

Board Meeting (Open) March 2022

Thu 31 March 2022, 10:40 - 13:00

Zoom/ HEIW Conference Room

Agenda

10:40 - 11:00 **1. PRELIMINARY MATTERS**
20 min

1.1. Welcome and Introductions

Presenter: Chair/Verbal

1.2. Apologies for Absence

Presenter: Chair/Verbal

1.3. Declarations of Interest

Presenter: Chair/Verbal

1.4. Improvement Story

Presenter: Director of Nurse and Health Professional Education/Verbal


1.5. Draft Minutes of the Board meeting held on 27 January 2022

Presenter: Chair/Attachment

 1.5 - Unconfirmed Board Minutes (Open) 220127 (F).pdf (8 pages)

1.6. Action Log from the Board meeting held on 27 January 2022

Presenter: Chair/Attachment

 1.6 - Board Actions (Open) 220127 (F).pdf (1 pages)

1.7. Matters Arising

Presenter: Chair/Verbal

11:00 - 11:25 **2. CHAIR AND CHIEF EXECUTIVE REPORTS**
25 min

2.1. Chair's Report

Presenter: Chair/Attachment

 2.1 - Chairs Report March 2022(F).pdf (6 pages)

2.2. Chief Executive's Report

Presenter: Chief Executive/Attachment






 2.2 CEO Report March 2022. (Final)ocx (003).pdf (6 pages)

11:25 - 12:05 **3. STRATEGIC MATTERS**
40 min

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3.1. Approval of the IMTP 2022-25

Presenter: Director of Planning, Performance and Corporate Services/Attachment

-  3.1a - Approval of the IMTP.pdf (5 pages)
-  3.1b - Appendix 1 – IMTP (2022-25) .pdf (56 pages)
-  3.1c - Appendix 2 – IMTP Appendices.pdf (137 pages)
-  3.1d - Appendix 3 - Minimum Data Set.pdf (614 pages)
-  3.1e - Appendix 4 – IMTP Equality Impact Assessment..pdf (55 pages)

3.2. Financial Plan and Budget Strategy

Presenter: Medical Director/Attachment




-  3.2 Financial Plan and Budget Strategy (F).pdf (6 pages)

12:05 - 12:50
45 min

4. GOVERNANCE, PERFORMANCE AND ASSURANCE





4.1. Director of Finance Report

Presenter: Director of Finance/Attachment

-  4.1a - Report of the Director of Finance (F).pdf (8 pages)
-  4.1b -Appendix 1- Board Finance Paper.pdf (4 pages)
-  4.1c - Appendix 2- The Monitoring Return.pdf (100 pages)

4.2. Performance Report (Q3)

Presenter: Director of Planning and Performance/Attachment

-  4.2a - Performance Report (Q3) (F).pdf (6 pages)
-  4.2b - Appendix 1- Integrated Performance Report.pdf (16 pages)
-  4.2c - Appendix 2 – Performance Reference Guide.pdf (10 pages)
-  4.2d - Appendix 3 - Dashboard.pdf (1 pages)



4.3. Approvals Process for commissioning education as part of the Strategic Review of Education Phase 2 (SREP2)

Presenter: Director of Nurse and Health Professional Education/Attachment

-  4.3- Approval Process for SREP2 (F).pdf (5 pages)

4.4. Annual Equality Plan report

Presenter: Director of Workforce and OD/Attachment

-  4.4a - Annual Equality Report 2020-21 (F).pdf (3 pages)
-  4.4b - Appendix 1 - Draft HEIW Equality Annual Report 2020-21 (F).pdf (24 pages)



4.5. Gender Pay Gap Report (2022/23)

Presenter: Director of Workforce and OD/Attachment

-  4.5a - Gender Pay Gap Report 2020-21 (F).pdf (4 pages)
-  4.5b - Appendix 1 - Gender Pay Gap Report 2020-21 (F).pdf (9 pages)

4.6. Board Forward Work Programme 2022/23

Presenter: Board Secretary/ Attachment

-  4.6 - Forward Work Programme (F).pdf (3 pages)
-  4.6 Appendix 1 Draft Board FWP for Board 22-23.pdf (7 pages)

4.7. To Receive Key Issues Report from:

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Presenter: Committee Chair/ Attachment


4.7.1. Audit and Assurance Committee held on 7 February 2022

 4.7.1 - Key Issues Report - AAC 7 February to Board (F).pdf (6 pages)

4.7.2. Education, Commissioning and Quality Committee held on 18 January 2022


 4.7.2 - Key Issue Report ECQC 18 January (Open) to Board (F).pdf (5 pages)


4.7.3. Education, Commissioning and Quality Committee held on 3 March 2022

 4.7.3 - Key Issue Report - ECQC 3 March (Open) to Board (F).pdf (6 pages)

4.8. Risk Appetite and Risk Tolerance

Presenter: Board Secretary/ Attachment


 4.8a - Risk Appetite and Risk Tolerance Paper(F).pdf (4 pages)


 4.8b - Appendix 1 - Risk Appetite and Risk Tolerance(F) (002).pdf (6 pages)

4.9. Corporate Risk Register and Strategic Risk

Presenter: Board Secretary/ Attachment

 4.9a - Corporate Risk Register Report (MAR22)(F).pdf (5 pages)

 4.9b - Appendix 1 - Corporate Risk Register (F).pdf (7 pages)

 4.9c - Appendix 2 - Draft Strategic Risks (F).pdf (2 pages)

4.10. In Committee Decisions

Presenter: Board Secretary/ Attachment

 4.10 - In Committee Decisions (F).pdf (4 pages)

12:50 - 12:55
5 min

5. FOR NOTING

5.1. Shared Services Partnership Committee Assurance Report – January 2022


Presenter: Board Secretary/Attachment

 5.1 - SSPC Assurance Report 20 January 2022 (F).pdf (4 pages)

5.2. Audit Wales Annual Audit Report

Presenter: Urvisha Perez-Audit Wales/ Attachment

 5.2a - Audit Wales Annual Report (F).pdf (1 pages)

 5.2b - HEIW Annual Audit Report 2021.pdf (18 pages)

12:55 - 13:00
5 min

6. OTHER MATTERS

6.1. Any Other Urgent Business

Presenter: Chair/Verbal

6.2. Date of Next Meeting

Presenter: Chair/Verbal

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Unconfirmed Minutes of the HEIW Board Meeting
held at 10am on 27 January 2022
via Zoom/Teleconferencing, through Ty Dysgu, Nantgarw

Present:

Dr Chris Jones	Chair
Dr Ruth Hall	Independent Member
Gill Lewis	Independent Member
Tina Donnelly	Independent Member
Dr Heidi Phillips	Independent Member
John Hill-Tout	Independent Member
Jonathan Morgan	Independent Member
Alex Howells	Chief Executive (Part)
Prof. Pushpinder Mangat	Medical Director
Lisa Llewelyn	Director of Nurse and Health Professional Education
Julie Rogers	Director of Workforce & Organisational Development
Rhiannon Beckett	Interim Director of Finance

In attendance:

Dafydd Bebb	Board Secretary
Sian Richards	Director of Digital
Nicola Johnson	Director of Planning and Performance
Huw Owen	Welsh Language Service Manager
Charlette Middlemiss	Interim Deputy Director of Workforce Transformation
Lisa Bassett	Programme Manager for Urgent & Emergency Care
Lisa Duffy	Infection Prevention & Control Programme Manager
Gail Harries-Huntley	Workforce Modernisation Manager
Catherine English	Corporate Governance Manager (Secretariat)

PART 1	PRELIMINARY MATTERS	Action
2701/1.1	Welcome and Introductions	
	<p>The Chair welcomed everyone to the meeting, particularly Jonathan Morgan, who joined as HEIW's new Independent Member, and Lisa Bassett, Lisa Duffy and Gail Harries-Huntley, who attended to present the Improvement Story.</p> <p>The Chair also welcomed Rhiannon Beckett to her first meeting as Interim Director of Finance and congratulated Julie Rogers on her permanent appointment as Director of Workforce and Organisational Development/Deputy Chief Executive.</p> <p>A quorum was confirmed as present.</p>	
2701/1.2	Apologies for absence	
	Apologies were received from Alex Howells, Chief Executive, who was delayed in joining the meeting.	
2701/1.3	Declaration of interest	

	<p>The Chair confirmed that a declaration of interest form had been received and registered on behalf of Jonathan Morgan.</p> <p>No declarations of interest were received in respect of the January Board agenda.</p>	
2701/1.4	Improvement Story	
	<p>The Board received a presentation from Lisa Bassett and Lisa Duffy on Infection Prevention and Control (IP&C) and thanked them for sharing their work to date. The Chair expressed an interest in Independent Members attending the launch event in March and looked forward to receiving an update on the impact of their work in the future.</p>	
Resolved	The presentation was noted .	
2701/1.5	To receive and confirm the minutes of the Board Meeting held on 25 November 2021	
Resolved	<p>The November Board minutes were received and approved as an accurate record of the meeting, subject to the following amendment:</p> <p>2511/4.2 - It was confirmed that for the period April to October 2021, HEIW cumulatively paid 96.71% of non-NHS invoices and 87.67% of NHS invoices within 30 days.</p>	
2701/1.6	Action Log from the Board meeting held on 25 November 2021	
	<p>The Board received the Action Log and noted the actions were either complete or matters for consideration on today's agenda. The following update was received:</p> <p>2511/3.3 - Briefing on the National Quality and Safety Framework: Dafydd Bebb confirmed the first formal reporting period would be 2023/24 and that the reporting requirements this year would be the same as last year.</p>	
Resolved	The Board noted the Action Log	
2701/1.7	Matters Arising	
	There were no matters arising	
PART 2	CHAIR AND CHIEF EXECUTIVE REPORTS	
2701/2.1	Chairs Report	
	<p>The Board received the report.</p> <p>Introducing his report, the Chair noted that having spent almost two years in the eye of a global pandemic, Wales and the United Kingdom seem to be heading cautiously in a direction where coronavirus would become endemic. The Chair noted we were now in a transition period and stressed the importance of taking advantage of the lessons learned, particularly in terms of the digital agenda, partnership working and clinical leadership.</p> <p>The Chair confirmed today would be the last Board for John Hill-Tout, the Vice-Chair, who would retire on the 31 January. The Chair thanked John Hill-Tout for his contribution to the establishment and development of HEIW and his outstanding service to the NHS in Wales.</p>	

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	<p>Providing an update on the Independent Member recruitment, the Chair confirmed Jonathan Morgan had been appointed by the Minister to serve as an Independent Member in HEIW for a period of four years.</p> <p>The Chair confirmed that he had updated colleagues on HEIW's work on succession planning and leadership at the January Chairs Peer Group meeting. It was highlighted that the NHS in Wales has committed to shortlisting at least three people from the NHS in Wales for every senior executive post within Wales by 2025 and noted how it would transform leadership within Wales.</p> <p>The Chair asked the Board to ratify the Chair's Action taken on 25 November 2021 for the Board to approve the adoption of the recommendations arising from the 'Managing the Pay Implications of Multi-Professional Roles' report, which was considered by the Remuneration and Terms of Service Committee on 25 November 2021. It was confirmed that in accordance with HEIW's Standing Orders, Chair's Action was undertaken by the Chair and Chief Executive after consulting with the Independent Members at the meeting of the Remuneration and Terms of Services Committee.</p>	
Resolved	<p>The Board:</p> <ul style="list-style-type: none"> • noted the report for information; • ratified the Chair's Action taken on 25 November 2021 for the Board to approve the adoption of the recommendations arising from the 'Managing the Pay Implications of Multi-Professional Roles' report which was considered by the Remuneration and Terms of Service Committee on 25 November 2021. 	
2701/2.2	Chief Executives Report	
	<p>The Board received the report.</p> <p>Briefly outlining the report, Julie Rogers confirmed that since the last formal Board meeting, we had experienced the Omicron COVID wave, which required the NHS to refocus service delivery plans and make urgent changes to the vaccination programme during December. It was noted that the workforce had been a significant challenge during this time given the additional demands, combined with the direct impact of COVID on sickness levels. It was confirmed that while there were positive signs that cases were stabilising, the health and care system continued to be under significant pressure.</p> <p>Julie Rogers confirmed the mid-year Joint Executive Team meeting with Welsh Government held on 7 December, had been positive. It was noted the meeting had provided a good opportunity to discuss some of the strategic work programmes HEIW is progressing in key policy areas, and which would be essential to the recovery and reset process.</p> <p>It was noted that HEIW was now implementing the proposals contained in the Education and Training Plan for 2022/23, and that work on the 2023/24 plan would start shortly. It was explained that the 2023/24 planning would be informed by critical work on clinical placements and other strategic</p>	

