Other finance lease revenue	0	0
<b>Interest revenue :</b>		
Bank accounts	0	0
Other loans and receivables	0	0
Impaired financial assets	0	0
Other financial assets	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

**6. Other gains and losses**

	2022-23 £000	2021-22 £000
Gain/(loss) on disposal of property, plant and equipment	0	0
Gain/(loss) on disposal of intangible assets	0	0
Gain/(loss) on disposal of assets held for sale	0	0
Gain/(loss) on disposal of financial assets	0	0
Change on foreign exchange	0	0
Change in fair value of financial assets at fair value through SoCNE	0	0
Change in fair value of financial liabilities at fair value through SoCNE	0	0
Recycling of gain/(loss) from equity on disposal of financial assets held for sale	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

**7. Finance costs**

	2022-23 £000	2021-22 £000
Interest on loans and overdrafts	0	0
Interest on obligations under finance leases	0	0
Interest on obligations under Right of Use Leases	17	
Interest on obligations under PFI contracts		
main finance cost	0	0
contingent finance cost	0	0
Interest on late payment of commercial debt	0	0
Other interest expense	0	0
<b>Total interest expense</b>	<b>17</b>	<b>0</b>
Provisions unwinding of discount	0	0
Other finance costs	0	0
<b>Total</b>	<b>17</b>	<b>0</b>

## 8. Future change to SoCNE/Operating Leases

### SHA as lessee

As at 31st March 2023 HEIW SHA had 2 lease arrangements that have not been accounted for under IFRS 16 as they are considered low value assets. Both of these leases relate to equipment. 0 leases expired during the year.

	Post Implementation of IFRS 16		Pre implementation of IFRS 16
	Low Value & Short Term	Other	
	2022-23	2022-23	2021-22
	£000	£000	£000
<b>Payments recognised as an expense</b>			
Minimum lease payments	6	0	372
Contingent rents	0	0	0
Sub-lease payments	0	0	0
<b>Total</b>	<b>6</b>	<b>0</b>	<b>372</b>

### **Total future minimum lease payments**

	£000	£000	£000
<b>Payable</b>			
Not later than one year	5	0	370
Between one and five years	5	0	1,462
After 5 years	0	0	410
<b>Total</b>	<b>10</b>	<b>0</b>	<b>2,242</b>

As a result of the implementation of IFRS 16 the current year operating lease figures relate to low value and short term leases only. In year expenditure of £363k and Minimum lease Payments £2,227k previously reported in the 2021-22 financial year transitioned to the balance sheet as right of use assets.

### SHA as lessor

	Post Implementation of IFRS 16	Pre implementation of IFRS 16
	2022-23	2021-22
	£000	£000
<b>Rental revenue</b>		
Rent	0	0
Contingent rents	0	0
<b>Total revenue rental</b>	<b>0</b>	<b>0</b>

### **Total future minimum lease payments**

	£000	£000
<b>Receivable</b>		
Not later than one year	0	0
Between one and five years	0	0
After 5 years	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

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**9. Employee benefits and staff numbers**

9.1 Employee costs	Permanent Staff	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Other Staff	Total 2022-23	Total 2021-22
	£000	£000	£000	£000	£000	£000	£000
Salaries and wages	18,286	1,541	536	0	0	20,363	17,014
Social security costs	1,955	0	0	0	0	1,955	1,543
Employer contributions to NHS Pension Scheme	3,144	0	0	0	0	3,144	2,630
Other pension costs	6	0	0	0	0	6	10
Other employment benefits	0	0	0	0	0	0	0
Termination benefits	0	0	0	0	0	0	0
<b>Total Employee costs</b>	<b>23,391</b>	<b>1,541</b>	<b>536</b>	<b>0</b>	<b>0</b>	<b>25,468</b>	<b>21,197</b>

Charged to capital	0	0
Charged to revenue	25,468	21,197
	<b>25,468</b>	<b>21,197</b>
Net movement in accrued employee benefits (untaken staff leave)	(218)	141
Covid 19 - Net movement in accrued employee benefits (untaken staff leave)		141
Non Covid 19 - Net movement in accrued employee benefits (untaken staff leave)		0

**9.2 Average number of employees**

	Permanent Staff	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Other Staff	Total 2022-23	Total 2021-22
	Number	Number	Number	Number	Number	Number	Number
Administrative, clerical and board members	275	10	9	0	0	294	254
Medical and dental	48	3	0	0	0	51	46
Nursing, midwifery registered	7	5	0	0	0	12	9
Professional, Scientific, and technical staff	30	0	0	0	0	30	24
Additional Clinical Services	2	0	0	0	0	2	2
Allied Health Professions	4	1	0	0	0	5	3
Healthcare Scientists	0	0	0	0	0	0	0
Estates and Ancillary	0	0	0	0	0	0	0
Students	0	0	0	0	0	0	0
<b>Total</b>	<b>366</b>	<b>19</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>394</b>	<b>338</b>

**9.3. Retirements due to ill-health**

	2022-23	2021-22
Number	1	0
Estimated additional pension costs £	310,287	0

The estimated additional pension costs of these ill-health retirements have been calculated on an average basis and are borne by the NHS Pension Scheme.

**9.4 Employee benefits**

HEIW SHA has four employee benefit schemes. There are three salary sacrifice schemes for childcare vouchers, bikes and lease cars. There is also an employee loans and savings scheme offered through an external financial wellbeing provider.

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## 9.5 Reporting of other compensation schemes - exit packages

	2022-23	2022-23	2022-23	2022-23	2021-22
Exit packages cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures	Total number of exit packages	Number of departures where special payments have been made	Total number of exit packages
	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	0	0	0	0
£50,000 to £100,000	0	0	0	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

	2022-23	2022-23	2022-23	2022-23	2021-22
Exit packages cost band (including any special payment element)	Cost of compulsory redundancies	Cost of other departures	Total cost of exit packages	Cost of special element included in exit packages	Total cost of exit packages
	£	£	£	£	£
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	0	0	0	0
£50,000 to £100,000	0	0	0	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Exit costs paid in year of departure	Total paid in year 2022-23 £	Total paid in year 2021-22 £
Exit costs paid in year	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

Redundancy costs are paid in accordance with the NHS Redundancy provisions, other departure costs are paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS). Where the SHA has agreed early retirements, the additional costs are met by the SHA and not by the NHS pension scheme. Ill-health retirement costs are met by the NHS pensions scheme and are not included in the table.

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## 9.6 Fair Pay disclosures

## 9.6.1 Remuneration Relationship

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director /employee in their organisation and the 25th percentile, median and 75th percentile remuneration of the organisation's workforce.

	2022-23 £000 Chief	2022-23 £000 Employee	2022-23 Ratio	2021-22 £000 Chief	2021-22 £000 Employee	2021-22 Ratio
<b>Total pay and benefits</b>	<b>Executive</b>	<b>Employee</b>	<b>Ratio</b>	<b>Executive</b>	<b>Employee</b>	<b>Ratio</b>
25th percentile pay ratio	168	34	4.94:1	158	32	4.88:1
Median pay	168	50	3.35:1	158	50	3.17:1
75th percentile pay ratio	168	104	1.62:1	158	96	1.64:1
<b>Salary component of total pay and benefits</b>						
25th percentile pay ratio	168	34		158	32	
Median pay	168	50		158	50	
75th percentile pay ratio	168	103		158	96	

	Highest Paid Director	Employee	Ratio	Highest Paid Director	Employee	Ratio
<b>Total pay and benefits</b>						
25th percentile pay ratio	168	34	4.94:1	168	32	5.18:1
Median pay	168	50	3.35:1	168	50	3.37:1
75th percentile pay ratio	168	104	1.62:1	168	96	1.74:1
<b>Salary component of total pay and benefits</b>						
25th percentile pay ratio	168	34		108	32	
Median pay	168	50		108	50	
75th percentile pay ratio	168	103		108	96	

In 2022-23, 1 (2021-22, 0) employees received remuneration in excess of the Chief Executive, who is also the highest paid director.

Remuneration for all staff ranged from £16,469 to £165,618 (2021-22, £14,939 to £168,592).

The all staff range includes directors (including the highest paid director) and excludes pension benefits of all employees.

## Financial year summary

Between 2021/22 and 2022/23 the ratio of the median remuneration of the workforce and the Chief Executive increased from 3.17:1 to 3.35:1. The median for total pay and benefits is £49,972 (£49,729 2021-22), which equates to the entry step point of the 8a Agenda for Change payscale.

Of the 105 staff members who started in HEIW during the year (either through replacing staff who had left the organisation or for new posts), 11 were above the median and 94 were below. Of the staff above the median the average FTE is 0.48 and for staff below the median the average FTE is 0.92. This reflects the nature of the work in HEIW, where medical staff on Consultant or Medical and Dental educator pay scales will be employed for a small number of sessions.

Pay rates for all employees of HEIW are set nationally, predominately through the Executive and Senior Pay Terms and conditions of service, the Agenda for Change agreement or the Medical & Dental Terms and Conditions of Service. Where employees remain on the Cardiff University terms following TUPE into HEIW these are amended in line with any Agenda for Change pay awards during the year. The final pay awards for 2022/23 have not been agreed by 31st March 2023. The above figures reflect the known awards at that date and include a non-consolidated payment of 1.5% made to all staff. Different awards have been applied to Medical and Agenda for Change payscales, and also between bands within each sets of terms and conditions, which has had an impact on the change in the median pay for staff.

## 9.6.2 Percentage Changes

	2021-22 to 2022-23	2020-21 to 2021-22
% Change from previous financial year in respect of Chief Executive	%	%
Salary and allowances	4	3
Performance pay and bonuses	4	3
% Change from previous financial year in respect of highest paid director		
Salary and allowances	4	3
Performance pay and bonuses	4	2

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## 9.7 Pension Costs

### PENSION COSTS

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

#### a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

#### b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

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**c) National Employment Savings Trust (NEST)**

NEST is a workplace pension scheme, which was set up by legislation and is treated as a trust-based scheme. The Trustee responsible for running the scheme is NEST Corporation. It's a non-departmental public body (NDPB) that operates at arm's length from government and is accountable to Parliament through the Department for Work and Pensions (DWP).

NEST Corporation has agreed a loan with the Department for Work and Pensions (DWP). This has paid for the scheme to be set up and will cover expected shortfalls in scheme costs during the earlier years while membership is growing.

NEST Corporation aims for the scheme to become self-financing while providing consistently low charges to members.

Using qualifying earnings to calculate contributions, currently the legal minimum level of contributions is 8% of a jobholder's qualifying earnings, for employers whose legal duties have started. The employer must pay at least 3% of this.

The earnings band used to calculate minimum contributions under existing legislation is called qualifying earnings. Qualifying earnings are currently those between £6,240 and £50,270 for the 2022-2023 tax year (2021-2022 £6,240 and £50,270).

Restrictions on the annual contribution limits were removed on 1st April 2017.

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10. Public Sector Payment Policy - Measure of Compliance

10.1 Prompt payment code - measure of compliance

The Welsh Government requires that the SHA pay all their trade creditors in accordance with the CBI prompt payment code and Government Accounting rules. The Welsh Government has set as part of the SHA financial targets a requirement to pay 95% of the number of non-NHS creditors within 30 days of delivery. HEIW did not meet the target in 2022-23.

	2022-23	2022-23	2021-22	2021-22
NHS	Number	£000	Number	£000
Total bills paid	2,472	120,059	2,004	102,270
Total bills paid within target	2,256	115,979	1,700	99,385
Percentage of bills paid within target	91.3%	96.6%	84.8%	97.2%
Non-NHS				
Total bills paid	6,576	112,911	5,462	114,126
Total bills paid within target	6,176	110,879	5,287	113,674
Percentage of bills paid within target	93.9%	98.2%	96.8%	99.6%
Total				
Total bills paid	9,048	232,970	7,466	216,396
Total bills paid within target	8,432	226,858	6,987	213,059
Percentage of bills paid within target	93.2%	97.4%	93.6%	98.5%

10.2 The Late Payment of Commercial Debts (Interest) Act 1998

	2022-23	2021-22
	£	£
Amounts included within finance costs (note 7) from claims made under this legislation	0	0
Compensation paid to cover debt recovery costs under this legislation	0	0
Total	0	0

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**11. Property, plant and equipment**

	Land £000	Buildings, excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost at 31 March bf	0	1,431	0	0	623	0	1,695	482	4,231
NHS Wales Transfers	0	0	0	0	0	0	0	0	0
Prepayments	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	0	0	0	0	0	0	0	0	0
<b>Cost or valuation at 1 April 2022</b>	<b>0</b>	<b>1,431</b>	<b>0</b>	<b>0</b>	<b>623</b>	<b>0</b>	<b>1,695</b>	<b>482</b>	<b>4,231</b>
Revaluation/Indexation	0	0	0	0	0	0	0	0	0
Additions									
- purchased	0	0	0	0	0	0	226	0	226
- donated	0	0	0	0	0	0	0	0	0
- government granted	0	0	0	0	0	0	0	0	0
Transfer from/into other organisations	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	(42)	0	(42)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(57)	0	(58)	(12)	(127)
<b>At 31 March 2023</b>	<b>0</b>	<b>1,431</b>	<b>0</b>	<b>0</b>	<b>566</b>	<b>0</b>	<b>1,821</b>	<b>470</b>	<b>4,288</b>
Depreciation at 31 March bf	0	478	0	0	563	0	920	330	2,291
NHS Wales Transfers	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	0	0	0	0	0	0	0	0	0
<b>Depreciation at 1 April 2022</b>	<b>0</b>	<b>478</b>	<b>0</b>	<b>0</b>	<b>563</b>	<b>0</b>	<b>920</b>	<b>330</b>	<b>2,291</b>
Revaluation/Indexation	0	0	0	0	0	0	0	0	0
Transfer from/into other organisations	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	(35)	0	(35)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(57)	0	(58)	(12)	(127)
Provided during the period	0	146	0	0	13	0	340	82	581
<b>At 31 March 2023</b>	<b>0</b>	<b>624</b>	<b>0</b>	<b>0</b>	<b>519</b>	<b>0</b>	<b>1,167</b>	<b>400</b>	<b>2,710</b>
<b>Net book value at 1 April 2022</b>	<b>0</b>	<b>953</b>	<b>0</b>	<b>0</b>	<b>60</b>	<b>0</b>	<b>775</b>	<b>152</b>	<b>1,940</b>
<b>Net book value at 31 March 2023</b>	<b>0</b>	<b>807</b>	<b>0</b>	<b>0</b>	<b>47</b>	<b>0</b>	<b>654</b>	<b>70</b>	<b>1,578</b>
<b>Net book value at 31 March 2023 comprises :</b>									
Purchased	0	807	0	0	47	0	654	70	1,578
Donated	0	0	0	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0	0	0	0
<b>At 31 March 2023</b>	<b>0</b>	<b>807</b>	<b>0</b>	<b>0</b>	<b>47</b>	<b>0</b>	<b>654</b>	<b>70</b>	<b>1,578</b>
<b>Asset financing :</b>									
Owned	0	807	0	0	47	0	654	70	1,578
Held on finance lease	0	0	0	0	0	0	0	0	0
On-SoFP PFI contracts	0	0	0	0	0	0	0	0	0
PFI residual interests	0	0	0	0	0	0	0	0	0
<b>At 31 March 2023</b>	<b>0</b>	<b>807</b>	<b>0</b>	<b>0</b>	<b>47</b>	<b>0</b>	<b>654</b>	<b>70</b>	<b>1,578</b>

The net book value of land, buildings and dwellings at 31 March 2023 comprises :

	£000
Freehold	0
Long Leasehold	807
Short Leasehold	0
	<b>807</b>

Building Assets' held by HEIW relate to leasehold improvements and are depreciated over the shorter of the remainder of the lease or the assessed life of the asset.

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## 11.1 Property, plant and equipment

	Land £000	Buildings, excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 1 April 2021	0	1,431	0	0	587	0	1,464	482	3,964
Indexation	0	0	0	0	0	0	0	0	0
Additions									
- purchased	0	0	0	0	49	0	231	0	280
- donated	0	0	0	0	0	0	0	0	0
- government granted	0	0	0	0	0	0	0	0	0
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(13)	0	0	0	(13)
<b>At 31 March 2022</b>	<b>0</b>	<b>1,431</b>	<b>0</b>	<b>0</b>	<b>623</b>	<b>0</b>	<b>1,695</b>	<b>482</b>	<b>4,231</b>
Depreciation at 1 April 2021	0	331	0	0	573	0	633	248	1,785
Indexation	0	0	0	0	0	0	0	0	0
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(13)	0	0	0	(13)
Provided during the year	0	147	0	0	3	0	287	82	519
<b>At 31 March 2022</b>	<b>0</b>	<b>478</b>	<b>0</b>	<b>0</b>	<b>563</b>	<b>0</b>	<b>920</b>	<b>330</b>	<b>2,291</b>
<b>Net book value at 1 April 2021</b>	<b>0</b>	<b>1,100</b>	<b>0</b>	<b>0</b>	<b>14</b>	<b>0</b>	<b>831</b>	<b>234</b>	<b>2,179</b>
<b>Net book value at 31 March 2022</b>	<b>0</b>	<b>953</b>	<b>0</b>	<b>0</b>	<b>60</b>	<b>0</b>	<b>775</b>	<b>152</b>	<b>1,940</b>
<b>Net book value at 31 March 2022 comprises :</b>									
Purchased	0	953	0	0	60	0	775	152	1,940
Donated	0	0	0	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0	0	0	0
<b>At 31 March 2022</b>	<b>0</b>	<b>953</b>	<b>0</b>	<b>0</b>	<b>60</b>	<b>0</b>	<b>775</b>	<b>152</b>	<b>1,940</b>
<b>Asset financing :</b>									
Owned	0	953	0	0	60	0	775	152	1,940
Held on finance lease	0	0	0	0	0	0	0	0	0
On-SoFP PFI contracts	0	0	0	0	0	0	0	0	0
PFI residual interests	0	0	0	0	0	0	0	0	0
<b>At 31 March 2022</b>	<b>0</b>	<b>953</b>	<b>0</b>	<b>0</b>	<b>60</b>	<b>0</b>	<b>775</b>	<b>152</b>	<b>1,940</b>

The net book value of land, buildings and dwellings at 31 March 2022 comprises :

	£000
Freehold	0
Long Leasehold	953
Short Leasehold	0
	<b>953</b>

Building Assets' held by HEIW relate to leasehold improvements and are depreciated over the shorter of the remainder of the lease or the assessed life of the asset.

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**11. Property, plant and equipment (continued)****Additional disclosures re Property, Plant and Equipment****Disclosures:****i) Donated Assets**

HEIW SHA has not received any donated assets during the year.

**ii) Valuations**

The SHA is required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in operation.

**iii) Asset Lives**

Depreciated as follows:

- Land is not depreciated.
- Buildings as determined by the Valuation Office Agency.
- Equipment 5-15 years.

**iv) Compensation**

No compensation has been received from third parties for assets impaired, lost or given up, that is included in the income statement.

**v) Write Downs**

IT assets with a net book value of £9k were written down to zero during the year as their useful life was shorter than originally forecast. An impairment of £7k was charged to reflect the removal of from the asset register following completion of the asset verification process for the year. WG funding was provided for these write downs.

**vi)** The SHA does not hold any property where the value is materially different from its open market value.

**vii) Assets Held for Sale or sold in the period.**

There are no assets held for sale or sold in the period.

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**11. Property, plant and equipment****11.2 Non-current assets held for sale**

	Land	Buildings, including dwelling	Other property, plant and equipment	Intangible assets	Other assets	Total
	£000	£000	£000	£000	£000	£000
<b>Balance at 1 April 2022</b>	0	0	0	0	0	0
Plus assets classified as held for sale in the period	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Less assets sold in the period	0	0	0	0	0	0
Add reversal of impairment of assets held for sale	0	0	0	0	0	0
Less impairment of assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	0
<b>Balance carried forward 31 March 2023</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Balance brought forward 1 April 2021</b>	0	0	0	0	0	0
Plus assets classified as held for sale in the year	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Less assets sold in the year	0	0	0	0	0	0
Add reversal of impairment of assets held for sale	0	0	0	0	0	0
Less impairment of assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	0
<b>Balance carried forward 31 March 2022</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Assets sold in the period**

There were no assets sold in the period.

**Assets classified as held for sale during the period**

No assets were classified as held for sale during 2022-23.

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## 11.3 Right of Use Assets

HEIW has one Right of Use asset accounted for under IFRS16, which is an office in Nantgarw.

	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>2022-23</b>									
<b>Cost or valuation at 31 March</b>	0	0	0	0	0	0	0	0	0
Lease prepayments in relation to RoU Assets	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases from PPE Note	0	0	0	0	0	0	0	0	0
Operating Leases Transitioning	0	1,770	0	0	0	0	0	0	1,770
<b>Cost or valuation at 1 April</b>	0	1,770	0	0	0	0	0	0	1,770
Additions	0	0	0	0	0	0	0	0	0
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
De-recognition	0	0	0	0	0	0	0	0	0
<b>At 31 March</b>	0	1,770	0	0	0	0	0	0	1,770
<b>Depreciation at 31 March</b>	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases from PPE Note	0	0	0	0	0	0	0	0	0
Operating Leases Transitioning	0	0	0	0	0	0	0	0	0
<b>Depreciation at 1 April</b>	0	0	0	0	0	0	0	0	0
Recognition	0	0	0	0	0	0	0	0	0
Transfers from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
De-recognition	0	0	0	0	0	0	0	0	0
Provided during the year	0	287	0	0	0	0	0	0	287
<b>At 31 March</b>	0	287	0	0	0	0	0	0	287
<b>Net book value at 1 April</b>	0	1,770	0	0	0	0	0	0	1,770
<b>Net book value at 31 March</b>	0	1,483	0	0	0	0	0	0	1,483
	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>RoU Asset Total Value Split by Lessor</b>									
NHS Wales Peppercorn Leases	0	0	0	0	0	0	0	0	0
NHS Wales Market Value Leases	0	0	0	0	0	0	0	0	0
Other Public Sector Peppercorn Leases	0	0	0	0	0	0	0	0	0
Other Public Sector Market Value Leases	0	1,483	0	0	0	0	0	0	1,483
Private Sector Peppercorn Leases	0	0	0	0	0	0	0	0	0
Private Sector Market Value Leases	0	0	0	0	0	0	0	0	0
<b>Total</b>	0	1,483	0	0	0	0	0	0	1,483

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**11.3 Right of Use Assets continued**  
**Quantitative disclosures**

<b>Maturity analysis</b>	
<b>Contractual undiscounted cash flows relating to lease liabilities</b>	<b>£000</b>
Less than 1 year	322
2-5 years	1,288
> 5 years	41
<b>Total</b>	<b>1,651</b>
<b>Lease Liabilities (net of irrecoverable VAT)</b>	<b>£000</b>
Current	308
Non-Current	1,304
<b>Total</b>	<b>1,612</b>
<b>Amounts Recognised in Statement of Comprehensive Net Expenditure</b>	<b>£000</b>
Depreciation	287
Impairment	0
Variable lease payments not included in lease liabilities - Interest expense	17
Sub-leasing income	0
Expense related to short-term leases	0
Expense related to low-value asset leases (excluding short-term leases)	0
<b>Amounts Recognised in Statement of Cashflows (net of irrecoverable VAT )</b>	<b>£000</b>
Interest expense	17
Repayments of principal on leases	305
<b>Total</b>	<b>322</b>

The values disclosed in note 11.3 relate to the lease of one building, which is the only lease that HEIW holds that falls under the requirements of IFRS16. The lease is held on commercial terms and HEIW is the sole occupier. The lease has one rent review date, being on the sixth anniversary of the start of the contract. As this review has not yet taken place the disclosures above do not include the impact of any potential changes. There are no restrictions or covenants in place that need to be disclosed.

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## 12. Intangible non-current assets

### 2022-23

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure- internally generated	Assets under Construction	Total
	£000	£000	£000	£000	£000	£000	£000
<b>Cost or valuation at 1 April 2022</b>	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions- purchased	0	0	0	0	0	0	0
Additions- internally generated	0	0	0	0	0	0	0
Additions- donated	0	0	0	0	0	0	0
Additions- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
<b>Gross cost at 31 March 2023</b>	0	0	0	0	0	0	0
<b>Amortisation at 1 April 2022</b>	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairment	0	0	0	0	0	0	0
Provided during the period	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
<b>Amortisation at 31 March 2023</b>	0	0	0	0	0	0	0
<b>Net book value at 1 April 2022</b>	0	0	0	0	0	0	0
<b>Net book value at 31 March 2023</b>	0	0	0	0	0	0	0
<b>At 31 March 2023</b>							
Purchased	0	0	0	0	0	0	0
Donated	0	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0	0
Internally generated	0	0	0	0	0	0	0
<b>Total at 31 March 2023</b>	0	0	0	0	0	0	0

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**12.1 Intangible non-current assets**

2021-22

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure- internally generated	Assets under Construction	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2021	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions- purchased	0	0	0	0	0	0	0
Additions- internally generated	0	0	0	0	0	0	0
Additions- donated	0	0	0	0	0	0	0
Additions- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
<b>Gross cost at 31 March 2022</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Amortisation at 1 April 2021</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairment	0	0	0	0	0	0	0
Provided during the year	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
<b>Amortisation at 31 March 2022</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Net book value at 1 April 2021</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Net book value at 31 March 2022</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>At 31 March 2022</b>							
Purchased	0	0	0	0	0	0	0
Donated	0	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0	0
Internally generated	0	0	0	0	0	0	0
<b>Total at 31 March 2022</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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13 . Impairments

	2022-23			2021-22		
	Property, plant & equipment £000	Right of Use Assets £000	Intangible assets £000	Property, plant & equipment £000	Right of Use Assets £000	Intangible assets £000
Impairments arising from :						
Loss or damage from normal operations	7	0	0	0		0
Abandonment in the course of construction	0	0	0	0		0
Over specification of assets (Gold Plating)	0	0	0	0		0
Loss as a result of a catastrophe	0	0	0	0		0
Unforeseen obsolescence	0	0	0	0		0
Changes in market price	0	0	0	0		0
Others (specify)	0	0	0	0		0
Reversal of impairments	0	0	0	0		0
<b>Total of all impairments</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>0</b>
<b>Analysis of impairments charged to reserves in period :</b>						
Charged to the Statement of Comprehensive Net Expenditure	7	0	0	0		0
Charged to Revaluation Reserve	0	0	0	0		0
	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>0</b>

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14.1 Inventories

	31 March 2023 £000	31 March 2022 £000
Drugs	0	0
Consumables	0	0
Energy	0	0
Work in progress	0	0
Other	0	0
<b>Total</b>	<b>0</b>	<b>0</b>
Of which held at realisable value	0	0

14.2 Inventories recognised in expenses

	31 March 2023 £000	31 March 2022 £000
Inventories recognised as an expense in the period	0	0
Write-down of inventories (including losses)	0	0
Reversal of write-downs that reduced the expense	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

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**15. Trade and other Receivables**

<b>Current</b>	<b>31 March 2023 £000</b>	31 March 2022 £000 Restated
Welsh Government	54	135
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	1	0
Welsh Health Boards	84	39
Welsh NHS Trusts	30	95
Welsh Special Health Authorities	3	0
Non - Welsh Trusts	0	0
Other NHS	27	21
2019-20 Scheme Pays - Welsh Government Reimbursement	0	0
Welsh Risk Pool Claim Reimbursement;		
NHS Wales Secondary Health Sector	0	0
NHS Wales Primary Sector FLS Reimbursement	0	0
NHS Wales Redress	0	0
Other	0	0
Local Authorities	0	0
Capital debtors - Tangibles	0	0
Capital debtors - Intangibles	0	0
Other debtors	3,858	2,330
Provision for irrecoverable debts	(271)	(221)
Pension Prepayments NHS Pensions	0	0
Other prepayments	5,947	6,733
Other accrued income	0	0
<b>Sub total</b>	<b>9,733</b>	<b>9,132</b>
<b>Non-current</b>		
Welsh Government	0	0
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Welsh Special Health Authorities	0	0
Non - Welsh Trusts	0	0
Other NHS	0	0
2019-20 Scheme Pays - Welsh Government Reimbursement	0	0
Welsh Risk Pool Claim Reimbursement;		
NHS Wales Secondary Health Sector	0	0
NHS Wales Primary Sector FLS Reimbursement	0	0
NHS Wales Redress	0	0
Other	0	0
Local Authorities	0	0
Capital debtors - Tangibles	0	0
Capital debtors - Intangibles	0	0
Other debtors	0	0
Provision for irrecoverable debts	0	0
Pension Prepayments NHS Pensions	0	0
Pension Prepayments NEST	0	0
Other prepayments	0	0
Other accrued income	0	0
<b>Sub total</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>9,733</b>	<b>9,132</b>

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# 15. Trade and other Receivables

	31 March 2023 £000	31 March 2022 £000
<b>Receivables past their due date but not impaired</b>		
By up to three months	15	0
By three to six months	15	0
By more than six months	3	0
	<u>33</u>	<u>0</u>

## Expected Credit Losses (ECL) previously Allowance for bad and doubtful debts

Balance at 1 April	(221)	(51)
Transfer to other NHS Wales body	0	0
Amount written off during the period	60	51
Amount recovered during the period	0	0
(Increase) / decrease in receivables impaired	(110)	(221)
ECL/Bad debts recovered during period	0	0
Balance at 31 March	<u>(271)</u>	<u>(221)</u>

In determining whether a debt is impaired consideration is given to the age of the debt and the results of actions taken to recover the debt, including reference to credit agencies.

## Receivables VAT

Trade receivables	251	258
Other	0	0
Total	<u>251</u>	<u>258</u>

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**16. Other Financial Assets**

	<b>Current</b>		<b>Non-current</b>	
	<b>31 March</b>	31 March	<b>31 March</b>	31 March
	<b>2023</b>	2022	<b>2023</b>	2022
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>Financial assets</b>				
Shares and equity type investments				
Held to maturity investments at amortised costs	0	0	0	0
At fair value through SOCNE	0	0	0	0
Available for sale at FV	0	0	0	0
Deposits	0	0	0	0
Loans	0	0	0	0
Derivatives	0	0	0	0
Other (Specify)				
Right of Use Asset Finance Sublease	0	0	0	
Held to maturity investments at amortised costs	0	0	0	0
At fair value through SOCNE	0	0	0	0
Available for sale at FV	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**17. Cash and cash equivalents**

	<b>31 March</b>	31 March
	<b>2023</b>	2022
	<b>£000</b>	<b>£000</b>
Opening Balance	5,955	6,148
Net change in cash and cash equivalent balances	(1,852)	(193)
Balance at 31 March	<b>4,103</b>	5,955
Made up of:		
Cash held at Government Banking Service (GBS)	4,103	5,955
Commercial banks	0	0
Cash in hand	0	0
<b>Cash and cash equivalents as in Statement of Financial Position</b>	<b>4,103</b>	5,955
Bank overdraft - GBS	0	0
Bank overdraft - Commercial banks	0	0
<b>Cash and cash equivalents as in Statement of Cash Flows</b>	<b>4,103</b>	5,955

In response to the IAS 7 requirement for additional disclosure, the changes in liabilities arising for financing activities are;

Lease Liabilities £0k  
 PFI liabilities £0k

The movement relates to cash, no comparative information is required by IAS 7 in 2022-23.

**18. Trade and other payables**

	31 March 2023	31 March 2022
	£000	£000
<b>Current</b>		
Welsh Government	1	36
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	11	0
Welsh Health Boards	4,327	1,300
Welsh NHS Trusts	2,244	2,848
Welsh Special Health Authorities	0	5
Other NHS	10	56
Taxation and social security payable / refunds	19	9
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	0	0
NI contributions payable to HMRC	6	3
Non-NHS trade payables - revenue	1,959	1,578
Local Authorities	97	0
Capital payables-Tangible	0	0
Capital payables- Intangible	0	0
Overdraft	0	0
Rentals due under operating leases	0	23
RoU Lease Liability	309	
Obligations under finance leases, HP contracts	0	0
Imputed finance lease element of on SoFP PFI contracts	0	0
Pensions: staff	327	298
Non NHS Accruals	3,424	2,258
Deferred Income:		
Deferred Income brought forward	4	12
Deferred Income Additions	0	4
Transfer to / from current/non current deferred income	0	0
Released to SoCNE	(4)	(12)
Other creditors	0	0
PFI assets –deferred credits	0	0
Payments on account	0	0
<b>Sub total</b>	<b>12,734</b>	<b>8,418</b>
<b>Non-current</b>		
Welsh Government	0	0
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Welsh Special Health Authorities	0	0
Other NHS	0	0
Taxation and social security payable / refunds	0	0
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	0	0
NI contributions payable to HMRC	0	0
Non-NHS trade payables - revenue	0	0
Local Authorities	0	0
Capital Creditors- Tangible	0	0
Capital Creditors- Intangible	0	0
Overdraft	0	0
Rentals due under operating leases	0	125
RoU Lease Liability	1,304	
Obligations under finance leases, HP contracts	0	0
Imputed finance lease element of on SoFP PFI contracts	0	0
Pensions: staff	0	0
Non NHS Accruals	0	0
Deferred Income :		
Deferred Income brought forward	0	0
Deferred Income Additions	0	0
Transfer to / from current/non current deferred income	0	0
Released to SoCNE	0	0
Other creditors	0	0
PFI assets –deferred credits	0	0
Payments on account	0	0
<b>Sub total</b>	<b>1,304</b>	<b>125</b>
<b>Total</b>	<b>14,038</b>	<b>8543</b>

It is intended to pay all invoices within the 30 day period directed by the Welsh Government.

**RoU Lease Liability Transitioning & Transferring**

	£000
RoU liability as at 31 March 2022	0
Transfer of Finance Leases from PPE Note	0
Operating Leases Transitioning	1,918
RoU Lease liability as at 1 April 2022	1,918

18. Trade and other payables (continued)

Amounts falling due more than one year are expected to be settled as follows:	2022-23	2021-22
	£000	£000
Between one and two years	311	23
Between two and five years	952	69
In five years or more	41	33
Sub-total	1,304	125

19. Other financial liabilities

Financial liabilities	Current		Non-current	
	31 March 2023 £000	31 March 2022 £000	31 March 2023 £000	31 March 2022 £000
Financial Guarantees:				
At amortised cost	0	0	0	0
At fair value through SoCNE	0	0	0	0
Derivatives at fair value through SoCNE	0	0	0	0
Other:				
At amortised cost	0	0	0	0
At fair value through SoCNE	0	0	0	0
Total	0	0	0	0

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## 20. Provisions

	At 1 April 2022	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the period	Utilised during the period	Reversed unused	Unwinding of discount	At 31 March 2023
Current	£000	£000	£000	£000	£000	£000	£000	£000	£000
Clinical negligence:-									
Secondary care	0	0	0	0	0	0	0	0	0
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	0	0	0	0	0	0	0		0
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
2019-20 Scheme Pays - Reimbursement	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	0			0	0	0	0	0	0
Other Capital Provisions	0			0	0	0	0	0	0
Other	0		0	0	0	0	0		0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Non Current</b>									
Clinical negligence:-									
Secondary care	0	0	0	0	0	0	0	0	0
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	0	0	0	0	0	0	0		0
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
2019-20 Scheme Pays - Reimbursement	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	0			0	0	0	0	0	0
Other Capital Provisions	0			0	0	0	0	0	0
Other	0		0	0	0	0	0		0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL</b>									
Clinical negligence:-									
Secondary care	0	0	0	0	0	0	0	0	0
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	0	0	0	0	0	0	0		0
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
2019-20 Scheme Pays - Reimbursement	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	0			0	0	0	0	0	0
Other Capital Provisions	0			0	0	0	0	0	0
Other	0		0	0	0	0	0		0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## Expected timing of cash flows:

	in year to 31 March 2024	Between 1 April 2024 31 March 2028	Thereafter	Total
	£000	£000	£000	£000
Clinical negligence:-				
Secondary care	0	0	0	0
Primary care	0	0	0	0
Redress Secondary care	0	0	0	0
Redress Primary care	0	0	0	0
Personal injury	0	0	0	0
All other losses and special payments	0	0	0	0
Defence legal fees and other administration	0	0	0	0
Pensions relating to former directors	0	0	0	0
Pensions relating to other staff	0	0	0	0
2019-20 Scheme Pays - Reimbursement	0	0	0	0
Restructuring	0	0	0	0
RoU Asset Dilapidations CAME	0	0	0	0
Other Capital Provisions	0	0	0	0
Other	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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## 20. Provisions (continued)

	At 1 April 2021	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the period	Utilised during the period	Reversed unused	Unwinding of discount	At 31 March 2022
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Current</b>									
Clinical negligence:-									
Secondary care	0	0	0	0	0	0	0	0	0
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	0	0	0	0	0	0	0		0
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
2019-20 Scheme Pays - Reimbursement	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
Other	7		0	0	0	(7)	0		0
<b>Total</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(7)</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Non Current</b>									
Clinical negligence:-									
Secondary care	0	0	0	0	0	0	0	0	0
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	0	0	0	0	0	0	0		0
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
2019-20 Scheme Pays - Reimbursement	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
Other	0		0	0	0	0	0		0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL</b>									
Clinical negligence:-									
Secondary care	0	0	0	0	0	0	0	0	0
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	0	0	0	0	0	0	0		0
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
2019-20 Scheme Pays - Reimbursement	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
Other	7		0	0	0	(7)	0		0
<b>Total</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(7)</b>	<b>0</b>	<b>0</b>	<b>0</b>

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21. Contingencies

21.1 Contingent liabilities

	31 March 2023 £000	31 March 2022 £000
Provisions have not been made in these accounts for the following amounts :		
Legal claims for alleged medical or employer negligence		
Secondary Care	0	0
Primary Care	0	0
Secondary Care Redress	0	0
Primary Care Redress	0	0
Doubtful debts	0	0
Equal Pay costs	0	0
Defence costs	0	0
Continuing Health Care costs	0	0
Other	0	0
Total value of disputed claims	0	0
Amounts recovered in the event of claims being successful	0	0
Net contingent liability	0	0

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	31 March 2023 £000	31 March 2022 £000
<b>21.2 Remote Contingent liabilities</b>		
Please disclose the values of the following categories of remote contingent liabilities :		
Guarantees	0	0
Indemnities	0	0
Letters of Comfort	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

	31 March 2023 £000	31 March 2022 £000
<b>21.3 Contingent assets</b>		
	0	0
	0	0
	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

**22. Capital commitments**

**Contracted capital commitments**

The disclosure of future capital commitments not already disclosed as liabilities in the accounts.

	31 March 2023 £000	31 March 2022 £000
Property, plant and equipment	0	0
Right of Use Assets	0	0
Intangible assets	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

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23. Losses and special payments

Losses and special payments are charged to the Statement of Comprehensive Net Expenditure in accordance with IFRS but are recorded in the losses and special payments register when payment is made. Therefore this note is prepared on a cash basis.

Gross loss to the Exchequer

Number of cases and associated amounts paid out during the financial year

	Amounts paid out during period to 31 March 2023	
	Number	£
Clinical negligence	0	0
Personal injury	0	0
All other losses and special payments	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

Analysis of cases in excess of £300,000

Case Type	In year claims in excess of £300,000		Cumulative claims in excess of £300,000	
	Number	£	Number	£
Cases in excess of £300,000:				

Sub-total	0	0	0	0
All other cases	0	0	0	0
Total cases	0	0	0	0

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## 24. Right of Use / Finance leases obligations

### 24.1 Obligations (as lessee)

HEIW SHA has one lease obligation as lessee for a building, which transitioned onto the balance sheet as at 1st April 2022 following the adoption of IFRS16. HEIW did not hold any finance leases prior to the implementation of IFRS16.

#### Amounts payable under right of use asset / finance leases:

	Post Implementation of IFRS 16 (RoU) 31 March 2023 £000	Pre implementation of IFRS 16 (FL) 31 March 2022 £000
<b>Land</b>		
<b>Minimum lease payments</b>		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	<u>0</u>	<u>0</u>
	<u>0</u>	<u>0</u>
<b>Present value of minimum lease payments</b>		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Present value of minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	<u>0</u>	<u>0</u>
	<u>0</u>	<u>0</u>

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## 24.1 Right of Use / Finance leases obligations continued

	Post implementation of IFRS 16 (RoU) 31 March 2023	Pre implementation of IFRS 16 (FL) 31 March 2022
<b>Amounts payable under right of use asset / finance leases:</b>		
<b>Buildings</b>		
<b>Minimum lease payments</b>	<b>£000</b>	<b>£000</b>
Within one year	322	0
Between one and five years	1,288	0
After five years	41	0
Less finance charges allocated to future periods	(39)	0
Minimum lease payments	1,612	0
Included in:		
Current borrowings	308	0
Non-current borrowings	1,304	0
	1,612	0
<b>Present value of minimum lease payments</b>		
Within one year	308	0
Between one and five years	1,263	0
After five years	41	0
Present value of minimum lease payments	1,612	0
Included in:		
Current borrowings	308	0
Non-current borrowings	1,304	0
	1,612	0
<b>Other - Non Property</b>		
<b>Minimum lease payments</b>	<b>£000</b>	<b>£000</b>
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	0	0
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	0	0
<b>Present value of minimum lease payments</b>		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Present value of minimum lease payments	0	0
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	0	0

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**24.2 Right of Use Assets / Finance lease receivables (as lessor)**

The SHA has no finance leases receivable as a lessor.

Amounts receivable under right of use assets / finance leases:	Post	Pre
	Implementation	implementation
	of IFRS 16 (RoU)	of IFRS 16 (FL)
	31 March	31 March
	2023	2022
	£000	£000
<b>Gross Investment in leases</b>		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	0	0
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	0	0
<b>Present value of minimum lease payments</b>		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Present value of minimum lease payments	0	0
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	0	0

**25. Private Finance Initiative contracts**

**25.1 PFI schemes off-Statement of Financial Position**

The SHA has no PFI schemes which are deemed to be on or off the statement of financial position.

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**26. Financial risk management**

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. The SHA is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which these standards mainly apply. The SHA has limited powers to invest and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the SHA in undertaking its activities.

**Currency risk**

The SHA is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. The SHA has no overseas operations and therefore has low exposure to currency rate fluctuations.

**Interest rate risk**

The SHA is not permitted to borrow. The SHA therefore has low exposure to interest rate fluctuations

**Credit risk**

Because the majority of the SHA funding derives from funds voted by the Welsh Government the SHA has low exposure to credit risk.

**Liquidity risk**

The SHA is required to operate within cash limits set by the Welsh Government for the financial year and draws down funds from the Welsh Government as the requirement arises. The SHA is not, therefore, exposed to significant liquidity risks.

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**27. Movements in working capital**

	2022-23 £000	2021-22 £000 Restated
(Increase)/decrease in inventories	0	0
(Increase)/decrease in trade and other receivables - non-current	0	0
(Increase)/decrease in trade and other receivables - current	(601)	(1,171)
Increase/(decrease) in trade and other payables - non-current	1,179	(23)
Increase/(decrease) in trade and other payables - current	4,316	757
<b>Total</b>	<b>4,894</b>	<b>(437)</b>
Adjustment for accrual movements in fixed assets - creditors	0	0
Adjustment for accrual movements in fixed assets - debtors	0	0
Other adjustments	0	0
	<b>4,894</b>	<b>(437)</b>

**28. Other cash flow adjustments**

	2022-23 £000	2021-22 £000
Depreciation	868	519
Amortisation	0	0
(Gains)/Loss on Disposal	0	0
Impairments and reversals	7	0
Release of PFI deferred credits	0	0
Donated assets received credited to revenue but non-cash	0	0
Government Grant assets received credited to revenue but non-cash	0	0
Right of Use Grant (Peppercorn Lease) credited to revenue but non cash	0	
Non-cash movements in provisions	0	0
Other movements	521	2,023
<b>Total</b>	<b>1,396</b>	<b>2,542</b>

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### 29. Events after the Reporting Period

These financial statements were authorised for issue by the Chief Executive and Accountable Officer on 27 July 2023.