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	<p>developments such as the mental health workforce plan, the development of the nursing workforce plan and the primary and community education and training framework.</p> <p>The Board noted the amount of work that had gone into the 2022/23 Education and Training Plan and commended the organisation on its significant achievement.</p> <p>The Board considered the effects of the pandemic on the wellbeing and morale of staff. It was noted that there are extensive keeping in touch arrangements throughout the organisation, including fortnightly virtual staff forums, and that Ty Dysgu was open to staff for wellbeing purposes.</p> <p>The Vice Chair highlighted that the Minister for Education and Deputy Minister for Mental Health had been running a task and finish group on the whole school approach and the wellbeing of children. He explained that the Ministers had recently announced the task and finish group would be uplifted to a Ministerial Oversight Board looking at mental health services for children and young people and confirmed HEIW would be asked to become a member of that group.</p>	
Resolved	The Board noted the report.	
PART 3	STRATEGIC MATTERS	
2701/3.1	Update Paper on the Integrated Medium Term Plan 2022-25	
	<p>The Board received the report.</p> <p>Nicola Johnson provided an update on the development of the Integrated Medium Term Plan (IMTP) for 2022-25. It was confirmed that a working draft of the IMTP has been shared with Board members for comment, and a summary of what will be different in three years' time was included in the IMTP Plan on a Page. It was highlighted that the IMTP Strategic Aims and Objectives supported the delivery of the seven themes of the Workforce Strategy and HEIW's organisational vision and purpose to achieve the goal of a sustainable, engaged, competent and confident health and care workforce.</p> <p>It was confirmed that the working draft of the IMTP would be discussed with the Stakeholder Reference Group and Welsh Government Policy Leads before submission of the final draft to the Board Development Session in February. The final IMTP would be submitted for formal Board approval in March, and then submitted to Welsh Government on the 31 March.</p> <p>The Board noted that the extended timescale for submission of the IMTP would provide an opportunity to reconcile the financial plan with the draft allocation that is expected from Welsh Government at the end of January. This would enable a full review of the deployment of recurrent funding across budgets to ensure utilisation to support the strategic objectives.</p> <p>The Board considered the report and the deliverability of the IMTP within the available financial envelope. The Board were reassured the IMTP</p>	

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	was deliverable and that the extended Welsh Government timescales would not impact on the strategic objectives.	
Resolved	<p>The Board:</p> <ul style="list-style-type: none"> • Noted the extension of the submission of the IMTP (2022-25) to Welsh Government on 31 March and the revised Board approval timeline. • Noted the update on the development of the IMTP and that finalising the Plan is on-track to meet the revised deadline to submit an approvable IMTP. 	
2701/3.2	Establishment of the HEIW Research Governance Framework	
	<p>The Board received the report.</p> <p>Introducing the report, Push Mangat explained that it set out the establishment of a functional infrastructure for research governance across HEIW. It was noted that the Research Governance Framework would be a key enabler for organisational aims and would ensure that HEIW continuously improve quality, enhance investment processes in the NHS Wales workforce, and provide the evidence base for workforce planning decisions.</p> <p>It was confirmed the proposals were consistent with HEIW's strategic objectives as outlined in the IMTP, and furthered HEIW's vision of leading the way through continuous improvement and innovation.</p> <p>The Board considered the report and noted that some of the legislative provisions cited within the paper needed updating. The Board stressed the importance of ensuring HEIW remained compliant with the current legislative provisions.</p> <p>The Board highlighted the need for an over-arching strategy and it was confirmed this would be developed within the context of the Evaluation, Research, Innovation and Improvement Collaborative (ERIIC). The Board also noted the need for a designated budget and considered the potential for obtaining university status in the future.</p> <p>The Board agreed the Education, Commissioning and Quality Committee would provide oversight on this matter going forward.</p>	
Resolved	The Board endorsed the approach to the establishment of functional infrastructure for research governance across HEIW.	
PART 4	GOVERNANCE, PERFORMANCE AND ASSURANCE	
2701.4.1	Director of Finance Report	
	<p>The Board received the Director of Finance Report.</p> <p>In presenting the report, Rhiannon Becket provided an update on the financial position as at month 9 and identified the reasons for any financial variation against the budgets set. It was highlighted that as at Month 9 HEIW was £347,443 underspent, and this position had been reported to</p>	

	<p>Welsh Government in accordance with the requirements of the monitoring return submission.</p> <p>It was confirmed that the underspend in Pay budgets was due to vacant posts within the establishment, and it was noted that some re-alignment of budgets to balance the financial plan was undertaken at the start of the year. The remaining anticipated allocations have been discussed and would be resolved before year-end.</p> <p>It was confirmed that the underspend in Non-Pay budgets was due to reduced face to face training and education activity arising from COVID-19 lockdown restrictions. Non-Pay budgets had also been subject to re-alignment to balance the financial plan. It was explained that the underspend on Commissioning budgets was due to differences in the numbers and funding choices of students compared to the plan. Rhiannon Beckett noted the underspend would partly be offset by a catch up of travel and subsistence claims from Healthcare Professional Students, an increase in Disabled Student Allowance payments and an increase in spend on GP training costs related to extensions and protected salaries.</p> <p>Providing an update on Capital Expenditure, Rhiannon Beckett explained HEIW had a capital allocation of £100k for 2021/22 and that £15k of equipment was received and paid for during July 2021. A proposal for the use of £82k for the purchase of IT equipment had been approved by the Executive Team, and the order was placed at the end of December.</p> <p>It was confirmed that for the period April to December 2021, HEIW cumulatively paid 96.5% of non-NHS invoices and 85.98% of NHS invoices within 30 days.</p>	
Resolved	<p>The Board:</p> <ul style="list-style-type: none"> • Noted the underspent financial position reported for HEIW at month 9 and actions being progressed to be in balance at year end, • Noted the summarised explanation of key variations by Directorate, • Noted the Capital allocation and spend to date, and • Noted the Balance Sheet position. 	
2701/4.2	Anticipated Future Capital Spend	
	The Board received the report and noted that there were plans to purchase additional ICT equipment with the remaining capital spend allocation.	
Resolved	The Board noted the update on the Capital Programme.	
2701/4.3	Key Issues Reports	
2701/4.3.1	Education, Commissioning and Quality Committee held on the 18th January 2022	
English Catherine 03/29/2022 15:48:21	<p>The Board received a verbal update.</p> <p>Ruth Hall explained that a wide variety of reports had been considered by the Committee and provided a brief overview of the items that had been considered.</p>	

	<p>It was confirmed that the Committee had received and noted a report on the Medical Deanery Quality Assurance Activity, and the areas of risk currently in enhanced monitoring status with the GMC. The Committee also received a report on the General Medical Council (GMC) National Training Surveys 2021 and noted the response rates for Wales were high, with both trainee and trainer survey response rates being significantly higher than the UK average.</p> <p>The Committee had also received and noted a report on the Dentistry Deanery Quality Assurance Activity which confirmed the contract for the new North Wales Dental Training Unit had been awarded, and the General Dental Council (GDC) Education Quality Assurance Report, noting it was one of the best in the UK.</p> <p>It was confirmed the Committee had received and noted a report on the Pharmacy Deanery Quality Assurance Activity and it was noted a new provider for the Pharmacy Technician Programme had been secured. The Committee also received a report on Nursing and Health Professional Education Quality Assurance Activity.</p> <p>It was noted that the Committee had considered a report on the Improvements to the University of South Wales (USW) Midwifery Education Programme, and it was confirmed the USW has submitted an improvement plan to address the issues raised in student engagement events. The Committee also received a verbal update on the Education Commissioning Plan Process 2023/24, and a draft plan will be presented to the Committee at its meeting in March.</p> <p>It was confirmed that the Committee had received an update on Phase 2 of the Strategic Review of Commissioned Health Professional Education and had noted the action being taken to develop and agree the approval process.</p>	
Resolved	The Board noted the verbal update for assurance.	
2701/4.4	In Committee Decisions	
	The Chair provided a brief overview of the report and explained it set out the key issues discussed at the In-Committee Board Meeting held on 25 November 2021.	
Resolved	The Board noted the report for information.	
PART 5	FOR NOTING	
2701/5.1	Corporate Risk Register	
Resolved	The Board noted the report for assurance.	
PART 6	OTHER MATTERS	
2701/6.1	Any Other Urgent Business	
	John Hill-Tout thanked the Board for its support over the years and wished HEIW well in the future.	
2701/6.2	Date of next meeting	
	<p>Dates of Next Meetings:</p> <ul style="list-style-type: none"> • HEIW Board Development Session to be held on 24 February 2022 to be held via Microsoft Teams/Teleconference. 	

	<ul style="list-style-type: none">• HEIW Board to be held on 31 March 2022 to held via Zoom/Teleconference.	
	The Board resolved to go in-committee.	

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Chris Jones (Chairman)

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Date:

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CYMRU
NHS
WALES

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

HEIW Board (Open)
31 March 2022
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
	No outstanding actions			

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WALES

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

Meeting Date	31 March 2022	Agenda Item	2.1
Report Title	Chair's Report		
Report Author	Dr Chris Jones, Chairman		
Report Sponsor	Dr Chris Jones, Chairman		
Presented by	Dr Chris Jones, Chairman		
Freedom of information	Open		
Specific action required	<p>The Board is asked to:</p> <p>note the report for information; approve that Ruth Hall stands down as a member of the Audit and Assurance Committee; approve that Jonathan Morgan be appointed as a member of the Audit and Assurance Committee;</p> <p>ratify Chair's Action 1 taken on 1 March 2022 for the Board to approve:</p> <ul style="list-style-type: none"> • The appointment of Ruth Hall to the position of Vice-Chair of HEIW's Board. • Ruth Hall stepping down from her role as the Chair of the Education, Commissioning and Quality Committee. • The appointment of Tina Donnelly to the position of Chair of the Education, Commissioning and Quality Committee. • The appointment of Gill Lewis as a full member of the Education, Commissioning and Quality Committee. <p>ratify Chair's Action 2 taken on 23 March 2022 for the Board to approve an invoice from Health Education England for £389,850 in respect of medical and dental recruitment.</p>		

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CHAIR'S REPORT

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, Vice Chair and Chairs of the Audit & Assurance Committee and Education, Commissioning & Quality Committee since the last Board meeting.

2. CHAIRMAN'S REPORT

Welcome to the March 2022 Board. This is the first in person Board meeting since February 2020. This week sees the end of many of the legal measures taken throughout the pandemic. It was great to see and speak to so many members of staff in Ty Dysgu last week as many returned to the office as part of an agile working model. I very much look forward to meeting more colleagues face to face and building on the energy and enthusiasm for our HEIW mission. Wednesday, 23rd March was a day for National reflection. Whilst we all look forward to more freedom and more normality, it is important to note the rising numbers with Covid infections across our communities.

At HEIW, our thoughts go out to all those affected by the war in Ukraine. It is heart-breaking and devastating to witness such suffering. We reach out to all those affected by the Ukrainian conflict with love and support.

To support the humanitarian relief efforts HEIW is raising funds internally and these funds will be donated to Disasters Emergency Committee - DEC <https://www.dec.org.uk/>.

“мир Україні” “Heddwch i Wcrain” “Peace to Ukraine”

Meetings of NHS Chairs have focused very much on NHS recovery – in particular, planned care and urgent and emergency care. Discussions are ongoing around the development of an NHS Executive. As we move into the endemic phase of Covid-19 we now face pressures on the economy and in particular the effects on inequalities. Workforce issues are a universal feature across the health and social care landscape.

Our Integrated Medium Term Plan (IMTP) is on today's agenda for Board approval. It comes at a pivotal moment for the NHS and Care services in Wales. It is rightly an ambitious plan and is relevant as much to the here and now as it is to the future of our health and care services. The plan reflects very much what we have heard from key partner organisations – including health boards, trusts, regulators, government, professional bodies, educational bodies, students, trainees and social care Wales. This IMTP sets the direction of travel and builds the momentum to deliver the workforce fit to meet the needs and aspirations of our services now and into the future. The investments outlined are core to ensuring we have the right

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number of people, capable, confident and supported to make this happen. Nicola Johnson, our Director of Planning & Performance, leaves the organisation after a 2-year secondment. I would like to thank her for her leadership and contributions – in particular, in developing this IMTP.

I am pleased to announce that HEIW has been awarded the Armed Forces Covenant Employee Recognition Scheme Bronze Award.

Following on from John Hill-Tout's retirement, I am pleased to announce that Ruth Hall will be taking on the role of Vice Chair. I am also pleased to announce that Professor John Gammon will join the Board as an Independent Member in August 2022

The Chair's Action section below details a number of amendments to Board and Education Commissioning and Quality Committee Roles for Independent Members. Taking these changes into account and that Jonathan Morgan joined HEIW as an Independent Member on 4 January, the following changes are recommended to the membership of the Audit and Assurance Committee:

- That Ruth Hall stands down as a member of the Audit and Assurance Committee.
- That Jonathan Morgan be appointed as a member of the Audit and Assurance Committee.

2.1 Chair's Action

2.1.1 Chair's Action 1

Chair's Action was taken on the 1 March 2022 to approve the changes detailed below to Board and Education Committee roles.

In accordance with HEIW's Standing Orders, Chair's Action was undertaken by the Chair and Chief Executive after first consulting with Independent Members to approve:

- The appointment of Ruth Hall to the position of Vice-Chair of HEIW's Board.
- Ruth Hall stepping down from her role as the Chair of the Education, Commissioning and Quality Committee.
- The appointment of Tina Donnelly to the position of Chair of the Education, Commissioning and Quality Committee.
- The appointment of Gill Lewis as a full member of the Education, Commissioning and Quality Committee.

Ratification

The Board is asked to ratify the Chair's Action taken on 1 March 2022 for the Board to approve the above changes to Board and Committee roles.

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2.1.2 Chair's Action 2

Chair's action was taken on 23 March to approve an invoice from Health Education England for £389,850 in respect of medical and dental recruitment. As the invoice related to recruitment it was subject to the lower £250k limit under HEIW's delegated financial limit and required Board approval. A Chair's Action was taken to enable payment before the end of this financial year.

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

Ratification

The Board is asked to ratify the Chair's Action undertaken on 23 March to approve the Health Education England invoice in respect of medical and dental recruitment.

2.2 Stakeholder Reference Group (SRG)

I chaired the first meeting of HEIW's Stakeholder Reference Group (SRG) on 1st February, with Ruth also in attendance as Vice-Chair of the Group, representing the ECQC. As Chair, I will report directly to the Board on SRG's advice; Ruth as Chair of the ECQC will bring any matters relating to ECQC's remit to the attention of the Committee. The terms of reference of the group will be reviewed at the end of six months to ensure effectiveness.

The SRG was well attended with over 40 organisations represented. Key items of current HEIW work were discussed for the group's advice, including:-

- HEIW's draft IMTP 2022/25;
- the development of the Education and Training Plan 2023/24;
- the Mental Health Workforce Strategy Consultation;
- the Strategic Review Part 2.

The key themes that we heard were:-

- an interest in our impact on equality, diversity and inclusion through all of our work, and we will have wider discussion on this at the next meeting in April
- a strong desire to continue to engage with us on the delivery of our IMTP.
- Members are also keen to contribute to education commissioning and timelines were requested for how the SRG's advice will be received in the development of the Education and Training Plan 2023/24.

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As Chair I emphasised HEIW's commitment to taking the contributions from SRG fully into account in the full range of our work and to learning together over time on how our stakeholder engagement can be developed in full.

Following the meeting we have received feedback on the IMTP from numerous professional bodies. These were considered at the Board Development Session in February and are reflected in the Final Draft on today's agenda.

To date 12 submissions on Education and Training Plan have been received and these will be considered in developing the first draft of this plan. The Chief Executive was invited to attend the Council of Deans.

The timelines for phase 2 commissioning are being shared as the schedule of work progresses recognising this will be a four-year phase

The next meeting is scheduled for 25th April 2022 and going forward, following the departure of Nicola Johnson, the Executive lead will be Julie Rogers.

Governance and Assurance			
Link to IMTP strategic aims <i>(please ✓)</i>	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'	Strategic Aim 2: To transform healthcare education and training to improve opportunity, access and population health.	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	Strategic Aim 4: To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care.	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
	✓	✓	✓
Quality, Safety and Patient Experience			
There are no direct quality, patient safety and experience issues relating to this report.			
Financial Implications			
There are no direct financial implications of this report			

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Legal Implications (including equality and diversity assessment)	
There are no direct legal implications of this report.	
Staffing Implications	
There are no direct staffing implications of this report.	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
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.	
Report History	N/A
Appendices	N/A

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

Meeting Date	31 March 2022	Agenda Item	2.2
Report Title	Chief Executive's Report – March 2022		
Report Author	Dafydd Bebb, Board Secretary		
Report Sponsor	Alex Howells, Chief Executive		
Presented by	Alex Howells, Chief Executive		
Freedom of Information	Open		

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Chief Executive's Report – March 2022

1. INTRODUCTION

The last Board meeting in the year is always an important time to finalise our plans for the coming year, and our three year IMTP (2022-25) is one of the main items on the agenda today. The development of the IMTP has been an iterative process for the Board and included regular consultation and feedback from Board members and our stakeholders. We believe the IMTP represents an ambitious plan which is relevant to both the immediate and future demands of the NHS workforce and will therefore ensure we play an important role as part of the recovery process.

2. KEY ACTIVITIES

- **Executive Team Changes**

Nicola Johnson will be leaving her secondment post as Director of Planning, Performance and Corporate Services at the end of March to take up a new opportunity at her host organisation Swansea Bay University Health Board. We are so grateful to Nicola for the strides she has made in developing our planning and performance arrangements over the last 18 months. She leaves us with these strong foundations in place as well as an excellent team. Nicola has been a valued member of the Executive Team and Board. I am sure the Board will join me in wishing Nicola the best of luck in her new role. Going forward the planning and performance team will be included in the Director of Finance portfolio when we advertise for the substantive appointment in the summer. In the meantime Julie Rogers, the Deputy CE and Director of Workforce and Organisational Development has kindly agreed to look after the planning and performance team as she did prior to Nicola's arrival.

We have decided to convert the Director of Digital Development into a substantive post. This post was also split out from the original Director of Finance portfolio and Sian Richards is currently undertaking the role on a secondment basis. This is clearly a rapidly developing agenda and we believe this requires a dedicated Director role to lead the transformational work that is just beginning. We are planning to advertise the role in the next month.

- **New Operating Model in HEIW**

HEIW finally introduced our agile 3:2 working model for office based staff on 17 March. The 3:2 model is based on full time office-based staff working from Ty Dysgu three days a week and from home two days a week. 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. This has included mini virtual drop in sessions as well as putting in place health and wellbeing support. The first few weeks have gone well and it is lovely to

be able to have more face to face meetings once more. We are keen to maintain a healthy blend of virtual and face to face communication with staff going forward, recognising the importance of being inclusive for all who work for our organisation.

- **Developing the Strategic Mental Health Workforce Plan**

We updated the Board in January on our work to develop a Strategic Mental Health Workforce Plan. On 1 February we launched a consultation on the key actions which will form the foundations of the plan and we have received in excess of 200 responses. These will be analysed to enable the actions and the associated costings to be finalised for inclusion in the plan which will be submitted to the Board in May.

- **Annual Commissioning Meetings**

We are mid-way through the annual commissioning meetings with Health Boards and Trusts to discharge our accountability to the GMC for the development, management and quality management of postgraduate medical and dental education and training in Wales. The meetings are based on the expectations agreement that is signed by both organisations on an annual basis and provide an opportunity to review education and training provision, to assess compliance, to consider challenges and opportunities for the year ahead and to identify good practice which can be shared across NHS Wales. In line with the GMC's standards, the process reflects the increased emphasis on the training environment and the importance of aligning educational and clinical governance. I am chairing as many of these meetings as I can, and we have had great engagement from Executive Teams of our partner organisations. We plan to develop these into multi professional meetings from 22/23.

- **Education and Training Commissioning Plan 23/24**

We have commenced the process of developing next year's plan and will be ensuring that mental health and primary care have a key focus, in addition to new roles that will support the recovery and renewal process. Recommendations from the Phase 2 review of post registration education will feed in where appropriate. We expect that there will be a continued drive towards increasing the size of the pipeline. The next stages of the process will continue to seek views from our stakeholders to ensure that these have been considered in determining our recommendations.

- **Strategic Review Phase 2 (SRP2)**

The review of our post registration commissioning is underway and will cover a number of separate procurement exercises. We are today seeking Board approval for the process of commissioning the SRP2 contracts in accordance with the recommendation of the Education Committee, given the complexity associated with multiple programmes. This is a great opportunity to future proof the programmes we commission and ensure that they deliver the skill sets and competences that our professionals need to deliver excellent care.

- **Performance – Quarter 3**

Included in the papers is the quarterly performance to the end of December 2021 (Q3) including performance against our strategic objectives from the 2021/22 Annual Plan and key operational performance measures. We have redesigned the report to help focus on key issues. Overall, the performance report provides assurance that good progress has been made on delivering against our Strategic Objectives despite the continued challenges of COVID. Areas requiring ongoing attention include take up and fill rates of training in certain areas such as clinical endoscopy and specialty psychiatry; length and costs of GP training; and ongoing monitoring and management of quality.

- **Approval of Contract for our new Learning Management System**

We are pleased to confirm that the evaluation process for the Y Ty Dysgu Contract will be considered at our In Committee Board meeting. Subject to approval of the in committee the next step will be to announce and inform the successful bidder. This will be a critical foundation for many of our Strategic Objectives in the next year.

- **Clinical Associate in Applied Psychology**

HEIW is currently seeking to commission educational provision of both the clinical psychology Doctorate Programme and a new profession for Wales, namely the Clinical Associate in Applied Psychology (CAAPS). Following engagement with stakeholders these professions have been identified as a vital part of the transformation of mental health services in Wales. Currently, there is a significant gap between assistant psychologists, that are educated to psychology degree level and clinical psychologists educated to doctorate level. HEIW therefore aims to enhance the delivery and development of psychological therapy, psychologically informed services and the associated workforce, to meet the needs of the people of Wales. We are currently developing a business case for CAAPS and in discussion with Welsh Government to progress the commissioning process forward.

- **Annual Reports**

We are today seeking Board approval to publish our Annual Equality Plan Report 2020-21. The report provides a summary of the equality, employment and monitoring information relating to our workforce, and details some of the good work undertaken to advance equality within our teams.

We are also seeking Board approval to publish the Annual Gender Pay Gap Report 2020-21. The Gender Pay Gap measures the difference between mens and womens average earnings within an organisation. The report highlights how HEIW will aim to address the disparity in gender representation at all levels across the organisation.

- **Finance**

A paper outlining the month eleven position is on the agenda. The financial position of HEIW as at month eleven February is an underspend of £336,352.

As highlighted within the paper we continue to work closely with Welsh Government to utilise the underspending that we have and to support investment in additional activities to support our Quarterly Plans.

- **Risk**

The Corporate Risk Register is considered at today's Board. There are currently 12 risks on the Corporate Risk Register of which four assessed as red: Cyber security, visa sponsorship for newly qualified GP trainees, references for international graduates for the Medical Performers List and cost of GP trainee funding exceeding expectations.

- **Cyber Update**

The National Cyber Security Centre (NCSC) has called on all U.K. organisations to strengthen their online defences during this period of potential heightened cyber threat and the on-going conflict in Ukraine.

HEIW along with all other organisation in NHS Wales are participating in a coordinated approach led by Digital Health and Care Wales on behalf of Welsh Government. This will provide assurance and responses for all NHS Wales Organisations to track the implementation against the most up to date advice and guidance document set by NCSC and NHS England. The response approach is in two parts, 'Immediate action' and 'Priority Improvements'.

Nationally, DHCW are taking proactive approach to review and improve capabilities in focused areas of backup and active directory reviews, increases in security monitoring and advice and review of national cyber incident response capability. In addition to this DHCW are also ensuring that local actions are being taken in HEIW as part of the SLA agreement. This local work is being done with HEIW Cyber and IT oversight.

3. RECOMMENDATION

The Board is asked to note this report.

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Governance and Assurance			
Link to IMTP strategic aims (please ✓)	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'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
	✓	✓	✓
Quality, Safety and Patient Experience			
There are no direct quality, patient safety and experience issues relating to this report.			
Financial Implications			
There are no direct financial implications of this report.			
Legal Implications (including equality and diversity assessment)			
There are no direct legal implications of this report.			
Staffing Implications			
There are no direct staffing implications of this report			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
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.			
Report History	The CEO report is presented at each open Board session which is held once every two months.		
Appendices	N/A.		



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

Meeting Date	31 March 2022	Agenda Item	3.1
Report Title	Approval of the IMTP (2022-25)		
Report Author	Jane Powell, Planning Business Partner & Marie-Claire Griffiths, Assistant Director of Planning & Performance		
Report Sponsor	Nicola Johnson, Director of Planning & Performance		
Presented by	Nicola Johnson, Director of Planning & Performance		
Freedom of Information	Open		
Purpose of the Report	This paper presents the Board with the final IMTP (2022-25) including the detailed Appendices and the Minimum Data Set (MDS) for Board approval prior to submission to Welsh Government. An Equality Impact Assessment is also included to support the Board's approval of the Plan.		
Key Issues	The Board set the Strategic Framework for the development of the IMTP 2022-25 in September 2021 and the Plan has been developed with the Board, our staff, the NHS and our wider stakeholders. We have also regularly engaged with Welsh Government. As set out in our Accountable Officer letter in February we are able to submit an approvable, balanced Plan to Welsh Government in line with our statutory duty on 31 st March.		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			Approval ✓
Recommendations	Board Members are asked to: <ul style="list-style-type: none"> Approve the IMTP (2022-25) including the detailed Appendices and the Minimum Data Set (MDS) for submission to Welsh Government. 		

English Catherine
03/29/2022 15:48:21

BOARD APPROVAL OF THE IMTP (2022-25)

1. INTRODUCTION

This paper presents the Board with the final IMTP (2022-25) including the detailed Appendices and Minimum Data Set (MDS) for Board approval prior to submission to Welsh Government. An Equality Impact Assessment is also included to support the Board's approval of the Plan.

2. BACKGROUND

The Board set the Strategic Framework for the IMTP 2022-25 in September 2021 and we have developed the Plan since that time in conjunction with the Board, our staff, the NHS and wider stakeholders and Welsh Government.

The draft IMTP was considered by the Board at the Board Development Session on 24 February and following the meeting we submitted an Accountable Officer letter to the NHS Chief Executive outlining that we will be able to meet our statutory duty to submit an approvable, balanced Plan on 31st March.

We have responded to the feedback from the Board in the final IMTP document and a copy of the draft IMTP was also submitted to Welsh Government for informal review. We received positive feedback on the Plan and have responded to the minority of comments that needed to be actioned in the final version.

3. PROPOSAL

HEIW is the system workforce body for NHS Wales and our vision is '*Transforming the Workforce for a Healthier Wales*'. The IMTP is our strategic plan which sets out our vision, purpose, and functions in the context of the *Workforce Strategy for Health and Social Care*, the Ministerial Priorities and the Wellbeing Goals through delivery of our six Strategic Aims. We have a strong part to play in the foundational economy, improving equality, diversity and inclusion and use of the Welsh language and these are 'golden threads' throughout our Plan.

The delivery of the Workforce Strategy is all health and care organisations' responsibility, our IMTP Strategic Aims and Objectives describe our delivery of the seven themes of the Workforce Strategy to achieve the goal of a sustainable, engaged, competent and confident health and care workforce.

We will improve the sustainability and wellbeing of the workforce in key service areas through the development and delivery of workforce solutions for nursing, pharmacy and dental as well as implementing the mental health workforce plan which is being developed in 2021/22. We will also improve NHS Wales' strategic workforce planning, through building capacity and capability, underpinning workforce data and intelligence and analytics. We will also support the existing workforce to cope with change and to work in new service models through our Continuous Professional Development, education and wellbeing Strategic Objectives.