NHS Wales bodies were notified in a pay circular letter issued on 25th May 2023 by the Welsh Government, of the additional pay arrangements for employees covered by the Agenda for Change terms and conditions in Wales for 2022-23, which will be funded by the Welsh Government. NHS Wales bodies will make a one off non-consolidated, prorated "recovery payment" for staff employed on the Agenda for Change terms and conditions (this includes most NHS staff including nursing staff but excludes medical staff). These costs have not been recognised in the 2022-23 financial statements because the obligating event was the publication of the offer agreed with the Minister on 20 April 2023 and therefore post 31st March 2023. The costs will be accounted for in the 2023-24 Annual Accounts of NHS Wales bodies. The estimated cost is £326k.

### 30. Related Party Transactions

The Welsh Government is regarded as a related party. During the accounting period SHA has had a significant number of material transactions with the Welsh Government and with other entities for which the Welsh Government is regarded as the parent body. These are set out on the table below along with details of the transactions with other organisations in which senior members of the organisation have an interest.

Related Party	Expenditure to related party £000	Income from related party £000	Amounts owed to related party £000	Amounts due from related party £000
Please list all related party transactions to include;				
Welsh Government	1	280,590	1	54
Welsh LHBS	96,936	314	4,326	84
Welsh NHS Trusts	58,565	202	2,244	30
Welsh Special Health Authorities	685	3	0	3
WHSSC	11	36	11	1
Local Authorities	526			
Cardiff University	28,320	659	1,295	8
General Pharmaceutical Council	1			
Gladstone's Library	3		1	
Hafod Housing Association	88		14	
Pembrokeshire College	2			
Royal College of Nursing	122		16	
Royal College of Paediatric and Child Health	3			
Royal College of Physicians (RCP)	0			
Royal Pharmaceutical Society	5			
Swansea University	26,286	746	1,114	
University of South Wales	18,342	1,145	374	
University of West of England	157		10	
	<b>230,053</b>	<b>283,696</b>	<b>9,406</b>	<b>180</b>

During the year, other than the individuals set out below, there were no other material related party transactions involving other board members or key senior management staff.

Tina Donnelly is a Fellow of the University of South Wales and Royal College of Nursing and Non Executive Director of Hafod Housing Association.

Ruth Hall is a visiting Chair of the University of West of England and an advisory Board Member, Centre for Public Policy Wales at Cardiff University. Member/Fellow of Royal College of Physicians (RCP), Member/Fellow of Royal College of Paediatric and Child Health.

Pushpinder Mangat is an Honorary Professor Swansea Medical School.

Jonathan Morgan is Chair of Hafod Housing Association, Welsh Government Lawyer and Advisor to Paul Davies MS and Altaf Hussain MS.

Pushpinder Mangat was seconded from Swansea Bay University Health Board until 1st July 2022.

Sian Richards was seconded from Swansea Bay University Health Board until 30th June 2022.

John Gammon is a Board Member of Pembrokeshire College, Professor at Swansea University and is employed as Bank/Consultant at Hywel dda Health Board.

Heidi Phillips is Associate Professor Primary Care, Swansea University and Spouse/Partner is a Workplace Learning Practitioner (IT) at Gower College Swansea.

### 31. Third Party assets

The SHA does not hold cash on behalf of third parties.

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### 32. Pooled budgets

The SHA does not does not operate any pooled budgets.

### 33. Operating segments

IFRS 8 requires bodies to report information about each of its operating segments.

The SHA is deemed to operate as one segment.

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**34. Other Information****34.1. 6.3% Staff Employer Pension Contributions - Notional Element**

The notional transactions are based on estimated costs for the twelve month period, calculated from actual Welsh Government expenditure for the 6.3% staff employer pension contributions as at month eleven and the actual employer staff payments for month 12.

Transactions include notional expenditure in relation to the 6.3% paid to NHS BSA by Welsh Government and notional funding to cover that expenditure as follows:

<b>Statement of Comprehensive Net Expenditure for the period ended 31 March 2023</b>	<b>2022-23 £000</b>	<b>2021-22 £000</b>
3.2 Postgraduate Medical, Dental & Pharmacy Education	1,329	1221
3.3 Other Operating Expenditure	962	801

**Statement of Changes in Taxpayers' Equity  
For the period ended 31 March 2023**

Net operating cost for the year	-2,291	-2,023
Notional Welsh Government Funding	2,291	2,023

**Statement of Cash Flows for period ended 31 March 2023**

	<b>31 March 2023</b>	<b>31 March 2022</b>
Net operating cost for the financial year	0	0
Other cash flow adjustments	2,291	2,023

**2.1 Revenue Resource Performance**

Revenue Resource Allocation	2,291	2,023
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**3. Analysis of gross operating costs**

	<b>2022-23 £000</b>	<b>2021-22 £000</b>
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**3.2 Postgraduate Medical, Dental & Pharmacy Training**

GP Registrars	1,017	913
Dental Foundation Trainees	136	134
Pharmacy Training	167	174
Induction & Refresher	1	0
Training Grade Salaries	6	0
Other	2	0

**3.3 Other Operating Expenditure**

Directors' costs	42	29
Staff costs	920	772

**9.1 Employee costs****Permanent Staff**

Employer contributions to NHS Pension Scheme	962	801
Charged to capital	0	0
Charged to revenue	962	801

**18. Trade and other payables****Current**

Pensions: staff	0	0
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**28. Other cash flow adjustments**

Other movements	2,291	2,023
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**34.2 Other Information****Welsh Government Covid 19 Funding**

Details of Covid 19 Pandemic Welsh Government funding amounts provided to NHS Wales bodies :

	<b>2022-23</b>	2021-22
	<b>£000</b>	£000
<b>Capital</b>		
Capital Funding Field Hospitals and Equipment		0
Capital Funding Equipment		0
Capital Funding other (Specify)		0
<b>Welsh Government Covid 19 Capital Funding</b>	<b>0</b>	<b>0</b>
<b>Revenue</b>		
Stability Funding	0	-24
Covid Recovery	0	0
Cleaning Standards	0	0
PPE (including All Wales Equipment via NWSSP)	0	0
Testing / TTP- Testing & Sampling - Pay & Non Pay	0	0
Tracing / TTP - NHS & LA Tracing - Pay & Non Pay	0	0
Extended Flu Vaccination / Vaccination - Extended Flu Programme	0	0
Mass Covid-19 Vaccination / Vaccination - COVID-19	0	0
Annual Leave Accrual - Increase due to Covid	0	0
Urgent & Emergency Care	0	0
Private Providers Adult Care / Support for Adult Social Care Providers	0	0
Hospices	0	0
Other Mental Health / Mental Health	0	0
Other Primary Care	0	0
Social Care	0	0
Other	0	0
<b>Welsh Government Covid 19 Revenue Funding</b>	<b>0</b>	<b>-24</b>

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### 34.3 Prior Period Adjustment

Prior period adjustments may arise as a result of a change in accounting policies or to correct a material error in the accounts. Material errors discovered in prior period figures are corrected retrospectively by amending opening balances and comparative amounts for the prior period.

Due to the payment terms set out in the contracts and the delays in agreeing the recruited student numbers for the spring intake, HEIW has historically accounted for the costs of some nursing and other health professional courses in the year in which the payments were made. In doing so, the accounts did not reflect the value of the debtor and prepayment applicable to each University at the balance sheet date nor the impact on the Statement of Comprehensive Net Expenditure of varying recruitment numbers. Prior Period Adjustments have been incorporated into the annual accounts to correct these material misstatements as follows:

#### Statement of Comprehensive Net Expenditure

	As Previously stated in 2021-22 Accounts	Prior Period Adjustment	As stated in 2022-23 Accounts
	2021-22 £'000	2021-22 £'000	2021-22 £'000
Non-Medical Education & Training**	119,889	(811)	119,078
Postgraduate Medical, Dental & Pharmacy Training	114,724	-	114,724
Other Operating Expenditure	33,752	-	33,752
	<b>268,365</b>	<b>(811)</b>	<b>267,554</b>
Less: Miscellaneous Income	(528)	-	(528)
<b>Net operating costs before interest and other gains and losses</b>	<b>267,837</b>	<b>(811)</b>	<b>267,026</b>

\*\* Adjustment within 'Student Training Fees (Universities)' of note 3.1

#### Note 2.1 Revenue Resource Performance

	As Previously stated in 2021-22 Accounts	Prior Period Adjustment	Amended
	2021-22 £'000	2021-22 £'000	2021-22 £'000
Net Operating Costs for the period	267,837	(811)	267,026
Total operating expenses	<b>267,837</b>	<b>(811)</b>	<b>267,026</b>
Revenue Resource Allocation	268,180	-	268,180
Under / (over) spend against Allocation	<b>343</b>	<b>811</b>	<b>1,154</b>

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### 34.3 Prior Period Adjustment

#### Statement of Financial Position

	As Previously stated in 2021-22 Accounts 31-Mar-22 £'000	Prior Period Adjustment £'000	As stated in 2022-23 Accounts 31-Mar-22 £'000
<b>Total Non-current assets</b>	<b>1,940</b>	<b>-</b>	<b>1,940</b>
<b>Current assets</b>			
Trade and other receivables			
- Other debtors	623	1,707	2,330
- Other Prepayments	1,433	5,300	6,733
- Balance of Trade and other receivables	69	-	69
Cash and cash equivalents	5,955	-	5,955
	<b>8,080</b>	<b>7,007</b>	<b>15,087</b>
<b>Total assets</b>	<b>10,020</b>	<b>7,007</b>	<b>17,027</b>
Current liabilities	(8,418)	-	(8,418)
Non-current liabilities	(125)	-	(125)
<b>Total assets employed</b>	<b>1,477</b>	<b>7,007</b>	<b>8,484</b>
Financed by:			
<b>General Fund</b>	<b>1,477</b>	<b>7,007</b>	<b>8,484</b>

#### Statement of Changes in Taxpayers' Equity

For the period ended 31 March 2022

	As Previously stated in 2021-22 Accounts Total Reserves £'000	Prior Period Adjustment Total Reserves £'000	As stated in 2022-23 Accounts Total Reserves £'000
<b>Balance at 01 April 2021</b>	<b>2,276</b>	<b>6,196</b>	<b>8,472</b>
Net Operating cost for the period	(267,837)	811	(267,026)
<b>Total recognised income and expense for the period</b>	<b>(267,837)</b>	<b>811</b>	<b>(267,026)</b>
Net Welsh Government funding	265,015	-	265,015
Welsh Government notional funding	2,023	-	2,023
<b>Balance at 31 March 2022</b>	<b>1,477</b>	<b>7,007</b>	<b>8,484</b>

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**THE NATIONAL HEALTH SERVICE IN WALES ACCOUNTS DIRECTION GIVEN BY  
WELSH MINISTERS IN ACCORDANCE WITH PARAGRAPH 3(1) OF SCHEDULE 9 TO  
THE NATIONAL HEALTH SERVICE (WALES) ACT 2006 (C.42) AND WITH THE  
APPROVAL OF TREASURY**

**HEALTH EDUCATION AND IMPROVEMENT WALES**

1. Health Education and Improvement Wales (HEIW), a special health authority, shall prepare accounts for the financial period 5<sup>th</sup> October 2017 to 31 March 2019 and subsequent financial years in the form specified in paragraphs 2 to 4 below.

**BASIS OF PREPARATION**

2. The accounts of HEIW shall comply with:

(a) the accounting principles and disclosure requirements of the Government Financial Reporting Manual ('the FReM') issued by HM Treasury which is in force for that financial year, as detailed in the NHS Wales Manual for Accounts; and

(b) any other specific guidance or disclosures required by the Welsh Government.

3. The accounts shall be prepared so as to:

(a) give a true and fair view of the state of affairs as at the year-end and of the net expenditure, financial position, cash flows and changes in taxpayers' equity for the financial year then ended; and

(b) provide disclosure of any material expenditure or income that has not been applied to the purposes intended by the Senedd Cymru - Welsh Parliament or material transactions that have not conformed to the authorities which govern them.

4. Compliance with the requirements of the FReM as detailed in the NHS Wales Manual for Accounts will, in all but exceptional circumstances, be necessary for the accounts to give a true and fair view. If, in these exceptional circumstances, compliance with the requirements of the FReM as detailed in the NHS Wales Manual for Accounts is inconsistent with the requirement to give a true and fair view, the requirements of the FReM as detailed in the NHS Wales Manual for Accounts should be departed from only to the extent necessary to give a true and fair view. In such cases, informed and unbiased judgment should be used to devise an appropriate alternative treatment which should be consistent both with the economic characteristics of the circumstances concerned and the spirit of the FReM. Any material departure from the FReM should be discussed in the first instance with the Welsh Government.

Signed by the authority of the Welsh Ministers

Signed:

Dated:

Alan Brace, Director of Finance HSSG

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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>27 July 2023</b>	<b>Agenda Item</b>	<b>4.5</b>
<b>Report Title</b>	Audit Wales - Audit of Financial Statements Report (ISA260) and Letter of Representation		
<b>Report Author</b>	Audit Wales		
<b>Report Sponsor</b>	Audit Wales		
<b>Presented by</b>	Director of Finance, Planning and Performance		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	This report summarises the main findings from the audit of HEIW's 2022-23 accounts.		
<b>Key Issues</b>	<p>Audit Wales identified that the accounts contained corrections for two material misstatements which required prior year adjustments.</p> <p>Audit Wales identified one recommendation from the audit regarding recognition of intangible assets. Management has responded, and Audit Wales will follow up on progress during next year's audit.</p>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
			✓
<b>Recommendations</b>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• <b>note</b> the report;</li> <li>• <b>consider</b> the ISA260 and final Letter of Representation.</li> </ul>		
<b>Appendices</b>	1. Appendix 1 - Audit of Financial Statements Report (ISA260) and Letter of Representation		

Griffiths, Sarah  
26/07/2023 16:44:07

# Audit of Accounts Report – Health Education and Improvement Wales

Audit year: 2022-23

Date issued: July 2023

Document reference: 3691A2023

Griffiths Sarah  
26/07/2023 16:44:07



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

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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 the Wales Audit Office are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to the Wales Audit Office 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.

Griffiths, Sarah  
26/07/2023 16:44:07

# Contents

We intend to issue an unqualified audit report on your Accounts. There are some issues to report to you prior to their approval.

## Audit of Accounts Report

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# Audit of Accounts Report

## Introduction

- 1 We summarise the main findings from our audit of your 2022-23 accounts in this report.
- 2 We have already discussed these issues with the Director of Finance, Planning and Performance.
- 3 Auditors can never give complete assurance that accounts are correctly stated. Instead, we work to a level of 'materiality'. This level of materiality is set to try to identify and correct misstatements that might otherwise cause a user of the accounts into being misled.
- 4 We set this level at £2,899,000 for this year's audit.
- 5 There are some areas of the accounts that may be of more importance to the reader and we have set a lower materiality level for these, as follows:
  - Remuneration report (remuneration £5,000 banding, pension disclosures £1,000)
  - Related party disclosures (personal interests £10,000)
- 6 We have now substantially completed this year's audit.
- 7 In our professional view, we have complied with the ethical standards that apply to our work; remain independent of yourselves; and our objectivity has not been compromised in any way. As disclosed within the Detailed Audit Plan 2023, we have notified you of a potential threat to auditor independence and objectivity arising from the spouse of a team member being a training grade doctor. We confirm that the planned safeguards have operated as intended.

## Impact of revised ISA315 on this year's audit

- 8 Our audits of your accounts for the year ended 31 March 2023 have been carried out under a revised auditing standard (ISA 315 (UK) Identifying and Assessing the Risks of Material Misstatement (Revised July 2020)). The revised standard has had a significant impact this year on how auditors undertake audit risk assessments and our overall audit approach.
- 9 In planning our audit, we are now required to undertake more detailed and extensive risk assessment procedures to identify risks of material misstatement. The subsequent design and performance of our audit approach has been responsive to each assessed risk.
- 10 The introduction of the revised Standard and a different audit approach has had implications for audit timetables, and the new approach has required additional time to implement. We are also conscious that there have been additional challenges for finance teams preparing accounts this year, including the introduction of IFRS 16 – Accounting for Leases.

## Updated risk assessment

- 11
- Within the Detailed Audit Plan issued in April 2023, we explained that we were yet to conclude all areas of our risk assessment and we would provide an update to the Audit and Assurance Committee should any further risks arise.
- 12
- Exhibit 1** lists three significant financial statement risks identified from our detailed risk assessment using our new ISA315 audit approach. These are risks of material misstatement for which the assessment of inherent risk is close to the upper end of the spectrum of inherent risk, or those which are to be treated as a significant risk in accordance with the requirements of other ISAs. The ISAs require us to focus more attention on these significant risks.

Exhibit 1 – updated significant financial statements risks (\*new)

Significant risk	Our planned response
<b>Management override</b> The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.32-33].	The audit team will: <ul style="list-style-type: none"><li>test the appropriateness of journal entries and other adjustments made in preparing the financial statements;</li><li>review accounting estimates for bias; and</li><li>evaluate the rationale for any significant transactions outside the normal course of business.</li></ul>
<b>Expenditure recognition</b> There is a risk of material misstatement due to fraud in expenditure and as such is treated as a significant risk [PN 10].	The audit team will: <ul style="list-style-type: none"><li>perform risk assessed substantive testing of material classes of transactions within expenditure; and</li><li>perform cut-off procedures on a sample basis to check expenditure has been recorded within the correct financial year.</li></ul>

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Significant risk	Our planned response
<p><b>*Commissioning student places</b></p> <p>There is a risk that in year expenditure is overstated due to the timing difference between the commissioning of student places (and the payment in accordance with the contract), and the actual fill rate for spring cohorts. The difference could result in an overstatement of in-year expenditure. Currently, there is no year-end debtor for the recovery of the difference.</p>	<p>The audit team will:</p> <ul style="list-style-type: none"> <li>confirm their understanding of the substance of the transactions via review of the contract(s);</li> <li>review the current accounting treatment for compliance with HEIW's accounting policies and applicable accounting standards; and</li> <li>review management's latest estimate for the potential clawback for 2022-23, due to be recovered in August 2023-24.</li> </ul>

13 **Exhibit 2** sets out other identified risks of material misstatement which, whilst not determined to be significant risks as above, we bring to your attention.

#### Exhibit 2 – other areas of focus (\*new)

Audit risk	Our planned response
<p><b>Implementation of IFRS16</b></p> <p>A new accounting standard, IFRS16 Leases, has been adopted by the FReM for 2022-23. IFRS16 will significantly change how most leased assets are accounted for as leased assets will need to be recognised as assets and liabilities in the Statement of Financial Position. There are also significant additional disclosure requirements specific to leased assets that will need to be reflected in the financial statements.</p>	<p>My audit team will:</p> <ul style="list-style-type: none"> <li>consider the completeness of the lease portfolios identified by the authority needing to be included in IFRS16 calculations;</li> <li>review the calculated asset and liability values for Ty Dysgu and ensure that these have been accounted for and disclosed in accordance with the Manual for Accounts; and</li> <li>ensure that all material disclosures have been made.</li> </ul>

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Audit risk	Our planned response
<p><b>*Remuneration Report</b></p> <p>The remuneration report contains many disclosures derived from information collated from internal and external sources and calculations thereon.</p> <p>There are also strict guidelines for the required disclosures.</p> <p>Due to the reduced level of materiality for the audit of the remuneration report, the risk of material misstatement/omissions is heightened.</p>	<p>My audit team will;</p> <ul style="list-style-type: none"> <li>• ensure the remuneration report complies with the NHS manual for accounts and Financial Reporting manual requirements; and</li> <li>• corroborate disclosures to supporting evidence from internal and external sources.</li> </ul>

## Proposed audit opinion

- 14 We intend to issue an unqualified audit opinion on this year's accounts once you have provided us with a Letter of Representation based on that set out in **Appendix 1**.
- 15 We would issue a 'qualified' audit opinion if we had material concerns about any aspects of your accounts; however, since this is not the case, we anticipate issuing an unqualified opinion.
- 16 The Letter of Representation contains certain confirmations we are required to obtain from you under auditing standards along with confirmation of other specific information you have provided to us during our audit.
- 17 Our proposed audit report is set out in **Appendix 2**.

## Significant issues arising from the audit

### Uncorrected misstatements

- 18 There are no non-trivial misstatements identified in the accounts which remain uncorrected.

### Corrected misstatements

- 19 The accounts contain corrections for two material misstatements which require prior year adjustments. We believe that these should be drawn to your attention. We note that the draft accounts were prepared on the same basis as previous years. The misstatements have been highlighted through our change in our audit approach.

- 20 The net impact is to reduce 2022-23 expenditure by £1.036 million, with a prior period adjustment to reduce 2021-22 expenditure by £0.811 million. The underspend against the revenue resource limit has increased to £1.141 million. The misstatements are summarised as follows:
- a prepayment of £4.892 million has been established as at 31 March 2023 to recognise the instalments paid in advance to universities for courses which commence in the spring, but for which under the conditions of the contract, the monthly payments commence in the preceding August, ie the start of the academic year. This represents the cumulative prepayment for the course duration. A prior year adjustment has been actioned.
  - a receivable of £3.151 million has been established as at 31 March 2023 which represents the estimated recovery of funding paid to universities for courses which commence in the spring, for which the fill rate has not reached the commissioned level. HEIW is contracted to pay monthly instalments at the commissioned level and it is not until the following financial year that actual fill rates are confirmed and a recovery is processed. A prior year adjustment has been actioned.
- 21 **Appendix 3** sets out the two corrections above plus a summary of other disclosure amendments made to the draft presented to the Audit and Assurance Committee on 3 May 2023.

## Other significant issues arising from the audit

- 22 We have no other significant issues arising from the audit to report.

## Recommendations

- 23 One recommendation arising from our audit is set out in **Appendix 4**. Management has responded to it, and we will follow up progress against it during next year's audit. Where any actions are outstanding, we will continue to monitor progress and report it to you in next year's report.

Griffiths, Sarah  
26/07/2023 16:44:07

# Appendix 1

## Final Letter of Representation

Auditor General for Wales  
Audit Wales  
1 Capital Quarter  
Tyndall Street  
Cardiff  
CF10 4BZ

27 July 2023

## Representations regarding the 2022-23 financial statements

This letter is provided in connection with your audit of the financial statements (including that part of the Remuneration Report that is subject to audit) of Health Education and Improvement Wales for the year ended 31 March 2023 for the purpose of expressing an opinion on their truth and fairness, their proper preparation and the regularity of income and expenditure.

We confirm that to the best of our knowledge and belief, having made enquiries as we consider sufficient, we can make the following representations to you.

## Management representations

### Responsibilities

As Chief Executive and Accountable Officer I have fulfilled my responsibility for:

- preparing the financial statements in accordance with legislative requirements and the Treasury's Financial Reporting Manual. In preparing the financial statements, I am required to:
  - observe the accounts directions issued by Welsh Ministers, including the relevant accounting and disclosure requirements and apply appropriate accounting policies on a consistent basis;
  - make judgements and estimates on a reasonable basis;
  - state whether applicable accounting standards have been followed and disclosed and explain any material departures from them; and
  - prepare them on a going concern basis on the presumption that the services of Health Education and Improvement Wales will continue in operation;
- ensuring the regularity of any expenditure and other transactions incurred; and
- the design, implementation and maintenance of internal control to prevent and detect error.



## Information provided

We have provided you with:

- full access to:
  - all information of which we are aware that is relevant to the preparation of the financial statements such as books of account and supporting documentation, minutes of meetings and other matters;
  - additional information that you have requested from us for the purpose of the audit; and
  - unrestricted access to staff from whom you determined it necessary to obtain audit evidence.
- the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- our knowledge of fraud or suspected fraud that we are aware of and that affects Health Education and Improvement Wales and involves:
  - management;
  - employees who have significant roles in internal control; or
  - others where the fraud could have a material effect on the financial statements.
- our knowledge of any allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, regulators or others.
- our knowledge of all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.
- the identity of all related parties and all the related party relationships and transactions of which we are aware.
- our knowledge of all possible and actual instances of irregular transactions.

## Financial statement representations

All transactions, assets and liabilities have been recorded in the accounting records and are reflected in the financial statements.

The methods, the data and the significant assumptions used in making accounting estimates, and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in the context of the applicable financial reporting framework.

Related party relationships and transactions have been appropriately accounted for and disclosed.

All events occurring subsequent to the reporting date which require adjustment or disclosure have been adjusted for or disclosed.

All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with the applicable financial reporting framework.

The financial statements have been corrected for two material issues identified related to the commissioning of student places from universities with spring intake courses. These corrections to in year expenditure and year-end debtors and prepayments also required corresponding prior period adjustments, and an opening adjustment as at 1 April 2021. I am satisfied these corrections are appropriate.

The financial statements are free of material misstatements, including omissions. There are no non-trivial misstatements within the accounts which remain uncorrected.

## Representations by the Board

We acknowledge that the representations made by management, above, have been discussed with us.

We acknowledge our responsibility for the preparation of true and fair financial statements in accordance with the applicable financial reporting framework. The financial statements were approved by the Board on 27 July 2023.

We confirm that we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that it has been communicated to you. We confirm that, as far as we are aware, there is no relevant audit information of which you are unaware.

Signed by:

Chief Executive:

Date:

Signed by:

Chair:

Date:

Griffiths Sarah  
26/07/2023 16:44:07

# Appendix 2

## Proposed Audit Report

### The Certificate and report of the Auditor General for Wales to the Senedd

#### Opinion on financial statements

I certify that I have audited the financial statements of Health Education and Improvement Wales for the year ended 31 March 2023 under Section 61 of the Public Audit (Wales) Act 2004.

These comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Cash Flow Statement and Statement of Changes in Taxpayers' Equity and related notes, including a summary of significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual.

In my opinion, in all material respects, the financial statements:

- give a true and fair view of the state of affairs of Health Education and Improvement Wales as at 31 March 2023 and of its net operating costs for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

#### Opinion on regularity

In my opinion, in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

#### Basis for opinions

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my certificate.

My staff and I are independent of the Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinions.

## Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least 12 months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this certificate.

The going concern basis of accounting for Health Education and Improvement Wales is adopted in consideration of the requirements set out in HM Treasury's Government Financial Reporting Manual, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it anticipated that the services which they provide will continue into the future.

## Other information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The Chief Executive is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Griffiths Sarah  
26/07/2023 16:44:07

## Opinion on other matters

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

In my opinion, based on the work undertaken in the course of my audit:

- the parts of the Accountability Report subject to audit have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers' directions; and
- the information given in the Performance and Accountability Reports for the financial year for which the financial statements are prepared is consistent with the financial statements and is in accordance with Welsh Ministers' guidance.

## Matters on which I report by exception

In the light of the knowledge and understanding of Health Education and Improvement Wales and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance Report or the Governance Statement.

I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

- I have not received all the information and explanations I require for my audit;
- adequate accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements and the audited part of the Accountability Report are not in agreement with the accounting records and returns;
- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed;
- certain disclosures of remuneration specified by HM Treasury's Government Financial Reporting Manual are not made or parts of the Remuneration Report to be audited are not in agreement with the accounting records and returns; or
- the Governance Statement does not reflect compliance with HM Treasury's guidance.

## Responsibilities of Directors and the Chief Executive for the financial statements

As explained more fully in the Statements of Directors' and Chief Executive's Responsibilities, the Directors and the Chief Executive are responsible for:

- maintaining adequate accounting records;
- the preparation of financial statements and annual report in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;

- ensuring that the annual report and financial statements as a whole are fair, balanced and understandable;
- ensuring the regularity of financial transactions;
- internal controls as the Directors and Chief Executive determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; and
- assessing the Authority's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors and Chief Executive anticipate that the services provided by the Authority will not continue to be provided in the future.

### **Auditor's responsibilities for the audit of the financial statements**

My responsibility is to audit, certify and report on the financial statements in accordance with the National Health Service (Wales) Act 2006.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue a certificate that includes my opinion.

Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- enquiring of management, the audited entity's head of internal audit and those charged with governance, including obtaining and reviewing supporting documentation relating to Health Education and Improvement Wales policies and procedures concerned with:
  - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
  - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
  - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in the following areas: expenditure recognition and posting of unusual journals.

- obtaining an understanding of Health Education and Improvement Wales' framework of authority as well as other legal and regulatory frameworks that Health Education and Improvement Wales operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of Health Education and Improvement Wales.
- obtaining an understanding of related party relationships.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management, the Audit and Assurance Committee and legal advisors about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance and the Board; and
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Health Education and Improvement Wales controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of my auditor's report.

## Other auditor's responsibilities

I am also required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

26/07/2023 16:44:07  
 Griffiths, Sarah

Report

I have no observations to make on these financial statements.

Adrian Crompton  
Auditor General for Wales  
[Date]

1 Capital Quarter  
Tyndall Street  
Cardiff  
CF10 4BZ

Griffiths Sarah  
26/07/2023 16:44:07



# Appendix 3

## Summary of Corrections Made

During our audit, we identified the following misstatements that have been corrected by management, but which we consider should be drawn to your attention due to their relevance to your responsibilities over the financial reporting process.

**Exhibit 3: summary of corrections/disclosure amendments made to the draft accounts**

Statement/Disclosure Note	Nature of correction/amendment
Note 3.1 Non-medical education and training and Note 15 Trade and other receivables	<p>As set out in paragraph 17, a prepayment has been recognised for student fees with corresponding prior year adjustments as follows:</p> <ul style="list-style-type: none"><li>• 1 April 2021 £5.191 million</li><li>• 31 March 2022 £5.300 million</li><li>• 31 March 2023 £4.892 million</li></ul> <p>Following an increase to the general fund of £5.191 million as at 1 April 2021, the 2021-22 impact was a reduction in expenditure of £0.109 million and in 2022-23 and increase in expenditure of £0.408 million.</p>
Note 3.1 Non-medical education and training and Note 15 Trade and other receivables	<p>As set out in paragraph 17, a receivable has been recognised for commissioning recovery payments with corresponding prior year adjustments as follows:</p> <ul style="list-style-type: none"><li>• 1 April 2021 £1.005 million</li><li>• 31 March 2022 £1.707 million</li><li>• 31 March 2023 £3.151 million</li></ul> <p>Following an increase to the general fund of £1.005 million as at 1 April 2021, the 2021-22 impact was a reduction in expenditure of £0.702 million and in 2022-23 and further reduction in expenditure of £1.444 million.</p>

Griffiths Sarah  
26/07/2023 16:44:07

Statement/Disclosure Note	Nature of correction/amendment
Note 29 Events after the reporting period	During the audit, NHS bodies were notified of the 'NHS Wales Recovery Payment' – additional Agenda for Change pay arrangements relevant to the 2022-23 financial year, to be funded by the Welsh Government. As the arrangements were not confirmed until after year-end, they do not affect these accounts even though the pay arrangements relate to 2022-23. HEIW has appropriately disclosed the arrangements and their future impact within Note 29.
Remuneration report	Amendments to ensure disclosures are accurate and compliant with guidance on its preparation.
Various disclosure notes	A number of narrative and disclosure amendments, not identified separately in this table, as not regarded as material to the financial statements.

Griffiths, Sarah  
26/07/2023 16:44:07

# Appendix 4

## Recommendations

We have set out a recommendation arising from our audit with management’s response to it. We will follow it up next year and include any outstanding issues in next year’s audit report:

### Exhibit 4: matter arising 1

Matter arising 1 – Recognition of Intangible Assets	
Findings	<p>Management’s review of existing digital applications and online platforms/portals for the 2022-23 accounts did not identify any intangible assets that satisfied the criteria of IAS38 and accounting policy note 1.7.1 as follows:</p> <p>Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:</p> <ul style="list-style-type: none"><li>• the technical feasibility of completing the intangible asset so that it will be available for use;</li><li>• the intention to complete the intangible asset and use it;</li><li>• the ability to use the intangible asset;</li><li>• how the intangible asset will generate probable future economic benefits;</li><li>• the availability of adequate technical, financial and other resources to complete the intangible asset and use it; and</li><li>• the ability to measure reliably the expenditure attributable to the intangible asset during its development.</li></ul> <p>During the forthcoming years, HEIW will internally develop such digital software but at present it does not have reliable systems and procedures in place for identifying such projects and corroborating the evidence (eg timesheets) required to reliably measure the attributable expenditure.</p>
Priority	Medium – increased as no action taken in 2022-23 following our prior-year recommendation.

Griffiths, Sarah  
26/07/2023 16:44:07

### Matter arising 1 – Recognition of Intangible Assets

<b>Recommendation</b>	HEIW should liaise with the digital team to develop and implement reliable systems and procedures for the identification of such digital projects and corroborating the evidence (eg timesheets) required to reliably measure the attributable expenditure in order to recognise an intangible asset.
<b>Benefits of implementing the recommendation</b>	Intangible asset development will attract capital funding. Internally generated assets will be accounted for and disclosed correctly within the financial statements.
<b>Accepted in full by management</b>	Yes
<b>Management response</b>	<p>During 2023-24, HEIW is planning to replace its trainee information database, which could result in the creation of an intangible asset. This exercise will be used as a model to develop the required systems and procedures to review and analyse the nature of its future digital projects. Once complete, the relevant guidance will be incorporated into Financial Control Procedure 2 – Non-Current Assets.</p> <p>External support will be sought to support the process where required.</p>
<b>Implementation date</b>	November 2023

Griffiths, Sarah  
26/07/2023 16:44:07



Audit Wales

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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.

Griffiths, Sarah  
26/07/2023 16:44:07



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

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

<b>Meeting Date</b>	<b>27 July 2023</b>	<b>Agenda Item</b>	<b>4.6</b>
<b>Report Title</b>	<b>Report of the Director of Finance</b>		
<b>Report Author</b>	Joe Draper-Orr, Head of Resources		
<b>Report Sponsor</b>	Glyn Jones, Director of Finance, Planning & Performance		
<b>Presented by</b>	Glyn Jones, Director of Finance, Planning & Performance		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To provide the HEIW Board with a report on the financial position for June 2023 (Month 3).		
<b>Key Issues</b>	<p>HEIW has a statutory duty to break even at year end. This report should assist the Board with an understanding of the financial position reported for Month 3 of the 2023-24 financial year.</p> <p>HEIW is currently forecasting an underspend of £5m because of under recruitment to the Spring 2023 co-horts for Healthcare Professional Education courses. Welsh Government (WG) have requested early confirmation of the likely return of funding in 2023-24 due to the extremely challenging financial deficit position currently being forecast across NHS Wales.</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 Board is asked to:</p> <ul style="list-style-type: none"> <li>• note the underspent financial position reported for HEIW at month 3 and approve actions being progressed to be in balance at year end including a hand back of £5m to Welsh Government.</li> <li>• note the forecast position and the impact of underspend.</li> <li>• note the summarised explanation of key variations by Directorate.</li> <li>• note the Capital allocation and spend to date.</li> <li>• note the Balance Sheet position.</li> </ul>		

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## **REPORT OF THE DIRECTOR OF FINANCE**

### **1. INTRODUCTION**

The report sets out the financial position as at the end of June 2023, reported against updated budgets. The delegated budgets have been derived from the 2023-24 Resource Plan which was drawn from the 2023-26 Integrated Medium-Term Plan (IMTP). The IMTP was approved by the HEIW Board, and the Resource Allocation letter received from Welsh Government (WG). The reported financial position of HEIW as at Month 3 is £136,106 underspent and this position was reported to WG in accordance with the requirements of the monitoring return submission.

### **2. BACKGROUND**

This report identifies the reasons for any financial variation against the budgets set. The Director of Finance and his team will continue to take 'Deep Dive' exercises into the financial position on a quarterly basis and the Executive Team informed of any non-recurrent opportunities that present.

### **3. PROPOSAL**

The Board is asked to note the financial position reported by HEIW for Month 3 and consider the summarised explanations of the key variations described for each Directorate.

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

HEIW has a statutory financial duty to break even at year-end and the WG will monitor the reported position in terms of this duty and against the current year financial plan submitted within the 2023-24 Annual Plan. The financial position should be considered in light of the significant financial deficit position that is currently forecast across NHS Wales and the steps that will need to be taken by WG to address it.

### **5. FINANCIAL IMPLICATIONS**

#### **5.1 Revenue Financial Position as at Month 3**

HEIW is reporting an underspend of £136,106 against profiled budgets as at 30<sup>th</sup> June 2023. The underspend is because of an underspend in non-pay budgets due to reduced costs for travel and subsistence and conference activity offset by an overspend in pay costs where there are short, fixed term posts carrying out specific pieces of work that will be managed within delegated pay budgets in year.

There is also an underspend in medical commissioning areas due to underspend within training grade allocations, and the GP induction and returner programme which has only one trainee currently. Pharmacy underspend is due to trainees not starting courses in March or leaving part way through the year offset by relocation expenses where expenditure continues above budget in accordance with the agreed pilot scheme.

For month 3, the financial position was reported to WG on day 5, and the monitoring return will be submitted in accordance with the required WHC reporting timetable. The monitoring return that was submitted to WG is included as Appendix 2.

The table below shows the high-level variance on the delegated budgets of the Executive Directors.



**GIG  
CYMRU  
NHS  
WALES**

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

**As at 30th June 2023**

	Year to Date			Month 2	
	Budget	Actual	Variance to Date	Variance to Date	Movement
	£	£	£	£	
<b>INCOME:</b>					
Welsh Government	(71,369,373)	(71,369,373)	0	0	0
Other Income	(79,584)	(84,628)	(5,044)	(1,359)	(3,685)
<b>Total Income</b>	<b>(71,448,957)</b>	<b>(71,454,001)</b>	<b>(5,044)</b>	<b>(1,359)</b>	<b>(3,685)</b>
<b>Expenditure</b>					
Board & Executive	613,881	607,003	(6,878)	(2,749)	(4,129)
Finance, Planning & Performance	693,941	690,171	(3,770)	(4,317)	547
Digital and IT	1,103,515	1,113,369	9,854	10,958	(1,104)
Medical & Pharmacy	35,837,953	35,714,840	(123,113)	(71,701)	(51,412)
Nursing	31,554,093	31,553,128	(965)	(12,732)	11,767
Workforce and Organisation Development	1,643,698	1,637,508	(6,190)	48,386	(54,576)
<b>Sub-Total Expenditure</b>	<b>71,447,081</b>	<b>71,316,019</b>	<b>(131,062)</b>	<b>(32,154)</b>	<b>(98,907)</b>
<b>Total Board &amp; Executive</b>	<b>(1,876)</b>	<b>(137,982)</b>	<b>(136,106)</b>	<b>(33,513)</b>	<b>(102,593)</b>

The following table provides a further breakdown of the financial variance by expenditure category.

	Income	Expenditure			Total
		Pay	Non Pay	Commissioning	
<b>Directorate</b>	£	£	£	£	£
Board and Executive		(1,466)	(5,411)		(6,878)
Finance, Planning & Performance		(1,215)	(2,555)		(3,770)
Digital and IT		36,492	(26,638)		9,854
Medical & Pharmacy	(5,044)	21,061	(5,495)	(138,679)	(128,157)
Nursing and Health Professional Education		178	(2,195)	1,051	(965)
Human Resources and Organisation Development		2,665	(8,855)		(6,190)
<b>Total</b>	<b>(5,044)</b>	<b>57,715</b>	<b>(51,148)</b>	<b>(137,628)</b>	<b>(136,106)</b>

The analysis attached as Appendix 2, provides the key reasons for the variation by Directorate.

## 5.2 Forecast Position as at Month 3

The full year reported forecast for the 2023/24 financial year as at the end of June 2023 is breakeven. However, this forecast will only be achieved through the following actions.



An underspend created by under recruitment to the Spring 2023 cohorts for Healthcare Professional Education courses has now been validated and variation orders agreed and signed with HEIs. As agreed with the Board previously the underspend will be utilised where possible through agreed investment in non-recurrent schemes to progress HEIW's strategic IMTP objectives or undertake activity that will be of benefit to the system. Due to the extreme financial pressures across the system WG have also requested an early indication of any funding that HEIW is likely to return in the financial year.

A prudent assessment of £5m has been shared with WG for inclusion in their financial plans as an initial handback of funding with clear timescales established in respect of when any further variation will be known. It should be noted that this assessment was made on the basis that funding for innovative non recurrent schemes approved during quarter 1 is fully spent in line with the commitment agreed.

### **5.3 The Impact of Underspend**

As described the proposed return of £5m to Welsh Government is due to under recruitment to commissioned places within the Spring 2023 cohort in the 22/23 academic cycle. The Board will be aware of this position which has particularly affected cohorts for nursing midwifery courses.

The cost of providing training for a Nurse is c£37k, so the return of £5m to Welsh Government could be deemed as equivalent to 135 Nurse training places. However, this should be viewed in the context of an annual intake of 1,892 nursing students in 2022-23 which means that the under recruitment is c7%.

### **5.4 Reprioritisation of resources to support IMTP priorities**

During the year to date, innovative non recurrent schemes have been approved totalling £5m. To date there has been a low level of spend on these schemes, however it is expected that spend will increase to meet forecast during the year.

Spend and full year forecast for these schemes is being reported monthly to the Executive Team. SROs are being reminded of the importance of delivering these schemes and the early identification and notification of potential variation should it arise to inform the forecast through the year.

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## 5.6 Balance Sheet

The balance sheet as at 30th June 2023 is shown below:

	2023/24 Opening Balance	30 <sup>th</sup> June 2023	Movement
	£000s	£000s	£000s
<b>Non-Current Assets:</b>			
Fixed Assets	3,061	2,838	(223)
<b>Current Assets:</b>			
Trade and other receivables	1,690	1,410	(280)
Cash & bank	4,103	37	(4,066)
<b>Total Assets</b>	<b>8,854</b>	<b>4,285</b>	<b>(4,569)</b>
<b>Liabilities:</b>			
Trade and other payables	(14,038)	(15,704)	(1,666)
<b>Total Liabilities</b>	<b>(14,038)</b>	<b>(15,704)</b>	<b>(1,666)</b>
Net Assets	(5,184)	(11,419)	(6,235)
<b>Financed by:</b>			
General Fund	(5,184)	(11,419)	(6,235)
<b>Total Funding</b>	<b>(5,184)</b>	<b>(11,419)</b>	<b>(6,235)</b>

- The movement on non-current assets reflects:
  - Depreciation charged during the month on both owned assets and leased 'Right of Use' assets.
- Trade and Other Receivables stand at £1.4m as at 30th June 2023.
- Trade and Other Payables – Overall increase of £1.6m since the start of the year. The balance of £15.7m is made up of:
  - £1.3m of invoices on the accounts payable system awaiting payment in line with the 30 day payment policy.
  - £6.6m in respect of other NHS Wales organisations, of which £4.9m relates to estimated accruals.
  - £4.2m payable to non-NHS creditors, of which £1.5m relates to estimated accruals.
  - £0.2m relates to technical accounting accruals such as the annual leave provision.
  - £1.0m of HMRC and pension creditors due in the month following the payroll period.
  - £1.5m relating to the lease liability following the implementation of IFRS16 from 1<sup>st</sup> April 2022.

The cash balance at the end of June 2023 was £0.37m.

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## 5.7 Capital Expenditure

HEIW has a discretionary capital allowance of £88k for the year. Proposals for the use of this funding are being prepared for the Executive Team. A further business case is also being prepared to request additional funding for the phased IT refresh programme that has been prepared by the Digital team.