These Objectives are particularly important as, during our engagement phase, all NHS organisations reported ongoing extensive strategic service change, as well as the effects of the pandemic and the challenges of recovery. Our Compassionate Leadership programme plans are also important in this context; over the next three

years we will continue to build capacity and capability at all levels to lead in a highly complex and challenging environment.

Our strategic plans are underpinned by our significant investment in education and training and the IMTP describes the ongoing increasing investment in this area, which is predicted to continue over the next three years. Through the Strategic Review of Health Professional Education Commissioning, we will complete much of our work to modernise the workforce and maximise our impact as part of the foundational economy. The modernisation of education and training to support quality care in new service models will also progress in medicine, pharmacy and optometry. The Plan also describes the delivery of the next three years of the major strategic professional change programmes for Healthcare Sciences and Allied Health Professionals and the Nurse Staffing Levels (Wales) Act work programme to improve standards and quality of care.

Work is being undertaken to align our IMTP and Education and Training planning as part of developing an all-Wales longer term strategic workforce planning approach, as well as our important horizon-scanning and research roles. We are uniquely placed to develop frameworks for new roles informed by workforce planning and funded through educational commissioning. Our plans reflect the principles underpinning our commissioning and provision of healthcare education and training and through these functions, over the next three years, we will improve quality, equality, diversity and inclusion, Welsh language and digital literacy. In addition, we will have improved recruitment and retention through actively promoting careers, education and training in Wales, as well as incentivising training in Wales through revising the funding models.

Our IMTP is our single plan to support the system recovery from the pandemic and to deliver our Strategic Aims. We are highly engaged with the national recovery priorities, from our underpinning work on workforce supply and wellbeing, simulation-based training, new roles, digital literacy and advanced practice through to our direct leadership of the workforce, education or training elements of the national recovery programmes. We will significantly improve the educational infrastructure in primary care to support the primary care model for Wales and we will contribute to improving cancer survival outcomes through our work on cancer workforce redesign, education and training across a range of services (endoscopy, diagnostics and the single cancer pathway). During the period of this Plan we will deliver education to promote an agile and skilled critical care workforce and the workforce, training and development priorities of the national Urgent and Emergency Care and Planned Care Programmes.

As the national workforce system body we aim to model compassionate and collective leadership and in our aim is to have a happy, inclusive and motivated workforce. Our plan recognises the importance of the Welsh Language in terms of our own organisation, but also through our functions which impact on the wider workforce. We will also embed our approach to decarbonisation and research and innovation. As a strategic NHS organisation with an exciting and engaging IMTP to deliver as well as extensive Business as Usual activities, it is essential that we are skilled at working in partnership as well as using best practice in digital ways of working. Over the next

three years we will promote digital training as well as move improving our data quality and we will also focus on our partnerships with the education sector.

4. FINANCIAL PLAN

The final draft allocation has been received from Welsh Government, with advice given to the Minister for Health and Social Services to approve. Within the detail shared commissioning budgets are as agreed through the Education and Training plan for 2022-23, pay awards to date have been fully reflected and non pay budgets inflated in accordance with an agreed percentage. The plan has been reconciled to the allocation and a balanced resource plan for 2022-23 is achievable. The Plan is financially balanced subject to assumptions that further funding will be received in year for a list of agreed schemes or submitted business cases. As laid out in a letter from Welsh Government on 15th March it is also assumed that further funding will be received in support of the three areas of exceptional cost pressures, being increased energy prices, increased National Insurance contributions and the impact of the Real Living Wage.

5. NEXT STEPS

- The approved IMTP and associated documents will be submitted to Judith Paget, Director General of Health and Social Services and Chief Executive NHS Wales on the 31 March.
- Directorate-specific delivery plans will be produced which will enable teams to manage, track and report delivery progress through our agreed Performance Framework and we will monitor progress with Welsh Government through our JET meetings.
- A summary IMTP which will be no more than 10 pages will be finalised in early April.
- The final plan and summary plan will be translated into Welsh and published on the website.

6. GOVERNANCE AND RISK ISSUES

- The IMTP was overseen by the Executive-led Integrated Medium Term Plan Integrated Planning Group and collectively developed by the Executive Team.
- The Equality Impact Assessment developed for the Annual Plan 2021/22 has been refreshed as an accompanying document to support the Board's approval of the IMTP.
- The most recent organisational risks and issues have been addressed in the IMTP.
- The financial implications and risks are included in the financial plan.

7. RECOMMENDATION

Board Members are asked to:

Approve the IMTP (2022-25) including the detailed Appendices and the Minimum Data Set (MDS) for submission to Welsh Government.

English Catherine
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Governance and Assurance			
Link to IMTP strategic aims (please ✓)	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'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs.	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality.	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
	✓	✓	✓
Quality, Safety and Patient Experience			
n/a			
Financial Implications			
The preparation of a financial plan will be required.			
Legal Implications (including equality and diversity assessment)			
There is a legal duty to comply with the NHS Wales Planning Framework.			
Staffing Implications			
The planning process has identified additional staffing resource requests required to meet capacity requirements. Following work on the organisational establishment it has been agreed that business cases will be brought forward in-year to the Executive Team where capacity is needed to deliver the Plan or the BAU activities of the organisation.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
The IMTP will make full consideration of the requirement to meet "The Well-being of Future Generations (Wales) Act 2015, 5 ways of working.			
Report History	Update on the development of the IMTP 2022-25 (16 December 2021)		
Appendices	<ul style="list-style-type: none"> Appendix 1 – IMTP (2022-25) Appendix 2 – IMTP Appendices Appendix 3 - Minimum Data Set Appendix 4 – IMTP Equality Impact Assessment. 		

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Integrated Medium-Term Plan

2022/25 V1.0

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Document History

Document Location

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

Revision History			
Date of this revision: 21 March 2022			
Date of next revision:			
Revision Date	Previous Revision Date	Summary of Changes	Changes Marked
20/01/22	-	First Issue	Yes
24/02/22	20/01/22	Second Issue	-
04/03/22	24/02/22	Third Issue	-
07/03/22	04/03/22	Fourth Issue	-
21/03/22	07/03/22	Fifth Issue	-

Approvals				
This document requires the following approvals.				
Signed approval forms are filed in the Management section of the IMTP planning files				
Name	Signature	Title	Date of Issue	Version
HEIW Board			31/03/22	Final V1.0

Distribution			
This document has been distributed to:			
Name/Group	Title	Date of Issue	Version
Executive Team	-	21/01/2022	V0.1
Board	-	21/01/2022	V0.1
Senior Leadership Team	-	21/01/2022	V0.1
Stakeholder Reference Group	-	25/01/2022	V0.1
Policy Leads	-	25/01/2022	V0.1
Executive Team	-	24/02/2022	V0.2
Board	-	24/02/2022	V0.2
Executive Team	-	28/02/2022	V0.3
Welsh Government	-	07/03/2022	V0.4
Board	-	21/03/2022	V1.0

Plan on a Page

Our Vision		
Transforming the workforce for a healthier Wales		
Our Purpose		
To develop a workforce that delivers excellent care to patients/service users and excellent population health		
Our Values		
Respect for all	Together as a team	Ideas that improve
Our Single Plan to Support the System Recovery from the Pandemic and to Deliver Our Six Strategic Aims		
1	To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	<ul style="list-style-type: none">Improved workforce aligned to the Nurse Staffing Act.Improved oral health through a sustainable dental workforce.A motivated, engaged and valued pharmacy workforce.Improved access to flexible and good quality CPD.Improved levels of engagement, motivation, wellbeing and satisfaction.Better recruitment & retention of staff.More sophisticated and intelligence led workforce planning.
2	To transform healthcare education and training to improve opportunity, access and population health	<ul style="list-style-type: none">Improved supply of a multi-professional workforce with enhanced skills.High-quality employment as part of the foundational economy.High-quality education and training and access to high quality facilities and support.Improved access to training and promotion of Wales as the place to TrainWorkLive.Modernised funding models to incentivise training and education.
3	To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels	<ul style="list-style-type: none">Leaders who prioritise health and wellbeing, building compassionate environments.Robust aspiring executive talent pools and pipelines.Confident clinical leaders able to lead transformational change.High quality NHS Wales graduate and internship programmes.Sustainable career pathways and pipelines of Workforce & OD professionals.
4	To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care	<ul style="list-style-type: none">Improved quality and equity within Advanced Practice.Improved infrastructure to meet the educational needs of primary care.A sustainable mental health workforce with expertise to support the population.Modernised workforce models to deliver service transformation.Improved quality of outcome focussed services for the people of WalesImproved cancer survival outcomes by addressing workforce barriers.
5	To be an exemplar employer and a great place to work	<ul style="list-style-type: none">A happy, inclusive and motivated workforce.Diversity, equality and inclusion is promoted and actively supported.Greater number of staff are able to speak welsh.Embedded approaches to Biodiversity and decarbonisationResearch and Quality Improvement are key enablersImproved cyber security and information governance
6	To be recognised as an excellent partner, influencer and leader	<ul style="list-style-type: none">Effective communication and engagement practicesImproved digital first experience for HEIW staff and stakeholders.Accurate and real time reporting capability.Stronger partnerships with the Education Sector
Fundamental to what we achieve		
Workforce Strategy for Health and Social Care Themes		
<div>An Engaged, Motivated and Healthy Workforce</div> <div>Attraction and Recruitment</div> <div>Seamless Workforce Models</div> <div>Building a Digitally Ready Workforce</div> <div>Excellent Education and Learning</div> <div>Leadership and Succession</div> <div>Workforce Supply and Shape</div> <div><ul style="list-style-type: none">A Healthier WalesThe Wellbeing of Future GenerationsMinisterial PrioritiesNational Clinical FrameworkQuality FrameworkDecarbonisationReducing Health InequalitiesValue Based Health Care</div>		
Our Plans Golden Threads:		
<div>1. Equality and Inclusion</div> <div>2. Foundational Economy</div> <div>3. Welsh Language</div>		

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Foreword from the Chair and Chief Executive

This Plan, our first IMTP, comes at a pivotal moment for the NHS and Care Services in Wales.

It is rightly an ambitious Plan and is relevant as much to the here and now as it is to the future of our health and care services. The Plan reflects very much what we have heard from key partner organisations – Health Boards, NHS Trusts, regulators, government, educational bodies, students, trainees, Social Care Wales and others.

This IMTP sets the direction of travel and builds the momentum to deliver the workforce fit to meet the needs and aspirations of NHS services now and into the future. The investments outlined are core to ensuring we have the right number of people who are capable, confident and supported to make this happen.

Having developed and launched our Workforce Strategy in October 2020, this Plan reflects the learning and reflections from the pandemic experience. We are now able to articulate and lay out our delivery ambition through the actions and the clear deliverables that underpin this IMTP. The shift from pandemic to endemic, with all the service and financial challenges the health and care system is facing, places the workforce centre stage in the delivery of those services. Leadership, education, training and wellbeing, are the core ingredients to delivering a Healthier Wales. The 'Golden Threads' of foundational economy, Welsh Language and equality, diversity and inclusion run throughout the Plan.

The rebound in demand, following the seismic impact of the past two years is considerable, and expectations are high. The Plan supports those key actions that are more urgent and relevant to the present workforce issues. But our ambition is more than that. We do not ignore the longer-term aims because we are continuing to respond to the challenges of the here and now, and this is essential as we build a sustainable workforce

We value and will develop the present workforce, as well as the workforce of the future. The redesign of services, and service transformation will require a workforce that can sustainably deliver in an environment that is rapidly changing. There is an essential need to develop better workforce planning and to build the culture of compassionate leadership at scale. Building the data, capability and capacity to plan ahead and cultivate the capabilities of our workforce are at the heart of the Plan. Ensuring our present and future workforce are best prepared to meet the digital opportunities both now and the future is a critical element of the Plan.

We commend the work done in generating this Plan, but most importantly commit the whole organisation in working with our health and care partners to supporting all those staff whose calling is to deliver excellent care for the people of Wales.



Ms Alex Howells
Chief Executive



Dr Christopher Jones, CBE
Chairman

Executive Summary

HEIW is the system workforce body for NHS Wales and our vision is '**Transforming the Workforce for a Healthier Wales**'. This Plan sets out our vision, purpose, and functions in the context of the *Workforce Strategy for Health and Social Care (WFS)*, the Ministerial Priorities and the Wellbeing Goals through delivery of our six Strategic Aims. We have a strong part to play in the foundational economy, improving equality, diversity and inclusion and use of the Welsh language and these are 'golden threads' throughout our Plan. We have learnt a lot from the changes we made to respond to the pandemic, and we know that the NHS Wales system is facing an enormous recovery challenge. Our Plan demonstrates our support to meet this challenge at pace as well as to deliver our strategic agenda over the next three years.

Our Plan is founded on the considerable planning that has been done since the organisation came into being in 2018, including the extensive engagement around the Workforce Strategy. It has been developed through engagement with NHS and Welsh Government colleagues, our wider stakeholders and our staff. We have also taken into account our good progress with delivery of our Annual Plan 2021/22, the learning from the pandemic, the system priorities for reset and recovery and responded to the major risks on our risk register.

Whilst delivery of the Workforce Strategy is all health and care organisations' responsibility, our IMTP Strategic Aims and Objectives describe our delivery of the seven themes of the Workforce Strategy to achieve the goal of a sustainable, engaged, competent and confident health and care workforce.

We will improve the sustainability and wellbeing of the workforce in key service areas through the development and delivery of workforce solutions for nursing, pharmacy and dental as well as implementing the mental health workforce plan which is being developed in 2021/22. This is the first time this whole-service approach has been taken in Wales. We will also improve NHS Wales' strategic workforce planning, through building capacity and capability, underpinning workforce data and intelligence and analytics. We will also support the existing workforce to cope with change and to work in new service models through our Continuous Professional Development, education and wellbeing Strategic Objectives.

These Objectives are particularly important as, during our engagement phase, all NHS organisations reported ongoing extensive strategic service change, as well as the effects of the pandemic and the challenges of recovery. Our Compassionate Leadership programme plans are important in this context; over the next three years we will continue to build capacity and capability at all levels to lead in a highly complex and challenging environment. As part of the learning from the pandemic all NHS organisations also reported a greater focus on organisational development, culture, leadership, workforce wellbeing and resilience and our Leadership and Succession programme provides the national framework that they are using in their local work.

Our strategic plans are underpinned by our significant investment in education and training and the IMTP describes the ongoing increasing investment in this area, which is predicted to continue over the next three years. Through the Strategic Review of Health Professional Education Commissioning, we will complete much of our work to modernise the workforce and maximise our impact as part of the foundational economy. The modernisation of education and training to support quality care in new service models will also progress in medicine, pharmacy and optometry. The Plan also describes the delivery of the next three years of the major strategic professional change programmes for Healthcare Sciences and Allied Health Professionals and the Nurse Staffing Levels (Wales) Act work programme to improve standards and quality of care.

Work is being undertaken to align our IMTP and Education and Training planning as part of developing an all-Wales longer term strategic workforce planning approach, as well as our important horizon-scanning and research roles. We are uniquely placed to develop frameworks for new roles informed by workforce planning and funded through educational commissioning. Our plans reflect the principles underpinning our commissioning and provision of healthcare education and training and through these functions, over the next three years, we will improve quality, equality, diversity and inclusion, Welsh language and digital literacy. In addition, we will have improved recruitment and retention through actively promoting careers, education and training in Wales, as well as incentivising training in Wales through revising the funding models.

Our IMTP is our single plan to support the system recovery from the pandemic and to deliver our Strategic Aims. We are highly engaged with the national recovery priorities, from our underpinning work on workforce supply and wellbeing, simulation-based training, new roles, digital literacy and advanced practice through to our direct leadership of the workforce, education or training elements of the national recovery programmes. We will significantly improve the educational infrastructure in primary care to support the primary care model for Wales and we will contribute to improving cancer survival outcomes through our work on cancer workforce redesign, education and training across a range of services (endoscopy, diagnostics and the single cancer pathway). During the period of this Plan, we will deliver education to promote an agile and skilled critical care workforce and the workforce, training and development priorities of the national Urgent and Emergency Care and Planned Care Programmes.

As the national workforce system body, we aim to model compassionate and collective leadership and in our aim is to have a happy, inclusive and motivated workforce. Our plan recognises the importance of the Welsh Language in terms of our own organisation, but also through our functions which impact on the wider workforce. We will also embed our approach to decarbonisation and research and innovation. As a strategic NHS organisation with an exciting and engaging IMTP to deliver as well as extensive Business as Usual activities, it is essential that we are skilled at working in partnership as well as using best practice in digital ways of working. Over the next three years we will promote digital training as well as improving our data quality and we will also focus on our partnerships with the education sector.

We look forward to delivering our ambitious set of Strategic Objectives with our staff and underpinned by our finance and digital plans. We will monitor delivery of the Plan through our agreed Performance Framework and remain agile to support the system recovery from the pandemic.

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Chapter 1 – Organisational profile and progress in 2021/22

This Chapter sets out our vision and purpose. It outlines our functions demonstrating how we support NHS Wales. Our values are described with the behaviour framework that underpins them. Finally, we outline how we will ensure we are able to deliver the plan through governance structures, capability, and capacity.

1.1 HEIW Vision and Purpose

We are the strategic workforce body for NHS Wales and our vision is “*Transforming the Workforce for A Healthier Wales*,” Over 100,000 people work in the NHS in Wales and all of us are pivotal to building a sustainable health and care system that meets the needs of the population.

Our purpose is to develop a workforce that delivers excellent care to patients and service users and excellent population health. As a Special Health Authority, we have a unique contribution to make to NHS Wales by:

- Addressing strategic and specialist workforce issues.
- Making Wales a great place to train and work for our health and care staff.
- Maximising the contribution of all professions and occupations through our statutory functions.

1.2 Functions

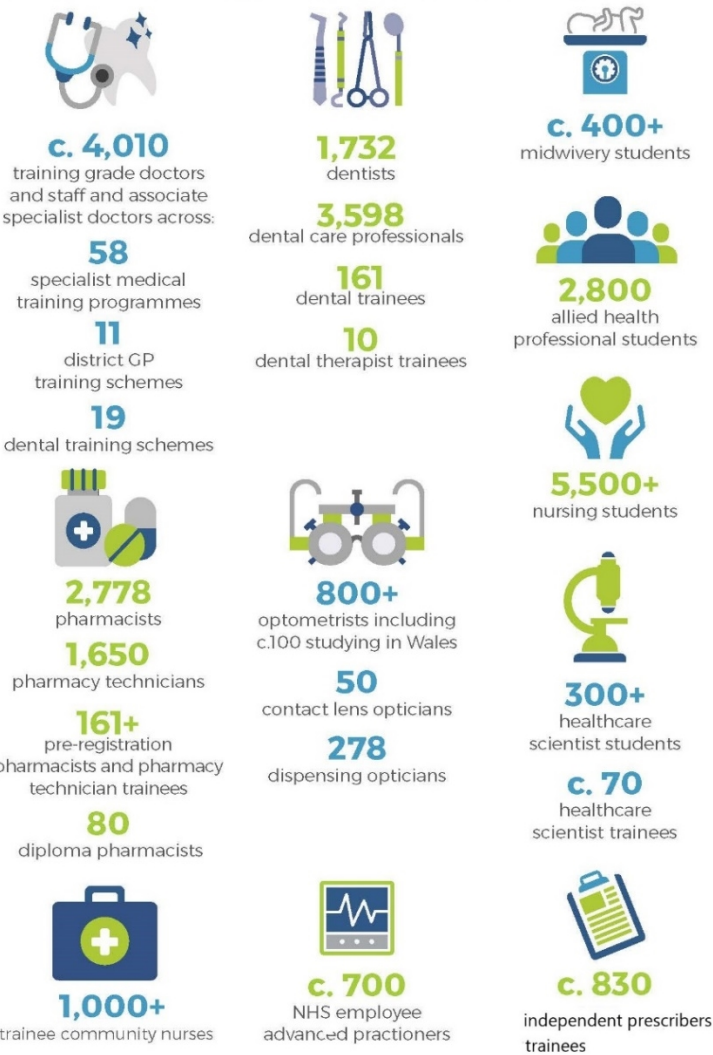


- **Leadership Development:** we are responsible for setting the strategy, principles and frameworks for leadership development across Wales, based on compassionate and collective leadership, together with the commissioning and delivery of leadership development activity for key groups. We lead on succession planning and talent management for aspiring Directors and Chief Executive.
- **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, Continuing Professional Development (CPD) and career pathway development.

- **Education & Training, Planning Commissioning and Delivery:** we plan, commission, deliver, and quality manage undergraduate and post graduate 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. Working to include people in our communities that have valuable skills and experience that are currently under-represented in our workforce.

We employ circa 250 members of staff, as well as approximately 150 members of our sessional staff working in the NHS across Wales who deliver education, training, supervision and appraisal with us on a daily basis. We also have significant reach across the 12,000 healthcare students and trainees and our multiple stakeholders and partners.

At any time we are supporting the education, training and CPD of:



1.3 Our Culture, Values and Behaviours

As a workforce-focussed organisation our culture and the way we do business are very important to us, and 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 stride to be a role model for the national work we are leading on compassionate and collective leadership, equality and inclusion, bilingualism and culture.

1.4 Organisational Governance Structures for Planning and Delivery

HEIW was formally launched as a statutory body on 1 October 2018. We have a statutory Board consisting of a Chair, Chief Executive, six Independent Members and four Executive Directors. A summary of Executive Director portfolios and a “who’s who” of the Board can be found on our website at <https://heiw.nhs.wales/about-us/heiw-board-executive/> The Board sets the strategic direction for HEIW by developing and approving the Integrated Medium-Term Plan (IMTP). Our approach to the development of this IMTP has been to engage with the Board at all stages as the strategic framework was refreshed and priorities and actions have been developed.

The Board scrutinises and assures the performance of the organisation and progress with delivery of the IMTP through quarterly integrated performance reports. Our [Performance Framework](#) sets out how we scrutinise, assure and improve performance in all our activities, based on the Performance Dashboard and reporting cycle. We will continue to review our performance arrangements throughout 2022/23 to respond to the NHS Wales Outcomes Framework as phases two and three are published. In our detailed planning we have identified the outputs and outcomes of all our Strategic Objectives and in 2022 we will be doing more work on developing our own Outcomes Framework.

The Board also ensures arrangements are in place to monitor and manage the key risks of the organisation. The updated Risk Management Policy was approved at November Board together with HEIW’s Board Assurance Framework. The organisation’s Structured Assessment 2021 from Audit Wales was received in two separate phases. Phase 2 of the Structured Assessment found that HEIW’s arrangements to manage risk are strong and has continued to improve its risk management arrangements and maintained oversight of strategic and operational risks. Phase one is available [here](#) and Phase two is available [here](#).

1.5 Capacity and Capability to Deliver

In common with other NHS organisations, we have had to deploy additional capacity to respond to new pressures and to manage operational delivery over the last few years, particularly in relation to our core activity of education and training. Remote working has presented some challenges to us as a young organisation, particularly for our new starters and our projects that have required stakeholder engagement. We are therefore looking forward to refocusing our efforts this year on leading the accelerated implementation of the Workforce Strategy with our colleagues in Social Care Wales, as this is the key to a sustainable approach. We have been developing our change methodologies, skills and expertise to support this.

The planned streamlining of national programmes and mechanisms will also have a beneficial impact on our capacity as an organisation, providing the opportunity to recast roles and responsibilities that reflect our statutory functions and reducing the duplication that currently exists.

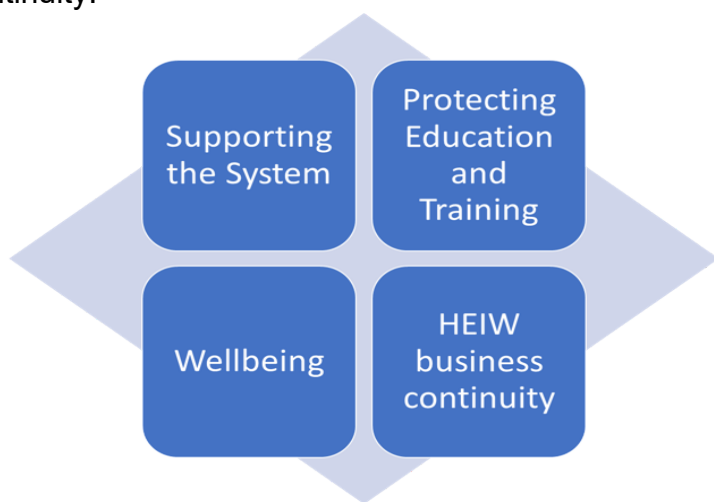
Robust planning, performance and programme management arrangements are in place to enable HEIW to achieve our Strategic Aims. Further details can be found in [Appendix A](#) which describes all the enabling functions.

Chapter 2 – Progress in 2021/22

This Chapter reflects on the progress we have made in delivering our Annual Plan from last year. We highlight the role we have provided in response to the COVID-19 pandemic encouraging new ways of working. Finally, we outline the achievements we have made against each of our six strategic aims. Further information on our performance is included in our latest Integrated Performance Report.

2.1 Response to the COVID-19 Pandemic and New Ways of Working

As an active partner in the COVID-19 response, our priority in 2021/22 was to support the wider NHS and care system, but also to support our trainees and students to continue their education, accelerate our work to support wellbeing and maintain our own business continuity.



We supported the System Response and Recovery plan, refreshing our previous work to support the prudent in practice principle including staffing ratios, skill mix and delegation guidelines. Examples of this can be seen in our work on infection, prevention and control and non-registrant protocols on vaccinations. We continued the care home support package including

education facilitators and developed a compendium of integrated workforce tools and case studies. During the Omicron wave we also encouraged our staff to volunteer to support the response, including the vaccination programme.

From the outset of the first wave, we rapidly moved to virtual CPD, recruitment, training, progression and quality management. Our leadership and influencing of the protection of Education and Training has been recognised at the UK wide level. Whilst there is evidence of ongoing disruption to some medical, dental and pharmacy trainees, this is less than in 2020/21, and there are no COVID-19 risks reported so far this academic year with Nursing and other Health Professional education.

We accelerated our Wellbeing response and Leadership programme through the pandemic. We implemented a health and wellbeing framework to support physical and mental wellbeing and accelerated our work to embed compassionate and collective leadership. We invested in our Professional Support Unit to ensure support for the wellbeing of students and individual trainees including investment in psychological therapies.

We have a Board-approved Business Continuity Plan in line with our approach to HEIW Business Continuity and arrangements were put in place and reviewed after the first phase of the pandemic. We undertook a lessons-learned exercise in the Summer of 2021 in preparation for the difficult winter ahead. During the Omicron wave we temporarily reactivated our Crisis Management Team and we are pleased that overall we have had very few COVID-19 absences amongst our own staff.