## 5.8 Public Sector Payment Policy

All NHS bodies are expected to meet the Public Sector Payment Policy, which requires organisations to pay 95% of all non-NHS invoices within 30 days (by number). As at the end of June 2023 the cumulative performance was 97.1% for non-NHS and 96.7% for NHS invoices as set out below:

### Non-NHS Invoices

	By Number			By Value		
Month	Number Passed	Number Failed	% Passed	Value Passed £	Value Failed £	% Passed
April	682	12	98.3	7,781,333	95,772	98.8
May	580	17	97.2	9,198,652	22,916	99.8
June	494	23	95.6	9,261,472	36,502	99.6
<b>Cumulative</b>	<b>1,756</b>	<b>52</b>	<b>97.1</b>	<b>26,241,457</b>	<b>155,190</b>	<b>99.4</b>

### NHS Invoices

	By Number			By Value		
Month	Number Passed	Number Failed	% Passed	Value Passed £	Value Failed £	% Passed
April	383	9	97.7	9,970,808	73,276	99.3
May	129	14	90.2	9,388,704	353,324	96.4
June	162		100.0	7,030,884	0	100.0
<b>Cumulative</b>	<b>674</b>	<b>23</b>	<b>96.7</b>	<b>26,390,396</b>	<b>426,600</b>	<b>98.4</b>

## 5.9 Recovery of Bursary Funding

The NHS Wales Bursary system is underpinned by terms and conditions that include a tie-in which means that those graduating from Healthcare Professional Courses are required to work in Wales for a period of up to two years following graduation or repay the fees element of the Bursary award.

Where students have not complied with the terms of the bursary then arrangements are made to recover the fees over a reasonable timescale by agreeing a repayment plan with each student.

The table below shows the status of all individuals referred to finance to recover their NHS Wales bursary from the start of the scheme to 30<sup>th</sup> June 2023:

	Cancelled following further appeal / review	On Hold	Fully Paid	Repay. Plan Agreed – Payment Being Made	Repay. Plan Agreed – Payment Not Yet Due	Invoiced – Awaiting Agreed Plan	To be Invoiced	<b>Total</b>
Number of Cases	7	3	4	9	1	6	0	<b>30</b>
Amount Invoiced (£'000)	136	64	47	185	9	94	0	<b>535</b>
Amount Outstanding (£'000)	0	62	0	171	9	94	0	<b>336</b>

## 5.10 Prior Financial Year Underspend

The underspend for 2022/23 was £1.141m, however there was also an in year return of allocation to Welsh Government of £22.1m. The table below shows a summary of the reasons for the underspend:

Area of Underspend	£m
Nursing & HPE - Impact of Under Recruitment - Bursary, Fees & Trainee Salaries	7.680
Nursing & HPE - Additional Impact of Under Recruitment of Spring 2022/23 Cohort	1.141
Nursing & HPE - Student decision to self-fund	1.070
Nursing & HPE - Change in average means tested bursary	0.559
Nursing & HPE - Student Attrition	3.628
Nursing & HPE - Dispersed and Distance Courses Delayed start	2.863
Nursing & HPE - Underspend in other areas of HPE Commissioning	0.227
GP Training Underspend	1.020
Medical Training Grade Allocations	0.100
Pharmacy Programmes Under recruitment	0.344
Dental Foundation Training	0.709
Non-Pay	0.941
Pay	1.205
Balance of Reserves (Allocated for Primary Care academies/Pharmacy undergraduate funded placements)	1.754
<b>TOTAL</b>	<b>23.241</b>

## 6. RECOMMENDATION

The Board is asked to **agree**:

- note the underspent financial position reported for HEIW at month 3 and approve the actions being progressed to be in balance at year end including a hand back of £5m to Welsh Government.

- note the forecast position and the impact of underspend.
- note the summarised explanation of key variations by Directorate.
- note the Capital allocation and spend to date.
- note the Balance Sheet position.

Governance and Assurance			
<b>Link to IMTP strategic aims</b> <i>(please ✓)</i>	<b>Strategic Aim 1: Building our Future Workforce</b> Developing and implementing plans that align the future demand for workforce with supply.	<b>Strategic Aim 2: Developing our Current Workforce</b> Transforming today's workforce to contribute to new models of care which improve quality and safety.	<b>Strategic Aim 3: Shaping Culture and Leadership in NHS Wales</b> Embedding compassionate leadership principles to develop cultures that support inclusion, wellbeing, and quality.
	✓	✓	✓
<b>Quality, Safety and Patient Experience</b>			
There are no implications for Quality, Safety and Patient Experience			
<b>Financial Implications</b>			
The financial implications are set out above in the body of the report.			
<b>Legal Implications (including equality and diversity assessment)</b>			
HEIW has a statutory responsibility to break even at year end the report sets out the financial position for June 2023. There are no equality and diversity implications of this report.			
<b>Staffing Implications</b>			
There are no staffing implications of this report.			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
The report briefly describes how HEIW are seeking to adopt a sustainable approach to financial management that will enable HEIW to meet its long-term objectives.			
<b>Report History</b>	The report references and updates the Finance Report as issued during June 2023.		
<b>Appendices</b>	Further detail is included in Appendix 1. The Monitoring return is included as Appendix 2.		

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## REPORT OF THE DIRECTOR OF FINANCE

The variances for each of the directorates are explained below:

### 1. Board & Executive

There is an underspend overall of £7k which is made up of underspend in pay of £1.5k mostly relating to an over accrual of the pay award agreed for 2023/24 as well as an underspend in non-pay of £5k in relation to low external translation usage and underspends on travel & subsistence.

### 2. Finance, Planning & Performance

There is an £4k underspend in Finance in relation to the interim arrangements for Director of Finance and Deputy Director of Finance totalling £8k which has now ended, offset in part by agency spend totalling £9k year to date. There is also non-pay underspend of £2.5k in relation to travel & subsistence.

### 3. Digital & IT

Within Digital the position as at the end of June is an overspend of £10k which is made up of an overspend on pay of £36k mostly in relation to a settlement payment offset by underspends in non-pay of £27k in relation to a number of VAT adjustments, over accruals and credit notes being received relating to 2022/23.

### 4. Medical, Dental & Pharmacy

The total underspend within this directorate of £128k is made up of an overspend against pay of £21k, offset against an underspend in non-pay of £5k and an underspend in commissioning of £139k as well as an over achievement of income of £5k.

The overspend within pay budgets relates to a short-term secondment within Quality as well as some agency usage across the directorate. It is expected that this overspend will reduce through the course of the year.

The non-pay underspend is in a wide range of areas including travel & subsistence and conference activity offset by additional costs of the clinical support contract within the professional support unit. The over achievement of income is due to fluctuations of income related to the apprentice levy for technician trainees.

The underspend in commissioning of £139k is made up of a number of variances across Medical & Dental commissioning budgets. The main variances are:

- An underspend of £35k in relation to the GP Induction & Returner Programme where there is currently just one trainee in place.
- Within Training Grade allocations there is an underspend of £189k year to date due to unfilled posts and a historic underlying underspend.
- Pharmacy has an underspend of £24k which is in relation to a small number of trainees not taking their posts in March or leaving at the beginning of the course.

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- An overspend against relocation expenses of £124k year to date which is due to more trainees making claims as well as a pilot which is currently undergoing review allowing trainees to claim for their full costs as opposed to within a specific limit historically.
- An underspend within WDTFT, Dental Technicians of £20k where only 6 out of the current 10 spaces are filled.

#### 5. Nursing & Health Professional Education (HPE)

Nursing and HPE has underspend as at the end of June of £1k which is made up of an underspend in non-pay of £2k made up of a small number of small variances across budgets offset by a minor overspend in commissioning of £1k due to monthly fluctuations in spend.

#### 6. Workforce and Organisational Development

Within Workforce & Organisational Development there is currently an underspend of £6k which is made up of an overspend of £3k in pay offset by an underspend of £9k within non-pay. The overspend in pay is in relation to an additional post which is currently funded at risk as well as some agency, however it is expected pay costs will be offset by underspends in future month.

The underspend in non-pay of £9k relates to an underspend within energy of £4k, an underspend of £4k in relation to travel & subsistence and some other small variances across the directorate.

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**VALIDATION SUMMARY 2023-24**

<b>Your organisation is showing as :</b>	<b>HEIW</b>
<b>Period is showing :</b>	<b>JUN 23</b>
<b>TABLE A : MOVEMENT</b>	<b>HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE</b>
<b>TABLE A1 : UNDERLYING POSITION</b>	<b>HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE</b>
<b>TABLE A2: RISKS</b>	<b>HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE</b>
<b>TABLE B : MONTHLY POSITIONS</b>	<b>HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE</b>
<b>TABLE B2 : PAY &amp; AGENCY/LOCUM</b>	<b>HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE</b>
<b>TABLE B3 : COVID-19</b>	<b>HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE</b>
<b>TABLE C, C1, C2 &amp; C3 : SAVINGS SCHEMES</b>	<b>HEIW IS CURRENTLY SHOWING 1 ERRORS FOR THIS TABLE</b>
<b>TABLE C4 : TRACKER</b>	<b>HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE</b>
<b>TABLE E : RESOURCE LIMITS</b>	<b>HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE</b>
<b>TABLE E1 : INVOICED INCOME</b>	<b>HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE</b>
<b>TABLE F : STATEMENT OF FINANCIAL POSITION</b>	<b>HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE</b>
<b>TABLE G : MONTHLY CASHFLOW</b>	<b>HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE</b>
<b>TABLE I : CAPITAL RESOURCE / EXPENDITURE LIMIT</b>	<b>HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE</b>
<b>TABLE J: CAPITAL IN YEAR SCHEMES</b>	<b>HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE</b>
<b>TABLE K : CAPITAL DISPOSALS</b>	<b>HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE</b>
<b>TABLE L : EFL</b>	<b>HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE</b>
<b>TABLE N : GENERAL MEDICAL SERVICES</b>	<b>HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE</b>
<b>TABLE O : GENERAL DENTAL SERVICES</b>	<b>HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE</b>
<b>TOTAL ERRORS FOR YOUR JUN 23 RETURN IS</b>	<b>1 ERRORS ON 1 DIFFERENT TABLE/S</b>

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Summary Of Main Financial Performance

Revenue Performance

		Actual YTD £'000	Annual Forecast £'000
1	Under / (Over) Performance	136	0

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HEIW

Table A - Movement of Opening Financial Plan to Forecast Outturn

Period : Jun 23

This Table is currently showing 0 errors

Line 14 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG  
Lines 1 - 14 should not be adjusted after Month 1

	In Year Effect £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'000
1 Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	0	0	0	0
2 Planned New Expenditure (Non Covid-19) (Negative Value)	-10 220	0	-10 220	-10 220
3 Planned Expenditure For Covid-19 (Negative Value)	0	0		
4 Planned Welsh Government Funding (Non Covid-19) (Positive Value)	10 220	0	10 220	10 220
5 Planned Welsh Government Funding for Covid-19 (Positive Value)	0	0		
6 Planned Provider Income (Positive Value)	0	0		
7 RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8 Planned (Finalised) Savings Plan	0	0	0	0
9 Planned (Finalised) Net Income Generation	0	0	0	0
10 Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
11 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
12	0	0		
13 Planning Assumptions still to be finalised at Month 1	0	0		
14 Opening IMTP / Annual Operating Plan	0	0	0	0
15 Reversal of Planning Assumptions still to be finalised at Month 1	0	0	0	0
16 Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive	0	0		
17 Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
18 Other Movement in Month 1 Planned & In Year Net Income Generation	0	0	0	0
19 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	0	0	0	0
20 Additional In Year Identified Savings - Forecast	0	0	0	0
21 Variance to Planned RRL & Other Income	0	0		
Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 plus virements (Positive Value - additional)	0	0		
22	0	0		
23 Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0	0		
24 Additional In Year & Movement Expenditure for Covid-19 (Negative Value - additional/Positive Value - reduction)	0	0		
25 In Year Accountancy Gains (Positive Value)	0	0	0	0
26 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	0	0		
27	0	0		
28	0	0		
29	0	0		
30	0	0		
31	0	0		
32	0	0		
33	0	0		
34	0	0		
35	0	0		
36	0	0		
37	0	0		
38	0	0		
39	0	0		
40 Forecast Outturn (- Deficit / + Surplus)	0	0	0	0
41 Covid-19 - Forecast Outturn (- Deficit / + Surplus)	0			
42 Operational - Forecast Outturn (- Deficit / + Surplus)	0			
43				

	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	YTD £'000	In Year Effect £'000
1													0	0
2	-852	-852	-852	-852	-852	-852	-852	-852	-852	-852	-852	-848	-2 556	-10 220
3	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	852	852	852	852	852	852	852	852	852	852	852	848	2 556	10 220
5	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6													0	0
7												0	0	0
8	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10													0	0
11													0	0
12													0	0
13													0	0
14	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16													0	0
17													0	0
18	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21													0	0
22	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23													0	0
24	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	2	31	103	100	-67	-105	19	-47	11	-73	-36	62	136	0
27													0	0
28													0	0
29													0	0
30													0	0
31													0	0
32													0	0
33													0	0
34													0	0
35													0	0
36													0	0
37													0	0
38													0	0
39													0	0
40	2	31	103	100	-67	-105	19	-47	11	-73	-36	62	136	0
41	0	0	0	0	0	0	0	0	0	0	0	0	0	0
42	2	31	103	100	-67	-105	19	-47	11	-73	-36	62	136	0

TABLE A : Movement of Opening Financial Plan to Forecast Outturn

Monthly Positions (- Deficit / + Surplus) reconciles to Table B Monthly Positions	Ok
Recurring & Non Recurring Analysis of In Year Items is not greater than In Year Items	Ok
FYE of Recurring items are greater than, or equal to, the In Year Recurring amount	Ok
FYE of Recurring items only reported against Recurring Items	Ok
Has Organisation name being selected	Ok

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Table A1 - Underlying Position

This table needs completing monthly from Month: 1

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Section A - By Spend Area		IMTP	Full Year Effect of Actions			NEW, Recurring, Full Year Effect of Unmitigated Pressures (LIVE) £'000	IMTP
		Underlying Position b/f £'000	Recurring Savings (+ve) £'000	Recurring Allocations / Income (+ve) £'000	Subtotal £'000		Underlying Position c/f £'000
1	Pay - Administrative, Clerical & Board Members				0		0
2	Pay - Medical & Dental				0		0
3	Pay - Nursing & Midwifery Registered				0		0
4	Pay - Prof Scientific & Technical				0		0
5	Pay - Additional Clinical Services				0		0
6	Pay - Allied Health Professionals				0		0
7	Pay - Healthcare Scientists				0		0
8	Pay - Estates & Ancillary				0		0
9	Pay - Students				0		0
10	Non Pay - Supplies and services - clinical				0		0
11	Non Pay - Supplies and services - general				0		0
12	Non Pay - Consultancy Services				0		0
13	Non Pay - Establishment				0		0
14	Non Pay - Transport				0		0
15	Non Pay - Premises				0		0
16	Non Pay - External Contractors				0		0
17	Health Care Provided by other Orgs – Welsh LHBs				0		0
18	Health Care Provided by other Orgs – Welsh Trusts				0		0
19	Health Care Provided by other Orgs – WHSSC				0		0
20	Health Care Provided by other Orgs – English				0		0
21	Health Care Provided by other Orgs – Private / Other				0		0
22	Total	0	0	0	0	0	0

Section B - By Directorate		IMTP	Full Year Effect of Actions			NEW, Recurring, Full Year Effect of Unmitigated Pressures (LIVE) £'000	IMTP
		Underlying Position b/f £'000	Recurring Savings (+ve) £'000	Recurring Allocations / Income (+ve) £'000	Subtotal £'000		Underlying Position c/f £'000
1	Primary Care				0		0
2	Mental Health				0		0
3	Continuing HealthCare				0		0
4	Commissioned Services				0		0
5	Scheduled Care				0		0
6	Unscheduled Care				0		0
7	Children & Women's				0		0
8	Community Services				0		0
9	Specialised Services				0		0
10	Executive / Corporate Areas				0		0
11	Support Services (inc. Estates & Facilities)				0		0
12	Total	0	0	0	0	0	0

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Table A2 - Overview Of Key Risks & Opportunities		FORECAST YEAR END	
		£'000	Likelihood
	Opportunities to achieve IMTP/AOP (positive values)		
1	Red Pipeline schemes (inc AG & IG)		
2	Potential Cost Reduction		
3	Total Opportunities to achieve IMTP/AOP	0	
	Risks (negative values)		
4	Under delivery of Amber Schemes included in Outturn via Tracker		
5	Continuing Healthcare		
6	Prescribing		
7	Pharmacy Contract		
8	WHSSC Performance		
9	Other Contract Performance		
10	GMS Ring Fenced Allocation Underspend Potential Claw back		
11	Dental Ring Fenced Allocation Underspend Potential Claw back		
12	Potential Underspend & Return of Funding to WG	(5 000)	High
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26	Total Risks	(5 000)	
	Further Opportunities (positive values)		
27	Potential Underspend & Return of Funding to WG	5 000	High
28			
29			
30			
31			
32			
33			
34	Total Further Opportunities	5 000	
35	Current Reported Forecast Outturn	0	
36	IMTP / AOP Outturn Scenario	0	
37	Worst Case Outturn Scenario	0	
38	Best Case Outturn Scenario	5 000	

Table B - Monthly Positions

YTD Months to be completed from Month: 1  
Forecast Months to be completed from Month: 1

Period : Jun 23

This Table is currently showing 0 errors

A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
1	Revenue Resource Limit	Actual/Fcast	23 314	23 602	24 453	25 566	25 280	32 700	27 050	27 710	29 980	27 595	28 810	31 720	71 369	327 780
2	Capital Donation / Government Grant Income (Health Board only)	Actual/Fcast													0	0
3	Welsh NHS Local Health Boards & Trusts Income	Actual/Fcast													0	0
4	WHSSC Income	Actual/Fcast													0	0
5	Welsh Government Income (Non RRL)	Actual/Fcast													0	0
6	Other Income	Actual/Fcast	29	25	31	26	26	26	26	26	26	26	26	28	85	321
7	Income Total		23 343	23 627	24 484	25 592	25 306	32 726	27 076	27 736	30 006	27 621	28 836	31 748	71 454	328 101
8	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/Fcast													0	0
9	Primary Care - Drugs & Appliances	Actual/Fcast													0	0
10	Provided Services - Pay	Actual/Fcast	2 121	2 195	2 442	2 263	2 365	2 358	2 368	2 354	2 357	2 358	2 360	2 364	6 758	27 905
11	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/Fcast	735	885	946	1 354	1 101	1 752	1 413	1 257	1 465	1 435	1 813	4 720	2 566	18 876
12	Secondary Care - Drugs	Actual/Fcast													0	0
13	Healthcare Services Provided by Other NHS Bodies	Actual/Fcast													0	0
14	Non Healthcare Services Provided by Other NHS Bodies	Actual/Fcast													0	0
15	Continuing Care and Funded Nursing Care	Actual/Fcast													0	0
16	Other Private & Voluntary Sector	Actual/Fcast	20 413	20 447	20 913	21 801	21 833	28 647	23 202	24 098	26 099	23 851	24 648	24 551	61 773	280 503
17	Joint Financing and Other	Actual/Fcast													0	0
18	Losses, Special Payments and Irrecoverable Debts	Actual/Fcast													0	0
19	Exceptional (Income) / Costs - (Trust Only)	Actual/Fcast													0	0
20	Total Interest Receivable - (Trust Only)	Actual/Fcast													0	0
21	Total Interest Payable - (Trust Only)	Actual/Fcast													0	0
22	DEL Depreciation/Accelerated Depreciation/Impairments	Actual/Fcast	72	69	80	74	74	74	74	74	74	50	51	51	221	817
23	AME Donated Depreciation/Impairments	Actual/Fcast													0	0
24	Uncommitted Reserves & Contingencies	Actual/Fcast													0	0
25	Profit/Loss Disposal of Assets	Actual/Fcast													0	0
26	Cost - Total	Actual/Fcast	23 341	23 596	24 381	25 492	25 373	32 831	27 057	27 783	29 995	27 694	28 872	31 686	71 318	328 101
27	Net surplus/ (deficit)	Actual/Fcast	2	31	103	100	(67)	(105)	19	(47)	11	(73)	(36)	62	136	

B. Cost Total by Directorate		Forecast year-end position
		£'000
28	Primary Care	Actual/Fcast
29	Mental Health	Actual/Fcast
30	Continuing HealthCare	Actual/Fcast
31	Commissioned Services	Actual/Fcast
32	Scheduled Care	Actual/Fcast
33	Unscheduled Care	Actual/Fcast
34	Children & Women's	Actual/Fcast
35	Community Services	Actual/Fcast
36	Specialised Services	Actual/Fcast
37	Executive / Corporate Areas	Actual/Fcast
38	Support Services (inc. Estates & Facilities)	Actual/Fcast
39	Reserves	Actual/Fcast
40	Cost - Total (Excluding DEL & AME Non-Cash Charges)	Actual/Fcast

C. Assessment of Financial Forecast Positions

Year-to-date (YTD)	£'000	
28 - Actual YTD surplus/ (deficit)	136	
29. Actual YTD surplus/ (deficit) last month	33	
30. Current month actual surplus/ (deficit)	103	
		Trend
31. Average monthly surplus/ (deficit) YTD	45	▲
32. YTD /remaining months	15	

Full-year surplus/ (deficit) scenarios	£'000
33. Extrapolated Scenario	1 063
34. Year to Date Trend Scenario	544

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D. DEL/AME Depreciation & Impairments

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
<b>DEL</b>															
41	Baseline Provider Depreciation	Actual/F'cast	47	45	58	50	50	50	50	50	26	27	27	150	530
42	Strategic Depreciation	Actual/F'cast												0	0
43	Accelerated Depreciation	Actual/F'cast												0	0
44	Impairments	Actual/F'cast												0	0
45	IFRS 16 Leases	Actual/F'cast	23	24	24	24	24	24	24	24	24	24	24	71	287
46	<b>Total</b>		70	69	82	74	74	74	74	74	50	51	51	221	817
<b>AME</b>															
47	Donated Asset Depreciation	Actual/F'cast												0	0
48	Impairments (including Reversals)	Actual/F'cast												0	0
49	IFRS 16 Leases (Peppercom)	Actual/F'cast												0	0
50	<b>Total</b>		0	0	0	0	0	0	0	0	0	0	0	0	0

E. Accountancy Gains

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
51	Accountancy Gains	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0

F. Energy

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
52	Total Energy Costs	Actual/F'cast	14	9	10	9	8	9	10	11	12	14	14	33	134

G. Committed Reserves & Contingencies

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
List of all Committed Reserves & Contingencies inc above in Section A. Please specify Row number in description.															
53	Forecast Only													0	0
54	Forecast Only													0	0
55	Forecast Only													0	0
56	Forecast Only													0	0
57	Forecast Only													0	0
58	Forecast Only													0	0
59	Forecast Only													0	0
60	Forecast Only													0	0
61	Forecast Only													0	0
62	Forecast Only													0	0
63	Forecast Only													0	0
64	Forecast Only													0	0
65	Forecast Only													0	0
66	Forecast Only													0	0
67	Forecast Only													0	0
68	Forecast Only													0	0
69	Forecast Only													0	0
70	Forecast Only													0	0
71	Forecast Only													0	0
72	Forecast Only													0	0
73	Forecast Only													0	0
74	Forecast Only													0	0
75	Forecast Only													0	0
76	Forecast Only													0	0
77	Forecast Only													0	0
78	Forecast Only													0	0
79	Forecast Only													0	0
80	Forecast Only													0	0
81	<b>Total</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Phasing		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

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**This table needs completing monthly from Month 2**

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Period : Jun 23

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YTD Months to be completed from Month: 1  
Forecast Months to be completed from Month: 1

Table B2 - Pay Expenditure Analysis

A - Pay Expenditure		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	year-end position £'000
1	Administrative, Clerical & Board Members	1 304	1 372	1 585	1 449	1 554	1 553	1 541	1 540	1 542	1 543	1 545	1 564	4 261	18 092
2	Medical & Dental	513	486	501	500	501	501	501	504	505	505	505	514	1 500	6 036
3	Nursing & Midwifery Registered	65	70	72	55	53	53	53	53	53	53	53	57	207	690
4	Prof Scientific & Technical	205	232	252	228	220	220	242	226	226	226	226	202	689	2 705
5	Additional Clinical Services	5	5	6	5	5	5	5	5	5	4	4	2	16	56
6	Allied Health Professionals	25	26	22	26	33	26	26	26	26	26	26	25	73	313
7	Healthcare Scientists	4	4	4										12	12
8	Estates & Ancillary	0	0											0	0
9	Students	0	0											0	0
10	TOTAL PAY EXPENDITURE	2 121	2 195	2 442	2 263	2 366	2 358	2 368	2 354	2 357	2 357	2 359	2 364	6 758	27 904
Analysis of Pay Expenditure															
11	LHB Provided Services - Pay	2 121	2 195	2 442	2 263	2 365	2 358	2 368	2 354	2 357	2 358	2 360	2 364	6 758	27 905
12	Other Services (incl. Primary Care) - Pay													0	0
13	Total - Pay	2 121	2 195	2 442	2 263	2 365	2 358	2 368	2 354	2 357	2 358	2 360	2 364	6 758	27 905
		0	0	0	0	0	0	0	0	0	0	0	0		
B - Agency / Locum (premium) Expenditure		1	2	3	4	5	6	7	8	9	10	11	12		
- Analysed by Type of Staff		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	year-end position £'000
1	Administrative, Clerical & Board Members	48	32	28	40	40	40	40	40	40	40	40	40	108	468
2	Medical & Dental													0	0
3	Nursing & Midwifery Registered													0	0
4	Prof Scientific & Technical													0	0
5	Additional Clinical Services													0	0
6	Allied Health Professionals													0	0
7	Healthcare Scientists													0	0
8	Estates & Ancillary													0	0
9	Students													0	0
10	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	48	32	28	40	40	40	40	40	40	40	40	40	108	468
11	Agency/Locum (premium) % of pay	2,3%	1,5%	1,1%	1,8%	1,7%	1,7%	1,7%	1,7%	1,7%	1,7%	1,7%	1,7%	1,6%	1,7%
		0	0	0	0	0	0	0	0	0	0	0	0		
C - Agency / Locum (premium) Expenditure		1	2	3	4	5	6	7	8	9	10	11	12		
- Analysed by Reason for Using Agency/Locum (premium)		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast
REF	REASON	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	year-end position £'000
1	Vacancy	48	32	28	40	40	40	40	40	40	40	40	40	108	468
2	Maternity/Paternity/Adoption Leave													0	0
3	Special Leave (Paid) – inc. compassionate leave, interview													0	0
4	Special Leave (Unpaid)													0	0
5	Study Leave/Examinations													0	0
6	Additional Activity (Winter Pressures/Site Pressures)													0	0
7	Annual Leave													0	0
8	Sickness													0	0
9	Restricted Duties													0	0
10	Jury Service													0	0
11	WLF													0	0
12	Exclusion (Suspension)													0	0
13	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	48	32	28	40	40	40	40	40	40	40	40	40	108	468
		0	0	0	0	0	0	0	0	0	0	0	0		

This Table is currently showing 0 errors

Table B3 - COVID-19 Analysis

Health Promotion (including Testing, Tracing and Surveillance) - Additional costs due to C19

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	year-end position £'000
A1	Enter as positive values														
1	Health Protection (including Testing, Tracing and Surveillance) (Additional costs due to C19) enter as positive values - actual/forecast														
2	Provider Pay (Establishment, Temp & Agency)													0	0
3	Administrative, Clerical & Board Members													0	0
4	Medical & Dental													0	0
5	Nursing & Midwifery Registered													0	0
6	Prof Scientific & Technical													0	0
7	Additional Clinical Services													0	0
8	Allied Health Professionals													0	0
9	Healthcare Scientists													0	0
10	Estates & Ancillary													0	0
11	Students													0	0
12	Sub total Health Protection (including Testing, Tracing and Surveillance) Provider Pay	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Primary Care Contractor (excluding drugs)													0	0
14	Primary Care - Drugs													0	0
15	Secondary Care - Drugs													0	0
16	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE - see A3 - Complete Analysis to the Right	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	Healthcare Services Provided by Other NHS Bodies													0	0
18	Non Healthcare Services Provided by Other NHS Bodies													0	0
19	Continuing Care and Funded Nursing Care													0	0
20	Other Private & Voluntary Sector													0	0
21	Joint Financing and Other (includes Local Authority)													0	0
22	Other (only use with WG agreement & state SoCNE/I line ref)													0	0
23														0	0
24														0	0
25														0	0
26	Sub total Health Protection (including Testing, Tracing and Surveillance) Non Pay	0	0	0	0	0	0	0	0	0	0	0	0	0	0
27	Total Health Protection (including Testing, Tracing and Surveillance)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	Planned Health Protection (including Testing, Tracing and Surveillance) (in Opening Plan)													0	0
29	Movement From Opening Planned Health Protection (including Testing, Tracing and Surveillance) Expenditure	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Health Promotion (including Testing, Tracing and Surveillance) - Funding / Income															
30	Planned Funding													0	0
31	Actual/Forecast Funding for C19 Health Protection (including Testing, Tracing and Surveillance)													0	0
32	Internal Budget Virement into Covid-19 Health Protection (including Testing, Tracing and Surveillance) (incl pay awards)													0	0
33	Total Actual/Forecast Funding	0	0	0	0	0	0	0	0	0	0	0	0	0	0
34	Movement from Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35	Actual/ Forecast Net Outturn - Health Protection (including Testing, Tracing and Surveillance)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
COVID-19 Vaccination Programme (immunisation)- Additional costs due to C19															

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A2	COVID-19 Vaccination Programme ((immunisation) (Additional costs due to C19) enter as positive values - actual/forecast																
30	Provider Pay (Establishment, Temp & Agency)																
31	Administrative, Clerical & Board Members															0	0
32	Medical & Dental															0	0
33	Nursing & Midwifery Registered															0	0
34	Prof Scientific & Technical															0	0
35	Additional Clinical Services															0	0
36	Allied Health Professionals															0	0
37	Healthcare Scientists															0	0
38	Estates & Ancillary															0	0
39	Students															0	0
40	Sub total COVID-19 Vaccination (Immunisation) Programme Provider Pay															0	0
41	Primary Care Contractor (excluding drugs)															0	0
42	Primary Care - Drugs															0	0
43	Secondary Care - Drugs															0	0
44	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE - see A3															0	0
45	Healthcare Services Provided by Other NHS Bodies															0	0
46	Non Healthcare Services Provided by Other NHS Bodies															0	0
47	Continuing Care and Funded Nursing Care															0	0
48	Other Private & Voluntary Sector															0	0
49	Joint Financing and Other (includes Local Authority)															0	0
50	Other (only use with WG agreement & state SoCNE/I line ref)															0	0
51																0	0
52																0	0
53																0	0
54	Sub total COVID-19 Vaccination (Immunisation) Programme Non Pay															0	0
55	Total COVID-19 Vaccination (Immunisation) Programme Expenditure															0	0
56	Planned COVID-19 Vaccination (Immunisation) Expenditure (In Opening Plan)															0	0
57	Movement From Opening Planned COVID-19 Vaccination (Immunisation) Programme Expenditure															0	0
COVID-19 Vaccination Programme (immunisation)- Funding/Income																	
58	Planned Funding															0	0
59	Actual/Forecast Funding for COVID-19 Vaccination Programme (immunisation)															0	0
60	Internal budget Virement into COVID-19 Vaccination Programme (immunisation) (incl pay awards)															0	0
61	Total Actual/Forecast Funding															0	0
62	Movement from Plan															0	0
63	Actual / Forecast Net Outturn - COVID-19 Vaccination Programme (immunisation)															0	0
Nosocomial, PPE, Long Covid & Other - Additional costs due to C19																	

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Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

Period : Jun 23

This Table is currently showing 1 errors  
Some errors will be resolved when complete rows have data or associated tables are completed

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000				Green £'000	Amber £'000	non recurring £'000	recurring £'000	
1	CHC and Funded	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	Nursing Care	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Commissioned Services	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	Medicines Management	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	(Primary & Secondary Care)	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	Non Pay	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Pay	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	Primary Care	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Total	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	Variance in month																				
23	In month achievement against FY forecast																				

Period : Jun 23

Table C1- Savings Schemes Pay Analysis

			Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
				Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			YTD variance as %age of YTD Budget/Plan	Green £'000	Amber £'000	non recurring £'000	recurring £'000	
1	Changes in Staffing Establishment	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			0
2		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
4	Variable Pay	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
7	Locum	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10	Agency / Locum paid at premium	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
13	Changes in Bank Staff	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
16	Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
19	Total	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
20		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
21		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			

Table C2- Savings Schemes Agency/Locum Paid at a Premium Analysis

Month		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			YTD variance as %age of YTD Budget/Plan	Green	Amber	non recurring	recurring	
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	
1	Reduced usage of Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
2	Agency/Locums paid at Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
3	a premium Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
4	Non Medical 'off Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
5	contract' to 'on contract' Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
6	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
7	Medical - Impact of Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8	Agency pay rate caps Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
9	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10	Other (Please Specify) Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
11	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
12	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
13	Total Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
14	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
15	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			

Table C3- Savings Schemes SoCNE/SCNI Analysis

Month		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
1	Pay Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	Non Pay Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	Primary Care Drugs Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Secondary Care Drugs Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	CHC/FNC Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	Primary Care Contractor Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	Healthcare Services Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	Provided by Other NHS Bodies Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	Non Healthcare Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
27	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	Services Provided by Other NHS Bodies Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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This Table is currently showing 0 errors

Table C4 - Tracker

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Month 1 - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Net Income Generation	Month 1 - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Month 1 - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accountancy Gains	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Month 1 - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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# HEIW

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**Table D - Income/Expenditure Assumptions**  
**Annual Forecast**

	<b>LHB/Trust</b>	<b>Contracted Income</b>	<b>Non Contracted Income</b>	<b>Total Income</b>	<b>Contracted Expenditure</b>	<b>Non Contracted Expenditure</b>	<b>Total Expenditure</b>
		<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
1	Swansea Bay University		3	3		16 594	16 594
2	Aneurin Bevan University		20	20		13 767	13 767
3	Betsi Cadwaladr University		29	29		19 179	19 179
4	Cardiff & Vale University		64	64		25 669	25 669
5	Cwm Taf Morgannwg University		44	44		14 679	14 679
6	Hywel Dda University		14	14		10 373	10 373
7	Powys			0		1 535	1 535
8	Public Health Wales		148	148		2 075	2 075
9	Velindre		34	34		56 534	56 534
10	NWSSP			0			0
11	DHCW		17	17		801	801
12	Wales Ambulance Services		8	8		844	844
13	WHSSC			0			0
14	EASC			0			0
15	HEIW			0			0
16	NHS Executive			0			0
17	<b>Total</b>	<b>0</b>	<b>381</b>	<b>381</b>	<b>0</b>	<b>162 050</b>	<b>162 050</b>

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Table E - Resource Limits

	STATUS OF ISSUED RESOURCE LIMIT ITEMS				Total Revenue Resource Limit £'000	Recurring (R) or Non Recurring (NR)	Total Revenue Drawing Limit £'000	Total Capital Resource Limit £'000	Total Capital Drawing Limit £'000	WG Contact and Date Item First Entered Into Table
	HCHS £'000	Pharmacy £'000	Dental £'000	GMS £'000						
1. BASE ALLOCATION										
1 LATEST ALLOCATION LETTER/SCHEDULE REF:	5									
2 Total Confirmed Funding	320 847				320 847		319 987	88	88	
2. ANTICIPATED ALLOCATIONS										
3 DEL Non Cash Depreciation - Baseline Surplus / Shortfall					0					
4 DEL Non Cash Depreciation - Strategic					0					
5 DEL Non Cash Depreciation - Accelerated					0					
6 DEL Non Cash Depreciation - Impairment					0					
7 DEL Non Cash Depreciation - IFRS 16 Leases					0					
8 AME Non Cash Depreciation - IFRS 16 Leases (Peppercom)					0					
9 AME Non Cash Depreciation - Donated Assets					0					
10 AME Non Cash Depreciation - Impairment					0					
11 AME Non Cash Depreciation - Impairment Reversals					0					
12 Removal of Donated Assets / Government Grant Receipts					0					
13 Total COVID-19 (see below analysis)	0	0	0	0	0					See below analysis
14 Removal of IFRS-16 Leases (Revenue)	(304)				(304)		(304)			A Hughes - May 2023
15 Real Living Wage (Care Homes)					0					
16 Digital Priorities Investment Fund (Letter Received)	104				104 R		104			Philip Bowen
17 CHEFS Funding (Letter Received)	196				196 R		196			Was Andrew Goodhall
18 WIMAT Funding (Letter Received)	242				242 R		242			Nick Wood
19 Single Cancer Pathway (Letter Received)	85				85 R		85			Claire Birchall
20 AHP Framework (Letter Received)	300				300 R		300			Alex Slade
21 Project Co-ordinator and Project Support Officer for Mental Health (Letter Received)	88				88 R		88			Tracey Breheniy
22 Chief Nursing Officer - WG Funding	193				193 R		193			Peter Kennedy
23 DPIF Phase 2 Funding	20				20 R		20			Philip Bowen
24 HEIW Optometry	527				527 R		527			Sarah O'Sullivan-Adams
25 WCTLF	23				23 R		23			
26 23-24 1.5% Consolidated Pay Award	526				526 R		526			
27 Reservists	306				306 R		306			
28 Primary Care Plan	850				850 R		850			
29 Mental Health Workforce Plan - Non Commissioned	3 370				3 370 R		3 370			Alex Slade
30 23-24 Recovery Pay Award	283				283					
31 23-24 Recovery Pay Award SLE	124				124					
32					0					
33					0					
34					0					
35					0					
36					0					
37					0					
38					0					
39					0					
40					0					
41					0					
42					0					
43					0					
44					0					
45					0					
46					0					
47					0					
48					0					
49					0					
50					0					
51					0					
52					0					
53					0					
54					0					
55					0					
56					0					
57					0					
58					0					
59					0					
60 Revenue Working Balances Request					0					
61 Capital Working Balances Request					0					
62 Capital IFRS 16 Leases Working Balances Request					0					304
63 Total Anticipated Funding	6 933	0	0	0	6 933		6 526	0	304	
3. TOTAL RESOURCES & BUDGET RECONCILIATION										
64 Confirmed Resources Per 1. above	320 847	0	0	0	320 847		319 987	88	88	
65 Anticipated Resources Per 2. above	6 933	0	0	0	6 933		6 526	0	304	
66 Total Resources	327 780	0	0	0	327 780		326 513	88	392	
ANALYSIS OF WG FUNDING FOR COVID-19 INCLUDED ABOVE	Allocated Total £'000	Anticipated HCHS £'000	Anticipated Pharmacy £'000	Anticipated Dental £'000	Anticipated GMS £'000	Total RRL £'000	WG Contact and date item first entered into table.			
67 Health Protection (including Testing, Tracing and Surveillance)						0				
68 COVID-19 Vaccination (Immunisation) Programme						0				
69 PPE						0				
70 Long Covid						0				
71 Nosocomial						0				
72						0				
73						0				
74						0				
75						0				
76						0				
77						0				
78						0				
79						0				
80						0				
81						0				
82						0				
83						0				
84						0				
85						0				
86						0				
87						0				
88						0				
89						0				
90						0				
91						0				
92						0				
93						0				
94						0				
95						0				
96						0				
97 Total Funding	0	0	0	0	0	0				

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Table E1 - Invoiced Income Streams - TRUSTS ONLY

Ref		Swansea Bay ULHB	Aneurin Bevan ULHB	Betsi Cadwaladr ULHB	Cardiff & Vale ULHB	Cwm Taf Morgannwg ULHB	Hywel Dda ULHB	Powys LHB	Public Health Wales NHS Trust	Weish Ambulance NHS Trust	Velindre NHS Trust	NWSSP	DHCW	HEIW	WG	EASC	WHSSC	Other (please specify)	Total	WG Contact, date item first entered into table and whether any invoice has been raised.
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
1	Agreed full year income Details of Anticipated Income																		0	
2	DEL Non Cash Depreciation - Baseline Surplus / Shortfall																		0	
3	DEL Non Cash Depreciation - Strategic																		0	
4	DEL Non Cash Depreciation - Accelerated																		0	
5	DEL Non Cash Depreciation - Impairment																		0	
6	DEL Non Cash Depreciation - IFRS 16 Leases																		0	
7	AME Non Cash Depreciation - IFRS 16 Leases (Peppercorn)																		0	
8	AME Non Cash Depreciation - Donated Assets																		0	
9	AME Non Cash Depreciation - Impairment																		0	
10	AME Non Cash Depreciation - Impairment Reversals																		0	
11	Total COVID-19 (see below analysis)														0				0	See below analysis
12	Removal of IFRS-16 Leases (Revenue)																		0	
13	Real Living Wage (Care Homes)																		0	
14																			0	
15																			0	
16																			0	
17																			0	
18																			0	
19																			0	
20																			0	
21																			0	
22																			0	
23																			0	
24																			0	
25																			0	
26																			0	
27																			0	
28																			0	
29																			0	
30																			0	
31																			0	
32																			0	
33																			0	
34																			0	
35																			0	
36																			0	
37	Total Income	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
ANALYSIS OF WG FUNDING DUE FOR COVID-19 INCLUDED ABOVE		Allocated £'000	Anticipated £'000	Total £'000	WG Contact, date item first entered into table and whether any invoice has been raised.															
38	Health Protection (including Testing, Tracing and Surveillance)			0																
39	COVID-19 Vaccination (Immunisation) Programme			0																
40	PPE			0																
41	Long Covid			0																
42				0																
43				0																
44				0																
45				0																

46				0
47				0
48				0
49				0
50				0
51				0
52				0
53				0
54				0
55				0
56				0
57				0
58				0
59				0
60				0
61				0
62				0
63				0
64				0
65				0
66				0
67				0
68	Total Funding	0	0	0

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Period : Jun 23

This table needs completing monthly from Month: 3  
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Table F - Statement of Financial Position For Monthly Period

	Opening Balance Beginning of Apr 23 £'000	Closing Balance End of Jun 23 £'000	Forecast Closing Balance End of Mar 24 £'000
<b>Non-Current Assets</b>			
1 Property, plant and equipment	3 061	2 838	2 330
2 Intangible assets			
3 Trade and other receivables	1 690	1 410	1 524
4 Other financial assets			
5 <b>Non-Current Assets sub total</b>	<b>4 751</b>	<b>4 248</b>	<b>3 854</b>
<b>Current Assets</b>			
6 Inventories			
7 Trade and other receivables			
8 Other financial assets			
9 Cash and cash equivalents	4 103	37	2 000
10 Non-current assets classified as held for sale			
11 <b>Current Assets sub total</b>	<b>4 103</b>	<b>37</b>	<b>2 000</b>
<b>TOTAL ASSETS</b>	<b>8 854</b>	<b>4 285</b>	<b>5 854</b>
<b>Current Liabilities</b>			
13 Trade and other payables	14 038	15 704	14 000
14 Borrowings (Trust Only)			
15 Other financial liabilities			
16 Provisions			
17 <b>Current Liabilities sub total</b>	<b>14 038</b>	<b>15 704</b>	<b>14 000</b>
<b>NET ASSETS LESS CURRENT LIABILITIES</b>	<b>(5 184)</b>	<b>(11 419)</b>	<b>(8 146)</b>
<b>Non-Current Liabilities</b>			
19 Trade and other payables			
20 Borrowings (Trust Only)			
21 Other financial liabilities			
22 Provisions			
23 <b>Non-Current Liabilities sub total</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>(5 184)</b>	<b>(11 419)</b>	<b>(8 146)</b>
<b>FINANCED BY: Taxpayers' Equity</b>			
25 General Fund	(5 184)	(11 419)	(8 146)
26 Revaluation Reserve			
27 PDC (Trust only)			
28 Retained earnings (Trust Only)			
29 Other reserve			
30 <b>Total Taxpayers' Equity</b>	<b>(5 184)</b>	<b>(11 419)</b>	<b>(8 146)</b>
<b>EXPLANATION OF ALL PROVISIONS</b>	<b>Opening Balance Beginning of Apr 23</b>	<b>Closing Balance End of Jun 23</b>	<b>Closing Balance End of Mar 24</b>
31			
32			
33			
34			
35			
36			
37			
38			
39			
40 <b>Total Provisions</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>ANALYSIS OF WELSH NHS RECEIVABLES (current month)</b>		<b>£'000</b>	
41 Welsh NHS Receivables Aged 0 - 10 weeks		30	
42 Welsh NHS Receivables Aged 11 - 16 weeks		6	
43 Welsh NHS Receivables Aged 17 weeks and over		0	
<b>ANALYSIS OF TRADE &amp; OTHER PAYABLES (opening, current &amp; closing)</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
44 Capital	1 612	1 536	1 304
45 Revenue	12 426	14 168	12 696
<b>ANALYSIS OF CASH (opening, current &amp; closing)</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
46 Capital	0	0	0
47 Revenue	4 103	37	2 000