2.2 The Workforce Strategy for Health and Social Care

In October 2020, the ten-year national *Workforce Strategy for Health and Social Care* <https://heiw.nhs.wales/files/workforce-strategy/> was endorsed and published by Welsh Government. The strategy 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*. It forms the basis for our partnership work with Social Care Wales and others to make a difference to the health and social care workforce, including seamless workforce models in integrated care. We will respond to the recommendations of the Expert Group looking at a National Care Service when these are available and remain agile to support any practical steps that fall within our remit.

2.3 Key Achievements and Progress with Delivery in 2021/22

This year has required us to respond to the urgent demands of the pandemic whilst maintaining our focus on strategic programmes of work that will deliver longer term outcomes. The most recent Performance Report which outlines our performance against delivery of our Annual Plan 2021/22 and Business as Usual can be found here [DN1: hyperlink to Quarter 3 performance report once Board papers published] this also outlines any areas that have not progressed as we would like this year and the actions we are taking to resolve this.

Chapter 4 outlines how we are continuing to progress the areas of action still required for the strategic objectives that are continuing for 2022 onwards.

The table below summarises our progress towards delivery of our six Strategic Aims:

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'	Strategic Aim 2: To transform healthcare education and training to improve opportunity, access and population health
<p>Achievements</p> <ul style="list-style-type: none"> ✓ Continued to drive forward the key actions in the WFS ✓ Developed and secured funding to support recommendations for 22/23 education and training plan ✓ Formally launched Careersville in October with a highly successful event aimed at schools. The take-up by Welsh schools was very positive, leading to an unusually high 'hit rate' for the Welsh-language version of the platform. ✓ Launched our workforce planning matrix via the Workforce Planning Network and we progressed the interactive on-line version. ✓ Scoped the development of a workforce plan for Nursing. ✓ Development of the Continuing Professional Development Strategy progressed through robust engagement. ✓ Created a minimum dataset for workforce profiling and modelling. This has been produced to support the Mental Health Strategic Workforce Plan and will be used to support the Nursing Strategic Workforce Plan. 	<p>Achievements</p> <ul style="list-style-type: none"> ✓ Finalised plans to transform health professional undergraduate education with a multi million pound procurement exercise. ✓ Successfully migrated the Wales Optometry Postgraduate Education Centre (WOPEC) staff into HEIW from Cardiff University. ✓ Welcomed our first Welsh Allied Health Professional Leadership Fellows. ✓ Framework in place for All Wales Simulation Strategy following extensive development, literature review and stakeholder consultation. ✓ Strategic Outline Case for the 5-year Initial Education and Training Standards for Pharmacy (IETP) Implementation Programme signed off by the Board in July and subsequently presented to Welsh Government. ✓ Established a project to develop the quality and capacity of clinical placements across Wales, including the first Education facilitators in care homes ✓ Completed a review of digital capabilities frameworks reviewing across multiple sectors and worldwide examples to inform a self-assessment tool.

Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels	Strategic Aim 4: To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care
<p>Achievements</p> <ul style="list-style-type: none"> ✓ Successfully launched the Compassionate Leadership Principles. ✓ Launched the Aspiring Directors programme with Kings Fund. ✓ Developed proposals for a multi professional leadership development programme. ✓ Compassionate leadership book with Professor Michael West was launched in July 2021. ✓ Launched Masters level Compassionate Leadership in Practice module in partnership with Glyndwr University concluded (attracting 20 credits at Masters' Level) with interest across the UK. ✓ Twenty-one General Management Graduates onboarded and on first placements. ✓ HEIW internship programme established as a future pipeline for graduates in non-clinical roles. ✓ Leadership and Succession Team - winners of UK Learning Technologies 'Team of the Year' Award. ✓ Established the National Talent Board to play a key role in developing our directors and chief executives of the future. 	<p>Achievements</p> <ul style="list-style-type: none"> ✓ Leading the workforce, education and training requirements of the Imaging, Pathology and Urgent and Emergency Care national programmes. ✓ Progressed the education and training elements of the National Endoscopy Programme including development of the Endoscopy Assistant Practitioner role and the new Clinical Endoscopy Training Programme. ✓ Agreed a multi professional primary care education and training framework and commenced implementation. ✓ Established workforce transformation posts in critical care to develop future workforce solutions and commissioned a new critical care qualification with Health Education England on critical care education. ✓ Consulted on the Strategic Mental Health Workforce Plan following extensive engagement and research. ✓ Delivered our agreed commitments to the allied health professional and healthcare scientists frameworks, supported by robust governance and stakeholder input.
Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
<p>Achievements</p> <ul style="list-style-type: none"> ✓ Approved our Decarbonisation and Biodiversity Strategy, a plan to protect the planet and developed an action plan for its delivery. ✓ Awarded the Level 2 Disability Confident Employer status and renewed our Stonewall Diversity Champion membership. ✓ Exceeded the 85% target statutory and mandatory training compliance for the first time since the creation of the organisation. ✓ Translated 2.5 million words into Welsh and expect to exceed 5.3 million words in 2021/22. ✓ Equality Diversity and Inclusion masterclasses provided. ✓ Significant work programme undertaken to improve the cyber security posture of the organisation. ✓ Undertaken large scale complex migration programme to cloud technology to host all of HEIW web applications, providing a future proof platform to run optimum digital services for HEIW and is a critical enabler to the delivery of the digital strategy. The approach meets the requirements of the technical standards required by Welsh Government of being cloud native and adopting a cloud first strategy resulting in considerable technical operational and security improvements. 	<p>Achievements</p> <ul style="list-style-type: none"> ✓ First WomenSpire Award sponsored by HEIW won by Dr Bnar Talabani for work promoting COVID-19 vaccinations to diverse communities. ✓ Significant contribution made to the development of the Welsh Government's Race Equality Action Plan. ✓ Stakeholder Reference Group established to provide a formal mechanism for engagement. ✓ Attendance at Board Development Sessions for most NHS organisations to discuss strategic priorities. ✓ Completed a review of engagement with education partners to inform plan in 22/23.

Chapter 3 – Strategic Framework, Engagement and Planning Approach

This Chapter sets our strategic framework that informs this plan. We have ensured that our strategic framework supports the strategic direction of NHS Wales and the wider contextual environment. We have summarised the findings of our engagement with our wide range of stakeholders. Finally, we have confirmed our planning approach recognising we will continue to be agile and support the system throughout the year.

3.1 Our Strategic Framework

The Board has refreshed our Strategic Framework for the next three years through reflection on our vision, purpose, and the strategic context. The Board agreed that our 6 Strategic Aims remained fit for purpose and they form the Strategic Framework of our Plan as shown in the diagram below.



We have mapped our Strategic Aims to the ministerial priorities and wellbeing goals and the alignment of our Plan to the *National Clinical Framework* the *Quality Framework* is included in [Appendix B](#). We have a strong part to play in the foundational economy, improving equality diversity and inclusion and use of the Welsh language and these are 'golden threads' throughout our Plan and shown in the Quick Reference Guide in [Appendix G](#).

As a strategic organisation it is important that we build on our progress in 2021/22 by planning within the wider contextual environment. The impact of the COVID-19 pandemic has radically changed the strategic context in which we work and live on a global, national and local basis. Along with other contextual changes this has offered opportunities, as well as challenges, which we respond to in this Plan. We have reviewed and refreshed our PESTLE analysis to inform the review of our Strategic Objectives this analysis is included in [Appendix C](#).

3.2 Stakeholder and Staff Engagement in the Development of the IMTP

This year we are pleased that we have been able to have conversations with all NHS organisations on our emerging IMTP 2022-25. Through the establishment of our Stakeholder Reference Group we have also engaged with over 40 different organisations

on our draft IMTP, as well as a dedicated session to discuss our plans with Welsh Government Policy Leads.

The purpose of the engagement was to engage with all key stakeholders and partners on their views and priorities to ensure that our plans are aligned to deliver the change the system needs. The themes captured from the engagement conversations with NHS organisations align very closely with those identified through the extensive engagement on the *Workforce Strategy for Health and Social Care*. A summary of the engagement themes is included in [Appendix D](#).

We have also discussed the development of our plans regularly with Welsh Government planning colleagues to update on progress, built relationships and shared 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 monthly Senior Leadership Team meetings and our Local Partnership Forum. We have also discussed our Plan with all of our staff through our wider engagement mechanisms.

3.3 Planning Approach

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 COVID reset. This has been challenging over the last two years but we are hopeful to achieve a better balance in this plan of short and more medium term, sustainable actions. These will support implementation of the Workforce Strategy which forms such an important part of our strategic context, as well as providing flexibility to respond to emerging requests and priorities from the recovery programme.

Our plan reflects the multi-dimensional nature of our work – including profession specific objectives, multi professional objectives, service related objectives and objectives that relate to national programmes. These are particularly reflected in Strategic Aims 1 – 6. 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.

We have mechanisms in place to flexibly respond to the development of regional plans, and our Plan includes our contribution to decarbonisation and climate change which is further outlined in our Biodiversity and Climate Change Strategy which can be found [here](#).

As part of our planning the organisation was encouraged to consider which of the previous Strategic Objectives should now be embedded into 'Business as Usual' activities or closed. A summary of the closed strategic objectives and new strategic objectives are included in [Appendix E](#).

We have also responded to essential new priority areas and addressed the major risks on our Corporate Risk Register. We have developed an ambitious and exciting set of Strategic Objectives to support the system recovery and to deliver our Strategic Aims and these are described in Chapter 4.

Chapter 4 – Strategic Aims and Objectives

This chapter describes our Strategic Aims and outlines our Strategic Objectives, deliverables for 2022/23 and Year 3 outcomes. Detailed deliverables and milestones and the high-level deliverables for Year 2 and Year 3 of the IMTP are included in Appendix F.

[Appendix F](#)

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'		
Strategic Objectives	Deliverables for 2022/23	Outcomes
<p>1.1: Establish a programme of work with sound governance arrangements, to ensure the implementation of our Workforce Strategy for Health and Social Care remains on track for full delivery by 2030.</p> <p>Exec Lead: Deputy CEO/ Director of Workforce & OD SRO: Deputy Director of Workforce & OD</p>	<ul style="list-style-type: none"> • Sound governance arrangements are in place to oversee development and delivery of the medium term (Phase 2) implementation plans through an Oversight Group. • Stakeholders and partners have the opportunity to contribute to the development of the medium term three year implementation plan (commencing 2023/24) through a multi-agency conference. • A comprehensive stakeholder communication plan is in place. • An WFS website is created to inform all stakeholders, and will include sharing examples of good practice, news items and progress updates. 	<ul style="list-style-type: none"> • Improved evidence of delivery against the seven themes of the Workforce Strategy for Health and Social Care.
<p>1.2: Lead and develop a sustainable national workforce plan for nursing to achieve a better match between demand and supply in Wales.</p> <p>Exec Lead: Director of Nurse & Health Professional Education SRO: Head of Nursing and Midwifery Transformation</p>	<ul style="list-style-type: none"> • Engagement and consultation events to develop workforce plan, following publication of current workforce mapping. • Engagement events to scope potential new workforce models and priorities. • Working with partners complete workforce analysis, research and engagement to inform demand and supply planning assumptions • Develop key actions to improve recruitment, retention, education and training in line with planning assumptions • Complete strategic review of post registration education. • Develop future workforce models including multi professional working, skill mix and new roles such as nurse associate • Outline the Role of the Nurse 2030 vision for Wales 	<ul style="list-style-type: none"> • Reduced vacancies supporting improved quality of care and better use of resources • Workforce aligned to the Nurse Staffing levels (Wales) Act..

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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'

Strategic Objectives	Deliverables for 2022/23	Outcomes
<p>1.3: Scope solutions for the dental workforce in Wales 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.</p> <p>Exec Lead: Medical Director SRO: Postgraduate Dental Dean</p>	<ul style="list-style-type: none"> • Programme Manager for Dental Workforce Plan recruited if business case supported. • Scope and present options for dental nurse training provision and funding. • Work with key partners and stakeholders to develop Dentist with Enhanced Skills (DES) frameworks for specific areas. • Engage dentistry in Advanced Cluster Development work as part of SPPC. • Dental Specialty Training included in Education and Training Plan. • Develop Leadership offer to the dental workforce. 	<ul style="list-style-type: none"> • Address dental workforce challenges and identify opportunities to deliver the optimum workforce to meet the oral health care needs of patients in Wales.
<p>1.4: Support the modernisation of the pharmacy workforce, through finding workforce solutions and planning for the future workforce.</p> <p>Exec Lead: Medical Director SRO: Pharmacy Dean</p>	<ul style="list-style-type: none"> • Establish a programme of work in partnership with key stakeholders to address the workforce issues. • Establish with key partners the future roles for the pharmacy workforce. • Describe an employment model that meets the aspirations of the workforce. • Describe a workforce that maximises skill mix and utilises workforce enhanced skills. • Establish the 23/24 priorities and actions which enable the implementation of a transformed workforce. • Establish a robust dataset which underpins the workforce solutions. • Commence the implementation of the agreed short-term solutions. 	<ul style="list-style-type: none"> • A motivated, engaged and valued pharmacy workforce, with the capacity, competence and confidence to deliver the new IETPs and meet the medicines needs of the people of Wales.
<p>1.5: Lead the development of a multi-professional CPD strategy and drive improvements in current CPD activity to ensure that the existing NHS Wales workforce has the skills and capabilities required for the future.</p> <p>Exec Lead: Director of Nurse & Health Professional Education</p>	<ul style="list-style-type: none"> • Engagement with key stakeholders on the principles of the CPD Strategy • Development of the CPD strategy informed by engagement • Consultation on the CPD Strategy • Consideration of the comments received and refinement of the CPD strategy • Publication of the CPD Strategy. 	<ul style="list-style-type: none"> • Staff across the professions have access to high quality life long learning activities to support personal and service development and improvements in patient care.

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'

Strategic Objectives	Deliverables for 2022/23	Outcomes
<p>SRO: Deputy Director of Workforce Transformation</p> <p>1.6: Fully implement and evaluate the 'Y Ty Dysgu' Education Delivery System (EDS).</p> <p>Exec Lead: Director of Digital Development</p> <p>SRO: Head of Digital Strategy and Planning</p>	<ul style="list-style-type: none"> • Implementation of Y Ty Dysgu across HEIW. • Complete migration activity from third party systems in scope. • Decommission the Overt, Maxinity and other third party systems. • Agree an approach for future hosting of education and training for the Health Boards. • Develop an evaluation process of the use and effectiveness of the EDS and identify any barriers to use. • Development of the EDS further to suit the needs of HEIW. 	<ul style="list-style-type: none"> • Improved access to flexible, good quality CPD delivered via the single EDS. • Improved information about provision and utilisation.
<p>1.7: Lead, develop and embed a range of actions to support workforce and workplace wellbeing and colleague experience.</p> <p>Exec Lead: Deputy CEO/ Director of Workforce & OD</p> <p>SRO: Deputy Director of Workforce & OD</p>	<ul style="list-style-type: none"> • Enhance our approaches to supporting the wellbeing of our Future Workforce by providing age-appropriate career information and guidance to create meaningful work experience to better prepare our prospective students, learners and workers. • Support our students by setting and monitoring standards for wellbeing support through our education contracting and commissioning. • Support our trainees/PG students by reviewing our approach to wellbeing of trainees and PG students including our offer of the Professional Support Unit and how we hold joint responsibility with employers. • Supporting our NHS Family by providing system leadership and the curation and navigation of approaches and resources to improve retention by creating conditions for staff to thrive. 	<ul style="list-style-type: none"> • Colleague (including students and trainees) wellbeing underpins all that we do, evidenced by continually improving scores/feedback in staff and student surveys.
<p>1.8: Improve recruitment and access to careers in the health and care sector in partnership with Social Care Wales (SCW).</p> <p>Exec Lead: Deputy CEO/ Director of Workforce & OD</p> <p>SRO: Deputy Director of Workforce & OD</p>	<ul style="list-style-type: none"> • Develop Careersville as the primary resource for NHS Wales careers marketing, promotion and event management, taking opportunity to align with Train Work Live and We Care marketing campaigns when appropriate. • Engage with stakeholders to inform the development of our Careers and Widening Access Strategy. 	<ul style="list-style-type: none"> • Increased recruitment of people in our communities that have valuable skills and experience currently underrepresented in our workforce, and reinforcing NHS Wales' reputation as an

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'

Strategic Objectives	Deliverables for 2022/23	Outcomes
	<ul style="list-style-type: none"> Review and revise the governance arrangements for management and delivery of the Widening Access grant scheme. Review current schemes and develop targeted schemes for shortage areas focussing particularly on actions to address the diversity of the workforce. Develop an action plan for medicine careers support advice following on from the Medical and Dental Careers Strategy. 	<p>excellent place to train, work and live, right from the start.</p>
<p>1.9: With partners in NWSSP and DHCW, develop our workforce intelligence function to inform strategic workforce planning and modelling for Wales.</p> <p>Exec Lead: Deputy CEO/ Director of Workforce & OD SRO: Head of Data & Analytics</p>	<ul style="list-style-type: none"> Develop phase 1 Project Initiation Document (PID). Establish partnership working arrangements to progress this work. Define our data requirements to enable us to discharge our statutory responsibilities. Create the governance mechanisms required. Ensure close alignment to HEIW data strategy and the recommendations from the data maturity review. Develop the vision for the Centre of Excellence to inform the outline business case in 2023-24. 	<ul style="list-style-type: none"> Improved understanding of our workforce by developing analytical methods and sophisticated modelling techniques.
<p>1.10: Improve the quality of strategic workforce planning across NHS Wales, by curating and harnessing renowned external expertise, developing education and training for NHS organisations and providing strategic workforce planning expertise and advice to support NHS organisations.</p> <p>Exec Lead: Deputy CEO/ Director of Workforce & OD SRO: Head of Workforce Planning</p>	<ul style="list-style-type: none"> Develop the project plan and governance arrangements to oversee development and delivery of our strategic workforce planning observatory. Create partnerships with key organisations, think tanks and acknowledged experts to curate resource and expert opinion, analyse workforce trends, population and social needs to inform workforce forecasting, modelling and scenario planning. Commission work with appropriate partner to provide a research-based overview of the workforce context for Wales. Create a digital presence to enable publication and sense making of recent research and development. Develop a three year plan for improving Workforce Planning capability across NHS Wales commencing with improving capability in HEIW. 	<ul style="list-style-type: none"> A recognised and acknowledged body providing sophisticated, evidence-based and intelligence led strategic workforce planning, enabling us to change our workforce to meet our population need.

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'

Strategic Objectives	Deliverables for 2022/23	Outcomes
	<ul style="list-style-type: none"> Scope the development of academic/accredited Workforce Planning training. 	

Strategic Aim 2: To transform healthcare education and training to improve opportunity, access and population health.

Strategic Objectives	Deliverables for 2022/23	Outcomes
<p>2.1: Improve and develop roles (including 'Generalist' and 'Extensivist' roles) and programmes, informed by and aligned to the recommendations of 'The Future Doctor Programme' (2020).</p> <p>Exec Lead: Medical Director SRO: Director of Educational Improvement & Governance</p>	<ul style="list-style-type: none"> Implement the outcomes of the engagement event held in January that identified opportunities for development of a multi-professional workforce to meet future population need. Develop a programme of work encompassing projects aimed at enhancing postgraduate medical training and 'future-proofing' medical roles in the context of multi-professional training and working. Promote and support learning through both flexible and traditional models of education Facilitate enhanced generalist skills in medical training programmes. Agree our education, learning and development principles and test for implementation Work with education providers to embed shared understanding of healthcare roles across professions and multi-professional approaches to training 	<ul style="list-style-type: none"> Commissioning of the right education programmes to ensure the right professionals are in the right roles to deliver the care needed by the people of Wales.
<p>2.2: Lead the implementation of new contracts for Phase 1 of the Strategic Review of the commissioning of health professional education.</p> <p>Exec Lead: Director of Nurse & Health Professional Education SRO: Deputy Director of Education Commissioning & Quality</p>	<ul style="list-style-type: none"> Each contract to begin one year prior to student enrolment (September 2021) enabling for a mobilisation year. All contract clarifications requested by HEIs provided by September 2022. 2022 courses approved by the regulator (NMC / HCPC). First cohort of students to go through new courses. Performance Monitoring Framework (Aligned to HEIW Quality Framework) developed and implemented. Performance reports for new contracts developed. 	<ul style="list-style-type: none"> Graduates working in Wales from 2025 onwards with enhanced Welsh language. Digital, improvement, leadership and team working skills
<p>2.3: Lead Phase 2 of the Strategic Review of the commissioning of health professional education.</p>	<ul style="list-style-type: none"> Award of contracts for procurements outlined below: <ul style="list-style-type: none"> HCSW (Nursing) level 4 education. Medical genomics level 7 standalone modules. CAAPs. Work based learning framework. 	<ul style="list-style-type: none"> Graduates working in Wales from 2023 onwards with enhanced Welsh language. Digital,

Strategic Aim 2: To transform healthcare education and training to improve opportunity, access and population health.		
Strategic Objectives	Deliverables for 2022/23	Outcomes
Exec Lead: Director of Nurse & Health Professional Education SRO: Deputy Head of Education, Commissioning & Quality	<ul style="list-style-type: none"> o Clinical photography work-based learning. • Medical ultrasound – work based learning Qualification developed. • Medical ultrasound – postgraduate diploma notice to trigger procurement and evaluation of bids. • PTP part time; pathology, audiology and clinical engineering notice to trigger procurement and evaluation of bids. • Authorisation of Blood transfusion programme notice to trigger procurement and evaluation of bids. • Scoping of post-registration nurse education. 	<p>improvement, leadership and team working skills</p>
2.4: Support the modernisation of the pharmacy workforce, plan for and implement the Initial Education and Training Standards for Pharmacists (IETP). Exec Lead: Medical Director SRO: Pharmacy Dean	<ul style="list-style-type: none"> • Post-Registration Foundation Pharmacists 2022/23 intake -in partnership with HEIs start delivery of the new transition pathway for IETP to include IP outcomes. • Complete negotiations with HEIs regarding the proposed funding of clinical placements within MPharm to support the transition of learning outcomes. • Submit business case to Welsh Government for the new investment in pharmacy undergraduate clinical placements • Develop the infrastructure to support increased pharmacy clinical placements. • Iterative development, continuous improvement and quality management of Foundation Training Programme and move to fully multi-sector delivery. • Ensure all pharmacists in Wales identified (or self-identified) as requiring an IP qualification have access to IP training. 	<ul style="list-style-type: none"> • Wherever pharmaceutical care is provided, patients will be assured that the pharmacy team will be able to help patients to achieve the best from their medications and maximise their quality of life.
2.5: Support the modernisation of the pharmacy workforce, plan for and implement the Initial Education and Training Standards for Pharmacy Technicians (IETP). Exec Lead: Medical Director SRO: Pharmacy Dean	<ul style="list-style-type: none"> • Implement the new IETP Pharmacy Technicians Training Programme. • Recruit 3 cohorts of Pre-Registration Pharmacy Technicians into the new training programme. • Agree strategic plan and commence the implementation for Pharmacy Technicians post-registration. 	<ul style="list-style-type: none"> • Wherever pharmaceutical care is provided, patients will be assured that the pharmacy team will be able to help patients to achieve the best from their medications and maximise their quality of life.

Strategic Aim 2: To transform healthcare education and training to improve opportunity, access and population health.

Strategic Objectives	Deliverables for 2022/23	Outcomes
<p>2.6: Lead and promote a reduction in differential attainment in education and training in line with the Strategic Equality Plan.</p> <p>Exec Lead: Medical Director SRO: Postgraduate Dental Dean</p>	<ul style="list-style-type: none"> • Develop, monitor and review a programme of activity to identify and address the DA gap in different health education and training areas e.g. medical, dental, pharmacy, nursing, AHP etc. • Engage with key stakeholders in service, education and under-represented groups to identify barriers, raise awareness, develop discussions, inform progress and encourage collaboration. • Review existing policies/interventions, links to wellbeing and mental health and make decisions on action to be taken to address any deficiencies/gaps in this area. • Develop a toolkit of interventions for use in identifying and addressing the DA gap and improving outcomes. • Establish and receive updates from task and finish groups as required to focus on specific actions within the implementation plan. 	<ul style="list-style-type: none"> • A workforce in healthcare that does not experience adverse effects in education and training that may impact upon wellbeing, performance, progression and attainment and consequently patient care.
<p>2.7: Maximise opportunities for work-based learning (WBL) and apprenticeships in health to promote the 'Made in Wales' ethos.</p> <p>Exec Lead: Director of Nurse & Health Professional Education SRO: Deputy Director of Education Commissioning & Quality</p>	<ul style="list-style-type: none"> • Support all learners in clinical environments through the development and implementation of a WBL approach to support learning in practice for all students and trainees. • Embed the required quality control systems and processes for WBL across NHS Wales to include all aspects of the WBL Governance Framework. • Establish a process for the review of all Wales WBL resources to ensure that they are up to date. • 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. • Take responsibility for the registration of all 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. • Development of work-based learning qualifications identified as part of Phase 2 of the Strategic Review and that align with actions within the workforce strategy. 	<ul style="list-style-type: none"> • Improved opportunities to support staff with their aspirations for high-quality employment as part of the foundational economy.

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Strategic Aim 2: To transform healthcare education and training to improve opportunity, access and population health.

Strategic Objectives	Deliverables for 2022/23	Outcomes
<p>2.8: Develop and implement a multi-professional education and training quality framework.</p> <p>Exec Lead: Medical Director SRO: Postgraduate Dean</p>	<ul style="list-style-type: none"> Continue engagement with key stakeholders to refine a multi-professional Quality Framework Establish evaluation mechanisms to ensure robust feedback Launch the multi-professional Quality Framework through robust engagement Implement a multi-professional Quality Framework to underpin a system for ensuring high-quality education and training for the NHS Wales workforce. Establish a single section for quality planning, management and improvement for the Medical Deanery Establish matrix working arrangements with Nursing Directorate 	<ul style="list-style-type: none"> Delivery of high-quality education and training and access to high quality facilities and educational support so that the future healthcare workforce can achieve their potential
<p>2.9: Implement improvements to ensure equitable access to education and training for SAS (Staff Grade, Associate Specialist and Specialty Doctors) and locally employed (LE) doctors.</p> <p>Exec Lead: Medical Director SRO: Director of Medic Professional Support and Development</p>	<ul style="list-style-type: none"> Review the current HEIW structures supporting SAS and locally employed doctors. Assess the impact of interventions already delivered. Review the role and responsibilities of the SAS tutor following the development of the new SAS advocate role. Develop a plan to deliver good quality and cost effective continuing professional development to SAS doctors. Review the current budget for SAS doctors to ensure cost effectiveness and value. Develop appropriate support and development opportunities for SAS and LE doctors who are international medical graduates. Align work done in this area across NHS Wales to share expertise/resource and reduce replication. 	<ul style="list-style-type: none"> Increased SAS workforce with improved job satisfaction and morale.
<p>2.10: Lead the development and implementation of a multi-professional strategy for Simulation-Based Education and Training.</p> <p>Exec Lead: Medical Director SRO: Director of Educational Improvement & Governance</p>	<ul style="list-style-type: none"> Implementation of key priorities within the All-Wales Simulation-Based Education and Training Strategy for the Health and Care Workforce Plan, and particularly – Support and promote interprofessional simulation-based education and training (IPSBET). Standardise the faculty approach for simulation-based education in Wales through faculty development. Develop lines of accountability to facilitate strategy implementation, particularly regarding quality assurance, IPSBET and accessibility. 	<ul style="list-style-type: none"> Improving access to training, contributing to the promotion of Wales as the place to TrainWorkLive.