Table G - Monthly Cashflow Forecast

		April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000
	RECEIPTS													
1	WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only	25 000	22 000	18 000	25 500	19 500	24 000	31 500	27 000	26 350	28 500	28 000	51 163	326 513
2	WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only													0
3	WG Revenue Funding - Other (e.g. invoices)													0
4	WG Capital Funding - Cash Limit - LHB & SHA only												392	392
5	Income from other Welsh NHS Organisations	144	10	12										166
6	Short Term Loans - Trust only													0
7	PDC - Trust only													0
8	Interest Receivable - Trust only													0
9	Sale of Assets													0
10	Other - (Specify in narrative)	30	27	31	31	3 326	26	26	26	26	26	26	26	3 627
11	TOTAL RECEIPTS	25 174	22 037	18 043	25 531	22 826	24 026	31 526	27 026	26 376	28 526	28 026	51 581	330 698
	PAYMENTS													
12	Primary Care Services : General Medical Services													0
13	Primary Care Services : Pharmacy Services													0
14	Primary Care Services : Prescribed Drugs & Appliances													0
15	Primary Care Services : General Dental Services													0
16	Non Cash Limited Payments													0
17	Salaries and Wages	1 735	2 325	2 478	2 263	2 365	2 358	2 368	2 354	2 357	2 358	2 360	2 814	28 135
18	Non Pay Expenditure	21 493	21 938	19 351	20 913	21 801	21 833	28 647	24 702	24 098	26 099	25 851	47 548	304 274
19	Short Term Loan Repayment - Trust only													0
20	PDC Repayment - Trust only													0
21	Capital Payment												392	392
22	Other items (Specify in narrative)													0
23	TOTAL PAYMENTS	23 228	24 263	21 829	23 176	24 166	24 191	31 015	27 056	26 455	28 457	28 211	50 754	332 801
24	Net cash inflow/outflow	1 946	(2 226)	(3 786)	2 355	(1 340)	(165)	511	(30)	(79)	69	(185)	827	
25	Balance b/f	4 103	6 049	3 823	37	2 392	1 052	887	1 398	1 368	1 289	1 358	1 173	
26	Balance c/f	6 049	3 823	37	2 392	1 052	887	1 398	1 368	1 289	1 358	1 173	2 000	

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Table H - PSPP

This table needs completing on a quarterly basis  
NOTE: Data to 1 decimal place

30 DAY COMPLIANCE		ACTUAL Q1			ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
		Target %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Forecast %	Variance %
PROMPT PAYMENT OF INVOICE PERFORMANCE														
1	% of NHS Invoices Paid Within 30 Days - By Value	95,0%	98,4%	3,4%		-95,0%		-95,0%		-95,0%	98,4%	3,4%	97,0%	2,0%
2	% of NHS Invoices Paid Within 30 Days - By Number	95,0%	96,7%	1,7%		-95,0%		-95,0%		-95,0%	96,7%	1,7%	95,0%	0,0%
3	% of Non NHS Invoices Paid Within 30 Days - By Value	95,0%	99,4%	4,4%		-95,0%		-95,0%		-95,0%	99,4%	4,4%	97,0%	2,0%
4	% of Non NHS Invoices Paid Within 30 Days - By Number	95,0%	97,1%	2,1%		-95,0%		-95,0%		-95,0%	97,1%	2,1%	95,0%	0,0%
10 DAY COMPLIANCE		ACTUAL Q1			ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
		Actual %			Actual %		Actual %		Actual %		Actual %		Actual %	
PROMPT PAYMENT OF INVOICE PERFORMANCE														
5	% of NHS Invoices Paid Within 10 Days - By Value	73,9%									73,9%		75,0%	
6	% of NHS Invoices Paid Within 10 Days - By Number	30,4%									30,4%		40,0%	
7	% of Non NHS Invoices Paid Within 10 Days - By Value	53,9%									53,9%		55,0%	
8	% of Non NHS Invoices Paid Within 10 Days - By Number	31,1%									31,1%		40,0%	

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Table I - 2023-24 Capital Resource / Expenditure Limit Management

£'00088

Approved CRL / CEL issued at :

Ref:	Performance against CRL / CEL	Year To Date			Forecast		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	F'cast £'000	Variance £'000
	Gross expenditure						
	All Wales Capital Programme:						
	Schemes:						
1				0			0
2				0			0
3				0			0
4				0			0
5				0			0
6				0			0
7				0			0
8				0			0
9				0			0
10				0			0
11				0			0
12				0			0
13				0			0
14				0			0
15				0			0
16				0			0
17				0			0
18				0			0
19				0			0
20				0			0
21				0			0
22				0			0
23				0			0
24				0			0
25				0			0
26				0			0
27				0			0
28				0			0
29				0			0
30				0			0
31				0			0
32				0			0
33				0			0
34				0			0
35				0			0
36				0			0
37				0			0
38				0			0
39				0			0
40				0			0
41				0			0
42	Sub Total	0	0	0	0	0	0
	Discretionary:						
43	I.T.			0			0
44	Equipment			0			0
45	Statutory Compliance			0			0
46	Estates			0			0
47	Other	0	0	0	88	88	0
48	Sub Total	0	0	0	88	88	0

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	Other (Including IFRS 16 Leases) Schemes:							
49				0			0	
50				0			0	
51				0			0	
52				0			0	
53				0			0	
54				0			0	
55				0			0	
56				0			0	
57				0			0	
58				0			0	
59				0			0	
60				0			0	
61				0			0	
62				0			0	
63				0			0	
64				0			0	
65				0			0	
66				0			0	
67				0			0	
68				0			0	
69	Sub Total	0	0	0		0	0	0
70	Total Expenditure	0	0	0		88	88	0
	Less:							
	Capital grants & Capital AME (e.g. dilapidations):							
71				0			0	
72				0			0	
73				0			0	
74				0			0	
75				0			0	
76	Sub Total	0	0	0		0	0	0
	Donations:							
77				0			0	
78	Sub Total	0	0	0		0	0	0
	Asset Disposals:							
79				0			0	
80				0			0	
81				0			0	
82				0			0	
83				0			0	
84				0			0	
85				0			0	
86				0			0	
87				0			0	
88				0			0	
89				0			0	
90	Sub Total	0	0	0		0	0	0
91	Technical Adjustments			0				0
92	CHARGE AGAINST CRL / CEL	0	0	0		88	88	0
93	PERFORMANCE AGAINST CRL / CEL (Under)/Over			(88)			0	

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Table J - In Year Capital Scheme Profiles

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Ref:	All Wales Capital Programme: Schemes:	Project Manager	In Year Forecast Min. £'000Max. £'000		Capital Expenditure Monthly Profile												YTD £'000	Total £'000	Risk Level
					April £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			
1																	0	0	
2																	0	0	
3																	0	0	
4																	0	0	
5																	0	0	
6																	0	0	
7																	0	0	
8																	0	0	
9																	0	0	
10																	0	0	
11																	0	0	
12																	0	0	
13																	0	0	
14																	0	0	
15																	0	0	
16																	0	0	
17																	0	0	
18																	0	0	
19																	0	0	
20																	0	0	
21																	0	0	
22																	0	0	
23																	0	0	
24																	0	0	
25																	0	0	
26																	0	0	
27																	0	0	
28																	0	0	
29																	0	0	
30																	0	0	
31																	0	0	
32																	0	0	
33																	0	0	
34	Sub Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Discretionary:																			
35	I.T.	*															0	0	
36	Equipment	*															0	0	
37	Statutory Compliance	*															0	0	
38	Estates	*															0	0	
39	Other	tbc		88												88	0	88	Low
40	Sub Total		0	88	0	0	0	0	0	0	0	0	0	0	0	88	0	88	
Other Schemes (Including IFRS 16 Leases):																			
41																	0	0	
42																	0	0	
43																	0	0	
44																	0	0	
45																	0	0	
46																	0	0	
47																	0	0	
48																	0	0	
49																	0	0	
50																	0	0	
51																	0	0	
52																	0	0	
53																	0	0	
54																	0	0	
55																	0	0	
56																	0	0	
57																	0	0	
58																	0	0	
59																	0	0	
60																	0	0	
61	Sub Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
62	Total Capital Expenditure		0	88	0	0	0	0	0	0	0	0	0	0	0	88	0	88	

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Sarah

A: In Year Disposal of Assets

	Description	Date of Ministerial Approval to Dispose (Land & Buildings only)	Date of Ministerial Approval to Retain Proceeds > £0.5m	Date of Disposal	NBV	Sales Receipts	Cost of Disposals	Gain/ (Loss)	Comments
		MM/YY (text format, e.g. Apr 23)	MM/YY (text format, e.g. Apr 23)	MM/YY (text format, e.g. Feb 24)	£'000	£'000	£'000	£'000	
1								0	
2								0	
3								0	
4								0	
5								0	
6								0	
7								0	
8								0	
9								0	
10								0	
11								0	
12								0	
13								0	
14								0	
15								0	
16								0	
17								0	
18								0	
19								0	
	Total for in-year				0	0	0	0	

B: Future Years Disposal of Assets

	Description	Date of Ministerial Approval to Dispose (Land & Buildings only)	Date of Ministerial Approval to Retain Proceeds > £0.5m	Date of Disposal	NBV	Sales Receipts	Cost of Disposals	Gain/ (Loss)	Comments
		MM/YY (text format, e.g. April 24)	MM/YY (text format, e.g. April 24)	MM/YY (text format, e.g. Feb 25)	£'000	£'000	£'000	£'000	
20								0	
21								0	
22								0	
23								0	
24								0	
25								0	
26								0	
27								0	
28								0	
29								0	
30								0	
31								0	
32								0	
33								0	
34								0	

35								0	
36								0	
37								0	
38								0	
	Total for future years				0	0	0	0	

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Period : Jun 23

This Table is currently showing 0 errors

This table needs completing monthly from Month: 3

Table L: EXTERNAL FINANCING LIMIT

REF		Full Year Per WG £'000	Full Year Per Trust £'000	Planning Variance £'000	Actual to date £'000
	<b>NET FINANCIAL CHANGE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
1	Retained surplus/(deficit) for period			0	
2	Depreciation			0	
3	Depreciation on Donated Assets			0	
4	DEL and AME Impairments			0	
5	Net gain/loss on disposal of assets			0	
6	Profit/loss on sale term of disc ops			0	
7	Proceeds of Capital Disposals			0	
8	Other Income (specify)			0	
9	<b>APPLICATION OF FUNDS</b>				
10	Capital Expenditure			0	
11	Other Expenditure/ IFRS 16 Lease Payments Exc. Interest & VAT (ROU)			0	
	<b>MOVEMENTS IN WORKING CAPITAL</b>				
12	Inventories			0	
13	Current assets - Trade and other receivables			0	
14	Current liabilities - Trade and other payables			0	
15	Non current liabilities - Trade and other payables			0	
16	Provisions			0	
17	Sub total - movement in working capital	0	0	0	0
18	<b>NET FINANCIAL CHANGE</b>	0	0	0	0
	<b>EFL REQUIREMENT TO BE MET BY</b>				
19	Increase in Public Dividend Capital			0	
20	Net change in temporary borrowing			0	
21	Change in bank deposits and interest bearing securities			0	
22	Net change in finance lease payables			0	
23	<b>TOTAL EXTERNAL FINANCE</b>	0	0	0	0

Jun 23

	Period:
11 weeks before end of Jun 23 =	fredag 14. april 2023
17 weeks before end of Jun 23 =	fredag 3. mars 2023

6 294,00	6 294,00	0,00
Invoices paid since the end of the month		
Total outstanding as per MR submission date	6 294,00	0,00

418/582

Table N - General Medical Services  
Table to be completed from Q2 / Month:

6

This Table is currently showing 0 errors

Operating Expenditure - ring fenced GMS budget

SUMMARY OF GENERAL MEDICAL SERVICES FINANCIAL POSITION		WG Allocation	Current Plan	Forecast Outturn	Variance	Year to Date
	LINE NO.	£000's	£000's	£000's	£000's	£000's
Global Sum	1					
Practice support payment	2					
<b>Total Global Sum and MPIG</b>	3				0	0
QAIF Aspiration Payments	4					
QAIF Achievement Payments	5					
QAIF - Access Achievement Payments	6					
<b>Total Quality</b>	7				0	0
Direct Enhanced Services (To equal data in Section A (i) Line 31)	8				0	
National Enhanced Services (To equal data in Section A (ii) Line 41)	9				0	
Local Enhanced Services (To equal data in Section A (iii) Line 94)	10				0	
<b>Total Enhanced Services (To equal data in section A Line 95)</b>	11		0	0	0	0
LHB Administered (To equal data in Section B Line 109)	12				0	
Premises (To equal data in section C Line 138)	13				0	
IM & T	14				0	
Out of Hours (including OOHDF)	15				0	
Dispensing (To equal data in Line 154)	16				0	
<b>Total</b>	17	0	0	0	0	0

SUPPLEMENTARY INFORMATION

Directed Enhanced Services	Section A (i)	LINE NO.	£000's	£000's	£000's	£000's	£000's
Learning Disabilities		18				0	
Childhood Immunisation Scheme		19				0	
Mental Health		20				0	
Influenza & Pneumococcal Immunisations Scheme		21				0	
Services for Violent Patients		22				0	
Minor Surgery Fees		23				0	
<b>MENU of Agreed DES</b>							
Asylum Seekers & Refugees		24				0	
Care of Diabetes		25				0	
Care Homes		26				0	
Extended Surgery Opening		27				0	
Gender Identity		28				0	
Homeless		29				0	
Oral Anticoagulation with Warfarin		30				0	
<b>TOTAL Directed Enhanced Services (must equal line 8)</b>		31		0	0	0	0

National Enhanced Services	A (ii)	LINE NO.	£000's	£000's	£000's	£000's	£000's
INR Monitoring		32				0	
Shared care drug monitoring (Near Patient Testing)		33				0	
Drug Misuse		34				0	
IUCD		35				0	
Alcohol misuse		36				0	
Depression		37				0	
Minor injury services		38				0	
Diabetes		39				0	
Services to the homeless		40				0	
<b>TOTAL National Enhanced Services (must equal line 9)</b>		41		0	0	0	0

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Local Enhanced Services	A (iii)	LINE NO.	£000's	£000's	£000's	£000's	£000's
ADHD		42				0	
Asylum Seekers & Refugees		43				0	
Cardiology		44				0	
Care Homes		45				0	
Care of Diabetes		46				0	
Chiropody		47				0	
Counselling		48				0	
Depo - Provera (including Implanon & Nexplanon)		49				0	
Dermatology		50				0	
Dietetics		51				0	
DOAC/NOAC		52				0	
Drugs Misuse		53				0	
Extended Minor Surgery		54				0	
Gonaderlins		55				0	
Homeless		56				0	
HPV Vaccinations		57				0	
Immunisations (inc Pertussis excluding DES - Childhood Imm & Influenza & Pneumococcal Imm)		58				0	
Learning Disabilities		59				0	
Lithium / INR Monitoring		60				0	
Local Development Schemes		61				0	
Mental Health		62				0	
Minor Injuries		63				0	
MMR		64				0	
Multiple Sclerosis		65				0	
Muscular Skeletal		66				0	
Nursing Homes		67				0	
Orthopaedic (Upper Limb GPwSi/Clinical Assessments)		68				0	
Osteopathy		69				0	
Phlebotomy		70				0	
Physiotherapy (inc MT3)		71				0	
Referral Management		72				0	
Respiratory (inc COPD)		73				0	
Ring Pessaries		74				0	
Sexual Health Services		75				0	
Shared Care		76				0	
Smoking Cessation		77				0	
Substance Misuse		78				0	
Suturing		79				0	
Swine Flu		80				0	
Transport/Ambulance costs		81				0	
Vasectomy		82				0	
Weight Loss Clinic (inc Exercise Referral)		83				0	
Wound Care		84				0	
Zoladex		85				0	
		86				0	
		87				0	
		88				0	
		89				0	
		90				0	
		91				0	
		92				0	
		93				0	
<b>TOTAL Local Enhanced Services (must equal line 10)</b>		<b>94</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL Enhanced Services (must equal line 11)</b>		<b>95</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>GENERAL MEDICAL SERVICES</b>							
<b>Operating Expenditure</b>							

LHB Administered	Section B	LINE NO.	WG Allocation £000's	Current Plan £000's	Forecast Outturn £000's	Variance £000's	Year to Date £000's
Seniority		96					
Doctors Retention Scheme Payments		97					
Locum Allowances consists of adoptive, paternity & maternity		98					
Locum Allowances : Cover for Sick Leave		99					
Locum Allowances : Cover For Suspended Doctors		100					
Prolonged Study Leave		101					
Recruitment and Retention (including Golden Hello)		102					
Appraisal - Appraiser Costs		103					
Primary Care Development Scheme		104					
Partnership Premium - GP partners		105					
Partnership Premium - Non GP Partners		106					
Supply of syringes & needles		107					
Other (please provide detail below, this should reconcile to line 128)		108					
<b>TOTAL LHB Administered (must equal line 12)</b>		<b>109</b>				<b>0</b>	<b>0</b>

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Analysis of Other Payments (line 108)	LINE NO.	£000's	£000's	£000's	£000's	£000's
Additional Managed Practice costs (costs in excess of Global Sum/MPIG)	110					
CRB checks	111					
GP Locum payments	112					
LHB Locality group costs	113					
Managing Practice costs (LHB employed staff working in GP practices to improve GP services)	114					
Primary Care Initiatives	115					
Salaried GP costs	116					
Stationery & Distribution	117					
Training	118					
Translation fees	119					
COVID vaccination payments to GP practices	120					
	121					
	122					
	123					
	124					
	125					
	126					
	127					
<b>TOTAL of Other Payments (must equal line 108)</b>	<b>128</b>					<b>0</b>

Premises	Section C	LINE NO.	£000's	£000's	£000's	£000's	£000's
Notional Rents		129					
Actual Rents: Health Centres		130					
Actual Rents: Others		131					
Cost Rent		132					
Clinical Waste/ Trade Refuse		133					
Rates, Water, sewerage etc		134					
Health Centre Charges		135					
Improvement Grants		136					
All other Premises (please detail below which should reconcile to line 146)		137					
<b>TOTAL Premises (must equal line 13)</b>		<b>138</b>				<b>0</b>	<b>0</b>
Analysis of Other Premises (Line 137)		LINE NO.	£000's	£000's	£000's	£000's	£000's
		139					
		140					
		141					
		142					
		143					
		144					
		145					
<b>TOTAL of Other Premises (must equal line 137)</b>		<b>146</b>					<b>0</b>

Memorandum item						
Enhanced Services included above but in dispute with LMC (TOTAL)	147					
Enhanced Services included above but not yet formally agreed LMC	148					

**GENERAL MEDICAL SERVICES**  
Dispensing

	LINE NO.	WG Allocation £000's	Current Plan £000's	Forecast Outturn £000's	Variance £000's	Year to Date £000's
<b>Dispensing Data</b>						
Cost of Drugs and Appliances, after discounts and plus container allowance (and plus VAT where applicable)						
Dispensing Doctors	149					
Prescribing Medical Practitioners - Personal Administration	150					
Dispensing Service Quality Payment	151					
<b>Professional Fees and on-cost</b>						
Dispensing Doctors	152					
Prescribing Medical Practitioners - Personal Administration	153					
<b>TOTAL DISPENSING DATA (must equal line 16)</b>	<b>154</b>				<b>0</b>	<b>0</b>

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## HEIW

Period : Jun 23

## Table O - General Dental Services

This Table is currently showing 0 errors

Table to be completed from Q2 / Month: 6

Operating Expenditure from the revenue allocation for the dental contract

SUMMARY OF DENTAL SERVICES FINANCIAL POSITION		WG Allocation	Current Plan	Forecast Outturn	Variance	Year to Date
Expenditure / activities included in a GDS contract and / or PDS agreement	LINE NO.	£000's	£000's	£000's	£000's	£000's
Gross Contract Value - Personal Dental Services	1				0	
Gross Contract Value - General Dental Services	2				0	
Emergency Dental Services (inc Out of Hours)	3				0	
Additional Access	4				0	
Business Rates	5				0	
Domiciliary Services	6				0	
Maternity/Sickness etc.	7				0	
Sedation services including GA	8				0	
Seniority payments	9				0	
Employer's Superannuation	10				0	
Oral surgery	11				0	
OTHER (PLEASE DETAIL BELOW)	12				0	
TOTAL DENTAL SERVICES EXPENDITURE	13		0	0	0	0
OTHER (PLEASE DETAIL BELOW) - Activities / expenditure not included in a GDS contract and / or PDS agreement. This includes payments made under other arrangements e.g. GA under an SLA and D2S, plus other or one off payments such as dental nurse training	LINE NO.		£000's	£000's	£000's	£000's
Emergency Dental Services (inc Out of Hours)	14					
Additional Access	15					
Sedation services including GA	16					
Continuing professional development	17					
Occupational Health / Hepatitis B	18					
Gwen Am Byth - Oral Health in care homes	19					
Refund of patient charges	20					
Design to Smile	21					
Other Community Dental Services	22					
Dental Foundation Training/Vocational Training	23					
DBS/CRB checks	24					
Health Board staff costs associated with the delivery / monitoring of the dental contract	25					
Oral Surgery	26					
Orthodontics	27					
Special care dentistry e.g. WHC/2015/002	28					
Oral Health Promotion/Education	29					
Improved ventilation in dental practices	30					
Attend Anywhere	31					
	32					
	33					
	34					
	35					
	36					
	37					
	38					
	39					
	40					
	41					
	42					
TOTAL OTHER (must equal line 12)	43			0		0
RECEIPTS						
TOTAL DENTAL SERVICES INCOME (Enter as a negative value)	44				0	

## Period Jun 23

[illegible][illegible]



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

<b>Meeting Date</b>	<b>27 July 2023</b>		<b>Agenda Item</b>	<b>4.7</b>
<b>Report Title</b>	<b>Annual Review of Standing Orders</b>			
<b>Report Author</b>	Sarah Griffiths, 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 the Board with HEIW's updated draft Standing Orders and to request that the amended document is approved by the Board.			
<b>Key Issues</b>	<p>There is a requirement to keep Standing Orders, which include the terms of reference of our committees, under annual review to ensure they remain accurate and current.</p> <p>The terms of reference for the Education, Commissioning and Quality Committee (ECQC) was reviewed on 17 July by the ECQC. The terms of reference for the Remuneration and Terms of Service (RATs) Committee was reviewed on 11 July by the RATS Committee. The terms of reference for the Audit and Assurance Committee (AAC) together with HEIW's Standing Orders were reviewed by the AAC on 20 July.</p> <p>The proposed amendments were considered and supported at the meeting of the AAC held on 20 July 2023.</p> <p>The Board is asked to review and approve the updated Standing Orders.</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 Board is asked to:</p> <ul style="list-style-type: none"><li>• <b>review</b> and <b>approve</b> HEIW's revised Standing Orders (Appendix 1).</li></ul>			

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# **ANNUAL REVIEW OF STANDING ORDERS**

## **1. INTRODUCTION**

There is a requirement to keep Standing Orders, which include the terms of reference of our committees, under annual review to ensure they remain accurate and current.

## **2. BACKGROUND**

It is necessary to ensure that NHS Wales organisations' Standing Orders are kept up to date reflecting best practice. Given this, HEIW is required to review its Standing Orders on an annual basis.

## **3. PROPOSAL**

The terms of reference (TOF) for the Education, Commissioning and Quality Committee (ECQC) was reviewed on 17 July by the ECQC. The TOF for the Remuneration and Terms of Service (RATS) Committee was reviewed on 11 July by the RATS Committee.

The Terms of Reference for the Audit and Assurance Committee (AAC) was reviewed at its meeting on 20 July. HEIW's Standing Orders were also considered at the same meeting of the AAC. A verbal update was also provided to the AAC in respect of suggested amendments to the terms of reference of the ECQC and RATS Committee arising from each committee's self-review as outlined above.

The proposed amendments to the Standing Orders were considered and approved at the meeting of the Audit and Assurance Committee held on 20 July 2023.

The material proposed amendments to the Standing Orders are summarised below:

- Updating the job title for the role of Director of Finance, Planning and Performance
- Terms of reference for RATS amended to clarify the role of the Committee in respect of recruitment and appointment of Executive Team members and very senior members of staff
- Terms of reference of the ECQC amended to reflect its focus on the Duty of Quality and continual improvement.

A copy of the updated Standing Orders is attached at Appendix 1.

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

HEIW must agree Standing Orders for the regulation of its proceedings and business. Standing Orders are designed to translate statutory requirements into day-to-day operating practice and provide a regulatory framework for the business conduct of HEIW. A sound system of internal control ensures any risks in the achievement of HEIW's objectives are identified, assessed and managed.

## **5. FINANCIAL IMPLICATIONS**

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

## 6. RECOMMENDATION

The Board is asked to:

- **Review** and **approve** HEIW's revised Standing Orders (Appendix 1).

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: Building our Future Workforce Developing and implementing plans that align the future demand for workforce with supply.	Strategic Aim 2: Developing our Current Workforce Transforming today's workforce to contribute to new models of care which improve quality and safety.	Strategic Aim 3: Shaping Culture and Leadership in NHS Wales Embedding compassionate leadership principles to develop cultures that support inclusion, wellbeing, and quality.
	✓	✓	✓
Quality, Safety and Patient Experience			
n/a			
Financial Implications			
None			
Legal Implications (including equality and diversity assessment)			
It is essential that HEIW complies with directions issued by Welsh Government.			
Staffing Implications			
None.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
n/a			
Report History	A report on the Standing Orders was considered by the Audit and Assurance Committee on the 20 July 2023.		
Appendices	Appendix 1 – Revised HEIW Standing Orders 2023		

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

## Standing Orders

**Executive Sponsor & Function:**

Board Secretary

**Document Author:**

Board Secretary

**Approved by:**

HEIW Board

**Approval Date:**

27 July 2023

**Date of Equality Impact Assessment:**

N/A – WG Model Document

**Equality Impact Assessment Outcome:**

N/A

**Review Date:**

July 2024

**Version: V6**

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# Foreword

The Health Education and Improvement Wales ‘HEIW’ Regulations 2017 provides that HEIW must make standing orders for the regulation of its proceedings and business.

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

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

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

Further information on governance in the NHS in Wales may be accessed at [www.wales.nhs.uk/governance-emanual/](http://www.wales.nhs.uk/governance-emanual/)

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<input type="checkbox"/> Audit and Assurance Committee Terms of reference and operating arrangements .....	57
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## Section A – Introduction

### Statutory framework

- i) Health Education and Improvement Wales (HEIW) is a Special Health Authority (SHA) that was established on 05 October 2017 and became operational on the 01 October 2018, following a six month period in shadow form under The Health Education and Improvement Wales (Establishment and Constitution) Order 2017 (SI No. 913 (W. 224)) “the Establishment Order”.
- ii) Under Health Education and Improvement Wales (No. 2) (Amendment) Directions 2021 HEIW’s functions include the hosting of the Office of Chief Digital Officer.
- iii) The principal place of business of HEIW is – Ty Dysgu, Cefn Coed Parc, Nantgarw, Cardiff. CF15 7QQ.
- iv) All business shall be conducted in the name of HEIW, and all funds received in trust shall be held in the name of HEIW as a corporate Trustee.
- v) HEIW is a corporate body and its functions must be carried out in accordance with its statutory powers and duties. HEIW’s functions are set out in the Establishment Order and in Directions issued by Welsh Ministers.
- vi) In addition to Directions the Welsh Ministers will issue an annual remit letter and may from time to time issue guidance which HEIW must take into account when exercising any function.
- vii) Under powers set out in in section 25(1)(b), 25(2) and 203(9) and (10) of, and paragraphs 3(3) and (4), 5 and 13 of Schedule 5 to the the NHS (Wales) Act 2006, the Welsh Ministers has made **the Health Education and Improvement (Wales) Regulations 2017 (S.I. 2017/909 (W.221))** (“the Constitution Regulations”) which make provision concerning the membership and procedures of HEIW.
- viii) In carrying out its duties it will co-operate with others.
- ix) Section 72 of the NHS Act 2006 places a duty on NHS bodies, including an SHA to co-operate with each other in exercising their functions.
- x) Section 82 of the NHS Act 2006 places a duty on NHS bodies, including an SHA, and local authorities to co-operate with one another in order to secure and advance the health and welfare of the people of England and Wales.

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- xi) The Welsh Language (Wales) Measure 2011 makes provision with regards to the development of standards relating to the Welsh language. The Welsh Language Standards (No 7) Regulations 2018 for the health sector do not currently apply to HEIW. They will apply at a future date but in the interim HEIW will develop a Welsh Language policy/scheme to deliver commitments relating to Welsh language.
- xii) As a SHA, HEIW is also bound by any other statutes and legal provisions which govern the way that NHS bodies do business. The powers of NHS bodies established under statute shall be exercised by NHS bodies meeting in public session, except as otherwise provided by these SOs.

## NHS framework

- xiii) In addition to the statutory requirements set out above, NHS bodies including SHAs must carry out all business in a manner that enables them to contribute fully to the achievement of the Welsh Government's vision for the NHS in Wales and its standards for public service delivery. The governance standards set for the NHS in Wales are based upon the Welsh Government's Citizen Centred Governance principles. These principles provide the framework for good governance and embody the values and standards of behaviour that is expected at all levels of the service, locally and nationally.
- xiv) Adoption of the principles will better equip NHS bodies to take a balanced, holistic view of their organisations and their capacity to deliver high quality, safe healthcare services for all its citizens within the NHS framework set nationally.
- xv) The overarching NHS governance and accountability framework incorporates these SOs; the Schedules of Reservation and Delegation of Powers; SFIs together with a range of other frameworks designed to cover specific aspects. These include the NHS Values and Standards of Behaviour Framework; the *'Doing Well, Doing Better: Standards for Health Services in Wales'* (formally the Healthcare Standards) Framework, the NHS Risk and Assurance Framework, and the NHS planning and performance management systems.
- xvi) The Welsh Ministers, reflecting their constitutional obligations and legal duties under the Well-being of Future Generations (Wales) Act 2015, has stated that sustainable development should be the central organising principle for the public sector and a core objective for the NHS in all it does. The Well-being of Future Generations (Wales) Act 2015 explains what is meant by sustainable development and requires bodies that are designated as 'public bodies' under section 6 of the 2015 Act to set well-being objectives and contribute to the achievement of well-being goals.

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

### Applying Standing Orders

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

### Variation and amendment of Standing Orders

- xxiv) Although these SOs are subject to regular, annual review by HEIW, there may, exceptionally, be an occasion where it is necessary to vary or amend the SOs during the year. In these circumstances, the Board Secretary shall

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advise the Board of the implications of any decision to vary or amend SOs, and such a decision may only be made by the Board if:

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

## **Interpretation**

- xxv) During any Board meeting where there is doubt as to the applicability or interpretation of the SOs, the Chair of HEIW shall have the final say, provided that his or her decision does not conflict with rights, liabilities or duties as prescribed by law. In doing so, the Chair shall take appropriate advice from the Board Secretary and, where appropriate the Chief Executive or the Director responsible for finance (in the case of SFIs).
- xxvi) The terms and provisions contained within these SOs aim to reflect those covered within all applicable legislation. The legislation takes precedence over these SOs when interpreting any term or provision covered by legislation.

## **The role of the Board Secretary**

- xxvii) The role of the Board Secretary is crucial to the ongoing development and maintenance of a strong governance framework within HEIW and is a key source of advice and support to the HEIW Chair and other Board members. Independent of the Board, the Board Secretary acts as the guardian of good governance within HEIW:
- Providing advice to the Board as a whole and to individual Board members on all aspects of governance;
  - Facilitating the effective conduct of HEIW business through meetings of the Board, its Advisory Groups and Committees;
  - Ensuring that Board members have the right information to enable them to make informed decisions and fulfil their responsibilities in accordance with the provisions of these SOs;
  - Ensuring that in all its dealings, the Board acts fairly, with integrity, and without prejudice or discrimination;
  - Contributing to the development of an organisational culture that embodies public services values and standards of behaviour; and
  - Monitoring HEIW's compliance with the law, SOs and the governance and accountability framework set by the Welsh Ministers.

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- xxviii) As advisor to the Board, the *Board Secretary's* role does not affect the specific responsibilities of Board members for governing the organisation. The Board Secretary is directly accountable for the conduct of their role to the Chair in respect of matters relating to responsibilities of the Board and its Committees, and reports on a day to day basis to the Chief Executive with regard to the wider governance of the organisation and their personal responsibilities.
- xxix) Further details on the role of the Board Secretary within HEIW, including details on how to contact them, are available at [www.heiw.nhs.wales](http://www.heiw.nhs.wales)

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## Section B – Standing Orders

### 1. HEALTH EDUCATION AND IMPROVEMENT WALES

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

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

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

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

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

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

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

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

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

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

**Hosting of the Office of Chief Digital Officer** – HEIW will establish and operate an Office for the Chief Digital Officer for Health and Social Care to be comprised of a Chief Digital Officer and staff who will support transformation across digital platforms, systems and services.

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- 1.0.2 HEIW was established by the Health Education and Improvement Wales (Establishment and Constitution) Order 2017 (SI No. 913 (W. 224)). HEIW must ensure that all its activities are in exercise of those functions or other statutory functions that are conferred on it through directions issued by the Welsh Ministers.
- 1.0.3 To fulfil this role, HEIW will work with all its partners and stakeholders in the best interests of the population of Wales.
- 1.0.4 HEIW's functions were amended by Health Education and Improvement Wales (No. 2) (Amendment) Directions 2021 to include the hosting of the Office of Chief Digital Officer.

## **1.1 Membership of Health Education and Improvement Wales Board**

- 1.1.1 The membership of the HEIW Board shall be no more than 12 members comprising the Chair (appointed by the Minister for Health and Social Services), the Chief Executive and officer and non-officer members. A Vice Chair may also be appointed by the Board from the existing Independent Board Members.
- 1.1.2 For the purposes of these SOs, the members of the HEIW Board shall collectively be known as "the Board" or "Board members"; the officer and non-officer members (which will include the Chair) shall be referred to as Executive Directors and Independent Members respectively; and the Chief Officer and the Chief Finance Officer shall respectively be known as the Chief Executive and the Director of Finance and Corporate Services. All such members shall have full voting rights. There may also be Associate Members who do not have voting rights.

### *Officer Members [to be known as Executive Directors]*

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

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

- 1.1.4 A total of 7 (including the Chair), appointed by the Minister for Health and Social Services.
- 1.1.5 In addition to the eligibility, disqualification, suspension and removal provisions contained with Regulations 5, 6, 8 and 9 the HEIW Regulations, an individual shall not normally serve concurrently as a non-officer member on the Board of more than one NHS body in Wales.

### *Associate Members*

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

Use of the term 'Independent Members'

- 1.1.7 For the purposes of these SOs, use of the term 'Independent Members' refers to the following voting members of the Board:

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

unless otherwise stated.

## 1.2 Joint Post Holders

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

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

## 1.3 Tenure of Board members

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

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

- 1.3.3. Executive Directors' tenure of office as Board members will be

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determined by their contract of appointment.

1.3.4. All Independent Board members' tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements, so far as they are applicable, as specified in Schedule 1 of the HEIW Regulations. Any member must inform the Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office. The Chair will advise the Minister in writing of any such cases immediately.

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

#### **1.4. The Role of the HEIW Board and responsibilities of individual members**

##### Role

1.4.1 The principal role of HEIW is set out in SO 1.0.1. The Board's main role is to add value to the organisation through the exercise of strong leadership and control, including:

- Setting the organisation's strategic direction
- Establishing and upholding the organisation's governance and accountability framework, including its values and standards of behaviour; and
- Ensuring delivery of the organisation's aims and objectives through effective challenge and scrutiny of HEIW performance across all areas of activity.

##### Responsibilities

1.4.2 The Board will function as a corporate decision-making body, Executive Directors and Independent Members being full and equal members and sharing corporate responsibility for all the decisions of the Board.

1.4.3 Independent Members who are appointed to bring a particular perspective, skill or area of expertise to the Board must do so in a balanced manner, ensuring that any opinion expressed is objective and based upon the best interests of delivering education and improvement in the health service. Similarly, Board members must not place an over reliance on those individual members with specialist expertise to cover specific aspects of Board business, and must be prepared to scrutinise and ask questions about any contribution that may be made by that member.

1.4.4 HEIW shall issue an indemnity to any Chair and Independent Member in the following terms: "A Board [or Committee] member, who has acted honestly and in good faith, will not have to meet out of their personal resources any

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personal liability which is incurred in the execution of their Board function. Such cover excludes the reckless or those who have acted in bad faith”.

- 1.4.5 Associate Members, whilst not sharing corporate responsibility for the decisions of the Board, are nevertheless required to act in a corporate manner at all times, as Board members who have voting rights.
- 1.4.6 All Board members must comply with their terms of appointment. They must equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes, engaging fully in Board activities and promoting HEIW within the communities it serves.
- 1.4.7 **The Chair** – The Chair is responsible for the effective operation of the Board, chairing Board meetings when present and ensuring that all Board business is conducted in accordance with these SOs. The Chair may have certain specific powers delegated by the Board and set out in the Scheme of Delegation.
- 1.4.8 The Chair shall work in close harmony with the Chief Executive and supported by the Board Secretary, shall ensure that key and appropriate issues are discussed by the Board in a timely manner with all the necessary information and advice being made available to the Board to inform the debate and ultimate resolutions.
- 1.4.9 **The Vice-Chair** – The Vice-Chair shall deputise for the Chair in their absence for any reason and will do so until either the existing chair resumes their duties, or a new chair is appointed.
- 1.4.10 **Chief Executive** – The Chief Executive is responsible for the overall performance of the executive functions of HEIW. They are the appointed Accountable Officer for HEIW and shall be responsible for meeting all the responsibilities of that role, as set out in their Accountable Officer Memorandum.
- 1.4.11 **Lead roles for Board members** – The Chair will ensure that individual Board members are designated as lead roles or “champions” as required by the Welsh Ministers or as set out in any statutory or other guidance. Any such role must be clearly defined and must operate in accordance with the requirements set by HEIW, the Welsh Ministers or others. In particular, no operational responsibilities will be placed upon any Independent Member fulfilling such a role. The identification of a Board member in this way shall not make them more vulnerable to individual criticism, nor does it remove the corporate responsibility of the other Board members for that particular aspect of Board business.

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## **2. RESERVATION AND DELEGATION OF HEIW FUNCTIONS**

2.0.1 Subject to any directions that may be given by the Welsh Ministers, the Board shall make arrangements for certain functions to be carried out on its behalf so that the day to day business of HEIW may be carried out effectively and in a manner that secures the achievement of its aims and objectives. In doing so, the Board must set out clearly the terms and conditions upon which any delegation is being made.

2.0.2 The Board's determination of those matters that it will retain, and those that will be delegated to others shall be set out in a:

- i Schedule of matters reserved to the Board;
- ii Scheme of delegation to committees and others; and
- iii Scheme of delegation to officers.

all of which must be formally adopted by the Board in full session and form part of these SOs.

2.0.3 HEIW retains full responsibility for any functions delegated to others to carry out on its behalf. Where HEIW has a joint duty, it remains fully responsible for its part, and shall agree through the determination of a written Partnership Agreement the governance and assurance arrangements for the partnership, setting out respective responsibilities, ways of working, accountabilities and sources of assurance of the partner organisations.

### **2.1 Chair's action on urgent matters**

2.1.1 There may, occasionally, be circumstances where decisions which would normally be made by the Board need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Board. In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Board - after first consulting with at least two other Independent Members. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification.

2.1.2 Chair's action may not be taken where either the Chair or the Chief Executive has a personal or business interest in an urgent matter requiring decision. In this circumstance, the Vice-Chair or the Executive Director acting on behalf of the Chief Executive will take a decision on the urgent matter, as appropriate.

### **2.2 Delegation of Board functions**

2.2.1 The Board shall agree the delegation of any of their functions except for those set out within the 'Schedule of Matters reserved to the Board' to Committees

and others, setting any conditions and restrictions it considers necessary and following any directions or regulations given by the Welsh Ministers. These functions may be carried out:

- i By a Committee, sub-Committee or officer of HEIW

2.2.2 The Board shall agree and formally approve the delegation of specific executive powers to be exercised by Committees and sub-Committees, which it has formally constituted.

## **2.3 Delegation to officers**

2.3.1 The Board may delegate certain functions to the Chief Executive. For these aspects, the Chief Executive, when compiling the Scheme of Delegation to Officers, shall set out proposals for those functions they will perform personally and shall nominate other officers to undertake the remaining functions. The Chief Executive will still be accountable to the Board for all functions delegated to them irrespective of any further delegation to other officers.

2.3.2 This must be considered and approved by the Board (subject to any amendment agreed during the discussion). The Chief Executive may periodically propose amendment to the Scheme of Delegation to Officers and any such amendments must also be considered and approved by the Board.

2.3.3 Individual Executive Directors are in turn responsible for delegation within their own directorates/departments/localities in accordance with the framework established by the Chief Executive and agreed by the Board.

## **3. COMMITTEES**

### **3.1 HEIW Committees**

3.1.1 The Board may, and where directed by the Welsh Ministers, must appoint Committees of HEIW either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by Committees. The Board shall, wherever possible, require its Committees to hold meetings in public unless there are specific, valid reasons for not doing so.

#### *Use of the term 'Committee'*

3.1.2 For the purposes of these SOs, use of the term 'Committee' incorporates the following:

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- Board Committee
- Sub-Committee

## 3.2 Sub-Committees/ Advisory Groups

3.2.1 A Committee appointed by the Board may establish a sub-Committee and/or advisory groups to assist it in the conduct of its business provided that the Board approves such action. Where the Board has authorised a Committee to establish sub-Committees, they cannot delegate any executive powers to the sub-Committee unless authorised to do so by the Board.

## 3.3 Committees established by HEIW

3.3.1 The Board shall establish a Committee structure that it determines best meets its own needs, taking account of any regulatory or Welsh Government requirements. As a minimum, it must establish Committees which covers the following aspect of Board business:

- Audit and Assurance;
- Remuneration and Terms of Service, and
- Education, Commissioning and Quality Committee.

3.3.2 In designing its Committee structure and operating arrangements, the Board shall take full account of the need to:

- Embed corporate standards, priorities and requirements, e.g., equality and human rights across all areas of activity; and
- Maximise cohesion and integration across all aspects of governance and assurance.

3.3.3 Each Committee established by or on behalf of the Board must have its own SOs or detailed terms of reference and operating arrangements, which must be formally approved by the Board. These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);
- Membership and quorum;
- Meeting arrangements;
- Relationships and accountabilities with others (including the Board its Committees and Advisory Groups)
- Any budget and financial responsibility, where appropriate;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

3.3.4 In doing so, the Board shall specify which aspects of these SOs are not

applicable to the operation of the Committee, keeping any such aspects to the minimum necessary. Detailed terms of reference and operating arrangements for the Committees established by the Board are set out in Schedule 3.

- 3.3.5 The membership of any such Committees - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Board, based on the recommendation of HEIW Chair, and subject to any specific requirements, directions or regulations made by the Welsh Ministers. Depending on the Committee's defined role and remit, membership may be drawn from the HEIW Board, its staff (subject to the conditions set in Standing Order 3.3.6) or others not employed by HEIW.
- 3.3.6 Executive Directors or other HEIW officers shall not normally be appointed as Committee Chairs, nor should they be appointed to serve as members on any Committee set up to review the exercise of functions delegated to officers. Designated HEIW officers shall, however, be in attendance at such Committees, as appropriate.

### **3.4 Other Committees**

- 3.4.1 The Board may also establish other Committees to help HEIW conduct its business.

### **3.5 Confidentiality**

- 3.5.1 Committee members and attendees must not disclose any matter dealt with by or brought before a Committee in confidence without the permission of the Committee's Chair.

### **3.6 Reporting activity to the Board**

- 3.6.1 The Board must ensure that the Chairs of all Committees operating on its behalf report formally, regularly and on a timely basis to the Board on their activities. Committee Chairs' shall bring to the Boards specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

## **4. NHS WALES SHARED SERVICES PARTNERSHIP**

- 4.0.1. From 1 June 2012 the function of managing and providing Shared Services to the health service in Wales was given to Velindre NHS Trust. The Trust's Establishment Order has been amended to reflect the fact that the Shared Services function has been conferred on it.

- 4.0.2. The **Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012** (S.I. 2012/1261 (W.156)) ("the

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Shared Services Regulations”) require the Trust to establish a Shared Services Committee (known for operational purposes as the Shared Services Partnership Committee) which will be responsible for exercising the Trust’s Shared Services functions. The Shared Services Regulations (as amended) prescribe the membership of the Shared Services Committee in order to ensure that all Local Health Boards, Trusts and SHAs in Wales have a member on the Shared Services Committee and that the views of all the NHS organisations in Wales are taken into account when making decisions in respect of Shared Services activities.

4.0.3 The Director of Shared Services will be designated as Accountable Officer for Shared Services.

4.0.4 These arrangements necessitate putting in place a Memorandum of Co-operation and a Hosting Agreement between all OHBs, Trusts and SHAs setting out the obligations of NHS bodies to participate in the Shared Services Committee and to take collective responsibility for setting the policy and delivery of the Shared Services to the health service in Wales. Responsibility for the exercise of the Shared Services functions will not rest with the Board of Velindre NHS Trust but will be a shared responsibility of all NHS bodies in Wales.

4.0.5 The Shared Services Committee is to be known as the Shared Services Partnership Committee for operational purposes.

## **5. WORKING IN PARTNERSHIP**

5.0.1 HEIW shall work constructively in partnership with others to plan and secure the provision and delivery of health education and improvement, in accordance with its statutory duties and any specific requirements or directions made by the Welsh Ministers.

5.0.2 The Chair shall ensure that the Board has identified all its key partners and other stakeholders and established clear mechanisms for engaging with and involving them in the work of HEIW.

5.0.3 The Board shall keep under review its partnership arrangements to ensure continued clarity around purpose, desired outcomes and partner responsibilities. It must ensure timely action to change, adapt or end partnerships where they no longer serve a useful purpose, in accordance with its statutory duties; any specific requirements or directions made by the Welsh Ministers; and the agreed terms and conditions for the partnership.

## **6. MEETINGS**

### **6.1 Putting Citizens first**

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6.1.1 HEIW's business will be carried out openly and transparently in a manner that encourages the active engagement of its citizens, community partners and other stakeholders. HEIW, through the planning and conduct of meetings held in public, shall facilitate this in a number of ways, including:

- Active communication of forthcoming business and activities;
- The selection of accessible, suitable venues for meetings when these are not held by electronic means;
- The availability of papers in English and Welsh languages and in accessible formats, such as Braille, large print, easy read (where requested and required) and in electronic formats in accordance with its Welsh language and equality requirements and commitments;
- Requesting that attendees notify HEIW of any access needs sufficiently in advance of a proposed meeting, and responding appropriately, e.g., arranging British Sign Language (BSL) interpretation at meetings; and
- Where appropriate, ensuring suitable translation arrangements are in place to enable the conduct of meetings in either English or Welsh, and
- In accordance with legislative requirements, e.g., Disability Discrimination Act, as well as its Communication Strategy and Welsh language requirements.

6.1.2 The Chair will ensure that, in determining the matters to be considered by the Board, full account is taken of the views of partners and stakeholder and interests of the communities served by HEIW.

## **6.2 Annual Plan of Board Business**

6.2.1 The Board Secretary, on behalf of the Chair, shall produce an Annual Plan of Board business. This plan will include proposals on meeting dates, venues and coverage of business activity during the year, taking account that ordinary meetings of the Board will be held at regular intervals and as a minimum six times a year. The Plan shall also set out any standing items that will appear on every Board agenda.

6.2.2 The plan shall set out the arrangements in place to enable HEIW to meet its obligations whilst also allowing Board members to contribute in either English or Welsh languages, where appropriate.

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

6.2.4 The Board shall agree the plan for the forthcoming year by the end of March, and this plan will be published on the organisation's website.

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### Annual General Meeting (AGM)

6.2.5 HEIW must hold an AGM in public no later than 30 July of each year. At least 10 calendar days prior to the meeting a public notice of the intention to hold the meeting, the time and place of them meeting, and the agenda shall be displayed bilingually (in English and Welsh) on the SHA's website.

6.2.6 The notice shall state:

- Electronic and paper copies of the Annual Report and Accounts of the SHA are available, on request, prior to the meeting; and
- State how copies can be obtained, in what language and in what format, e.g. Braille, large print, easy read etc.

6.2.7 The AGM must include presentation of the Annual Report and audited accounts, together with (where applicable), an audited abridged version of the annual accounts and, if applicable funds held on trust accounts, and may also include presentation of other reports of interest to citizens and others,

6.2.8 A record of the meeting shall be submitted to the next ordinary meeting of the Board for agreement.

## **6.3 Calling Meetings**

6.3.1 In addition to the planned meetings agreed by the Board, the Chair may call a meeting of the Board at any time. Individual Board members may also request that the Chair call a meeting provided that at least one third of the whole number of Board members, support such a request.

6.3.2 If the Chair does not call a meeting within seven days after receiving such a request from Board members, then those Board members may themselves call a meeting.

## **6.4 Preparing for Meetings**

### Setting the agenda

6.4.1 The Chair, in consultation with the Chief Executive and Board Secretary, will set the Agenda. In doing so, they will take account of the planned activity set in the annual cycle of Board business; any standing items agreed by the Board; any applicable items received from the Board's Committees; and the priorities facing HEIW. The Chair must ensure that all relevant matters are brought before the Board on a timely basis.

6.4.2 Any Board member may request that a matter is placed on the Agenda by writing to the Chair, copied to the Board Secretary, at least 12 calendar days before the meeting. The request must set out whether the item of business is

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proposed to be transacted in public and shall include appropriate supporting information. The Chair may, at their discretion, include items on the agenda that have been requested after the 12-day notice period if this would be beneficial to the conduct of board business.

#### Notifying and equipping Board members

- 6.4.3 Board members shall be sent an Agenda and a complete set of supporting papers at least 7 calendar days before a formal Board meeting. This information may be provided to Board members electronically or in paper form, in an accessible format, to the address provided, and in accordance with their stated preference. Supporting papers may, exceptionally, be provided, after this time provided that the Chair is satisfied that the Board's ability to consider the issues contained within the paper would not be impaired.
- 6.4.4 No papers will be included for consideration and decision by the Board unless the Chair is satisfied (subject to advice from the Board Secretary, as appropriate) that the information contained within it is sufficient to enable the Board to take a reasonable decision. It will include evidence that appropriate impact assessments have been undertaken and taken into consideration. Impact assessments shall be undertaken on all new or revised policies, strategies, guidance and or practice to be considered by the Board, and the outcome of the assessment shall accompany the report to the Board to enable the Board to make an informed decision.
- 6.4.5 In the event that at least half of the Board members do not receive the Agenda and papers for the meeting as set out above, the Chair must consider whether or not the Board would still be capable of fulfilling its role and meeting its responsibilities through the conduct of the meeting. Where the Chair determines that the meeting should go ahead, their decision, and the reason for it, shall be recorded in the minutes.
- 6.4.6 In the case of a meeting called by Board members, notice of that meeting must be signed by those members and the business conducted will be limited to that set out in the notice.

#### Notifying the public and others

- 6.4.7 Except for meetings called in accordance with Standing Order 5.3, at least 7 days before each meeting of the Board a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed bilingually (in English and Welsh):
- On the HEIW website, together with the papers supporting the public part of the Agenda; as well as
  - Through other methods of communication as set out in HEIW's

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communication strategy.

- 6.4.8 When providing notification of the forthcoming meeting, HEIW shall set out when and how the Agenda and the papers supporting the public part of the Agenda may be accessed, in what language and in what format, e.g., as Braille, large print, easy read, etc.

## **6.5 Conducting Board Meetings**

### *Admission of the public, the press and other observers*

- 6.5.1 HEIW shall encourage attendance at its formal Board meetings by the public and members of the press as well as officers or representatives from organisations who have an interest in HEIW business. The venue for such meetings shall be appropriate to facilitate easy access for attendees and translation services; and appropriate facilities wherever practicable to maximise accessibility.
- 6.5.2 The Board and its Committees shall conduct as much of its formal business in public as possible. There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Board Secretary where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Board shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) F (c.67).

- 6.5.3 In the circumstances, when the Board is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Board in public session. Wherever possible, that reporting shall take place at the end of a private session, by reconvening a Board meeting held in public session.
- 6.5.4 The Board Secretary, on behalf of the Chair, shall keep under review the nature and volume of business conducted in private session to ensure such arrangements are adopted only when absolutely necessary.
- 6.5.5 In encouraging entry to formal Board Meetings from members of the public and others, the Board shall make clear that attendees are welcomed as observers. The Chair shall take all necessary steps to ensure that the Board's business is conducted without interruption and disruption. In exceptional circumstances, this may include a requirement that observers leave the meeting.

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### Addressing the Board, its Committees and Advisory Groups

- 6.5.6 The Board will decide what arrangements and terms and conditions it feels are appropriate in extending an invitation to observers to attend and address any meetings of the Board, its Committees and Advisory Groups, and may change, alter or vary these terms and conditions as it considers appropriate. In doing so, the Board will take account of its responsibility to actively encourage the engagement and, where appropriate, involvement of citizens and stakeholders in its work and to demonstrate openness and transparency in the conduct of business.

### Chairing Board Meetings

- 6.5.7 The Chair of HEIW will preside at any meeting of the Board unless they are absent for any reason (including any temporary absence or disqualification from participation on the grounds of a conflict of interest). In these circumstances the Vice Chair shall preside. If both the Chair and vice-chair are absent or disqualified, the Independent Members present shall elect one of the Independent Members to preside.
- 6.5.8 The Chair must ensure that the meeting is handled in a manner that enables the Board to reach effective decisions on the matters before it. This includes ensuring that Board members' contributions are timely and relevant and move business along at an appropriate pace. In doing so, the Board must have access to appropriate advice on the conduct of the meeting through the attendance of the nominated Board Secretary. The Chair has the final say on any matter relating to the conduct of Board business.

### Quorum

- 6.5.9 At least six Board members, at least two of whom are Executive Directors and four are Independent Members (including the Chair), must be present to allow any formal business to take place at a Board meeting.
- 6.5.10 If the Chief Executive or an Executive Director is unable to attend a Board meeting, then a nominated deputy may attend in their absence and may participate in the meeting, provided that the Chair has agreed the nomination before the meeting. However, Board members' voting rights cannot be delegated so the nominated deputy may not vote or be counted towards the quorum. If a deputy is already a Board member in their own right, e.g., a person deputising for the Chief Executive will usually be an Executive Director, they will be able to exercise their own vote in the usual way, but they will not have any additional voting rights.

- 6.5.11 The quorum must be maintained during a meeting to allow formal business to be conducted, i.e., any decisions to be made. Any Board member disqualified

through conflict of interest from participating in the discussion on any matter and/or from voting on any resolution will no longer count towards the quorum. If this results in the quorum not being met that particular matter or resolution cannot be considered further at that meeting and must be noted in the minutes.

### Dealing with motions

6.5.12 In the normal course of Board business items included on the agenda are subject to discussion and decisions based on consensus. Considering a motion is therefore not a routine matter and may be regarded as exceptional, e.g. where an aspect of delivery is a cause for particular concern, a Board member may put forward a motion proposing that a formal review of that service area is undertaken by a Committee of the Board. The Board Secretary will advise the Chair on the formal process for dealing with motions. No motion or amendment to a motion will be considered by the Board unless moved by a Board member and seconded by another Board member (including the Chair).

6.5.13 **Proposing a formal notice of motion** – Any Board member wishing to propose a motion must notify the Chair in writing of the proposed motion at least 12 calendar days before a planned meeting. Exceptionally, an emergency motion may be proposed up to one hour before the fixed start of the meeting, provided that the reasons for the urgency are clearly set out. Where sufficient notice has been provided, and the Chair has determined that the proposed motion is relevant to the Board's business, the matter shall be included on the Agenda, or, where an emergency motion has been proposed, the Chair shall declare the motion at the start of the meeting as an additional item to be included on the agenda.

6.5.14 The Chair also has the discretion to accept a motion proposed during a meeting provided that the matter is considered of sufficient importance and its inclusion would not adversely affect the conduct of Board business.

6.5.15 **Amendments** - Any Board member may propose an amendment to the motion at any time before or during a meeting and this proposal must be considered by the Board alongside the motion.

6.5.16 If there are a number of proposed amendments to the motion, each amendment will be considered in turn, and if passed, the amended motion becomes the basis on which the further amendments are considered, i.e., the substantive motion.

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

- The motion be amended;

- The meeting should be adjourned;
- The discussion should be adjourned, and the meeting proceed to the next item of business;
- A Board member may not be heard further;
- The Board decides upon the motion before them;
- An ad hoc Committee should be appointed to deal with a specific item of business; or
- The public, including the press, should be excluded.

6.5.18 **Rights of reply to motions** – The mover of a motion (including an amendment) shall have a right of reply at the close of any debate on the motion or the amendment immediately prior to a vote on the proposal.

6.5.19 **Withdrawal of motion or amendments** – A motion or an amendment to a motion, once moved and seconded, may be withdrawn by the proposer with the agreement of the seconder and the Chair.

6.5.20 **Motion to rescind a resolution** – The Board may not consider a motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six months unless the motion is supported by the (simple) majority of Board members.

6.5.21 A motion that has been decided upon by the Board cannot be proposed again within six months except by the Chair, unless the motion relates to the receipt of a report or the recommendations of a Committee/Chief Executive to which a matter has been referred.

### Voting

6.5.22 The Chair will determine whether Board members' decisions should be expressed orally, through a show of hands, by secret ballot or by recorded vote. The Chair must require a secret ballot or recorded vote if the majority of voting Board members request it. Where voting on any question is conducted, a record of the vote shall be maintained. In the case of a secret ballot the decision shall record the number voting for, against or abstaining. Where a recorded vote has been used the Minutes shall record the name of the individual and the way in which they voted. Associate Members may not vote in any meetings or proceedings of the Board.

6.5.23 In determining every question at a meeting, the Board members must take account, where relevant, of the views expressed and representations made by individuals and organisations who represent the interests of stakeholders.

6.5.24 The Board will make decisions based on a simple majority view held by the Board members present. In the event of a split decision, i.e., no majority view being expressed, the Chair shall have a second and casting vote.

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6.5.25 In no circumstances may an absent Board member or nominated deputy vote by proxy. Absence is defined as being absent at the time of the vote.

## **6.6 Record of Proceedings**

6.6.1 A record of the proceedings of formal Board meetings (and any other meetings of the board where the Board members determine) shall be drawn up as 'minutes'. These minutes shall include a record of Board member attendance (including the Chair) together with apologies for absence and shall be submitted for agreement at the next meeting of the Board, where any discussion shall be limited to matters of accuracy. Any agreed amendment to the minutes must be formally recorded.

6.6.2 Agreed minutes shall be circulated in accordance with Board members' wishes, and, where providing a record of a formal Board meeting shall be made available to the public both on HEIW's website and in hard copy or other accessible format on request, in accordance with any legislative requirements, e.g., Data Protection Act 2018, General Data Protection Regulations and HEIW's Communication Strategy and Welsh language requirements.

## **6.7 Confidentiality**

6.7.1 All Board members (including Associate Members), together with members of any Committee or Advisory Group established by or on behalf of the Board and HEIW officials must respect the confidentiality of all matters considered by the Board in private session or set out in documents which are not publicly available. Disclosure of any such matters may only be made with the express permission of the Chair of the Board or relevant Committee, as appropriate, and in accordance with any other requirements set out elsewhere, e.g., in contracts of employment, within the Values and Standards of Behaviour framework or legislation such as the Freedom of Information Act 2000, etc.

## **7. VALUES AND STANDARDS OF BEHAVIOUR**

7.0.1 The Board must adopt a set of values and standards of behaviour for HEIW that meets the requirements of the NHS Wales Values and Standards of Behaviour framework. These values and standards of behaviour will apply to all those conducting business by or on behalf of HEIW, including Board members, HEIW officers and others, as appropriate. The framework adopted by the Board will form part of these SOs.

### **7.1 Declaring and recording Board members' interests**

7.1.1 **Declaration of interests** – It is a requirement that all Board members must

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declare any personal or business interests they may have which may affect or be perceived to affect the conduct of their role as a Board member. This includes any interests that may influence or be perceived to influence their judgement in the course of conducting the Board's business. Board members must be familiar with the Values and Standards of Behaviour Framework and their statutory duties under the Constitution Regulations. Board members must notify the Board of any such interests at the time of their appointment, and any further interests as they arise throughout their tenure as Board members.

- 7.1.2 Board members must also declare any interests held by family members or persons or bodies with which they are connected. The Board Secretary will provide advice to the Chair and the Board on what should be considered as an 'interest', taking account of the regulatory requirements and any further guidance, e.g., the Values and Standards of Behaviour framework. If individual Board members are in any doubt about what may be considered as an interest, they should seek advice from the Board Secretary. However, the onus regarding declaration will reside with the individual Board member.
- 7.1.3 **Register of interests** – The Chief Executive, through the Board Secretary will ensure that a Register of Interests is established and maintained as a formal record of interests declared by all Board members. The register will include details of all Directorships and other relevant and material interests which have been declared by Board members.
- 7.1.4 The register will be held by the Board Secretary, and will be updated during the year, as appropriate, to record any new interests, or changes to the interests declared by Board members. The Board Secretary will also arrange an annual review of the Register, through which Board members will be required to confirm the accuracy and completeness of the register relating to their own interests.
- 7.1.5 In line with the Board's commitment to openness and transparency, the Board Secretary must take reasonable steps to ensure that the citizens served by HEIW are made aware of and have access to view the HEIW's Register of Interests. This may include publication on the HEIW website.
- 7.1.6 **Publication of declared interests in Annual Report** – Board members' declared directorships of companies or positions in other organisations likely or possibly seeking to do business with the NHS shall be published in HEIW's Annual Report.

## **7.2 Dealing with Members' interests during Board meetings**

- 7.2.1 The Chair, advised by the Board Secretary, must ensure that the Board's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual Board members must

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demonstrate, through their actions, that their contribution to the Board's decision making is based upon the best interests of HEIW and the NHS in Wales.

7.2.2 Where individual Board members identify an interest in relation to any aspect of Board business set out in the Board's meeting agenda, that member must declare an interest at the start of the Board meeting. Board members should seek advice from the Chair, through the Board Secretary before the start of the Board meeting if they are in any doubt as to whether they should declare an interest at the meeting. All declarations of interest made at a meeting must be recorded in the Board minutes.

7.2.3 It is the responsibility of the Chair, on behalf of the Board, to determine the action to be taken in response to a declaration of interest, taking account of any regulatory requirements or directions made by the Welsh Ministers. The range of possible actions may include determination that:

- i The declaration is formally noted and recorded, but that the Board member should participate fully in the Board's discussion and decision, including voting. This may be appropriate, for example where the Board is considering matters of strategy relating to a particular aspect of healthcare and an Independent Member is a healthcare professional whose profession may be affected by that strategy determined by the Board;
- ii The declaration is formally noted and recorded, and the Board member participates fully in the Board's discussion, but takes no part in the Board's decision;
- iii The declaration is formally noted and recorded, and the Board member takes no part in the Board discussion or decision;
- iv The declaration is formally noted and recorded, and the Board member is excluded for that part of the meeting when the matter is being discussed. A Board member must be excluded, where that member has a direct or indirect financial interest in a matter being considered by the Board.

7.2.4 In extreme cases, it may be necessary for the member to reflect on whether their position as a Board member is compatible with an identified conflict of interest.

7.2.5 Where the Chair is the individual declaring an interest, any decision on the action to be taken shall be made by the Vice Chair, on behalf of the Board.

7.2.6 In all cases the decision of the Chair (or the Vice Chair in the case of an interest declared by the Chair) is binding on all Board members. The Chair should take advice from the Board Secretary when determining the action to take in response to declared interests; taking care to ensure their exercise of judgement is consistently applied.

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7.2.7 **Members with pecuniary (financial) interests** – Where a Board member, or any person they are connected with<sup>1</sup> has any direct or indirect pecuniary interest in any matter being considered by the Board, including a contract or proposed contract, that member must at the meeting and as soon as practicable after its commencement, disclose the interest and must not take part in the consideration or discussion of that matter or vote on any question related to it. The Board may determine that the Board member concerned shall be excluded from that part of the meeting.

7.2.8 The Digital Health Care Wales Regulations define ‘direct’ and ‘indirect’ pecuniary interests and these definitions always apply when determining whether a member has an interest. These SOs must be interpreted in accordance with these definitions.

7.2.9 **Members with Professional Interests** - During the conduct of a Board meeting, an individual Board member may establish a clear conflict of interest between their role as a HEIW Board member and that of their professional role outside of the Board. In any such circumstance, the Board shall take action that is proportionate to the nature of the conflict, taking account of the advice provided by the Board Secretary.

### 7.3 Dealing with officers’ interests

7.3.1 The Board must ensure that the Board Secretary, on behalf of the Chief Executive, establishes and maintains a system for the declaration, recording and handling of HEIW officers’ interests in accordance with the Values and Standards of Behaviour Framework.

### 7.4 Reviewing how Interests are handled

7.4.1 The Audit and Assurance Committee will review and report to the Board upon the adequacy of the arrangements for declaring, registering and handling interests at least annually.

### 7.5 Dealing with offers of gifts<sup>2</sup> hospitality and sponsorship

7.5.1 The Values and Standards of Behaviour Framework adopted by the Board prohibits Board members and HEIW officers from receiving gifts, hospitality or benefits in kind from a third party which may reasonably give rise to suspicion of conflict between their official duty and their private interest, or may

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<sup>1</sup> In the case of persons who are married to each other or in a civil partnership with each other or who are living together as if married or civil partners, the interest of one person shall, if known to the other, be deemed for the purpose of this Standing Order to be also an interest of the other.

<sup>2</sup> The term gift refers also to any reward or benefit.

reasonably be seen to compromise their personal integrity in any way.

7.5.2 Gifts, benefits or hospitality must never be solicited. Any Board member or HEIW officer who is offered a gift, benefit or hospitality which may or may be seen to compromise their position must refuse to accept it. This may in certain circumstances also include a gift, benefit or hospitality offered to a family member of a Board member or HEIW officer. Failure to observe this requirement may result in disciplinary and/or legal action.

7.5.3 In determining whether any offer of a gift or hospitality should be accepted, an individual must make an active assessment of the circumstances within which the offer is being made, seeking advice from the Board Secretary as appropriate. In assessing whether an offer should be accepted, individuals must take into account:

- **Relationship:** Contacts which are made for the purpose of information gathering are generally less likely to cause problems than those which could result in a contractual relationship, in which case accepting a gift or hospitality could cause embarrassment or be seen as giving rise to an obligation;
- **Legitimate Interest:** Regard should be paid to the reason for the contact on both sides and whether it is a contact that is likely to benefit HEIW;
- **Value:** Gifts and benefits of a trivial or inexpensive (below £25), e.g., diaries/calendars, are more likely to be acceptable and can be distinguished from more substantial offers. Similarly, hospitality in the form of a working lunch would not be treated in the same way as more expensive social functions, travel or accommodation (although in some circumstances these may also be accepted);
- **Frequency:** Acceptance of frequent or regular invitations particularly from the same source would breach the required standards of conduct. Isolated acceptance of, for example, meals, tickets to public, and sport, cultural or social events would only be acceptable if attendance is justifiable in that it benefits HEIW; and
- **Reputation:** If the body concerned is known to be under investigation by or has been publicly criticised by a public body, regulators or inspectors, acceptance of a gift or hospitality might be seen as supporting the body or affecting in some way the investigation or negotiations and it should always be declined.

7.5.4 A distinction may be drawn between items offered as hospitality and items offered in substitution for fees for broadcasts, speeches, lectures or other work done. There may be circumstances where the latter may be accepted if

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they can be used for official purposes.

## 7.6 Sponsorship

- 7.6.1. In addition to gifts and hospitality individuals and the organisation may also receive sponsorship. Sponsorship is an offer of funding to an individual, department or the organisation as whole from an external source whether in cash, goods, services or benefits. It could include an offer to sponsor a research or operational post, training, attendance at a conference, costs associated with meetings, conferences or working visit. The sponsorship may cover some or all of the costs.
- 7.6.2. All sponsorship must be approved prior to acceptance in accordance with the Values and Behaviour Framework and Standards of Behaviour policy and relevant procedures. A record of all sponsorship accepted or declined will also be maintained.

## 7.7 Register of Gifts, Hospitality and Sponsorship

- 7.7.1 The Board Secretary, on behalf of the Chair, will maintain a register of Gifts, Hospitality and Sponsorship to record offers of gifts, hospitality and sponsorship made to Board members. Executive Directors will adopt a similar mechanism in relation to HEIW officers working within their Directorates.
- 7.7.2 Every Board member and HEIW officer has a personal responsibility to volunteer information in relation to offers of gifts and hospitality, including those offers that have been refused. The Board Secretary, on behalf of the Chair and Chief Executive, will ensure the incidence and patterns of offers and receipt of gifts and hospitality are kept under active review, taking appropriate action where necessary.
- 7.7.3 When determining what should be included in the Register, individuals shall apply the following principles, subject to the considerations in Standing Order 6.5.3:
- **Gifts:** Generally, only gifts of material value should be recorded. Those with a nominal value, e.g., seasonal items such as diaries/calendars would not usually need to be recorded.
  - **Hospitality:** Only significant hospitality offered or received should be recorded. Occasional offers of 'modest and proportionate<sup>3</sup>' hospitality

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<sup>3</sup> Examples of 'modest and proportionate' hospitality that need not be included in a Hospitality register include a working sandwich lunch or a buffet lunch incidental to a conference or seminar attended by a variety of participants.

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

7.7.4 Board members and HEIW officers may accept the occasional offer of modest and proportionate hospitality but in doing so must consider whether the following conditions are met:

- Acceptance would further the aims of HEIW;
- The level of hospitality is reasonable in the circumstances;
- It has been openly offered; and,
- It could not be construed as any form of inducement and will not put the individual under any obligation to those offering it.

7.7.5 The Board Secretary will arrange for a full report of all offers of Gifts, Hospitality and Sponsorship recorded by HEIW to be submitted to the Audit and Assurance Committee (or equivalent) at least annually. The Audit and Assurance Committee will then review and report to the Board upon the adequacy of the HEIW's arrangements for dealing with offers of gifts, hospitality and sponsorship.

## **8. SIGNING AND SEALING DOCUMENTS**

8.0.1 The common seal of the HEIW is primarily used to seal legal documents such as transfers of land, lease agreements and other important/key contracts. The seal may only be fixed to a document if the Board has determined it shall be sealed, or if a transaction to which the document relates has been approved by the Board.

8.0.2 Where it is decided that a document shall be sealed it shall be fixed in the presence of the Chair or Vice Chair (or other authorised independent Member) and the Chief Executive or Deputy Chief Executive (or another authorised individual) both of whom must witness the seal.

### **8.1 Register of Sealing**

8.1.1 The Board Secretary shall keep a register that records the sealing of every document. Each entry must be signed by the persons who approved and authorised the document and who witnessed the seal. A report of all sealings shall be presented to the Board at least bi-annually.

### **8.2 Signature of Documents**

8.2.1 Where a signature is required for any document connected with legal proceedings involving HEIW, it shall normally be signed by the Chief Executive, except where the Board has authorised another person or has been otherwise directed to allow or require another person to provide a signature.

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- 8.2.2 The Chief Executive or Deputy Chief Executive nominated officers may be authorised by the Board to sign on behalf of HEIW any agreement or other document (not required to be executed as a deed) where the subject matter has been approved either by the Board or a Committee to which the Board has delegated appropriate authority.

### **8.3 Custody of Seal**

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

## **9. GAINING ASSURANCE ON THE CONDUCT OF HEIW BUSINESS**

- 9.0.1 The Board shall set out explicitly, within a Risk and Assurance Framework, how it will be assured on the conduct of HEIW business, its governance and the effective management of the organisation's risks in pursuance of its aims and objectives. It shall set out clearly the various sources of assurance, and where and when that assurance will be provided, in accordance with any requirements determined by the Welsh Ministers.
- 9.0.2 The Board shall ensure that its assurance arrangements are operating effectively, advised by its Audit and Assurance Committee.
- 9.0.3 Assurances in respect of the services provided by the NHS Wales Shared Services Partnership shall primarily be achieved by the reports of the Director of Shared Services to the Shared Services Partnership Committee and reported back by the Chief Executive (or their nominated representative). . Where appropriate, and by exception, the Board may seek assurances direct from the Director of Shared Services. The Director of Shared Services and the Shared Services Partnership Committee shall be under an obligation to comply with any internal or external audit functions being undertaken by or on behalf of HEIW.

### **9.1 The role of Internal Audit in providing independent internal assurance**

- 9.1.1 The Board shall ensure the effective provision of an independent internal audit function as a key source of its internal assurance arrangements, in accordance with NHS Wales Internal Audit Standards and any other requirements determined by the Welsh Ministers.
- 9.1.2 The Board shall set out the relationship between the Head of Internal Audit (HIA), the Audit and Assurance Committee (or equivalent) and the Board. It shall:
- Approve the Internal Audit Charter (incorporating the definition of internal audit) and adopt the Internal Auditing Standards (incorporating the code of ethics);

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- Ensure the HIA communicates and interacts directly with the Board, facilitating direct and unrestricted access;
- Require Internal Audit to confirm its independence annually; and
- Ensure that the Head of Internal Audit reports periodically to the Board on its activities, including its purpose, authority, responsibility and performance. Such reporting will include governance issues and significant risk exposures.

## **9.2 Reviewing the performance of the Board, its Committees and Advisory Groups**

- 9.2.1 The Board shall introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Committees and if established, Advisory Groups. Where appropriate, the Board may determine that such evaluation may be independently facilitated.
- 9.2.2 Each Committee and, where appropriate, Advisory Group must also submit an annual report to the Board through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any sub-Committees it has established.
- 9.2.3 The Board shall use the information from this evaluation activity to inform:
- The ongoing development of its governance arrangements, including its structures and processes;
  - Its Board Development Programme, as part of an overall Organisation Development framework; and
  - The Board's report of its alignment with the Welsh Government's Citizen Centred Governance Principles.

## **9.3 External Assurance**

- 9.3.1 The Board shall ensure it develops effective working arrangements and relationships with those bodies that have a role in providing independent, external assurance to the public and others on HEIW's operations, e.g., the Auditor General for Wales.
- 9.3.2 The Board may be assured, from the work carried out by external audit and others, on the adequacy of its own assurance framework, but that external assurance activity shall not form part of, or replace its own internal assurance arrangements, except in relation to any additional work that the Board itself may commission specifically for that purpose.
- 9.3.3 The Board shall keep under review and ensure that, where appropriate, HEIW implements any recommendations relevant to its business made by the Welsh Government's Audit Committee, the Senedd Cymru/Welsh Parliament's Public Accounts Committee and other appropriate bodies.

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9.3.4 HEIW shall provide the Auditor General for Wales with any assistance, information and explanation which the Auditor General thinks necessary for the discharge of their statutory powers and responsibilities.

## **10. DEMONSTRATING ACCOUNTABILITY**

10.0.1 Taking account of the arrangements set out within these SOs, the Board shall demonstrate to the communities it serves and to the Welsh Ministers a clear framework of accountability within which it:

- Conducts its business internally;
- Works collaboratively with NHS colleagues, Higher Education and Further Education establishments, regulators, partners, service providers and others; and
- Responds to the views and representations made by those who represent the interests of the communities it serves and other stakeholders, including its officers and healthcare professionals.

10.0.2 The Board shall, in publishing its strategic and operational level plans, set out how those plans have been developed taking account of the views of others, and how they will be delivered by working with their community and other partners.

10.0.3 The Board shall also facilitate effective scrutiny of the HEIW's operations through the publication of regular reports on activity and performance, including publication of an Annual Report.

10.0.4 The Board shall ensure that within HEIW, individuals at all levels are supported in their roles, and held to account for their personal performance through effective performance management arrangements.

## **11. REVIEW OF STANDING ORDERS**

11.0.1 The Board Secretary shall arrange for an appropriate impact assessment to be carried out on a draft of these SOs prior to their formal adoption by the Board, the results of which shall be presented to the Board for consideration and action, as appropriate. The fact that an assessment has been carried out shall be noted in the SOs.

11.0.2 These SOs shall be reviewed annually by the Audit and Assurance Committee [or equivalent], which shall report any proposed amendments to the Board for consideration. The requirement for review extends to all documents having the effect as if incorporated in SOs, including the appropriate impact assessments.

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# Schedule 1

**SCHEME OF RESERVATION  
AND DELEGATION OF POWERS**

**This Scheme of Reservation and Delegation of Powers forms part of, and shall have effect as if incorporated in the Standing Orders**

**Introduction**

As set out in Standing Order 2, the Board - subject to any directions that may be given by Welsh Ministers - should make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of HEIW may be carried out effectively, and in a manner that secures the achievement of the organisation’s aims and objectives. The Board may delegate functions to:

- i) a committee, e.g. Remuneration and Terms of Service Committee;
- ii) a sub-committee. Any such delegation would, subject to the Boards authority, usually be via a main committee of the Board; and
- iii) Officers of HEIW (who may, subject to the Board’s authority, delegate further to other officers and, where appropriate, other third parties, e.g. shared/support services, through a formal scheme of delegation)

and in doing so, must set out clearly the terms and conditions upon which any delegation is being made. These terms and conditions must include a requirement that the Board is notified of any matters that may affect the operation and/or reputation of HEIW.

The Board’s determination of those matters that it will retain, and those that will be delegated to others are set out in the following:

- Schedule of matters reserved to the Board;
- Scheme of delegation to Committees and others; and
- Scheme of delegation to Officers.

all of which form part off HEIW's Standing Orders.

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## **DECIDING WHAT TO RETAIN AND WHAT TO DELEGATE: GUIDING PRINCIPLES**

The Board will take full account of the following principles when determining those matters that it reserves, and those which it will delegate to others to carry out on its behalf:

- Everything is retained by the Board unless it is specifically delegated in accordance with the requirements set out in Standing Orders or Standing Financial Instructions
- The Board must retain that which it is required to retain (whether by statute or as determined by Welsh Government) as well as that which it considers is essential to enable it to fulfil its role in setting the organisation's direction, equipping the organisation to deliver and ensuring achievement of its aims and objectives through effective performance management
- Any decision made by the Board to delegate functions must be based upon an assessment of the capacity and capability of those to whom it is delegating responsibility
- The Board must ensure that those to whom it has delegated powers (whether a committee, partnership or individuals) remain equipped to deliver on those responsibilities through an ongoing programme of personal, professional and organisational development
- The Board must take appropriate action to assure itself that all matters delegated are effectively carried out
- The framework of delegation will be kept under active review and, where appropriate, will be revised to take account of organisational developments, review findings or other changes
- Except where explicitly set out, the Board retains the right to decide upon any matter for which it has statutory responsibility, even if that matter has been delegated to others
- The Board may delegate authority to act, but retains overall responsibility and accountability
- When delegating powers, the Board will determine whether (and the extent to which) those to whom it is delegating will, in turn, have powers to further delegate those functions to others.

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## HANDLING ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS: WHO DOES WHAT?

### The Board

The Board will formally agree, review and, where appropriate revise schedules of reservation and delegation of powers in accordance with the guiding principles set out earlier.

### The Chief Executive

The Chief Executive will propose a Scheme of Delegation to Officers, setting out the functions they will perform personally, and which functions will be delegated to other officers. The Board must formally agree this scheme.

In preparing the scheme of delegation to officers, the Chief Executive will take account of:

- the guiding principles set out earlier (including any specific statutory responsibilities designated to individual roles)
- their personal responsibility and accountability to the Chief Executive, NHS Wales in relation to their role as designated Accountable Officer
- associated arrangements for the delegation of financial authority to equip officers to deliver on their delegated responsibilities (and set out in Standing Financial Instructions).

The Chief Executive may re-assume any of the powers they have delegated to others at any time.

### The Board Secretary

The Board Secretary will support the Board in its handling of reservations and delegations by ensuring that:

- a proposed schedule of matters reserved for decision by the Board is presented to the Board for its formal agreement;
- effective arrangements are in place for the delegation of HEIW functions within the organisation and to others, as appropriate; and
- arrangements for reservation and delegation are kept under review and presented to the Board for revision, as appropriate.

### The Audit & Assurance Committee

The Audit & Assurance Committee will provide assurance to the Board of the effectiveness of its arrangements for handling reservations and delegations.

**Individuals to who powers have been delegated**  
Individuals will be personally

- equipping themselves to deliver on any matter delegated to them,

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through the conduct of appropriate training and development activity; and

- exercising any powers delegated to them in a manner that accords with HEIW's values and standards of behavior.

Where an individual does not feel that they are equipped to deliver on a matter delegated to them, they must notify the Chief Executive of their concern as soon as possible in so that an appropriate and timely decision may be made on the matter.

In the absence of an officer to whom powers have been delegated, those powers will normally be exercised by the individual to whom that officer reports, unless the Board has set out alternative arrangements.

If the Chief Executive is absent their nominated Deputy may exercise those powers delegated to the Chief Executive on their behalf. However, the guiding principles governing delegations will still apply, and so the Board may determine that it will reassume certain powers delegated to the Chief Executive or reallocate powers, e.g., to a Committee or another officer.

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## **SCOPE OF THESE ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS**

The Scheme of Delegation to officers referred to here shows only the "top level" of delegation within HEIW. The Scheme is to be used in conjunction with the system of control and other established procedures within HEIW.

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## SCHEDULE OF MATTERS RESERVED TO THE BOARD<sup>1</sup>

OLD PARA	New Para		AREA	DECISIONS RESERVED TO THE BOARD
1	1	FULL	GENERAL	The Board may determine any matter for which it has statutory or delegated authority, in accordance with Standing Orders
2	2	FULL	GENERAL	The Board must determine any matter that will be reserved to the whole Board.
3	18	FULL	OPERATING ARRANGEMENTS	Agree the arrangements for ensuring the adoption of standards of governance and performance to be met by HEIW, including standards/requirements determined by Welsh Government, regulators, professional bodies/others e.g. Royal Colleges.
N/A	3	FULL	GENERAL	Approve HEIW's Governance Framework
4	4	FULL	OPERATING ARRANGEMENTS	<p>Approve, vary and</p> <ul style="list-style-type: none"> <li>• Standing Orders (SOs);</li> <li>• Standing Financial Instructions (SFIs);</li> </ul>

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				<ul style="list-style-type: none"> <li>• Schedule of matters reserved to HEIW;</li> <li>• Scheme of delegation to Committees and others; and</li> <li>• Scheme of delegation to Officers.</li> </ul> <p>In accordance with any directions set by Welsh Ministers.</p>
5	9	FULL	OPERATING ARRANGEMENTS	Approve HEIW's Values and Standards of Behavior Framework, Standards of Behavior Policy
6	15	FULL	OPERATING ARRANGEMENTS	Approve HEIW's framework for performance management.
7	19	FULL	OPERATING ARRANGEMENTS	Approve the introduction or discontinuance of any significant activity or operation. Any activity or operation shall be regarded as significant if the Board determines it so based upon its contribution/impact on the achievement of HEIW's aims, objectives and priorities

*1 Any decision to reserve a matter, and the manner in which that retained responsibility is carried out will be in accordance with any regulatory and/or Welsh Government requirements*

OLD PARA	THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD
8	5	FULL	OPERATING ARRANGEMENTS	Ratify any urgent decisions taken by the Chair and the Chief Executive in accordance with Standing Order requirements
NA	6	No- Can delegate to Audit and Assurance Committee	OPERATING ARRANGEMENTS	Formal consideration of report of Board Secretary on any non compliance with Standing Orders, making proposals to the Board on any actions to be taken.

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9	7	FULL	OPERATING ARRANGEMENTS	~Receive report and proposals regarding non-compliance with Standing Orders, and where required ratify in public session any instances of failure to comply with Standing Orders and Standing Financial Instructions.
11	17	FULL	OPERATING ARRANGEMENTS	Ratify policies for dealing with concerns, complaints and incidents. in accordance with the Complaints Handling Policy and health and safety requirements.
12	28	FULL	OPERATING ARRANGEMENTS	Approve individual compensation payments in line with the provisions of Annex 4 to Chapter 6 of the Welsh Government Manuel for Accounts. Instructions
13	29	FULL	OPERATING ARRANGEMENTS	Approve individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Executive and officers.
14	30	FULL	OPERATING ARRANGEMENTS	Approve proposals for action on litigation on behalf of HEIW
15	8	FULL	OPERATING ARRANGEMENTS	Authorise use of the HEIW's official seal.
16	20	FULL	ORGANISATION STRUCTURE & STAFFING	Non-officer members to appoint, discipline and dismiss the Chief Executive and officer members of the Board.
17	21	No Remuneration and Terms of Service Committee	ORGANISATION STRUCTURE & STAFFING	Approve the appointment, appraisal, discipline and dismissal of any other Board level appointments in accordance with Ministerial Instructions e.g. the Board Secretary.
N/A	22	No – Remuneration and Terms of Service Committee	ORGANISATIONAL STRUCTURE & STAFFING	Consider and approve redundancy and Early Release Applications, noting that where the settlement is £50,000 or above subsequent agreement of Welsh Government is required.

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18	10	FULL	ORGANISATION STRUCTURE & STAFFING	Require, receive and determine action in response to the declaration of Board members' interests, in accordance with advice received, e.g. from Audit & Assurance Committee or Board Secretary
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OLD PARA	THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD
19	23	FULL	ORGANISATION STRUCTURE & STAFFING	Approve, review, and revise HEIW's top level organisation structure and corporate policies
20	24	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, review, revise and dismiss Board committees, directly accountable to the Board
21	25	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss the Chair and members of any committee or Group set up by the Board
22	26	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss individuals appointed to represent the Board on outside bodies and groups
23	27	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the terms of reference and reporting arrangements of all committees, and groups established by the Board
25	11	FULL	STRATEGY & PLANNING	Determine HEIW's strategic aims, objectives and priorities
26	13	FULL	STRATEGY & PLANNING	Approve HEIW's annual business plan and three-year plan setting out how HEIW will meet the requirements set out in the remit letter.
27	16	FULL	STRATEGY & PLANNING	Approve HEIW's framework and strategy for risk and assurance.

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OLD PARA	THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD
30	12	FULL	STRATEGY & PLANNING	<p>Approve the HEIWs key strategies and programmes related to:</p> <ul style="list-style-type: none"> <li>• Workforce and Organisational Development</li> <li>• Health education and training;</li> <li>• Research/evaluation;</li> <li>• Quality of education and training programmes;</li> <li>• Leadership and career development for staff within NHS Wales;</li> <li>• Workforce transformation &amp; improvement;</li> <li>• Infrastructure, including IM &amp;T, Estates and Capital;</li> <li>• Communication, partnership and stakeholder engagement.</li> </ul> <p>Supporting delivery of 'A Healthier Wales including development of a high-level strategic workforce plan for Wales in partnership with Social</p>
31	14	FULL	STRATEGY & PLANNING	Approve HEIW's budget and financial framework (including overall distribution of the financial allocation)
32	31	FULL	STRATEGY & PLANNING	Proposed commissioning, specification and contract variations on education and training agreements before submission of recommendation to Welsh Government for Ministerial approval in accordance with delegations set on in the Financial Delegations
33	32	FULL	STRATEGY & PLANNING	Approve individual contracts (other than NHS contracts) above the limit delegated to the Chief Executive set out in the Standing Financial Instructions and Scheme of Delegation.
	42	FULL	STRATEGY & PLANNING	Approve the National Annual Education and Training Plan before submission of recommendation to the Welsh Government for approval.
OLD PARA	THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD

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	35	FULL	STRATEGY & PLANNING	Approve the forward work programme for the Education Commissioning and Quality Committee.
34	33	FULL	PERFORMANCE & ASSURANCE	Approve HEIW's internal audit and assurance arrangements
35	34	FULL	PERFORMANCE & ASSURANCE	Receive reports from HEIW's Executive on progress and performance in the delivery of HEIW's strategic aims, objectives and priorities and approve action required, including improvement plans as appropriate.
36	35	FULL	PERFORMANCE & ASSURANCE	Receive assurance reports from the Board's committees, groups and other internal sources on HEIW's performance and approve action required, including improvement plans as appropriate.
37	36	FULL	PERFORMANCE & ASSURANCE	Receive reports on HEIW's performance produced by external auditors, regulators and inspectors that raise significant issue or concerns impacting on HEIW's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Board Committees as appropriate
38	37	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion of HEIW's Chief Internal Auditor and approve action required, including improvement plans
39	38	FULL	PERFORMANCE & ASSURANCE	Receive the annual audit report from the Auditor General for Wales and approve the action required, including improvement plans
40	39	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion on HEIW's performance against appropriate Health and Care Standards for Wales and approve action required, including improvement plans.
41	40	FULL	REPORTING	Approve HEIW's Reporting Arrangements, including reports on activity and performance to partners and stakeholders and nationally to the Welsh Government where required.

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42	41	FULL	REPORTING	Receive, approve and ensure the publication of HEIW reports, including its Annual Report & Accounts in accordance with directions and guidance issued.
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ADDITIONAL AREAS OF RESPONSIBILITY DELEGATED TO CHAIR, VICE CHAIR AND INDEPENDENT MEMBERS				
	CHAIR			
	VICE CHAIR			
	CHAMPION/ NOMINATED LEAD			

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## DELEGATION OF POWERS TO COMMITTEES AND OTHERS<sup>3</sup>

Standing Order 2 provides that the Board may delegate powers to Committees and others. In doing so, the Board has formally determined:

- the composition, terms of reference and reporting requirements in respect of any such Committees; and
- the governance arrangements, terms and conditions and reporting requirements in respect of any delegation to others

in accordance with any regulatory requirements and any directions set by the Welsh Ministers.

Any delegated powers to Board Committees are set out in the Terms of reference of the relevant committee, which are appended to these SOs for the following Committees:

- Audit and Assurance Committee
- Remuneration and Terms of Service Committee
- Education, Commissioning and Quality Committee

The scope of the powers delegated, together with the requirements set by the Board in relation to the exercise of those powers are as set out in i) Committee Terms of Reference, and ii) formal arrangements for the delegation of powers to others. Collectively, these documents form the Board's Scheme of Delegation to Committees.

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<sup>3</sup>As defined in Standing Orders

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## SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, OTHER DIRECTORS AND OFFICERS

The HEIW Standing Orders and Standing Financial Instructions specify certain key responsibilities of the Chief Executive, the Director of Finance and Corporate Services and other officers. The Chief Executive's Job Description, together with their Accountable Officer Memorandum sets out their specific responsibilities, and the individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the Standing Financial Instructions form the basis of the SHA's Scheme of Delegation to Officers.

DELEGATED MATTER	RESPONSIBLE OFFICER(S)
Representation in statutory partnerships	Chief Executive
Performance Management arrangements	Deputy Chief Executive and Director of Workforce & OD
Receipt and opening of quotations	Director of Finance, Planning and Performance
Land, Buildings and assets	Director of Finance, Planning and Performance
Facilities Management	Director of Finance, Planning and Performance
Sustainable Development	Director of Finance, Planning and Performance
Health, Safety & Fire	Director of Finance, Planning and Performance
I M & T	Director of Digital
Senior Information Risk Owner (SIRO)	Board Secretary
CRB checks	Deputy Chief Executive and Director of Workforce & OD
Data Protection	Director of Digital

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<b>DELEGATED MATTER</b>	<b>RESPONSIBLE OFFICER(S)</b>
Equality & Human Rights	Deputy Chief Executive and Director of Workforce & OD
Issuing tenders and post tender negotiations	Chief Executive/ Director of Finance, Planning and Performance
Budgetary delegation arrangements	Director of Finance, Planning and Performance
Banking arrangements	Director of Finance, Planning and Performance
Ex-gratia payments	Director of Finance, Planning and Performance
Losses and special payments	Director of Finance, Planning and Performance
Professional advice on supply of goods and services	Director of Finance, Planning and Performance
External Communications incl. Media enquiries	Chief Executive, supported by Board Secretary
Healthcare Standards	Director of Nurse and Health Professional Education / Medical Director
Risk Management	Board Secretary
Legal Claims	Director of Finance, Planning and Performance
Caldicott Guardian	Medical Director
Freedom of Information Act	Board Secretary
Welsh Language	Board Secretary
Legal advice	Board Secretary

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<b>DELEGATED MATTER</b>	<b>RESPONSIBLE OFFICER(S)</b>
Receipt and opening of tenders	Board Secretary
Civil Contingencies /Emergency Planning	Deputy Chief Executive and Director of Workforce & OD
Variation of Funded Establishment	Chief Executive
Responsible Officer for medical trainees	Medical Director

This scheme only relates to matters delegated by the Board to the Chief Executive and their Executive Directors, together with certain other specific matters referred to in Standing Financial Instructions.

Each Executive Director is responsible for delegation within their department. They should produce a scheme of delegation for matters within their department, which should also set out how departmental budget and procedures for approval of expenditure are delegated.

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## Delegated Financial Limits

Post	Education and Training Contracts	Education and Training Invoices	Revenue (Other Than Education & Training Contracts)	Capital
Board	Above £5m		No Limit	No Limit
Chief Executive	up to £5m	No Limit (subject to Appropriate Contract Approval). NWSSP monthly payments for Single Lead Employer(SLE) £4m.	£250,000	£100,000
Deputy Chief Executive (when acting in that capacity)	up to £5m	No Limit (subject to Appropriate Contract Approval). NWSSP monthly invoices for SLE £4m.	£250,000	100,000
Director of Finance, Planning and Performance	up to £2m	£2m	£100,000	£100,000
Director of Nurse and Health Professional Education & Medical Director within delegated budget area		£500,000	£50,000	
Executive Directors within delegated directorate budget area, Director of Digital			£50,000	
Deputy Director of Finance and Planning		£50,000	£50,000	
Delegated Budget Managers (within delegated budget area)			£25,000	
Delegated Budget Managers (within delegated budget area)			£10,000	

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Delegated Budget Managers (within delegated budget area)			£5,000	
Delegated Budget Managers (within delegated budget area)			£1,000	

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# Schedule 2

## KEY GUIDANCE, INSTRUCTIONS AND OTHER RELATED DOCUMENTS

**This Schedule forms part of, and shall have effect as if incorporated in the  
HEIW Standing Orders**

### HEIW Framework

The HEIW governance and accountability framework comprises these SOs, incorporating schedules of Powers reserved for the Board and Delegation to others, together with the following documents:

- ***SFIs***
- ***Values and Standards of Behaviour Framework***
- ***Risk and Assurance Framework***
- ***Key policy documents agreed by the Board including:***
  - ***Policies, procedures and other written control documents policy and procedure;***
  - Equality and Human Rights Policy***
  - ***Welsh Language Scheme;***

These documents must be read in conjunction with the SOs and will have the same effect as if the details within them were incorporated within the SOs themselves.

### NHS Wales framework

Full, up to date details of the guidance, instructions and other documents that together make up the framework of governance, accountability and assurance for the NHS in Wales are published on the NHS Wales Governance e-Manual which can be accessed at [www.wales.nhs.uk/governance-emanual/](http://www.wales.nhs.uk/governance-emanual/). Directions or guidance on specific aspects of HEIW business are also issued in hard copy, usually under cover of a Ministerial Letter.

# Schedule 3

## BOARD COMMITTEE ARRANGEMENTS

**This Schedule forms part of, and shall have effect as if incorporated in the HEIW Standing Orders**

The HEIW Shadow Board has agreed initially to set up two committees:

Audit and Assurance Committee; and  
Remuneration and Terms of Service Committee

The Terms of Reference and Operating arrangement for each Committee is detailed below:

### Audit and Assurance Committee

The **Audit and Assurance Committee** is responsible for reviewing the system of governance and assurance established within HEIW and the arrangements for internal control, including risk management, for the organisation and, in particular, advises on the Annual Governance Statement signed by the Chief Executive.

The Committee also keeps under review the risk approach of the organisation and utilises information gathered from the work of the Board, its own work, the work of other Committees and also other activity in the organisation in order to advise the Board regarding its conclusions in relation to the effectiveness of the system of governance and control

The Committee also has the role of providing *assurance* to the Board in relation to the arrangements for creating, collecting, storing, safeguarding, disseminating, sharing, using and disposing of information in accordance with its stated objectives, legislative responsibilities, e.g., the Data Protection Act, General Data Protection Regulations and Freedom of Information Act; and any relevant requirements and standards determined for the NHS in Wales.

### Remuneration and Terms of Service Committee

The **Remuneration and Terms of Service Committee** has the purpose of providing advice to the Board on remuneration and terms of service for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government and provide *assurance* to the Board in relation to HEIW arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales.

## Education, Commissioning and Quality Committee

The **Education, Commissioning and Quality Committee** has the purpose to:

- **Advise** and **assure** the Board and the Chief Executive (who is the Accountable Officer) on whether effective arrangements are in place to plan, commission, deliver and quality manage education systems and provide assurance on behalf of the organisation.
- Where appropriate, **advise** the Board and the Chief Executive on where, and how, its education systems and assurance framework may be strengthened and developed further.
- Recommend to the Board education training plans including investment in new programmes and disinvestment in others.
- Recommend to the Board on strategic matters relating to Education Commissioning and Education Quality.
- **Recommend** the specification of tender documents in respect of Education to the Board

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<b>Standard Terms of Reference and Operating Arrangements for all Committees of the Board</b>	
<b>Date:</b> 27 July 2023	<b>Version:</b> 3
<b>Review Date:</b> Annually	
<b>1. Introduction:</b> <p>Section 3.1 of the HEIW standing orders provide that “The Board may and, where directed by the Welsh Government must, appoint Committees either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees”.</p> <p>In line with Section 3.3 of the standing orders, the Board shall as a minimum nominate annually committees which cover the following aspects of Board business:</p> <ul style="list-style-type: none"> <li>• Audit and Assurance;</li> <li>• Remuneration and Terms of Service; and</li> <li>• Education, Commissioning and Quality Committee</li> </ul> <p>This document includes content common to all committees and should be read alongside the specific terms of reference and operating arrangements for each committee.</p> <p>The provisions of Section 5 of the Standing Orders have also been taken into account when developing the committee Terms of Reference. This relates to transparency of meetings, planning board/committee business, setting agenda’s etc.</p>	
<b>2. Authority:</b> <p>Each Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Authority relevant to the Committee’s remit, ensuring staff confidentiality, as appropriate. It may seek relevant information from any:</p> <ul style="list-style-type: none"> <li>• employee (and all employees are directed to co-operate with any reasonable request made by the Committee); and</li> <li>• any other Committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.</li> </ul> <p>Each Committee is authorised by the Board to obtain outside legal or other</p>	

independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

### **3. Sub-Committees and Groups**

Each Committee may, subject to the approval of the Board, establish sub-committees or groups to carry out on its behalf specific aspects of Committee business.

### **4. Membership and Attendees:**

#### **4.1 Secretariat**

As determined by the Board Secretary.

#### **4.2 Member Appointments**

- The second and third paragraph of this section 4.2 shall not be applicable to the Remuneration and Terms of Service Committee as section 4.1 of the same Committee's Terms of Reference shall take precedence.
- The membership of each Committee shall be determined by the Board, based on the recommendation of the Chair - taking account of the balance of skills and expertise necessary to deliver each Committee's remit and subject to any specific requirements or directions made by the Welsh Government. The Board shall ensure succession planning arrangements are in place.
- Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board. The Board should, as a matter of good practice, review the membership of each Committee every two years in order to ensure each Committee is refreshed on a regular basis whilst maintaining continuity.
- Committee members' terms and conditions of appointment, (including any remuneration and reimbursement) will be in accordance with their terms of appointment to HEIW. Where a member has been co-opted to fulfil a specific function and where they are not Independent Members or employees of HEIW this will be determined by the Board, based upon the recommendation of the Chair and on the basis of advice from the Remuneration and Terms of Service Committee.

#### **4.3 Support to Committee Members**

The Board Secretary, on behalf of each Committee Chair, shall:

- Arrange the provision of advice and support to committee members on any aspect relating to the conduct of their role; and

- Ensure the provision of a programme of organisational development for Committee members as part of the overall Organisational Development programme developed by the Deputy Chief Executive.

#### **4.4 Withdrawal of individuals in attendance**

Each Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

Members and attendees will also withdraw from the meeting, as appropriate, where there is a conflict of interest or a potential conflict of interest.

### **5. Relationships and accountabilities with the Board and its Committees/Groups<sup>4</sup>**

Although the Board has delegated authority to the Committees for the exercise of certain functions, as set out within each Committee's terms of reference, it retains overall responsibility and accountability for ensuring a strategic approach to developing the Welsh health workforce for now and for the future through the effective governance of the organisation.

Each Committee is directly accountable to the Board for its performance in exercising the functions set out in each Committee's terms of reference.

Each Committee, through its Chair and members, shall work closely with the Board's other Committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of information.

Through acting in accordance with the preceding paragraph, each Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

- Each Committee shall embed HEIW values, corporate standards, priorities and requirements through the conduct of its business.

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<sup>4</sup> Reference to the Board's Committees/Groups incorporates its sub committees, joint committees and joint sub committees as well as other groups, such as Task and Finish Groups, where this is appropriate to the remit of the Committee.

## 6. Reporting and Assurance Arrangements:

Each Committee Chair shall:

- bring to the Board's specific attention any significant matters under consideration by their Committee
- ensure appropriate escalation arrangements are in place to alert the Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent or critical matters that may affect the operation and/or reputation of HEIW.
- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports when appropriate, as well as the presentation of an annual report;

The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, or to community partners and other stakeholders, where this is considered appropriate. This could be where the Committee's assurance role relates to a joint or shared responsibility.

The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of each Committee's performance and operation including that of any sub committees established and groups.

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<b>Terms of Reference and Operating Arrangements Audit and Assurance Committee</b>	
<b>Date:</b> July 2023	Version: 3
<b>Review Date:</b> Annually	
<b>1. Introduction</b>  <p>In line with Section 3 of the Standing Orders, the Board shall nominate annually a committee which covers Audit. This remit of this Committee will be extended to include Assurance and Corporate Governance and will be known as the <b>Audit and Assurance Committee</b>.</p> <p>The detailed terms of reference and operating arrangements set by the Board in respect of this Committee are detailed below.</p> <p>These terms of reference and operating arrangements are to be read alongside the standard terms of reference and operating arrangements applicable to all Committees.</p>	
<b>2. Purpose</b>  <p>The purpose of the Audit and Assurance Committee (“the Committee”) is to:</p> <ul style="list-style-type: none"> <li>• <b>Advise</b> and <b>assure</b> the Board and the Chief Executive (who is the Accountable Officer) on whether effective arrangements are in place, through the design and operation of HEIW’s assurance framework, to support them in their decision taking and in discharging their accountabilities for securing the achievement of its objectives, in accordance with the standards of good governance determined for the NHS in Wales</li> <li>• Where appropriate, the Committee will <b>advise</b> the Board and the Chief Executive on where, and how, its systems and assurance framework may be strengthened and developed further</li> <li>• <b>Approve</b> on behalf of the Board policies, procedures and other written control documents in accordance with the Scheme of Delegation.</li> </ul>	
<b>3. Delegated Powers</b>  <p>With regard to its role in providing advice to the Board, the Committee will comment specifically on the:</p> <ul style="list-style-type: none"> <li>• adequacy of HEIW’s strategic governance and assurance framework, systems and processes for the maintenance of an effective system of governance, internal control, and risk management across the whole organisation’s activities, designed to support the public disclosure statements that flow from the assurance processes, including the Annual Governance Statement, providing reasonable assurance on:</li> </ul>	

- the organisations ability to achieve its objectives
- compliance with relevant regulatory requirements and other directions and requirements set by the Welsh Government and others
- reliability, integrity, safety and security of the information collected and used by the organisation
- the efficiency, effectiveness and economic use of resources
- the extent to which the organisation safeguards and protects all its assets, including its people.

In undertaking its work and responsibility the Committee will comment specifically on:

- Board's Standing Orders, and Standing Financial Instructions (including associated framework documents, as appropriate)
- accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified, the ISA 260 Report 'Communication with those charged with Governance' and managements' letter of representation to the external auditors
- schedule of Losses and Special Payments
- planned activity and results of internal audit, external audit and the Local Counter Fraud Specialist (including strategies, annual work plans and annual reports)
- adequacy of executive and management's response to issues identified by audit, inspection and other assurance activity
- anti-fraud policies, whistleblowing (raising concerns) processes and arrangements for special investigations
- issues upon which the Board, its Committees or the Chief Executive may seek advice
- contracting and tendering process
- provide assurance and undertake scrutiny of ensuring value for money

The Committee will support the Board with regard to its responsibilities for governance (including risk and control) by **reviewing** and **approving** as appropriate:

all risk and control related disclosure statements, in particular the Annual

Governance Statement together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board

- the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements
- the policies for ensuring compliance with relevant regulatory, legal and code of conduct and accountability requirements
- the policies and procedures for all work related to fraud and corruption as set out in National Assembly for Wales Directions and as required by the Counter Fraud and Security Management Service

In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from Directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.

This will be evidenced through the Committee's use of effective governance and assurance arrangements to guide its work and that of the audit and assurance functions that report to it, and enable the Committee to review and form an opinion on the:

- comprehensiveness of assurances in meeting the Board and the Chief Executives assurance needs across the whole of HEIW activities;
- the reliability and integrity of these assurances

To achieve this, the Committee's programme of work will be designed to provide assurance that:

- there is an effective internal audit function that meets the standards set for the provision of internal audit in the NHS in Wales and provides appropriate independent assurance to the Board and the Chief Executive through the Committee
- there is an effective counter fraud service that meets the standards set for the provision of counter fraud in the NHS in Wales and provides appropriate assurance to the Board and the Chief Executive through the Committee
- there is an effective improvement function that provides appropriate assurance to the Board and the Chief Executive
- there are effective arrangements in place to secure active, ongoing assurance

from management with regard to their responsibilities and accountabilities, whether directly to the Board and the Chief Executive or through the work of the Board's committees

- the work carried out by key sources of external assurance, in particular, but not limited to HEIW's external auditors, is appropriately planned and co-ordinated and that the results of external assurance activity complements and informs (but does not replace) internal assurance activity
- the work carried out by the whole range of external review bodies is brought to the attention of the Board, and that the organisation is aware of the need to comply with related standards and recommendations of these review bodies, and the risks of failing to comply
- systems for financial reporting to the Board, including those of budgetary control, are effective
- results of audit and assurance work specific to HEIW, and the implications of the findings of wider audit and assurance activity relevant to the HEIW's operations are appropriately considered and acted upon to secure the ongoing development and improvement of the organisations governance arrangements

The Committee will review and agree the programme of work on an annual basis and will recommend it to the Board for approval.

#### **4. Access**

The Head of Internal Audit and the Auditor General and his representatives shall have unrestricted and confidential access to the Chair of the Audit and Assurance Committee at any time, and vice versa.

The Committee will meet with Internal and External Auditors and the nominated Local Counter Fraud Specialist without the presence of officials on at least one occasion each year.

The Chair of the Audit and Assurance Committee shall have reasonable access to Executive Directors and other relevant senior staff.

#### **5. Membership, Attendees and Quorum**

##### **5.1 Members**

A minimum of three members, comprising:

Chair	Independent Member
Vice Chair	Independent Member
Members	Independent Members

The Chair of the organisation shall not be a member of the Audit and Assurance Committee but may be invited to attend by the Chair of the



Committee as appropriate.

## 5.2 Attendees

In attendance:

Director of Finance, Planning and Performance  
Board Secretary  
Head of Internal Audit (or representative)  
Local Counter Fraud Specialist  
Representative of the Auditor General for Wales  
Head of Financial Accounting

In addition to this others from within or outside the organisation who the Committee considers should attend, will be invited taking account of the matters under consideration at each meeting.

The Chief Executive shall be invited to attend, at least annually, to discuss with the Committee the process for assurance that supports the Annual Governance Statement.

## 5.3 Quorum

At least **two** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair (or Vice Chair where appointed).

## 6. Frequency of Meetings

Meetings shall be held no less than quarterly and otherwise as the Chair of the Committee deems necessary – consistent with HEIW's annual plan of Board Business. The External Auditor or Head of Internal Audit may request that the Chair convene a meeting if they consider this necessary.

## 7. Relationships and accountabilities with the board and its Committees/Groups:<sup>5</sup>

The Audit and Assurance Committee must have an effective relationship with other committees or sub-committees of the Board so that it can understand the system of assurance for the Board as a whole. It is very important that the Audit and Assurance Committee remains aware of its distinct role and does not seek to perform the role of other committees.

The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of HEIW's overall framework of assurance.

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<sup>5</sup> Reference to the Board's Committees/Groups incorporates its sub committees, joint committees and joint sub committees as well as other groups, such as Task and Finish Groups, where this is appropriate to the remit of this Audit and Assurance Committee

## **8. Reporting and Assurance Arrangements**

The Committee shall provide a written, annual report to the Board and the Chief Executive on its work in support of the Annual Governance Statement, specifically commenting on the adequacy of the assurance framework, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the committee's self-assessment and evaluation.

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<b>Remuneration and Terms of Service Committee</b> <b>Terms of Reference and Operating Arrangements</b>	
<b>Date:</b> 11 July 2023	<b>Version:</b> 2.0
<b>Review Date:</b> Annually	
<b>1. Introduction</b>  <p>In line with Section 3 of the Standing Orders and HEIW's Scheme of Delegation, the Board shall nominate annually a committee to be known as the Remuneration and Terms of Service Committee. The detailed terms of reference and operating arrangements set by the Board in respect of this Committee are set out below.</p> <p>These terms of reference and operating arrangements are to be read alongside the standard terms of reference and operating arrangements applicable to all Committees.</p>	
<b>2. Purpose</b>  <p>The purpose of the Remuneration and Terms of Service Committee ("the Committee") is to provide:</p> <ul style="list-style-type: none"> <li>• <b>advice</b> to the Board on remuneration and terms of service and performance for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government</li> <li>• <b>assurance</b> to the Board in relation to HEIW's arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales.</li> </ul> <p>The Committee shall have no powers to exercise on behalf of the Board.</p>	
<b>3. Delegated Powers</b>  <p>With regard to its role in providing advice and assurance to the Board, the Committee will comment specifically upon the:</p> <ul style="list-style-type: none"> <li>• remuneration and terms of service for the Chief Executive, Executive Directors, members of the Executive Team and other Very Senior Managers (VSMs); ensuring that the policies on remuneration and terms of service as determined from time to time by the Welsh Government are applied consistently.</li> <li>• provide oversight and advice in respect of the recruitment of Chief Executive, Executive Directors, members of the Executive Team and other very Senior Managers (VSMs).</li> <li>• Consider and recommend to Board the approval of the Chief Executive, Executive Directors and members of the Executive Team.</li> <li>• objectives for Executive Directors and members of the Executive Team and their performance assessment.</li> </ul> <p>performance management system in place for those in the positions mentioned above and its application.</p>	

- proposals regarding termination arrangements, including those under the Voluntary Early Release Scheme, ensuring the proper calculation and scrutiny of termination payments in accordance with the relevant Welsh Government guidance.

#### **4. Membership, Attendees and Quorum**

##### **4.1 Members**

Chair: HEIW Chair

Members: Every Independent Member of HEIW

**4.2 By Invitation** As required but usually to include:  
Chief Executive  
Deputy Chief Executive  
Director of Finance  
Board Secretary

The Committee Chair may invite the following to attend all or part of a meeting to assist it with its discussions on any particular matter:

- any other official;
- and/or any others from within or outside the organisation

##### **4.3 Quorum**

At least **three** members must be present to ensure the quorum of the Committee, one of whom must be the Chair (or Vice Chair where appointed).

#### **5. Frequency of Meetings**

The Chair of the Committee, in agreement with Committee Members, shall determine the timing and frequency of meetings, as deemed necessary. It is expected that the Committee shall meet at least once a year, consistent with the annual plan of Board Business.

#### **6. Relationships and Accountabilities with the Board and its Committees/Groups**

The Committee must have an effective relationship with other committees or sub-committees of the Board so that it can understand the system of assurance for the Board as a whole. It is very important that the Committee remains aware of its distinct role and does not seek to perform the role of other committees.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.

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Education, Commissioning and Quality Committee Terms of Reference and Operating Arrangements	
<b>Date:</b> July 2023	<b>Version:</b> 3
<b>Review Date: Annually</b>	
<b>1. Introduction</b>  <p>In line with Section 3 of the Standing Orders, the Board shall nominate annually a committee which covers education, education commissioning and quality management of education provision and contracts. This Committee will be known as the Education, Commissioning and Quality Committee.</p> <p>The terms of reference and operating arrangements set by the Board in respect of this Committee are detailed below.</p> <p>These terms of reference and operating arrangements are to be read alongside the standard terms of reference and operating arrangements applicable to all HEIW committees.</p>	
<b>2. Purpose</b>  <p>The purpose of the Education, Commissioning and Quality Committee (“the Committee”) is to:</p> <ul style="list-style-type: none"> <li>• <b>Advise</b> and <b>assure</b> 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 which shall include continual improvement in line with the Duty of Quality education systems and provide assurance on behalf of the organisation.</li> <li>• Where appropriate, <b>advise</b> the Board and the Chief Executive on where, and how, its education systems and assurance framework may be strengthened and developed further.</li> <li>• Recommend to the Board education training plans including investment in new programmes and disinvestment in others.</li> <li>• Recommend to the Board on strategic matters relating to Education Commissioning and Education Quality.</li> <li>• <b>Recommend</b> the specification of tender documents in respect of Education to the Board</li> </ul>	
<b>3. Delegated Powers</b>  <p>With regard to its role in providing advice to the Board, the Committee will:</p>	

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- i. Provide assurance to the Board as to the effective management and improvement of the quality of HEIW's education and related research activities. Such assurance shall include a focus on continual improvement in accordance with the Duty of Quality.
- ii. Recommend to the Board areas for investment/disinvestment in education and training plans taking into account value-based commissioning.
- iii. Recommend to the Board the national annual education and training plan.
- iv. Alert the Audit and Assurance Committee and the Board to any matters requiring governance action and oversee such action on behalf of the Board.
- v. Oversee the development, implementation and updating of strategies, policies, structures and processes for the governance of education and training which shall include taking a forward looking and strategic view.
- vi. Seek assurance of the effective performance, monitoring, management and value of education and training programmes and contracts, including the identification and management of related risk.
- vii. Monitor compliance of education and training activities with:
  - a. statutory and regulatory requirements, including equity, equality legislation and Welsh language requirements and;
  - b. with NHS Wales policy and other relevant policies and HEIW's priorities in relation to equity, equality and diversity, person-centred care and participation, and educational quality.
- viii. Monitor HEIW's compliance with delegated responsibilities given to it by health regulators i.e. GMC, GDC and GPhC as delegated to HEIW.
- ix. Promote collaboration within HEIW and with external agencies in relation to educational and training governance which shall include wellbeing.
- x. To work collaboratively with other HEIW Board standing committees.
- xi. Scrutinise the specification of education tender documents.
- xii. Recommend the specification of tender documents to the

Board for Education.

- xiii. Recommend undertaking research on Education, Quality and Commissioning to the Board.
- xiv. Engage with Board Development Sessions with regards to making recommendations on strategic matters relating to Education Commissioning and Education Quality.
- xv. Seek assurance in respect of risk areas within its area of responsibility and highlight material areas of concern to the Audit and Assurance Committee.
- xvi. Highlight any issues out of the ordinary to the Board.

The Committee will review and agree its forward work programme on an annual basis and will recommend it to the Board for approval.

#### **4. Membership, Attendees Quorum and Term**

##### **4.1.1 Members**

A minimum of two members, comprising of at least:

- Chair: Independent Member
- Vice Chair: Independent Member

The Chair of the organisation shall not be a member of the Committee but may be invited to attend by the Chair of the Committee as appropriate.

##### **4.1.2 Deputy Independent Member**

The Board may appoint a Deputy Independent Member for the Committee. Where a member of the Committee is unable to attend a Committee meeting, then the nominated Deputy may attend in his or her absence as a member of the Committee. If a Deputy attends a Committee as a member of the Committee then the Deputy shall be included for the calculation of a quorum and may exercise voting rights.

##### **4.2 Attendees**

In attendance:

- Director of Nurse and Health Professional Education
- Medical Director
- Director of Finance, Planning and Performance
- Board Secretary
- Deputy Director of Education, Commissioning and



- Quality
- Postgraduate Dental Dean
- Postgraduate Pharmacy Dean
- Postgraduate Medical Dean

In addition to this, others from within or outside the organisation who the Committee considers should attend, will be invited taking account of the matters under consideration at each meeting.

The Chief Executive shall be invited to attend, at least annually, to discuss with the Committee the process for assurance that supports the Annual Governance Statement.

### **4.3 Quorum**

At least two members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair (or Vice Chair where appointed).

### **4.4 Terms**

Immediately following the establishment of HEIW the Members shall be appointed for an initial period of two years. Thereafter Members shall be appointed for a term of one year.

## **5. Frequency of Meetings**

Meetings shall be held no less than quarterly and otherwise as the Chair of the Committee deems necessary – consistent with HEIW's annual plan of Board Business.

## **6. Relationships and accountabilities with the Board and its Committees/ Groups**

The Committee must have an effective relationship with other committees or sub-committees of the Board so that it can understand the system of assurance for the Board as a whole. It is very important that the Committee remains aware of its distinct role and does not seek to perform the role of other committees.

The Committee will maintain effective working relationships with HEIW'S Audit and Assurance Committee (AAC), and with HEIW's other Board committees and subcommittees. To strengthen liaison with the AAC, one Independent Member will serve on both committees.

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

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

<b>Meeting Date</b>	<b>27 July 2023</b>	<b>Agenda Item</b>	<b>4.8</b>
<b>Report Title</b>	<b>Corporate Risk Register</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 provide an overview of the risks currently detailed within the Corporate Risk Register (CRR).		
<b>Key Issues</b>	<p>The report provides an update on the CRR, which is attached at Appendix 1.</p> <p>The CRR confirms:</p> <ul style="list-style-type: none"> <li>○ three 'red' status risks and</li> <li>○ three 'amber' status risks</li> </ul> <p>Risk 14 and 15 were removed from the CRR at the July meeting of the Audit and Assurance Committee.</p> <p>No risks have been reassessed or added to the register since the last report.</p>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
			✓
<b>Recommendations</b>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• <b>note</b> the report for assurance.</li> </ul>		

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# CORPORATE RISK REGISTER

## 1. INTRODUCTION

The Board is asked to note the current position regarding the Corporate Risk Register (CRR) (**Appendix 1**) as outlined in this report.

## 2. ASSESSMENT

There are currently **6** risks on the CRR, and these risks have been assessed as follows: **3** 'Red' status risks, and **3** 'Amber' status risks. Except for paragraph 2.1, which provides an update on the pre-existing Red Risks, the commentary below highlights the changes to the CRR since the last report.

### 2.1. Red Risk

**Risk 1** – If HEIW does not ensure that all reasonable steps are taken in respect of cyber security it may be vulnerable to a data breach, possible fines from the Information Commissioners Office and associated bad publicity.

**Mitigation:** This requires the implementation of recommendations highlighted within HEIW's Cyber Security Assessment Report. Cyber Security Implementation Plan to be drafted and implemented.

**Assessment:** The risk currently has a score of 20. Therefore, the risk continues to be assessed as 'Red'.

**Progress:** The recommendations within HEIW's Cyber Security Assessment Report have or are being implemented. Activities to support the delivery of the Cyber Security Plan are underway and recent developments include:

- The Band 6 Cyber Security Analyst closed in March 2023 and interviews were held in April 2023.
- The Cyber Security team has been proactively working to develop and document the 2023/24 Cyber Security Plan which aims to augment and expand on the work carried out in 2022/23.
- Two Band 6 offers of employment have been made and accepted.
- Employment start dates have been agreed for the cyber security team's new starters.
- Cyber security plan deliverables and supporting activities are taking shape. The team, now fully resourced, is diligently working on delivery activities and aim to deliver at pace over the forthcoming months,

**Risk 18** – If HEIW does not achieve all of the commissioned levels within its education and training contracts and programmes, then it shall not meet its commitments within the Annual Education and Training Plan (EPT) for workforce supply to the NHS or utilise the full investment agreed through the Plan.

**Mitigation:**

- Strategic Review Phase 1 and Phase 2
- Executive Team
- Education, Commissioning and Quality Committee

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- The Performance Framework
- Education and Training Plan Oversight Group

**Assessment:** The risk currently has a score of 20. Therefore, the risk continues to be assessed as 'Red'.

**Progress:**

- Nurse and Health Professional Directorate is implementing and monitoring 13 diverse initiatives to increase applications from both traditional and non-traditional recruitment fields.
- Medicine Deanery is exploring a number of flexibility initiatives to enable trainee throughput in identified priority areas aligned to the ETP; these include short term placements to realign out of synch trainees, additional LTFT resource and resourcing of maternity leave and period of grace requirements.
- Dental "Welsh Enhanced Recruitment Offer" implemented.
- Education and Training plan performance oversight group established.

**Risk 19** – If the current Bursary package becomes less attractive due to the cost-of-living crisis, students will be discouraged from applying to health professional courses or cause existing students to leave before completion which will impact on future workforce supply.

**Mitigation:** Executive team has received regular reports in respect of the matter. A Welsh Government Bursary Oversight Board has been established and HEIW is a key stakeholder. Welsh Government is currently undertaking engagement and consultation to produce a report by March 2024 with recommendations for future scheme to be established from 2024/25.

**Assessment:** The risk currently has a score of 15. Therefore, the risk continues to be assessed as 'Red'.

**Progress:** The residual risk is based on 2023/34. The risk from 2024/25, depending upon the agreed solution, will be lower. Welsh Government Programme Board Continues which provides expertise and input to shape future policy direction. Engagement and consultation plan yet to be agreed. Welsh Government action included in National Workforce Implementation Plan (NWIP).

## 2.2. Risks with an Increased Score

There have been no risks with an increased score since the last report.

## 2.3. Risks with a Reduced Score

There have been no risks with a reduced score since the last report.

## 2.4. Risk Removal

The following risks have been removed from the CRR since the last report: 14 and 15.

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## 2.5. New Risks

There have been no new risks added to the CRR.

## 3. GOVERNANCE AND RISK ISSUES

Risk management through the CCR and Strategic Risks is a core tool for the governance of risk within HEIW.

## 4. FINANCIAL IMPLICATIONS

Risk management through the CCR and Strategic Risks is a core function of HEIW as a Special Health Authority. There are no anticipated additional cost implications.

## 5. RECOMMENDATION




The Board is asked to:

- **note** the report for assurance.

Governance and Assurance			
Link to IMTP strategic aims  (please ✓)	Strategic Aim 1:  Building our Future Workforce  Developing and implementing plans that align the future demand for workforce with supply.	Strategic Aim 2:  Developing our Current Workforce  Transforming today's workforce to contribute to new models of care which improve quality and safety.	Strategic Aim 3:  Shaping Culture and Leadership in NHS Wales  Embedding compassionate leadership principles to develop cultures that support inclusion, wellbeing, and quality.
	✓	✓	✓
Quality, Safety and Patient Experience			
The CRR is the core tool to ensure effective risk management within HEIW. A robust approach to the management of risk is more likely to impact favourably on the safety and experience of patients and staff.			
Financial Implications			
Risk management is a core function of HEIW as a Specialist Health Authority. There are no anticipated additional costs.			
Legal Implications (including equality and diversity assessment)			
There are no legal implications associated with this report.			
Staffing Implications			
There are no staffing implications associated with this report.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
The CRR is HEIW's core tool to manage risk.			
Report History	The CRR is presented to the Executive Team and Senior Leadership Team on a monthly basis. The Audit and Assurance Committee review it on a quarterly basis. The CRR is provided for noting at each meeting of the Board.		
Appendices	Appendix 1 – CRR		

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# HEIW CORPORATE RISK REGISTER - 2023/24

Date Added	Ref SA	Risk Description and Executive Owner	Inherent Risk			Risk Appetite	Mitigating Actions	Date of impact	Residual Risk			RAG Status	Progress
			Impact	Probability	Overall Score				Impact	Probability	Overall Score		
		Details of the risk. If... then... impact				None Low Moderate High Very High	Summary of action to date or proposed action to reduce risk, impact, or proximity – this should include a deadline or timetable for completing actions.					R/A/G & Trend	
1  April 2020	1	If HEIW does not ensure that all reasonable steps are taken in respect of cyber security it may be vulnerable to a data breach, possible fines from the Information Commissioner's Office and associated bad publicity.  <b>Board Secretary</b>	5	5	25	LOW	This requires the implementation of recommendations highlighted within HEIW's Cyber Security assessment report.  This includes the recruitment of a Head of Cyber Security.  Cyber Security Implementation Plan to be drafted and implemented.	Ongoing	5	4	20	R 	<b>May 5<sup>th</sup> 2022</b> Two Band 6 offers of employment have been made and accepted. Employment checks are currently underway with an aim for the new starters to join HEIW in June 2023.  <b>June 2023</b> Employment start dates have been agreed for the cyber security team's new starters (12 <sup>th</sup> June and 1 <sup>st</sup> July 2023).  The security team are actively working on several workstreams to deliver against security plan deliverables which aim to augment and improve security.  <b>July 2023</b> Cyber security plan deliverables and supporting activities are taking shape. The team, now fully resourced, is diligently working on delivery activities and aim to deliver at pace over the forthcoming months.
3  July 2020	1.	If HEIW does not have sufficient capacity this may have an impact on its ability to support the NHS, delivery of Annual Plan commitments and levels of performance.  <b>Director of Workforce and Organisational Development</b>	4	4	16	LOW	Assessment and costing of workforce requirements made as part of the development of the IMTP.		4	2	8	A 	<b>July 2023</b> Capacity process near completion, linked to resource allocation for 2023-24. Light touch process developed for additional in-year funding for staff resource. Close working between Finance & WOD teams.
6	2	<b>Strategic Review 1</b> If successful HEIs fail to mobilise the new programmes within the time specified by contract, then new students will be unable to benefit from programmes in 2022.	3	4	12	MODERATE	<ul style="list-style-type: none"> <li>Strategic Review 1 Programme Board,</li> <li>Strategic review 1 Project plan, timetable, escalation process and risk register.</li> </ul>	Ongoing	2	4	8	A 	<b>28<sup>th</sup> June 2023</b> <ul style="list-style-type: none"> <li>Spring 2023 nursing cohort fill rates evidences further reduction in recruitment to nursing commissioned places.</li> </ul>

Date Added	Ref SA	Risk Description and Executive Owner	Inherent Risk			Risk Appetite	Mitigating Actions	Date of impact	Residual Risk			RAG Status	Progress
		Details of the risk. If... then... impact	Impact	Probability	Overall Score	None Low Moderate High Very High	Summary of action to date or proposed action to reduce risk, impact, or proximity – this should include a deadline or timetable for completing actions.		Impact	Probability	Overall Score	R/A/G & Trend	
		<p>If insufficient applications to programmes are not received commissioned numbers will not be met.</p> <p><b>Director of Nurse and Health Professional Education</b></p>					<ul style="list-style-type: none"> <li>Performance management framework agreed with each HEI.</li> <li>Monthly performance management of the new contracts.</li> <li>Highlight reports to Executive Team</li> <li>Quality Report to ECQC</li> </ul>						<ul style="list-style-type: none"> <li>UCAS data - early indication on reduced application for nursing and midwifery for Autumn2023</li> <li>Programme of work to maximise applications to nursing programmes ongoing.</li> <li>Focussed work with Comms and Careers commenced in relation to September 2023 recruitment.</li> <li>Additional numbers secured for Sept 23-24 include 150 international student nurses and 35 employees through the Powys aspiring nurse programme which is set to fill the Bangor University dispersed learning commissioned numbers. Additional numbers for 24-25 will come from new part time distance learning programme - currently out to tender and conversion of HCSWs who have completed the new level 4 HCSW programmes.</li> </ul>

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Date Added	Ref SA	Risk Description and Executive Owner	Inherent Risk			Risk Appetite	Mitigating Actions	Date of impact	Residual Risk			RAG Status	Progress
		Details of the risk. If... then... impact	Impact	Probability	Overall Score	None Low Moderate High Very High	Summary of action to date or proposed action to reduce risk, impact, or proximity – this should include a deadline or timetable for completing actions.		Impact	Probability	Overall Score	R/A/G & Trend	
8  Oct 2021	4	<b>Single Lead Employer arrangements via NWSSP</b> If implementation of the single lead employer model processes does not meet expected standards and impacts on trainee experience, then this would potentially have an adverse reputational impact for HEIW and for Wales as a place to train.  <b>Medical Director</b>	4	5	20	MODERATE	<ul style="list-style-type: none"> <li>Group established between NWSSP, HEIW and UHBs to begin process mapping of data flow and other employment processes to identify weaknesses</li> <li>Paused roll out for secondary care specialties from December 2021 until clarity on resolution of existing issues</li> <li>NWSSP to review and where appropriate address internal capacity to deliver the service</li> <li>Weekly updates for HEIW executive team on progress</li> </ul>		3	4	12	A ↔	<b>May 4<sup>th</sup> 2023</b> Update received from Medical Deanery highlighting issues raised in review which will be discussed in meeting with NWSSP MD  <b>June 5<sup>th</sup> 2023</b> Meeting held between HEIW Medical Director, Post Graduate Medical Dean and Medical Director NWSSP and Letter outlining concerns drafted outlining HEIW's concerns.

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Date Added	Ref SA	Risk Description and Executive Owner	Inherent Risk			Risk Appetite	Mitigating Actions	Date of impact	Residual Risk			RAG Status	Progress
		Details of the risk. If... then... impact	Impact	Probability	Overall Score	None Low Moderate High Very High	Summary of action to date or proposed action to reduce risk, impact, or proximity – this should include a deadline or timetable for completing actions.		Impact	Probability	Overall Score	R/A/G & Trend	
18 March 2023	2	If HEIW does not achieve all of the commissioned levels within its education and training contracts and programmes, then it shall not meet its commitments within the Annual Education and Training Plan for workforce supply to the NHS or utilise the full investment agreed through the Plan.  <b>Director of Nurse and Health Professional Education</b>	5	5	25	HIGH	<ul style="list-style-type: none"> <li>Strategic review phase 1 programme</li> <li>Strategic review phase 2 programme</li> <li>Executive Team</li> <li>Education commission and Quality Committee</li> <li>Performance Framework</li> <li>Education and Training plan performance oversight group</li> </ul>		5	4	20	R ↔	<b>28<sup>th</sup> June 2023</b> <ul style="list-style-type: none"> <li>Nurse and Health Professional Directorate implementing and monitoring 13 diverse initiatives to increase applications from both traditional and non-traditional recruitment fields.</li> <li>Medicine Deanery is exploring a number of flexibility initiatives to enable trainee throughput in identified priority areas aligned to the ETP; these include short term placements to realign out of synch trainees, additional LTFT resource and resourcing of maternity leave and period of grace requirements.</li> <li>Dental “Welsh Enhanced Recruitment Offer” implemented.</li> <li>Education and Training plan performance oversight group established.</li> </ul>
19 March 2023	2	If the current Bursary package becomes less attractive due to the cost-of-living crisis, students will be discouraged from applying to health professional courses or cause existing students to leave before completion which will impact on future workforce supply.  <b>Director of Nurse and Health Professional Education</b>	4	5	20	MODERATE TO HIGH	<ul style="list-style-type: none"> <li>Executive team reports</li> <li>Welsh Government Bursary Oversight Board - WG engagement and consultation to produce report by March 2024 with recommendations for future scheme to be established from 24/25.</li> </ul>	Ongoing	3	5	15	R ↔	<b>28<sup>th</sup> June 2023</b> <p>The residual risk is based on 23/34. The risk from 24/25, depending upon the agreed solution, will be lower.</p> <p>WG Programme Board continues - HEIW a key stakeholder. providing expertise and input to shape future policy direction.</p> <p>WG Engagement and consultation plan yet to be agreed.</p> <p>WG action included in NWIP - engagement with stakeholders prior to consultation</p>

Date Added	Ref SA	Risk Description and Executive Owner	Inherent Risk			Risk Appetite	Mitigating Actions	Date of impact	Residual Risk			RAG Status	Progress
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### Risk Scoring Matrix

L I K E L I H O O D	Probable	5	10	15	20	25
	Likely	4	8	12	16	20
	Possible	3	6	9	12	15
	Unlikely	2	4	6	8	10
	Rare	1	2	3	4	5
		Negligible	Minor	Moderate	Major	Critical
		IMPACT				

Level	Colour	Score Range
Low	G	1 – 6
Moderate	A	7 – 14
High	R	15 – 25

### Risk Appetite Levels

Appetite Level	Described as:	What this means
None	Avoidance of risk and uncertainty is a key organisational objective.	Avoidance of loss is key objective, play safe, avoidance of developments. Priority for tight controls and oversight.

<b>Low</b>	Minimal, or as little as reasonably possible, is preferred for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential.	Prepared to accept the possibility of very limited financial loss if essential. Win any challenges re compliance. Innovations avoided unless essential.
<b>Moderate</b>	Cautious is preferred for safe delivery options that have low degree of inherent risk and may only have limited potential for reward.	Prepare to accept some possibility of some financial loss. Limited tolerance for sticking neck out. Tendency to stick with status quo, innovation in practice avoided unless really necessary.
<b>High</b>	Open and willing to consider all potential delivery options and choose while also providing an acceptable level of reward (and Value for Money).	Prepared to invest for return & minimise the possibility of financial loss. Value and benefits considered. Gains outweigh adverse consequences. Innovation supported.
<b>Very High</b>	Seek and be eager to be innovative and too chose options offering potentially higher business rewards (despite greater inherent risk). Or also described as mature and confident in setting high levels of risk appetite because controls, forwards scanning, and responsiveness systems are robust.	Investing for best possible return & acceptance of possibility of financial loss. Chances of losing any challenge are real and consequences would be significant. Desire to break the mould. High levels of devolved authority – management by trust, not control.

## Strategic Aims

<b>1</b>	<b>Building our Future Workforce:</b> Developing and implementing plans that align the future demand for workforce with supply.
<b>2</b>	<b>Developing our Current Workforce:</b> Transforming today's workforce to contribute to new models of care which improve quality and safety.
<b>3</b>	<b>Shaping Culture and Leadership in NHS Wales:</b> Embedding compassionate leadership principles to develop cultures that support inclusion, wellbeing, and quality.

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WALES

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

<b>Meeting Date</b>	<b>27 July 2023</b>	<b>Agenda Item</b>	<b>4.9</b>
<b>Report Title</b>	<b>Review of the Board Assurance Framework and supporting the draft Strategic Risks</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 Board to consider and note the updated Board Assurance Framework (BAF) – attached at Appendix 1 and to consider and approve the updated draft Strategic Risks.		
<b>Key Issues</b>	<p>The report highlights that:</p> <ul style="list-style-type: none"> <li>the BAF has been operational since September 2019 and will continue to be developed;</li> <li>the BAF is a dynamic document and is continually updated to incorporate and reflect changes to HEIW's Integrated Medium Term Plan (IMTP), Strategic Aims, Strategic Risks, Risks Control Framework and other sources of assurance.</li> <li>HEIW's Strategic Risks form a key part of the BAF. The draft Strategic Risks (23-24) are detailed within the paper and the attached BAF document.</li> <li>The BAF and Strategic Risks were considered by the Audit and Assurance Committee at its meeting on 20 July.</li> </ul>		
<b>Specific Action Required (please one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
			✓
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>to <b>review</b> and <b>note</b> the BAF for assurance;</li> <li><b>approve</b> the draft Strategic Risks, as outlined in paragraph three of this paper.</li> </ul>		

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## BOARD ASSURANCE FRAMEWORK

### 1. INTRODUCTION

The purpose of this report is for the Board to consider and support the updated draft Strategic Risks and to review and note the updated Board Assurance Framework (BAF) for assurance – attached at Appendix 1.

### 2. BACKGROUND

The BAF outlines how the Board identifies and understands the principal risks to achieving its strategic objectives and receive assurance that suitable controls are in place to manage these risks. The BAF also enables an assessment of the risk(s) to achieve the objectives based on the strength of controls and assurances in place. HEIW's Strategic Risks form a part of the BAF.

HEIW's BAF has been operational since September 2019, when it was approved by the Board.

### 3. PROPOSAL

In March, the Board approved the organisation's Risk Appetite and Risk Tolerance and in November considered the Strategic Risk Control Framework based on last year's Strategic Risks (22-23).

HEIW's Strategic Risks have been considered earlier this year at Board Development Session, by the Executive Team in June and July and also circulated amongst Board members for final comment in July.

The BAF and Strategic Risks were considered by the Audit and Assurance Committee at its meeting on 20 July

#### Draft Strategic Risks

The draft Strategic Risks are detailed below:

<b>Strategic Risk 1</b>	<b>Sufficient workforce supply and skills for HEIW.</b> Given the specialist nature of organisation there is a risk that HEIW may find itself without the workforce with the requisite skills and capacity it requires to deliver on its Strategic Objectives. This could be caused by a lack of staff with relevant skills in the external market or education system or internally due to a lack of staff skills, career mobility, succession planning and skills management, or due to undesirable employee attrition and sickness absence of key individuals. An additional factor may be due to an insufficient awareness of HEIW's role. Lack capacity could be a result of insufficient planning HEIW and an over reliance on
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	existing ways of working, not embracing innovation, new ways of working and not investing in appropriate technology.
<b>Strategic Risk 2</b>	<b>Effective stakeholder engagement in the development and implementation of our strategic objectives.</b> The successful implementation of HEIW's aims and objectives in several areas will rely on engagement and co-operation with our partners in health, social care and education. Acting as a system leader will require effective horizon scanning and insight into the NHS system and workforce trends and clear communication and engagement for coalition building to encourage system change. The risk of failing to deliver in these areas could be caused by lack of shared intelligence about key stakeholders, insufficient capacity, a lack of a clear mechanism for engagement with partners a failure to achieve buy-in from our partners and a lack of political awareness about the national agenda.
<b>Strategic Risk 3</b>	<b>"Delivering HEIW's statutory financial duties: securing and making effective use of available financial resources.</b>  Delivery against commissioned plans in fully utilising the financial resources allocated, flexibility to respond to developments and the need to re-prioritise how resources are utilised. This will be dependent on student choice (including uptake of the Bursary), impact of the cost-of-living crisis, financial challenges faced by government in making the appropriate funding available, and education providers in delivering the commissioned levels. Robust financial planning and management by budget holders will be a key mitigating element.
<b>Strategic Risk 4</b>	<b>Workforce intelligence and Data.</b> The risk that the quality of workforce intelligence captured and reported within the NHS does not support accurate decision making and planning for the NHS's future workforce population, demand and education and training requirements. This could lead to both overcapacity and under capacity within the workforce.
<b>Strategic Risk 5</b>	<b>Organisational memory.</b> A significant turnover of four Independent Board Members in less than two years may cause a loss of organisational memory representing a risk to the Board's current level of understanding of the organisation. This may delay the progression of some elements of HEIW's business given the need for new members to gain experience and build relationships.
<b>Strategic Risk 6</b>	<b>Interface with Welsh Government.</b> If the interface with Welsh Government, the NHS Executive and in respect of the delivery of the National Workforce Implementation Plan is not clear this could impact on access to resources, delivery, and upon HEIW's good working relationship with Welsh Government and other partners.

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<b>Strategic Risk 7</b>	<b>Change in the shape of the working population demographic.</b> This will lead to a smaller percentage of overall population of working age. Other change in patterns of working, flexible working and part time working may also reduce the available workforce. Unless HEIW has innovative plans and new ways of developing the workforce this affect our ability to develop a sustainable workforce supply for NHS Wales.
<b>Strategic Risk 8</b>	<b>Equality Diversity and Inclusion.</b> If HEIW does not embed EDI sufficiently in our organisation and our system wide functions, together with our engagement with stakeholders, that we will fail to deliver on our contribution to ensuring that the NHS workforce reflects the population that we serve.

The Strategic Risk Control Framework, which will be based on the Strategic Risks are due to be finalised by the Executive Team in August and will be presented to the next meeting of the AAC. These identify and map the controls and key sources of assurance against HEIW's Strategic Risks.

HEIW's Strategic Risks are also incorporated within the BAF. The updated BAF is attached at Appendix 1.

### Corporate Risk Register

The Corporate Risk Register is focused on the key objectives of HEIW and identifies the principal risks and key controls. Given this, the Corporate Risk Register (CRR) is the vehicle for providing regular assurance on the BAF. Over the past year, the CRR has been reviewed by the Executive Team and Senior Leadership Team once a month. The AAC has reviewed the CRR on a quarterly basis, while the Board has reviewed the register every six months while also receiving the document for noting at each other meeting.

### BAF Schedule

HEIW's annual BAF schedule is outlined below:

Action	Executive Lead	Date
Population of Corporate Risk Register – live document	Board Secretary	Ongoing
Review of BAF by the Board and Audit and Assurance Committee	Board Secretary	July
Review of the Strategic Risk Control Framework	Board Secretary	November
Review of the Corporate Risk Register by the Board	Board Secretary	Twice a year

Review of the Corporate Risk Register by the Audit and Assurance Committee	Board Secretary	Quarterly
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## 4. GOVERNANCE AND RISK ISSUES

It is essential that there is an effective and efficient framework in place to give sufficient, continuous and reliable organisational stewardship and the management of the major risks to organisational success and delivery of improved, cost-effective public services.

## 5. FINANCIAL IMPLICATIONS

No direct financial implications arising from this report. The BAF is a core element of HEIW's corporate governance structure.

## 6. RECOMMENDATION

Members are asked to:

- to **review** and **note** the BAF for assurance;
- **approve** that the draft Strategic Risks, as outlined in paragraph three of this paper.

Governance and Assurance			
<b>Link to IMTP strategic aims</b> <i>(please ✓)</i>	<b>Strategic Aim 1: Building our Future Workforce</b> Developing and implementing plans that align the future demand for workforce with supply.	<b>Strategic Aim 2: Developing our Current Workforce</b> Transforming today's workforce to contribute to new models of care which improve quality and safety.	<b>Strategic Aim 3: Shaping Culture and Leadership in NHS Wales</b> Embedding compassionate leadership principles to develop cultures that support inclusion, wellbeing, and quality.
	✓	✓	✓
<b>Quality, Safety and Patient Experience</b> Ensuring the Board and its Committees make fully informed decisions is dependent on the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.			
<b>Financial Implications</b> There are no financial implications.			
<b>Legal Implications (including equality and diversity assessment)</b> Ensuring the Board has an effective and evolving BAF that supports the Board in delivering the current one year plan, is an essential component of the Board's Governance arrangements going forward.			
<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>	
No impact identified.	
<b>Report History</b>	n/a
<b>Appendices</b>	Appendix 1 – Updated Board Assurance Framework.

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# BOARD ASSURANCE FRAMEWORK

## 2023-2024

### Introduction

All NHS organisations in Wales are required to demonstrate good governance and ensure they are operating robust systems and processes to support this. Boards need to be confident that the systems and processes are operating in a way that is effective and is driving the delivery of objectives by focusing on minimising risk. They need to prove that they have identified their objectives and managed the principal risks to achieving them. The Board Assurance Framework will allow the Board to satisfy this requirement.

It is the responsibility of the Board to:

- Determine and clearly articulate its objectives;
- Identify the principal risks that threaten the achievement of these objectives;
- Agree the key strategic and operational plans that will deliver those objectives and which encompass the controls and actions in place to manage the identified risks;
- Monitor delivery through robust performance and assurance measurements;
- Ensure that plans are in place to take corrective action where they are not assured that objectives will be fully delivered; and
- Engage with and listen to staff.

These requirements form the basis of the Assurance Framework.

### The Assurance Cycle

The Board will undertake an annual self-assessment of its performance through completing a self-assessment questionnaire and a Board maturity matrix. The process identifies areas where the Board requires additional focus and informs the development of the forward work programme for the Board Development Sessions.

The assurance system is designed to ensure that the Board can make an annual assessment. The outcome of this self-assessment is also a fundamental component of the Annual Governance Statement (AGS) which is published each year as part of the annual report and accounts.

Each of the steps on the assurance cycle can be explained as follows:

### Priorities for action

The first step in developing a Board Assurance Framework is for the Board to identify the organisation's aims and objectives against which the Board requires assurance. It is necessary for Boards to focus on those that are crucial to the achievement of its overall vision and ambitions.

The strategic aims of HEIW are:

<b>Strategic Aim 1. Building our future workforce</b> – developing and implementing plans that align the future demand for workforce with supply.
<b>Strategic Aim 2. Developing our Current Workforce</b> – transforming today's workforce to contribute to new models of care which improve quality and safety.
<b>Strategic Aim 3. Shaping Culture and Leadership in NHS Wales</b> – embedding compassionate leadership principles to develop cultures that support inclusion, wellbeing and quality. .

These strategic aims are incorporated within HEIW's Integrated Medium Term Plan (IMTP) 2023-26.

## Risks

Risks which may stop the organisation from achieving its aims need to be identified and set out. Risks are defined as those that threaten the achievement of the organisation's priorities. It is essential that the Board identifies and oversees the main risks rather than reacting to the consequences of risk exposure. The identification of main risks should be repeated at all levels within the organisation. The Board should ensure it assesses risks as part of the decision-making process.

The organisation has a Strategic Risks Control Framework, which identifies and maps the controls and key sources of assurance against HEIW's Strategic Risks and is reviewed on an annual basis. The Strategic Risk Control Framework is currently being developed by the Executive Team and will be presented to the Audit and Assurance Committee in October. The Strategic Risks are detailed in Appendix 1 below.

The organisation also has a Corporate Risk Register which details the top high-level risks for the organisation on an operational basis.

## Controls

Key controls are defined as those controls and systems in place to assist in securing the delivery of the Board's strategic objectives. As part of the assurance process, the Board, through its Committees where appropriate, will need to assess whether current controls are adequate to provide assurance compared with the level of risk; controls must be proportionate to the risks identified.

There is not necessarily a 1:1 relationship between risks and controls. Often there may need to be multiple controls in place to mitigate against a particular risk. Some controls

will also manage more than one risk. There is not always a neat framework for this, and even if controls are in place, consideration needs to be given as to how effective they are.

Examples of key controls are:

- Schemes of delegation
- Policies and procedures
- Performance data
- Financial Management information

## **Assurance**

Assurance provides Board members with the evidence that HEIW is operating effectively, achieving desired outcomes, delivering on its strategic vision, meeting its strategic objectives through effective risk management in a manner which upholds the Citizen Centred Principles and is in accordance with all statutory requirements.

The organisation uses several methods to obtain assurance through internal and external sources.

Internal assurance methods include:

- the Performance Report;
- internal audit reports;
- counter-fraud reports;
- serious incident reports; and
- the Annual Governance Statement.

A key vehicle for receiving external assurance will be through the work undertaken by the Audit Wales, which will be used to inform the annual governance and accountability review. A fuller, more comprehensive list of areas where assurance will be obtained is included in Figure 1.

A further source for receiving external assurance is ensuring that external reports are reviewed to ensure that lessons are learnt and embedded within HEIW's policies and procedures.

## **Reporting**

A framework is in place for reporting key information to the Board and Committees. There is a plan of business to be reported to the Board and Committees, and the Corporate Risk Register allows the Board to identify what risks need to be reported upon.

HEIW's Performance Report will provide the Board and Executive Team with a high-level summary of performance, particularly in relation to the organisation's priorities for action.

HEIW is also required to produce public disclosure statements as part of the assurance system. The Board Assurance system, as described in this paper, will culminate in the production of the Annual Governance Statement.

These public disclosure documents, together with the Financial Statements and Remuneration Report and other specific disclosures required by the Companies Act, form the “Chapters” to the Annual Report.

### **Role of Board Committees**

The Board may and, where directed by Welsh Ministers must appoint Committees of the Board either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions.

### **Audit and Assurance Committee**

The Board’s Audit and Assurance Committee advises and assures the Board and Accountable Officer on whether effective arrangements are in place to support them in their decision making and in discharging their accountabilities for securing the achievement of HEIW’s objectives, in accordance with the standards of good governance determined for the NHS in Wales.

### **Education Commissioning and Quality Committee**

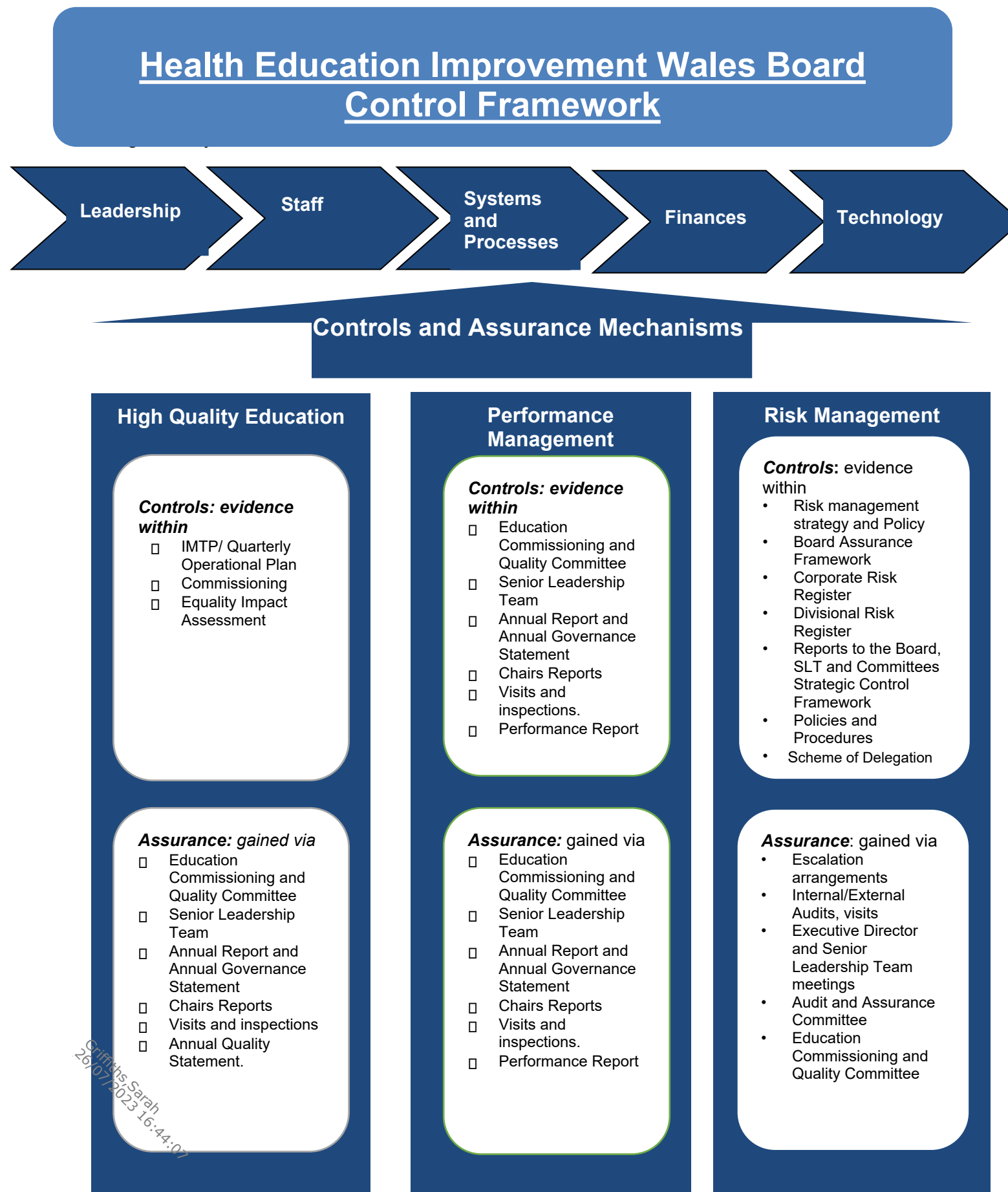
The Board’s Education Commissioning and Quality Committee advises and assures the Board in respect of the Commissioning of Education and the Quality of Education.

### **Remuneration and Terms of Service Committee**

The Board’s Remuneration and Terms of Service Committee is responsible for providing advice and assurance to the Board on remuneration and terms of service for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government. It also provides assurance to the Board in relation to HEIW’s arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales.

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Figure 1 1: Methods of internal and external assurance



## Levels of Assurance

### First Line Operational

- ❑ Organisational structures – evidence of delegation of responsibility through line Management arrangements
- ❑ Compliance with appraisal process
- ❑ Compliance with Policies and Procedures
- ❑ Incident reporting and thematic reviews
- ❑ Compliance with Risk Management processes and systems
- ❑ Performance Reports, Complaints and Trainee Experience Reports, Finance Reports



### Second Line Risk and Compliance Reports

to Assurance and Oversight Committees

- Audit and Assurance Committee
- Education Commissioning and Quality Committee
- Remuneration Committee
- Health and Safety Groups etc

Findings and/or reports from inspections, Annual Reporting, Performance report through to Committees



### Third Line Independent

- ❑ Internal Audit Plan
- ❑ Audit Wales
- ❑ External Audits (e.g. Annual Accounts and Annual Report)
- ❑ HIW Inspections
- ❑ Regulators
- ❑ Reviews and Reports by Royal Colleges
- ❑ External visits and accreditations
- ❑ Independent Reviews

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## Appendix 1

### HEIW - Draft Strategic Risk for 23-24

<b>Strategic Risk 1</b>	<b>Sufficient workforce supply and skills for HEIW.</b> Given the specialist nature of organisation there is a risk that HEIW may find itself without the workforce with the requisite skills and capacity it requires to deliver on its Strategic Objectives. This could be caused by a lack of staff with relevant skills in the external market or education system or internally due to a lack of staff skills, career mobility, succession planning and skills management, or due to undesirable employee attrition and sickness absence of key individuals. An additional factor may be due to an insufficient awareness of HEIW's role. Lack of capacity could be a result of insufficient planning by HEIW and an over reliance on existing ways of working, not embracing innovation, new ways of working and not investing in appropriate technology.
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<b>Strategic Risk 4</b>	<b>Workforce intelligence and Data.</b> The risk that the quality of workforce intelligence captured and reported within the NHS does not support accurate decision making and planning for the NHS's future workforce population, demand and education and training requirements. This could lead to both overcapacity and under capacity within the workforce.
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Addysg a Gwella Iechyd  
Cymru (AaGIC)  
Health Education and  
Improvement Wales (HEIW)

<b>Meeting Date</b>	<b>27 July 2023</b>	<b>Agenda Item</b>	<b>4.10</b>
<b>Report Title</b>	<b>Welsh Language Annual Report 2022/23</b>		
<b>Report Author</b>	Huw Owen, Welsh Language Services 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 the Board HEIW's Welsh Language Annual Report 2022/23		
<b>Key Issues</b>	<p>The Welsh Language Annual Report covers 4 main areas of activity over the course of the past year;</p> <ol style="list-style-type: none"> <li>1. Compliance with our Language Scheme – with a detailed log of all actions taken.</li> <li>2. Translation (which effectively supports this objective).</li> <li>3. Promoting and facilitating the use of the language both internally and to a growing extent, externally throughout the broader NHS in Wales; and</li> <li>4. More than just Words</li> </ol> <p>The Welsh Language Annual Report was considered by the Executive Team on 19 July 2023.</p>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
			✓
<b>Recommendations</b>	<p>The Board is asked to;</p> <ul style="list-style-type: none"> <li>• <b>note</b> the report for assurance.</li> </ul>		

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# **WELSH LANGUAGE ANNUAL REPORT 2022/23**

## **1. INTRODUCTION**

The Welsh Language Annual Report 2022/23 outlines the major areas of activity for the Welsh language team over the course of the year.

The report is in line with the requirements of HEWI's Welsh language scheme.

It looks at the 4 major areas of activity for the Welsh Language Team, highlighting some of the achievements for the year.

It also details the actions taken over the course of the year to respond to the plan – which provides us with an audit trail for both internal and external use.

## **2. BACKGROUND**

The Welsh Language Team supports HEIW's compliance with the Welsh language legislation. However, it is critical that the team also works in a strategic way, influencing the evolution of services and ethos not only within HEIW but in the broader NHS in Wales as well.

Thus, our Welsh Language Annual Report reflects the very prescribed responsibilities we have around our own internal compliance requirements, and also those areas of influence we have on fostering an increased use of Welsh language and culture within the NHS in Wales as a whole.

It also outlines the increased responsibilities allocated to HEIW by the Welsh Government's More Than Just Words 5-year Action plan published in August 2022, which was further reinforced by elements of the National Workforce Implementation Plan in February 2023.

## **3. PROPOSAL**

HEIW has a Welsh Language Scheme drawn up in line with the requirements of the Welsh Language Act (Wales) 1993. It is imperative that we remain compliant with all elements of this legislation, and the report talks about many of the activities we undertake to mitigate the risk of non-Compliance with this legislation.

The Welsh Language Annual Report was considered by the Executive Team on 19 July 2023.

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

This paper is directly concerned with mitigating risk of failing to comply with our obligations under Welsh language legislation and complying with the requirements made of us by Welsh Government under the "More than just Words" initiative.

## **5. FINANCIAL IMPLICATIONS**

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There is no direct additional financial impact associated with the Welsh Language Annual Report at this stage.

## 6. RECOMMENDATION

The Board is asked to:

- **note** the report for assurance.

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Governance and Assurance			
<b>Link to IMTP strategic aims</b> <i>(please ✓)</i>	<b>Strategic Aim 1: Building our Future Workforce</b> Developing and implementing plans that align the future demand for workforce with supply.	<b>Strategic Aim 2: Developing our Current Workforce</b> Transforming today's workforce to contribute to new models of care which improve quality and safety.	<b>Strategic Aim 3: Shaping Culture and Leadership in NHS Wales</b> Embedding compassionate leadership principles to develop cultures that support inclusion, wellbeing, and quality.
	✓	✓	✓
<b>Quality, Safety and Patient Experience</b>			
Impact on quality, safety and patient experience where appropriate will be highlighted within the individual actions.			
<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>			
This paper deals in greater part with our responses to the legal requirements of Welsh Language legislation.			
<b>Staffing Implications</b>			
There are no direct staffing implications.			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
The Welsh language is seen as a critical pillar of the <b>Well-being of Future Generations (Wales) Act 2015</b> . It is also seen as critical to delivering WG aspirations in the long term around the Welsh language.			
<b>Report History</b>	Executive Team 19 July 2023		
<b>Appendices</b>	Welsh Language Annual Report 2022/23 (draft)		

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## **Welsh Language Annual Report 2022/23**

This report addresses the statutory duty of Health Education and Improvement Wales to provide an annual account to the Welsh Language Commissioner on compliance with our Welsh Language Scheme (WLS) which was published in November 2021.

At HEIW, we put huge importance on being able to deliver services to stakeholders in their preferred language because we know from extensive published research that being able to interact in the language that someone is most comfortable in brings about better clinical and educational outcomes.

HEIW does not currently come under Welsh Language Standards as prescribed by the Welsh Language (Wales) Measure 2011, but instead has been asked to conform to the requirements of the Welsh Language (Wales) Act (1993) to produce a WLS. In 2021, our WLS was endorsed by our Board, and approved by the Welsh Language Commissioner, and this is the scheme that guides our activities with regard to the Welsh Language.

HEIW's Welsh Language team for 2022/23 comprised the Board Secretary (Welsh Language Lead), the Welsh Language Services Manager, the Translation Manager and three translators. Two of these were Apprentice Translators at the beginning of the year, but who were promoted to fully qualified (Band 5) Translators over the course of the year.

### **1. Summary of Activities**

Our scope of activities can be categorised in four specific areas:

1. Compliance with our WLS. A comprehensive report of our activities in relation to each theme within our WLS appears at the end of this summary of activities.
2. Translation (which effectively supports the first objective)
3. Promoting and facilitating the use of the language both internally and to a growing extent, externally throughout the broader NHS in Wales.
4. More than just Words

Robust mechanisms have been put in place to deliver legislative compliance under the Welsh Language (Wales) Act 1993 and in accordance with our WLS. Our Scheme asks us to respond in both a proactive and reactive manner to the linguistic needs of our stakeholders, based on the principle that the English and Welsh languages are to be treated on a basis of equality. A process for recording activities raising awareness of the obligations of the scheme has been set up, and activities (training, raising awareness, induction and facilitation events) have been organized to increase colleague awareness of the obligations of the Scheme.

We initiate projects and initiatives that support departments and individuals to be in a better position to provide services to all of our stakeholders. This is also in line with the operational elements of 'More than just words', the Welsh Government's Strategic Framework

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for Welsh Language Services in Health, Social Services and Social Care. This is also in a manner which is compatible with the legislative requirements.

Our Welsh Language Training Programme offers a variety of courses, tailored to colleagues' needs, to new and current staff by our in-house Welsh Language Tutor. In the current year, we saw 72 registered learners, and increase of almost 20% on the previous year.

Additional training support is offered online. We are also acutely aware of the need to develop the Welsh language skills of the workforce on a strategic level, and to do this, it is essential to ensure we have the best possible skill mix within the organisation. This work is based on our WLS, our responsibilities under the "More than just Words" initiative, and the culture of the organization as a whole, from top to bottom, that focuses on our commitment to mainstream Welsh language requirements into workforce planning and recruitment.

We monitor the amount of times that the team is asked to help with compliance issues internally. Some examples of the sort of questions that we get asked are around the need to translate certain work, what the legislative requirements are when we stage a training course, how we instruct third party suppliers on the legislative needs, how we need to answer phones and other issues which pertain to the use of bilingualism in our daily operations.

In the year 2022/ 23, we received under this heading;

- 142 emails asking for clarity and help
- 74 Teams calls to discuss compliance issues
- 173 messages on Teams asking for clarity around compliance issues
- Over 40 requests made in person in the office, or over text and telephone asking for help and clarity on Compliance issues

**2. The Translation Team** ensures that the Health Board is able to provide information to patients in their preferred language, in accordance with the WLS.

HEIW now translates between 4 and 5 million words a year. This figure has stabilised for over the past three years. Generally, we translate between 300,000 and 500,000 words a month, with a small number of exceptions outside those parameters.

HEIW has an internal translation team who manage the work, and who take on approximately two thirds of this total requirement; This team is comprised of a Translation Manager and three full-time translators, and the WLSM also helps at peak demand times. There are two of us within the team who now undertake simultaneous translation duties for meetings and other events. HEIW owns its own transmitter and headset equipment, which facilitates the service considerably.

The department hopes that another Apprentice will be starting with us in the year 2023/ 24, and HEIW will be training Apprentices for other Health Boards and Trusts in future as well.

We buy translation for about 1 million words a year in – the majority through the translation framework, and then the rest through a "bank" of freelancers who are on contracts via NWSSP Procurement.

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The department uses the “Memsorce” translation memory software service which has helped us to significantly increase the amount of translation work we are able to undertake internally.

We received special recognition for our work with developing our Apprentices over the course of the Year. Cedron Sion, one of our Apprentices, won the Awards at the Swansea Gower College Annual Awards event for The Translation Apprentice of the Year, and the Welsh language student of the year. In addition, HEIW won the Award for Welsh Language Employer of the year for our work in the development of our apprentices. Cedron was also nominated as the Coleg Cymraeg Cenedlaethol's Apprenticeship ambassador, and HEIW received a lot of positive media coverage for our work in this area.

Over the course of the year, all staff attended the Introductory Course to the MA in Professional Translation at Aberystwyth University, with two of the staff going on to study for the Certificate in Professional Translation. This will be extended to a full MA in future years. This is a training pathway which we have tried and tested, and which offers a robust, systematic and progressive training option for Professional Translation staff in the NHS.

### **3. Promotion and Facilitation**

We spend a lot of time creating a warm, welcoming environment for everyone around normalising the use of the Welsh language issues – whether this is in speaking, understanding, or learning the language.

This work, which takes many different forms and approaches, is geared more around a general awareness building of the language and culture of Wales, and is designed to welcome everyone.

The ethos that we embrace and try to promote in HEIW is that the Welsh language belongs to everyone.

It is not expected that everyone speaks Welsh fluently – so long as we all respect the linguistic needs of others.

All of the facilitating and promotional work we do is within this ethos – we lead singalongs at staff meetings, we record poetry and playlists, we encourage chatting sessions and we provide lessons for staff. Over 60 staff member took up this offer in 2022/23. We have now started putting people in for formal examinations through the “Dysgu Cymraeg” framework and were delighted when four of our learners passed their “Mynediad” examination during the year.

The Welsh language team provides a session in the ‘Croeso’ Induction course for all new starters where all of these opportunities are outlined, and the team regularly attend conferences, events and other public activities to promote our friendly and inclusive approach to the language.

We encourage Welsh speakers to wear the Iaith Gwaith badges and lanyards – and all our learners to wear the “Dysgwr” signage. HEIW has have an ethos that once you're prepared to say “Shwmae, bore da!” to colleagues, you are on the learning journey.

### **4. More than just Words**

At HEIW, we welcome the fact that as an organization we were asked to contribute extensively to the “More than just Words” Task and Finish group which convened over the course of the year, and published it's 5 year Action Plan at the Eisteddfod in August 2022,

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and the Welsh Language Service Manager was extremely privileged to be asked to read the following “Englyn” at the launch of the Plan, which was specially commissioned for the occasion;

### **Mwy na geiriau / More than just Words**

Cryfhau gwasanaethau Cymraeg yn y maes iechyd a gofal cymdeithasol

Nerth, o sgwrs i sgwrs, a gaf: – drwy rannu'r holl driniaeth, fe wellaf.

Ond yn wir mendio a wnaif yn gynt yn fy iaith gyntaf.

(Translation;

Strengthening Welsh language services in health and social care

Strength, from conversation to conversation, I get: – by sharing all the treatment, I will get better. But I will mend quicker in my first language.)

### **Meirion MacIntyre Huws Gorffennaf/ July 2022**

The Action Plan itself asks for HEIW to lead on twelve points, and to be involved in a further 11 points. As a result of this, we have set up an internal, cross departmental group which meets on a monthly basis to drive forward this work. We have also set up a reporting mechanism which will ensure that the Exec and the Board are regularly updated on progress and are able to hold our activities to account. A full report on our activities will be compiled for Welsh Government in early Autumn 2023.

## **5. Next Year's priorities**

1. Further developing our Compliance work through the appointment of the Welsh Language Facilitation Officer.
2. Developing our work with Translation Apprentices, to improve efficiencies not only within HEIW, but also expanding this throughout the broader NHS in Wales.
3. Enhancing and developing our work on the “More than just Words” initiative, expanding our good practice and positive influence throughout HEIW and beyond,
4. Expanding our work on raising confidence to speak the language for “lapsed” Welsh speakers within HEIW and beyond.

## **In Summary**

It has been a very successful year for the Welsh Language Services department within HEIW, with highlights including our translation services and our development of the Apprentice Translator function, along with our work on the “More than just Words Five Year Plan”.

As such, we have firm foundations from which to move forward on all of these initiatives, whilst also further enhancing the internal performance of all of our colleagues with regards to complying with our WLS.

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## Appendix 1 – Welsh language Scheme Implementation

What follows is a detailed report on how we have carried out the actions required to realize our objectives with relation to our WLS.

### 1. Service planning and delivery

Action	Delivery responsibility	Progress to March 23
<p>a. Proactively publicise and raise awareness of the commitments set out in HEIW's Welsh Language Scheme 2021 by:</p> <ul style="list-style-type: none"><li>• developing an internal communications plan for Welsh Language Scheme</li><li>• planning and conducting face to face awareness raising campaign across HEIW</li><li>• planning and conducting digital awareness raising campaign across HEIW</li><li>• publish the Welsh Language Scheme on HEIW's external public facing website, <a href="https://heiw.nhs.wales">https://heiw.nhs.wales</a>.</li></ul>	Welsh Language Services	<p>We have regular meetings with the Communications Team, and a forward programme of communications has been agreed and carried out over the course of the year.</p> <p>This programme is regularly carried out and refreshed, by a mixture of digital, online and face to face campaigns and events.</p> <p>The Scheme can be found on our website via the following page: <a href="https://heiw.nhs.wales/about-us/key-documents/corporate/">https://heiw.nhs.wales/about-us/key-documents/corporate/</a></p>
<p>b. HEIW policy officials and Communications Team to liaise with HEIW Welsh Language Services to ensure that the Welsh language is given due consideration when working on new resources and/or services (e.g., web content, correspondence to stakeholders, consultations).</p>	All relevant HEIW Teams / HEIW Communications Team / HEIW Welsh Language Services	<p>Welsh Language team members are regularly asked to attend departmental meetings at all levels and are consulted regularly when new resources and services are considered.</p> <p>This was reinforced by the Digital Policy published by HEIW in the current year; this can be accessed via this link; <a href="https://heiw.nhs.wales/about-us/key-documents/">https://heiw.nhs.wales/about-us/key-documents/</a></p>

c. Actively promote the HEIW's Welsh language resources.	Welsh Language Services	A library of resources has been compiled and included on our Intranet; they are discussed at length with all new employees at the Croeso Induction sessions and are also included in the digital and face to face communications campaigns initiated in partnership with the Communications Team.
ch. Monitor services provided by third parties on behalf of HEIW in relation to the Welsh language.	HEIW Policy Officials / Welsh Language Services	The Welsh Language Services Manager (WLSM) is involved proactively with those third party partners delivering on our Education contracts, and attends meetings, monitoring data returns and involved on a one-to-one level with a number of the Higher Education Institutions (HEIs).
d. Liaison with other public bodies to ensure that good practice is being shared.	Welsh Language Services	The WLSM regularly attends the Welsh Language Managers network meeting and is also in regular dialogue with counterparts in other health bodies.

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## 2. Provision of services to the public

Action	Delivery responsibility	Progress to March 23
<b>a. Correspondence</b>		
i. Remind HEIW departments of the need to communicate with the public bilingually.	All relevant HEIW/ Welsh Language Services	This is part of the Croeso Induction presentation for all new starters and is also reaffirmed in our communications activities both in the digital and face to face environments.
ii. Ensure Welsh and English correspondence are treated equally and published simultaneously.	All relevant HEIW/ Welsh Language Services	<p>The high level of translation activity is one measure of our effectiveness in this area; the message is also emphasized in the Croeso Induction presentation for all new starters.</p> <p>It is also stated explicitly in our communications engagement strategy that our communications will be issued bilingually.  <a href="https://heiw.nhs.wales/about-us/key-documents/">https://heiw.nhs.wales/about-us/key-documents/</a></p>
iii. Provide templates/essential terminology on shared platforms for HEIW staff in Wales. Provide translation of auto-signatures/out of office replies etc.	Welsh Language Services	All of this is provided on a regular basis. Prompt sheets for essential terminology is kept on the Intranet, and is publicised to staff regularly, including via the Croeso Induction programme. Also, a specific “action” within the Croeso Induction programme is to get any

		delegates without a bilingual email signature to email the WLSM there and then so that a bilingual template can be supplied to them.
<b>b. Telephone communications</b>		
i. Provide a full bilingual service on the main public telephone line. Divert calls as appropriate, according to language choice and nature of query.	Business Support Team	A telephone answering prompt sheet (including Welsh/ English and phonetic pronunciation versions) has been created for staff, and this is either available physically (for staff to keep at their desks) or online via the HEIW Intranet. This is highlighted in the CROESO Induction programme as well as being mentioned regularly at staff meetings.
ii. Ensure that staff answer their phones with a bilingual greeting (bore da/ prynhawn da) and are familiar with the procedure for offering a Welsh language service. Ensure voicemail messages are recorded bilingually (landline and mobile)	HEIW Staff/ Welsh Language Services	See reference to the telephone prompt sheet at 2.b.i above, and reminders of the need to have all recorded telephone messages bilingually. The WLSM regularly records bilingual messages for use on voicemail.
<b>c. Meetings</b>		
i. Provide a simultaneous translation service at meetings open to the public  Griffiths, Sarah 26/07/2023 16:44:07	Welsh Language Services	We have provided Simultaneous Translation for every Public Board and Committee meeting throughout the year. This includes bilingual live streaming of these meetings. We also provided services for 27 other meetings and events over the course of the year. We ask that everyone

		organizing a public event asks the question of delegates prior to the event if they would like to contribute in Welsh, and if there is a need for this, then we will provide the translation service. Over the course of the year, we trained up another translator, thus doubling our internal capacity.
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<b>ch. Public events</b>		
i. HEIW must not treat Welsh any less favourably than English in relation to publicity, signage, information, staffing and assistance they provide for persons at a public event arranged in Wales, whether verbally or in writing.	Communications Team who are responsible for organising events / Welsh Language Services (to advise on and translate all relevant material and to oversee bilingual staffing)	We have a process for preparing for Public Events which ensures that all publicity material prior to the event is sent out bilingually. We also have an “on the day” checklist which ensures that both languages are treated on a basis of equality, so that Welsh speakers feel equally at home using their language of choice at any events that we host. Regular dialogue with the Communications team ensures that we maximise the opportunities to provide bilingual services at all of our public events within Wales.
<b>d. Publications</b>		
i. Raise staff awareness on when to consider issuing bilingual or both Welsh and English language documents, publications and publicity material.	Welsh Language Services	This is addressed at our staff Croeso Induction programme, instructions are available on the Intranet and the message is reinforced regularly at staff meetings.
<b>dd. Digital services</b>		
i. Ensure any new content on HEIW’s main public website is flagged for translation to ensure an equal service in both languages by creating a flagging function within the Content Management System.	Welsh Language Services/ Digital Team	Functionality to be added to any new website developments. The translation team is regularly translating new website content. A spot survey taken mid-year revealed that we are fully

		compliant on all new website additions and are almost fully compliant (98%+) on all legacy websites (i.e.. Websites we inherited prior to the publication of our Language Scheme).
ii. Assess Welsh language requirements when developing and updating IT systems for services provided to the public in Wales.	Welsh Language Services/ Digital Team	This is done regularly via three different work streams; 1. Our Equality Impact Assessment works on each new initiative; 2. Regular dialogue with the Digital Team on all new digital development and 3. Involvement of the Digital Team in our More than just Words forum, which covers any new asset development, as does the explicit reference to good bilingual practice in our Digital Strategy; <a href="https://heiw.nhs.wales/about-us/key-documents/">https://heiw.nhs.wales/about-us/key-documents/</a>
<b>e. Social media</b>		
i. Establish an agreed internal procedure for ensuring relevant social messaging is posted both in Welsh and English in Wales.  Griffiths, Sarah 26/07/2023 16:44:07	Communications Team / Welsh Language Services	This has been done with the Communications Team. All posts are translated, all posts appear bilingually. This is reinforced in our regular meetings with the Communications Team. We have also developed processes to ensure that any “out of hours” social media communications are also translated.



ii. When creating new social media channels, or developing existing channels, consider the requirements outlined in the WLS to ensure an equal service in both Welsh and English.	Communications Team / Welsh Language Services	This is done via our regular meetings with the Communications Team, and the objective has been delivered successfully over the course of the year.
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### 3. Recruitment

Action	Delivery responsibility	Progress to March 23
i. Monitor recruitment processes to ensure compliance with the requirements outlined in the Welsh Language Scheme.	Welsh Language Services/Relevant Team Leaders	Recruitment activities are increasingly becoming more focussed on the specific language requirements of a role. We no longer work in a linear manner with only essential or desirable Welsh being specified in the recruitment process. We are much more flexible, stating the levels required for specific skills, and saying we will support employees to learn where this is necessary – in line with our WLS aims.
ii. Develop a framework for assessing and determining the level of Welsh language skills necessary for posts in HEIW.	Welsh Language Services	Considerable progress has been made in this area of the course of the year. We have been developing a simplified process for defining and recording language skills both amongst our existing workforce and our potential employees. We are also improving our data set specification and are conducting more intelligent reporting. We have also written a workforce development for Welsh language Guideline which will be shared internally and externally in Q2 of the new financial year.
iii. If Welsh is determined as 'Essential' to a post following consultation, advise on level required using said framework.	Welsh Language Services	Again, we have been more specific in the levels required in particular disciplines (for example, using the descriptor "Level 3 or above" instead of "Fluent"), which has attracted more candidates for roles – and which has led to very good Welsh speakers who may lack a bit of confidence in their linguistic abilities applying for roles which they would otherwise have resisted from doing.

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iv. Ensure recruitment adverts/notices and application packs for posts are provided bilingually and all adverts/notices placed in the media appear in both Welsh and English.	Welsh Language Services/Recruiting Team Leader/HEIW HR	All requests go through the People Team, which in turn come through the translation team. Our use of Translation Memory software has meant that translations have become more consistent, are produced more efficiently, and are therefore able to be published (bilingually) more quickly.
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#### 4. Implementing, monitoring and reporting

Action	Delivery responsibility	Progress to March 23
i. In line with our commitments in the Welsh Language Scheme, identify and facilitate appropriate Welsh Language Training as and when necessary.	Welsh Language Services/ Business Support Team	We have created and delivered a Raising Confidence Course which was delivered both internally and externally to colleagues from other Health Boards and Trusts over the course of the year. This is aimed at “latent” Welsh speakers who lack confidence to use the language extensively at work. We have also developed a raft of training courses pertaining to translation, which have again been delivered both internally and externally over the course of the year. We believe that this raft of courses (beginning at GNVQ Level 4 and progressing all the way to an MA in Professional Translating) is already attracting more people to the profession and makes the NHS a highly sought after career destination for trainees.
ii. Provide Iaith Gwaith badges/lanyards and other associated materials to members of staff who wish to offer a Welsh language service.	Welsh Language Services	We make these badges and lanyards available at the CROESO Induction sessions, as well as making them accessible both in the office and at Reception at Ty

		Dysgu. We publicise this availability regularly on the Intranet, in Staff Meetings and at many other open events and meetings. We also provide “Dysgwr” (Learner) badges and lanyards for learners, and we update our stock regularly.
iii. Where HEIW enters into arrangements with third parties/partnership working, monitor the arrangements concerning use of the Welsh language alongside other monitoring requirements.	Welsh Language Services	The main area that this addresses in the Year 2022/23 was in the first year of the Welsh language requirements of all of our undergraduate students under Phase 1 of the Strategic Review of Education. Data has been collected in line with the contractual requirements and will be analysed at the completion of the year.
iv. Monitor HEIW’s progress in meeting the commitments made in the Scheme against the measurable outlined in this action plan. Record the demand for Welsh language services, including any demand for services that go beyond the commitments made in our Welsh Language Scheme	Welsh Language Services	Our progress is recorded on this report. Additionally, we have specific delivery requirements under both the “More than just Words” 5 year Action Plan, and the National Workforce Implementation Plan, and we also keep regular records of progress which are a. reported back to the working group which meets monthly, and to the

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		Executive Team and the Board on a regular basis
v. Provide the Welsh Language Commissioner with a completed self-assessment report (Annual Monitoring Report) evaluating our progress in implementing the Scheme.	Welsh Language Manager	A copy of this report will be sent to the Welsh Language Commissioner.
vi. Publish HEIW's Annual Monitoring Report on HEIW's public facing website, <a href="http://heiw.nhs.wales">heiw.nhs.wales</a>	Welsh Language Services/ Digital Team	This report will be published on HEIW's public facing website, <a href="http://www.heiw.nhs.wales">www.heiw.nhs.wales</a>
vii. Review HEIW's within three years of it coming to effect and discuss any changes with Welsh language Commissioner.	Welsh Language Services	3 years after adoption of Scheme

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Improvement Wales (HEIW)

<b>Meeting Date</b>	<b>27 July 2023</b>	<b>Agenda Item</b>	<b>4.11.1</b>
<b>Report Title</b>	<b>Committee Chair's Key Issues Report – Audit and Assurance Committee</b>		
<b>Report Author</b>	Sarah Griffiths, Corporate Governance Manager		
<b>Report Sponsor</b>	Dafydd Bebb, Board Secretary		
<b>Presented by</b>	Gill Lewis, Chair		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The purpose of the report is to outline discussions undertaken by the Audit and Assurance Committee (AAC).		
<b>Key Issues</b>	<p>This report focuses on the key issues raised at the Audit and Assurance Committee meeting held on 13 July 2023.</p> <p>A verbal update will be provided from the 20 July 2023 Audit and Assurance Committee.</p>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
			✓
<b>Recommendation</b>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• <b>note</b> the content of the report from the Chair of the Audit and Assurance Committee (Appendix 1) for assurance.</li> <li>• <b>review</b> and <b>approve</b> the updated Risk Management Policy (Appendix 2)</li> </ul>		

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# COMMITTEE CHAIR'S KEY ISSUES REPORT – AUDIT AND ASSURANCE COMMITTEE HELD ON 13 JULY 2023 AND 20 JULY 2023

## 1. INTRODUCTION

The purpose of the report is to provide an update on matters considered by the Audit and Assurance Committee held on 13 July 2023.

A verbal update will be provided from the 20 July 2023 Audit and Assurance Committee. The Board is asked to note the summary report from the Chair.

## 2. BACKGROUND

The Board will be aware that three Committees have been established under HEIW's standing orders. Each Committee will present reports to the Board during the year outlining key discussions, issues and risks discussed during meetings.

## 3. PROPOSAL

The Audit and Assurance Committee met on 13 July 2023 and 20 July 2023. Appendix 1 provides the Board with a summary of the areas considered at the 13 July 2023 meeting.

A verbal update will be provided from the 20 July 2023 Audit and Assurance Committee. The formal record of the meeting remains the approved minutes.

## 4. GOVERNANCE AND RISK ISSUES

Any governance risks and issues 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

The Board is asked to:

- **note** the content of the report from the Chair of the Audit and Assurance Committee (Appendix 1 and Appendix 2) for assurance.
- **review** and **approve** the updated Risk Management Policy

Governance and Assurance			
<b>Link to IMTP strategic aims</b>	<b>Strategic Aim 1:</b> <b>Building our Future Workforce</b>  Developing and implementing plans that	<b>Strategic Aim 2:</b> <b>Developing our Current Workforce</b>  Transforming today's workforce to contribute to	<b>Strategic Aim 3:</b> <b>Shaping Culture and Leadership in NHS Wales</b>  Embedding compassionate leadership principles to develop



(please ✓)	align the future demand for workforce with supply.	new models of care which improve quality and safety.	cultures that support inclusion, wellbeing, and quality.
	✓	✓	✓
<b>Quality, Safety and Patient Experience</b>			
Ensuring the Board carries out its business appropriately throughout 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>			
None			
<b>Legal Implications (including equality and diversity assessment)</b>			
It is essential the Board complies with its standing orders, which includes receiving updates from its committees.			
<b>Staffing Implications</b>			
None			
<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 Audit and Assurance Committee to review the short-term performance and finance of HEIW as well as focussing on the longer-term sustainability. The governance structure aims to identify issues early to prevent escalations, and the Committee integrates into the overall Board arrangements.			
<b>Report History</b>	This report is a standing item on the Boards agenda.		
<b>Appendices</b>	Appendix 1 – Audit and Assurance Committee Chair’s Summary 13 July 2023 Appendix 2 – Risk Management Policy		

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## APPENDIX 1

Meeting Date	27 July 2023	Agenda Item	4.11.1
Freedom of Information	Open		
Reporting Committee	Audit and Assurance Committee		
Report Author	Sarah Griffiths, Corporate Governance Manager		
Chaired By	Gill Lewis, Independent Member		
Lead Executive Director	Glyn Jones, Director of Finance, Planning and Performance		
Date of Last Meeting	13 July 2023		
Summary of key matters considered by the Committee and any related decisions made:			
The Committee received a verbal update regarding <b>Audit Wales payment periods</b> and <b>approved</b> the Audit Wales Audit Plan.			
The Committee received and <b>noted</b> the <b>Internal Audit Progress Report</b> which detailed that all performance indicators had a green status. The Committee received and <b>noted</b> the <b>Service Level Agreements Internal Audit Report</b> (reasonable assurance) and the <b>Software Development Internal Audit Report</b> (limited assurance).			
The Committee received and <b>noted</b> the <b>Software Development Internal Audit Report Response</b> which confirmed that immediate plans to address the recommendations had been put in place. The Committee <b>endorsed</b> the proposal for external review for a cyber security specialist vendor to assess the maturity of the security policy and process within the software development lifecycle.			
The Committee received and <b>noted</b> the <b>update on the Information Governance Toolkit</b> which detailed that HEIW met the minimum expectations required in all domains.			
The Committee received and <b>noted</b> the <b>Audit Wales Progress Report</b> , the <b>Audit Wales Forward Work Programme 2023-2026</b> and the <b>Good Practice Exchange Programme of Events 2023-24</b> . It was confirmed that the Workforce Planning Arrangements final report would be circulated to the Committee once complete. It was noted that the Structured Assessment fieldwork was being completed throughout July. It was agreed that the update provided to the Public Accounts Committee regarding timings and audit years would be circulated to the Committee. The importance of ensuring HEIW considered the findings from partnership and cross sector working audits was raised.			
The Committee received and <b>noted</b> the <b>Counter Fraud Progress Report</b> . It was noted that a new e-learning package was available on the Electronic Staff Record (ESR) system, however no HEIW staff had completed the training. It was confirmed that the report only included the NFI matches dealt with by Counter Fraud and the			

Committee asked for a report to be produced including all NFI matches. It was confirmed that the NHS Counter Fraud Authority had completed a Thematic Engagement Exercise. It was highlighted that the Counter Fraud team disagreed with the recommendations within the report. The Committee therefore could not take assurance from the report and asked the Counter Fraud team to query the findings with the Counter Fraud Authority and report back to the Committee.

The Committee received and **noted** the **Procurement Compliance Report and Procurement Compliance Annual Report**. The Committee raised concerns about the number of single tender actions not reducing and asked for further information.

The Committee received and **noted** the **Procurement Services Improvement Areas Update Report** which confirmed that an action plan was in place.

The Committee received and **noted** the **update on improvements undertaken to ensure 95% of non-NHS invoices are paid within 30 days report**. Which detailed that in 2022/23 HEIW failed to meet the target. The reasons had been identified and an action plan put in place to ensure improvements were made.

The Committee received and **noted** the **Annual Quarterly Losses and Special Payment Report**.

The Committee received and **noted** the **Key Issues Report from the Information Governance and Information Management Group** subject to the consideration of future actions.

The Committee received the **Annual Review of the Risk Management Policy**, **supported** the amendments and **recommended** that the amended policy be approved at July Board.

The Committee received and **noted** the **Corporate Risk Register**. The Committee **approved** the removal of the two green risks.

The Committee received and **noted** the **Complaints Annual Report** which detailed that five complaints were received, of which two had been responded to within response deadlines. It was agreed that the number of days complaints were responded to outside of complaints deadlines would be included in the next annual complaints report.

The Committee received and **approved** the **Audit and Assurance Committee Self-Assessment Action Plan**.

The Committee received and **noted** the **Internal Audit Management Response Times report** which highlighted that the end of year status was 70% which resulted in a green status.

**Key risks and issues/matters of concern of which the Board needs to be made aware:**

n/a
<b>Recommendations for Board to consider:</b>
<ul style="list-style-type: none"> <li>The Committee supported the amendments in the Risk Management Policy and Recommended that the amended Risk Management Policy be approved at July Board.</li> </ul>
<b>Delegated action by the Committee:</b>
n/a
<b>Main sources of information received:</b>
<ul style="list-style-type: none"> <li>Internal Audit Progress Report</li> <li>Software Development Internal Audit Report</li> <li>Service Level Agreements Internal Audit Report</li> <li>Software Development Internal Audit Report Response</li> <li>Update on Information Governance Toolkit</li> <li>Audit Wales Progress Report</li> <li>Audit Wales Forward Work Programme 2023-2026</li> <li>Counter Fraud Progress Report</li> <li>Procurement Compliance Report</li> <li>Procurement Compliance Annual Report</li> <li>Procurement Services Improvement Areas Update</li> <li>Update on improvements undertaken to ensure 95% of non-NHS invoices are paid within 30 days</li> <li>Annual and Quarterly Losses and Special Payments Update</li> <li>Update on the Bursaries in Other UK Nations</li> <li>Key Issues Report: Information Governance and Information Management Group</li> <li>Annual Review of Risk Management Policy</li> <li>Corporate Risk Register</li> <li>Complaints Annual Report</li> <li>Internal Audit Management Response Times</li> </ul>
<b>Highlights from sub-groups reporting to this Committee:</b>
n/a
<b>Matters referred to other Committees:</b>
n/a

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

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

## **RISK MANAGEMENT POLICY**

**Executive Sponsor & Function:** Board Secretary

**Document Author:** Board Secretary

**Approved by:** HEIW Board

**Approval Date:** July 2023

**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:** [29/6/22]

**Equality Impact Assessment Outcome:**

No potential negative impact has been identified.

**Review Date:** July 2023

**Version:** V4

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## 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

### 1.1 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 will apply to all staff, contractors and visitors.<sup>1</sup>

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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.

## **1.2 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.

## **1.3 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.

## **1.4 Strategic Context**

HEIW is required annually to produce an Integrated 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 aims and objectives. In order to deliver these strategic aims and 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 delivery of 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.

To support the delivery of our strategic aims and objectives, HEIW's template risk register (annex 2) includes a column on strategic aims. This is to ensure that there is a clear link between our strategic aims and our risks.

## **1.5 Roles and Responsibilities**

### **1.5.1 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).

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.



### **1.5.2 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.

### **1.5.3 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.

### **1.5.4 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.

### **1.5.5 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.

### **1.5.6 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.

### **1.5.7 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.

## **1.6 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.

### **1.7 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. Staff are introduced to risk management as a part of the induction process. Staff who are required to populate a risk register are required to attend a face to face training session.

#### **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**

### **2.1 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.

### **2.2 Corporate Risk**

Corporate Risk in all its forms is the 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.

### **2.3 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.

### **2.4 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.

### **2.5 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.

### **2.6 Fraud Risk**

The Local Counter Fraud Service (LCFS) must be notified of any identified fraud risks promptly.

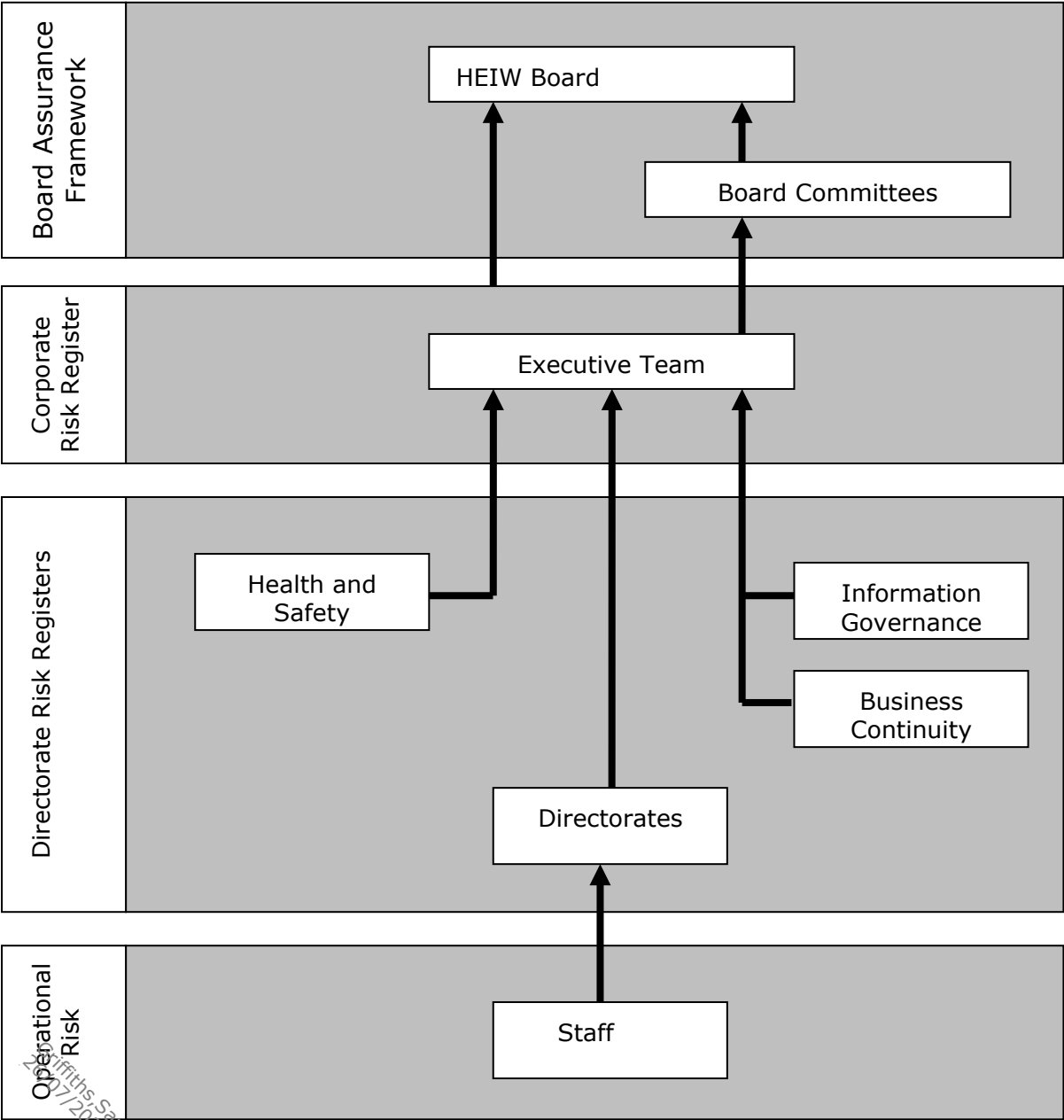
Section 3 – Management of Risk

Introduction

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

3.1 Risk Architecture

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



### **3.2 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. HEIW's Risk Appetite levels are detailed in Annex 1.

### **3.3 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.

### **3.4 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, any further actions which are planned or required, the date of impact and the risk rating trend. The register is a snapshot of the risk information at the moment it is taken.

HEIW's risk registers will utilise the risk assessment, risk appetite 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.

### **3.5 Ongoing Risk Management**

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

### **3.6 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 co-operation across directorates, 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.

### **3.7 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.

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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	G	1-6
Moderate	A	7-14
High	R	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

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### ***Risk Appetite Levels***


<b>Appetite Level</b>	<b>Described as:</b>	<b>What this means</b>
<b>None</b>	Avoidance of risk and uncertainty is a key organisational objective.	Avoidance of loss is key objective, play safe, avoidance of developments. Priority for tight controls and oversight.
<b>Low</b>	Minimal, or as little as reasonably possible, is preferred for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential.	Prepared to accept the possibility of very limited financial loss if essential. Win any challenges re compliance. Innovations avoided unless essential.
<b>Moderate</b>	Cautious is preferred for safe delivery options that have low degree of inherent risk and may only have limited potential for reward.	Prepare to accept some possibility of some financial loss. Limited tolerance for sticking neck out. Tendency to stick with status quo, innovation in practice avoided unless really necessary
<b>High</b>	Open and willing to consider all potential delivery options and choose while also providing an acceptable level of reward (and Value for Money).	Prepared to invest for return & minimise the possibility of financial loss. Value and benefits considered. Gains outweigh adverse consequences. Innovation supported.
<b>Very High</b>	Seek and be eager to be innovative and too chose options offering potentially higher business rewards (despite greater inherent risk). Or also described as mature and confident in setting high levels of risk appetite because controls, forwards scanning and responsiveness systems are robust.	Investing for best possible return & acceptance of possibility of financial loss. Chances of losing any challenge are real and consequences would be significant. Desire to break the mould. High levels of devolved authority – management by trust not control.

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## Annex 2 – Template for the HEIW Risk Register

Risks should be scored on the basis of the Risk Scoring Matrix and Risk Appetite Levels contained within Annex 1

Date Added	Ref (Strategic Aim)	Risk Description and Executive Owner	Inherent Risk			Risk Appetite	Mitigating Actions	Residual Risk			RAG Status	Progress
		Details of risk If...then... impact...	Impact	Probability	Overall Score	None Low Moder. High V.High	Summary of action to date or proposed action to reduce risk impact or proximity – this should include a deadline or timetable for completing actions	Impact	Probability	Overall Score	R/A/G & Trend 	
1.		[If .....then ..... impact]  [Insert the name of the owner]					[please populate this section in accordance with the above guidance and include the date of impact for the mitigating action]				[please include the RAG rating, RAG rating colour and trend arrow]	

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CYMRU  
**NHS**  
WALES

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

Meeting Date	27 July 2023	Agenda Item	4.11.2
Report Title	<b>Committee Chair's Key Issues Report – Education, Commissioning and Quality Committee</b>		
Report Author	Sarah Griffiths, Corporate Governance Manager		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Tina Donnelly, Chair		
Freedom of Information	Open		
Purpose of the Report	The purpose of the report is to outline discussions undertaken by the Education, Commissioning and Quality Committee.		
Key Issues	This report focuses on the key issues raised at the Education, Commissioning, and Quality Committee meeting held on 17 July 2023.		
Specific Action Required	Information	Discussion	Assurance
			✓
Recommendations	The Board is asked to: <ul style="list-style-type: none"><li>• <b>note</b> the content of the report from the Chair of the Education, Commissioning and Quality Committee.</li><li>• <b>note</b> that the Committee's recommendation for the <b>Draft Education and Training Plan 2024/25</b> to be endorsed by the Board is the subject matter of a separate Board paper on today's agenda.</li><li>• <b>receive</b> the Committee's <b>Annual Report 2022/23</b> for assurance (Appendix 2).</li></ul>		

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# KEY ISSUES REPORT – EDUCATION, COMMISSIONING AND QUALITY COMMITTEE, 17 JULY 2023

## 1. INTRODUCTION

The purpose of the report is to provide an update on matters considered by the Education, Commissioning and Quality Committee held on 17 July 2023. The Board is asked to note the summary report from the Chair.

## 2. BACKGROUND

The Board will be aware that three committees have been established under HEIW's standing orders; the Audit and Assurance Committee; the Remuneration and Terms of Service Committee, and the Education, Commissioning and Quality Committee. Each Committee will present reports to the Board during the year outlining key discussions, issues and risks discussed during meetings.

## 3. PROPOSAL

The Education, Commissioning and Quality Committee met on 17 July 2023. Appendix 1 provides the Board with a summary of the areas considered at the meeting. The formal record of the meeting remains the approved minutes.

## 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 or approve.

## 6. RECOMMENDATION

Members of the Board are asked to:

- **note** the content of the report from the Chair of the Education, Commissioning and Quality Committee.
- **note** that the Committee's recommendation for the **Draft Education and Training Plan 2024/25** to be endorsed by the Board is the subject matter of a separate Board paper on today's agenda.
- **receive** the Committee's **Annual Report 2022/23** for assurance (Appendix 2).

### Governance and Assurance

Link to IMTP strategic aims (please ✓)

**Strategic Aim 1:  
Building our Future Workforce**  
Developing and implementing plans that

**Strategic Aim 2:  
Developing our Current Workforce**  
Transforming today's workforce to contribute to

**Strategic Aim 3:  
Shaping Culture and Leadership in NHS Wales**  
Embedding compassionate leadership principles to develop cultures that

	align the future demand for workforce with supply.	new models of care which improve quality and safety.	support inclusion, wellbeing, and quality.
	✓	✓	✓
<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 enabling the quality, safety and experience of patients receiving care.			
<b>Financial Implications</b>			
None			
<b>Legal Implications (including equality and diversity assessment)</b>			
The Board must comply with its standing orders, which includes receiving updates from its Committees.			
<b>Staffing Implications</b>			
None			
<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, 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>	This report shall be a standing item on the Board's agenda.		
<b>Appendices</b>	Appendix 1 - Education, Commissioning and Quality Committee Chair's Summary Appendix 2 – Education, Commissioning and Quality Committee Annual Report		

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## Appendix 1

Meeting Date	27 July 2023	Agenda Item	4.11.2
Freedom of Information Status	Open		
Reporting Committee	Education, Commission and Quality Committee		
Report Author	Sarah Griffiths, Corporate Governance Manager		
Chaired by	Tina Donnelly		
Lead Executive Director(s)	Lisa Llewelyn and Professor Pushpinder Mangat		
Date of last meeting	17 July 2023		
Summary of key matters considered by the Committee and any related decisions made:			
The Committee received <b>declarations of interest</b> in relation to the items on the agenda.			
The Committee received and <b>noted</b> the <b>Medical, Dental, Pharmacy and Optometry Directorate Reports</b> which summarised the outcomes of the ongoing process of Quality Management of Training in Postgraduate Medicine in Wales. The Committee <b>noted</b> the areas of concern and <b>noted</b> that the General Medical Council was satisfied that all the areas of concern had been subjected to appropriate scrutiny. The fragile nature and challenge of placements in all professions was highlighted.			
The Committee received and <b>noted</b> the <b>Nursing and Health Professional Education Directorate Report</b> which provided an update on the quality improvements, identified risks and exceptions in relation to Nursing and Health Professional Education. The Committee questioned the financial impact and highlighted that more detail was required about the effect and impact of the poor fill rates and dispersed learning. The Committee raised concern regarding the low fill rates for nursing dispersed learning and nursing distance learning and sought assurance on whether the right strategy, approach and interventions were in place to facilitate a higher fill rate.			
The Committee received the <b>Attrition and Fill Rates Report</b> which provided an analysis of the current attrition rates for commissioned pre-registration nursing and midwifery programmes. It was <b>noted</b> that an attrition definition was now in place. It was noted that the task and finish group had been established. Improvements in the way data was being collected, managed and reported had been embedded into the new pre-registration education contracts and captured in a Business Intelligence (BI) Dashboard. The Committee made BI dashboard improvement suggestions. The Committee <b>noted</b> the high nursing attrition in Bangor University and the investigation of this and <b>noted</b> the reducing attrition rate in midwifery.			
The Committee received and <b>noted</b> the <b>Medical Training Recruitment Update</b> which highlighted that the Foundation and Speciality recruitment had reached the final stages for all posts commencing in August 2023.			
The Committee received and <b>noted</b> the <b>Placement Capacity report</b> which updated the Committee on the HEIW programme of work to increase placement capacity and			

improve the quality of student and trainee placement learning experiences across healthcare programmes in Wales. The Committee raised concern regarding presidents being set in Physician Associate student placements for the cost for placements and the risk to the organisation to introducing this to one group and not others.

The Committee received and **noted** the **Highlight Report on Phase 2 of the Strategic Review of Health Professional Education (SREP2)**.

The Committee received the **Draft Education and Training Plan 2024/25** and **recommended** the plan and appendices to the Board for approval.

The Committee reviewed and **agreed** its **Terms of Reference** subject to the purpose of the Committee being amended to include commissioning and quality plans.

The Committee received the Committees **Annual Report 2022/23** and **approved** the report for submission to the Board for Assurance.

The Committee received a verbal update regarding the **Stakeholder Reference Group** which was held on 9 May 2023.

The Committee received and **noted** the **Committee self-assessment Action Plan**.

The Committee received and **noted** a report on the **Initiation of a procurement exercise to approve a suite of e-learning modules**.

**Key risks and issues/matters of concern of which the Board needs to be made aware:**

N/A

**Recommendation for Board consideration**

- The Committee received the **Draft Education and Training Plan 2024/25** and **recommended** the plan and appendices to the Board for approval.
- The Committee received the Committees **Annual Report 2022/23** and **approved** the report for submission to the Board for Assurance (Appendix 2).

**Delegated action by the Committee**

N/A

**Main sources of information received**

- Medicine, Dental and Pharmacy Directorate Reports
- Nursing and Health Professionals Education Directorate Reports
- Attrition and Fill Rates Report
- Medical Training Recruitment Update Report
- Placement Capacity Report
- Highlight Report on Phase 2 of the Strategic Review of Health Professional Education
- Draft Education and Training Plan 2024/25
- Annual Review of Education, Commissioning and Quality Committee Terms of Reference
- Draft Committee Annual Report 2022/23
- Committee Self-Assessment Action Plan

<ul style="list-style-type: none"> <li>Initiation of a procurement exercise to approve a suite of e-learning modules report</li> </ul>
<b>Highlights from sub-groups reporting into this Committee</b>
N/A
<b>Matters referred to other Committees</b>
N/A

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Health Education and  
Improvement Wales (HEIW)

### Committee Chairs Reflection

During the reporting year the Education Commissioning and Quality Committee (ECQC) continued their key advisory role within HEIW's governance framework. Responsibilities have included overseeing the ongoing implementation of the Strategic Review of Health Professional Education Phase 2 on behalf of the Board. This is an extensive review covering a wide range of healthcare disciplines. Commissioning processes have been developed which have included a new process for contracting new educational programmes.

The Committee has also actively engaged in the development of standardised monitoring across the multi-professional education and training programmes, which has been incorporated within the receipt of regular reports as to the monitoring and management of programmes thus ensuring our commitment to a highly trained multi-professional healthcare workforce.

ECQC's programme for the year is detailed in the report below. The Committee has included a wide range of training and education developments across a number of professions such as; Pharmacy, Health Care Support Workers and Critical Care staff, whilst also developing processes to widen access to healthcare educational and training programmes. It is essential that we maintain a focus upon improving students' experiences and subsequent retention and enabling equality, diversity and inclusion standards to remain across all our developments, whilst ensuring the maintenance of training standards in line with regulatory requirements.

Many of our partner organisations continue their involvement in the development and delivery of high-quality healthcare education and training. The Stakeholder Reference Group (SRG), has been very engaged in helping to inform, review and make recommendations as to how we can continue to build a workforce that will enable us collectively to deliver to meet the healthcare needs of the population we serve. As ECQC chair, I am the vice chair of the SRG and I report back to our Committee relevant stakeholder contributions directly during our ECQC Committee meetings.

The Covid pandemic had impacted directly on the work of the ECQC, and our meetings have, during this reporting year progressed from being virtual to actually being present and occasionally hybrid meetings have also been held. Our meetings are well attended with public access arrangements upheld. The Committee is aware of the tremendous amount of work that takes place by the teams within HEIW and also that their work is delivered to an extremely high standard. It is important for us to thank the staff, their directors and stakeholders, and to comment on how appreciative we are in terms of their commitment to the Committee and thereby enabling us to ensure the Committee delivers accordingly, to the Terms of Reference set by the Organisation.

I would also like to thank my fellow Board Members and Independent Members for their support shown to me during my first year as Chair, and also to acknowledge that we



had two new Independent Members join, Ruth Hall and myself this year, Gill Lewis who became Vice Chair of the Committee and John Gammon.

## 1. Introduction and Background

The purpose of the Education, Commissioning and Quality Committee (the 'Committee') is to advise and assure the Board and Chief Executive (who is the Accountable Officer) on whether effective arrangements are in place to plan, commission, deliver, and quality manage education systems and provides assurance on behalf of the organisation.

Membership of the Education, Commissioning and Quality Committee:

The membership of the Committee during 2022/23 was as follows:

<b>Chair:</b>	Tina Donnelly ,Independent Member
<b>Vice-Chair:</b>	Gill Lewis ,Independent Member
<b>Member:</b>	John Gammon, Independent Member*

(\* John Gammon was appointed as a new member of the Education, Commissioning and Quality Committee on 29 September 2022.)

HEIW officers also attend to support key matters.

The Committee met on four occasions between April 2022 and March 2023 and was well attended, with good engagement from all attendees. The Committee continues to report regularly to the HEIW Board and to ensure appropriate interaction with the Audit and Assurance Committee.

## 2. Planning and Review

In line with good practice, the Committee reviewed its Terms of Reference in July 2022, endorsing a revision to reflect a change in the Job Title of the Finance Director. This revision was later approved by the Board in July 2022.

In March 2022, following the Education Advisory Group being disbanded and replaced by the Stakeholder Reference Group, a review of the effectiveness of the Multi-Professional Quality Education Group (MPQEG) was undertaken. The review determined the work of the MPQEG was routinely picked up and progressed via other routes and that there were robust mechanisms in place updating the Committee on the performance and management of the educational programme. It was noted that the occurrence of the MPQEG was not favourable to effectively supporting the work of the Committee, and in July 2022 a recommendation was made to the Board to disband the MPQEG. This recommendation was later approved at July Board.

During the year, a review of the effectiveness of the Committee was carried out. The Committee considered the draft self-assessment questionnaire in December 2022 and agreed to remove subgroups from the questionnaire. The Committee considered the Evaluation of Committee Effectiveness in March 2023. The overall self-assessment feedback was positive, and the report highlighted a number of areas of focus during

2022/23. This included finalising the induction support for new Committee members, the multi-professional education and training quality assurance updates continuing to evolve to meet Committee needs and reviewing the self-assessment scoring mechanism.

The Committee approved its Annual Report for 2021/22 in July 2022, which was noted and approved for publication by the Board in July 2022.

The Committee approved the Education, Commissioning and Quality Committee Framework Forward Work Programme for 2023/24 in December 2022.

### **3. Key Achievements in 2022/23**

The Committee continued to receive Quality Management Reports for Medical, Dentistry, Pharmacy, and Nursing and Health Professional Education. These reports were based on the quality framework adopted by the Medical Deanery and aimed to provide a consistent approach to reporting on quality management across Directorates. The Quality Management Reports have evolved throughout 2022/23 and will continue to do so to meet the needs of the Committee.

Throughout the year, the Committee received and considered regular updates on Phase 2 of the Strategic Review of Health Professional Education (Phase 2). Phase 2 encompasses a range of education programmes including established Wales-based postgraduate education programmes, programmes delivered from English universities, and potential new education programmes to support workforce development and the delivery of healthcare services. In accordance with the approval process for commissioning Phase 2 education contracts, which was approved by the Board in March 2022, the Committee considered the approval process for tenders and contracts with a total contract value of less than £5 million. Where a tender or contract exceeded a total contract value of £5 million, these were considered by the Committee and recommendations made to the Board for approval.

In July 2022, the Committee was provided with an update on clinical placements, and it was confirmed that work with key university placement providers was ongoing to enable trainees to undertake necessary placement experience to meet the proficiency requirements of their professional programme.

In July 2022, the Committee was presented with the draft Annual Education and Training Plan for 2023/24. It was highlighted that the plan had undergone extensive external consultation and had been shared with the Stakeholder Reference Group. It was confirmed that the plan had been drafted to align with HEIW's vision and ambitions set out in the Integrated Medium-Term Plan 2022-25. The final plan was supported by the HEIW Board on 28 July 2022 and submitted to Welsh Government for approval.

In September 2022, the Committee also considered the Quality Performance Framework for HEIW's partner educational organisations which included a focus on the escalation process for issues and concerns.

In September 2022, the Committee considered the work of the Stakeholder Working Group, established to support the work of the Simulation Team. It was clarified that

HEIW sought to maximise the simulation-based education and training that was already in place.

In March 2023, the Committee considered the plan to achieve 2023/24 Nurse Commissioning and Quality report which highlighted the gap between the aspiration in the 2023/24 Education and Training Plan for commissioning nurses and the reducing number of applicants to nursing programmes across the UK.

In March 2023, the Committee considered the planning approach for the Education and Training Plan 2024/25. It was confirmed that a tested methodology for creating the Plan was in place.

In March 2023, the Committee was presented with a number of Welsh Language Student Placement Videos which showed students on placement commenting on their experiences of using Welsh Language whilst on placement and the positive impact on patients.

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

During 2022/23 the Committee received:

- Quality Management Reports which provided an overview of the quality management monitoring arrangements within the Medical Deanery. This included updates on the areas within the Medical Deanery which were in enhanced monitoring status. The Committee considered HEIW's role in respect of enhanced monitoring and focused upon the level of detail provided within the report to support assurance. It was reported that the GMC national training survey response rates in Wales were the highest in the UK in respect of both trainees and trainers.
- Quality Management Reports which provided an overview of the quality management monitoring arrangements within the Dentistry Deanery. The Committee was pleased with the positive outcome of the General Dental Council (GDC) Education Quality Assurance Report.
- Quality Management Reports which provided an overview of the quality management monitoring arrangements within the Pharmacy Deanery. The Committee welcomed the pass rate of 96.4% for Foundation Trainee Pharmacists. The Committee noted the new and evolving format for reporting on Quality Management in Pharmacy. Consideration was also given to the process for assessing the quality of placements.
- Quality Management Reports which provided an overview of the quality management monitoring arrangements within the Nurse and Health Professional Education Directorate. The Committee welcomed the progress made in implementing the Quality Performance Framework and the good progress in respect of the roll-out of the contracts relating to Phase 2 of the Strategic Review of Education. It was confirmed that the development of clinical

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placement capacity continued to be an area of focus for HEIW. The update on the National Student Survey was also noted.

- Regular verbal updates from the Chair in respect of the meetings of the Stakeholder Reference Group. The updates confirmed that the meetings had considered a broad range of items including the Mental Health Strategy, development in primary care, an overview of the Integrated Medium-Term Plan, the development of the Annual Training and Education Plan and the Strategic Workforce Plan for Pharmacy.
- An update on the Simulation Team Activity and the Committee noted the achievements of the team.
- An update on Allied Health Professional (AHP) Streamlining, noting that the Executive Team, at its meeting on 10 August, had determined that streamlining would continue for nurses, midwives, physician associates, and operating department practitioners but would cease for allied health professionals and certain healthcare science professionals.


## **5. Recommendations**

During 2022/23, the Education, Commissioning and Quality Committee made the following recommendations to the Board. The Committee recommended that:

- The draft Education and Training Plan 2023-24 including the appendices be approved.
- The amended Terms of Reference of the Committee be approved.
- The new contracts for the Provision of Level 4 Healthcare Support Worker (Nursing) Education be awarded.
- The Content of the Committee Effectiveness Review Document be approved.
- The Multi-professional Quality and Education Group be decommissioned.
- Board was also asked to note the Education Commissioning and Quality Committee's Annual Report 2021/2022.

## **6. Key Areas of Focus for 2023/24**

To keep pace with the many developments in education and training currently taking place, the Committee will review its forward work programme regularly.



However, the following are key areas that will be addressed during 2023/24:

- Phase 2 of the Strategic Review of Health Professional Education.
- Continued development of the Quality Management Reports.
- Emerging approaches from workforce planning and the impact on training programmes.
- Impacts and opportunities of digitalisation on health education.
- Widening access to education through differential attainment and alternative education routes.

**Sponsored by:** Tina Donnelly

**Chair of Education, Commissioning and Quality Committee**

**Date:** July 2023

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<b>Meeting Date</b>	<b>27 July 2023</b>		<b>Agenda Item</b>	<b>4.12</b>
<b>Report Title</b>	<b>In-Committee Decisions</b>			
<b>Report Author</b>	Sarah Griffiths, 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 set out key issues discussed at the In-Committee Board Meeting held on 18 May 2023.			
<b>Key Issues</b>	In accordance with Standing Orders, HEIW is required to report any decisions made in private session to the next available public meeting of the Board. This report sets out the decisions made by Board In-Committee on 18 May 2023.			
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	✓			
<b>Recommendation</b>	The Board is asked to <b>note</b> the report for information.			

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## DECISIONS MADE DURING THE IN-COMMITTEE BOARD MEETING HELD ON 18 MAY 2023

### 1. INTRODUCTION

The purpose of the paper is to report on items considered by the In-Committee Board Meeting held on 18 May 2023.

### 2. BACKGROUND

The Board shall conduct as much of its formal business in public as possible. There may be circumstances where it would not be in the public interest to discuss a matter in public. In such cases, the Chair (advised by the Board Secretary where appropriate) shall schedule these issues accordingly and require that any observer withdraw from the meeting. In doing so, the Board shall resolve:

*'That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest'.*

In these circumstances, when the Board is not meeting in public session, it shall operate in a private session, formally reporting any decisions taken at the Board's next public session meeting.

### 3. PROPOSAL

The following matters were discussed in the in-committee meeting of the HEIW Board on 18 May 2023:

- **Chair's Report:** The Board received the Chair's Report and ratified the Chair's Action undertaken on 30 March 2023 to approve the use of a protected conversation and settlement agreement.
- **Chief Executive's Report:** The Board received and noted the verbal update.
- **The Welsh Institute of Minimal Assistive Technology (WIMAT):** The Board received and noted the report which provided an update on work undertaken to determine the ongoing funding arrangements for WIMAT in the context of the increased levels of financial support that had been provided during recent years. The Board endorsed the decision that notice be given to Cardiff University that financial support would be discontinued at the end of the agreed period (31/03/2024). The Board also endorsed that discussions commence with key stakeholders on the impact and implications of the recommendation to cease financial support and a timescale for a transition plan to be in place by the end of March 2024.
- **Key Issues Report from the Audit and Assurance Committee In-Committee held on 6 April 2023 and 3 May 2023:** The Board received and noted the update from the Chairs key issue report for the Audit and Assurance Committee held on 6 April 2023 and 3 May 2023.
- **Key Issues Report from the Education, Commissioning and Quality Committee In-Committee held on 23 March 2023 and 21 April 2023:** The

Board received and noted the update from the Chairs key issue report for the Education, Commissioning and Quality Committee held on 23 March 2023 and 21 April 2023.

- **Key Issues Report from the Remuneration and Terms of Service Committee held on 30 March 2023:** The Board received and noted the update from the Chairs key issue report for the Remuneration and Terms of Service Committee held on 30 March 2023.
- **Chair's Action Report:** The Board received the Chair's Action report and ratified the Chair's Action undertaken on 16 May 2023 to approve the implementation of the Dental Core Training Review.

#### 4. GOVERNANCE AND RISK ISSUES

The report provides an overview of matters considered by the In-Committee Board Meetings held on 18 May 2023 and is intended to further demonstrate HEIW's commitment to open and transparent decision-making.

#### 5. FINANCIAL IMPLICATIONS

There are no direct financial implications associated with this report.

#### 6. RECOMMENDATION

The Board is asked to **note** the report for information.

Governance and Assurance			
Link to IMTP strategic aims <i>(please ✓)</i>	Strategic Aim 1: Building our Future Workforce  Developing and implementing plans that align the future demand for workforce with supply.	Strategic Aim 2: Developing our Current Workforce  Transforming today's workforce to contribute to new models of care which improve quality and safety	Strategic Aim 3: Shaping Culture and Leadership in NHS Wales  Embedding compassionate leadership principles to develop cultures that support inclusion, wellbeing, and quality.
	✓	✓	✓
Quality, Safety and Patient Experience			
Ensuring the Board and its Committees make fully informed decisions is dependent on the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.			
Financial Implications			
There are no direct financial implications associated with this report.			
Legal Implications (including equality and diversity assessment)			
There are no legal implications associated with this report.			
Staffing Implications			
There are no direct staffing implications associated with this report.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			



There are no direct implications on the Act.	
<b>Report History</b>	This report is provided at each meeting of the Board.
<b>Appendices</b>	None.

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