Strategic Aim 2: To transform healthcare education and training to improve opportunity, access and population health.		
Strategic Objectives	Deliverables for 2022/23	Outcomes
	<ul style="list-style-type: none"> Work across HEIW to support the delivery of key resources, support structures and mechanisms needed for simulation. Enhanced and quality assured use of resources on appropriate virtual platforms. Disseminate and promote simulation developments in Wales. 	
<p>2.11: Lead the development and implementation of a digital capability framework for the healthcare workforce in partnership with Digital Health and Care Wales (for staff who are not digital specialists).</p> <p>Exec Lead: Director of Digital Development SRO: Head of Digital Strategy and Planning</p>	<ul style="list-style-type: none"> Continue to implement iteratively, reviewing effectiveness and impact as the roll out progresses. Developed and implemented Phase 2 plan of the programme. Reviewed domains, subdomains, descriptive and capability statements with Nursing, and the Mental Health Workforce. Identified and mapped additional L&D resources. Developed an updated Digital Capability Framework (v1.0). Developed an online self-evaluation tool on the LMS. Completed a successful alpha test of the tool and framework with Nursing, and the Mental Health Workforce. Developed a plan for Phase 3, incorporating outputs from Phase 2. 	<ul style="list-style-type: none"> Improved understanding of digital capabilities, the opportunity to develop and evidence digital skills and the ability to continually develop digital skills as technologies evolve.
<p>2.12: Develop and implement modernised funding models to incentivise training and education in NHS Wales.</p> <p>Exec Lead: Director of Finance SRO: Deputy Director of Strategic Finance and Corporate Services</p>	<ul style="list-style-type: none"> Development of a roadmap with NWSSP to consider and implement application and allocation of individualised trainee study leave budgets. Scope and Develop proposals for funding postgraduate education centre contributions. Development of method to revise funding for training grade posts in NHS Wales. Provide advice on changes to WG policy on bursary and SIFT developments. 	<ul style="list-style-type: none"> Transparent and proportionate multi-professional approach to funding allocations facilitating and supporting education and training.
<p>2.13: Support the development of placement availability and quality to underpin delivery of education and training across healthcare programmes.</p> <p>Exec Lead: Director of Nurse & Health Professional Education SRO: Programme Manager Education</p>	<ul style="list-style-type: none"> Confirm HEIW placement governance and expand network of external placement stakeholders. Undertake baseline scoping of effective and efficient use of placement capacity across nursing, allied health profession and healthcare science programmes, and determine additional HEI/Health Board support required to maximise placement provision. Set up stakeholder workstreams to develop new placement availability across priority target areas identified within primary, secondary, and tertiary health and care services, agree pilot sites, and manage further roll out of increased capacity. 	<ul style="list-style-type: none"> Placement learning experiences that prepare future registrants to provide service excellence and be part of a sustainable and committed workforce.

Strategic Aim 2: To transform healthcare education and training to improve opportunity, access and population health.

Strategic Objectives	Deliverables for 2022/23	Outcomes
	<ul style="list-style-type: none"> • Scope Practice Education Facilitator (PEF) equity across professional groups to maximise existing placement capacity. • Develop quality benchmarks for placement excellence and align with the HEIW Quality Framework. • Produce a placement metrics dashboard for use in HEI quality and performance monitoring. • Implement Regional Care Home Education Facilitator (CHEF) roles. • Establish the added value of introducing HEIW placement software and specific programme functionality. 	
<p>2.14: Develop, review and implementation of an approach to secure the longer-term provision of services provided by the Welsh Institute for Minimal Access Therapy (WIMAT).</p> <p>Exec Lead: Interim Director of Finance and Corporate Services SRO: Deputy Director of Strategic Finance and Corporate Services</p>	<ul style="list-style-type: none"> • Complete detailed analysis of existing service provision, capacity and resources. • Agree and develop procedures to support current approach to operational practice. • Establish agreed details of future training requirements and commissioning approach. • Complete options analysis to determine recommendation for longer term training requirements. 	<ul style="list-style-type: none"> • Enhanced skills and competencies of the Welsh NHS workforce across a range of medical and surgical specialties.

Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels

Strategic Objectives	Deliverables for 2022/23	Outcomes
<p>3.1: Lead, embed and evaluate the value chain and impact of the Health and Care Leadership Strategy across NHS Wales.</p> <p>Exec Lead: Deputy CEO / Director of Workforce & OD SRO: Assistant Director of Leadership & Succession</p>	<ul style="list-style-type: none"> • Establish a network faculty of leadership associates who can support Executive and clinical development offerings. • Provide health and social care learning events to share best practice and create communities of compassionate and collective leaders. • HEIW established as credible system leader in the field of compassionate leadership. • Evaluate the impact and value chain Gwella, leadership strategy and framework for action for NHS Wales. • Continue to enhance Gwella to reflect NHS Wales requirements through a series of pipeline developments. 	<ul style="list-style-type: none"> • Enhanced leadership capacity and capability at all levels with leaders who build positive, safe and compassionate environments where teams flourish.

Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels

	<ul style="list-style-type: none"> • Production of leadership resources for health and social care in line with KPIs and continued publication and signposting to a wide range of leadership offerings. 	
<p>3.2: Lead the development of sustainable pipelines of senior leaders and executive talent in line with the NHS Wales Succession Planning Strategy.</p> <p>Exec Lead: Deputy CEO / Director of Workforce & OD SRO: Succession Planning and Talent Management Lead</p>	<ul style="list-style-type: none"> • Provision of a range of national executive development leadership programmes, offerings, and interventions. • Development of best practice TM processes and toolkits to support robust local application. • Continued support and management of the Talent Management Board and Talent and Succession Operational Group. • Develop and deliver an NHS Wales Executive Leadership Development Framework offer for Tier 3. • Evaluate the Aspiring Executive Leadership offerings and specifically assess the impact of the systems leadership module, complimenting and strengthening the programme as required. • Resources and assessor capacity available for future development centre delivery. 	<ul style="list-style-type: none"> • Robust aspiring executive talent pools and pipelines established with up to 3 NHS applicants shortlisted for all NHS Wales Executive positions by 2024 (3 minimum by 2027).
<p>3.3: Lead the adaptation, development and implementation of leadership programmes and resources for clinical leaders from a range of professional backgrounds.</p> <p>Exec Lead: Deputy CEO / Director of Workforce & OD SRO: Assistant Director of Leadership & Succession</p>	<ul style="list-style-type: none"> • Review, enhance and provide clinical leadership development programmes, alumni and networks. • Explore application of educational credit to clinical leadership programmes. • Review support required to develop and grow leadership capacity within Primary Care. • Onboarding, delivery and project management of Welsh Clinical Leadership Training Fellows (WCLTF) Programme. • Support recruitment for the annual Florence Nightingale Scholarship. • Continued support and establishment of clinical leadership networks. • Delivery of Medical Directors Programme. • Following evaluation, exploration of Medical Director programme model for application to another professional Director Peer Group. 	<ul style="list-style-type: none"> • Confident clinical leaders able to effectively lead transformational change through a model of compassionate and collective leadership.
<p>3.4: Robustly evaluate the re-established NHS Wales Graduate Programme and develop a financially viable operating model that ensures a continuous pipeline of future leadership talent.</p>	<ul style="list-style-type: none"> • Evaluation of the graduate programme operating model and graduate experience. • Continued support and delivery of the 2021-23 National Graduate Programme and HEIW internship programmes. 	<ul style="list-style-type: none"> • High quality NHS Wales graduate and internship programmes that attract a wide range of diverse

Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels

<p>Exec Lead: Deputy CEO / Director of Workforce & OD</p> <p>SRO: Assistant Director of Leadership & Succession</p>	<ul style="list-style-type: none"> • Securing NHS Wales commitment and a repeat funding stream for continued delivery of the Graduate Programme. • Market and recruit to 2023-2025 NHS Wales Graduate Programme. • Secure NHS Wales Graduate Programme Assessment Centre provision. • Establish a 2022 HEIW Internship Gwella page, marketing, and engagement plan to attract diverse talent into HEIW. • Recruitment and provision of a HEIW summer and annual internship programme. 	<p>individuals creating a rich pipeline of aspiring leaders.</p>
<p>3.5: Lead the Development of the W&OD Profession creating sustainable career pathways and pipelines of Workforce & OD professionals across NHS Wales.</p> <p>Exec Lead: Deputy CEO / Director of Workforce & OD</p> <p>SRO: TBC</p>	<ul style="list-style-type: none"> • Mapping of all the Workforce & OD professions across NHS Wales organisations. • Mapping of all the W&OD professional competence frameworks. • Development of a vision for the W&OD profession. • Development of a W&OD career pathway. • Development of a range of W&OD development opportunities and offerings including a mentoring and coaching exchange and secondment bureau. • Development of Workforce and OD networks aimed at upskilling the profession and sharing best practice. • Development of a Workforce and OD heat map highlighting roles at risk and enabling positive action. • Development of a range of W&OD Success Profiles utilising the Gwella talent management software. 	<ul style="list-style-type: none"> • Mature talent pools and visibility of W&OD talent who able to be shortlisted for NHS Wales W&OD positions.

Strategic Aim 4: To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care. *Additional objectives may be added to this Aim in-year as required to support the workforce needs of the emerging regional and recovery plans.*

Strategic Objectives	Deliverables for 2022/23	Outcomes
<p>4.1: Support the development and implementation of multi-professional workforce models for primary and community care, in line with the Strategic Programme for Primary Care.</p>	<ul style="list-style-type: none"> • Establish the primary care infrastructure. • Agree local primary care academy infrastructure. • Establish HEIW team. • Agree a prioritised phased plan for development and/or roll out of education programmes across Wales. 	<ul style="list-style-type: none"> • A funded, sustainable all Wales coordinated infrastructure designed to meet the educational needs of the primary and

Strategic Aim 4: To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care. *Additional objectives may be added to this Aim in-year as required to support the workforce needs of the emerging regional and recovery plans.*

Strategic Objectives	Deliverables for 2022/23	Outcomes
Exec Lead: HEIW Chief Executive SRO: HEIW Programme Director – Primary Care	<ul style="list-style-type: none"> Undertake a baseline scoping of education and training programmes available to the wider community workforce. Review and assess funding models/approaches. Develop a communications and engagement plan. 	community care workforce.
4.2: Develop a mental health workforce model and plan in collaboration with Welsh Government and Social Care Wales to support the implementation of Together for Mental Health (including CAMHS). Exec Lead: HEIW Chief Executive SRO: Head of Nursing and Midwifery Transformation	<ul style="list-style-type: none"> Complete consultation and finalise costed actions for next 3 years Agree funding requirements with WG Finalise and publish plan Agree implementation plan for 22/23 and governance mechanisms Embed actions in existing work programmes where relevant including education and training commissioning planning process, leadership development, and strategic review phase 2. Implement first cohort of CAAPs Continue implementation of new education and training for CAMHS and perinatal Develop a training package for MHA work part 1. 	<ul style="list-style-type: none"> A sustainable mental health workforce that has the expertise to support the population with their mental health and wellbeing needs recognising the impact of COVID-19.
4.3: Support the development of the workforce needed to deliver the Planned Care Recovery Programme Exec Lead: HEIW Chief Executive SRO: HEIW Chief Executive	<ul style="list-style-type: none"> Map and quantify contributions of existing work programmes to planned care recovery (endoscopy, critical care, imaging, eye care, HCS, AHP, cancer, remote clinical assessment and digital skills etc). Review opportunities for short term solutions / accelerated progress in these areas. Promote existing work programmes and showcase good practice/innovation. Develop clear expectations and requirements for education and training capacity in planned care recovery programme. Review education and training support for planned care recovery (new role of Anaesthetic Associates, and theatre and recovery workforce models in particular). Research good practice and emerging innovation in workforce across Wales and UK (including NHS Scotland Academy). Develop proposals to address any gaps in the workforce plans and programmes to support the planned care recovery programme. 	<ul style="list-style-type: none"> Development of size and shape of workforce to support planned care recovery

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Strategic Aim 4: To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care. *Additional objectives may be added to this Aim in-year as required to support the workforce needs of the emerging regional and recovery plans.*

Strategic Objectives	Deliverables for 2022/23	Outcomes
<p>4.4: Support the recovery of Endoscopy services through increasing workforce capacity and capability through education and training.</p> <p>Exec Lead: Director of Nurse & Health Professional Education SRO: Head of Nursing and Midwifery Transformation</p>	<ul style="list-style-type: none"> • Deliver clinical endoscopist educational pathways to meet all National Endoscopy Plan (NEP) staffing requirements and support the development of new roles. • Evaluate the impact of the national workforce plan and related endoscopy training programme on patient experience and outcomes. • Support the NEP to deliver workforce planning and the implementation of recruitment strategies. Continue to support NEP education approaches including incorporating new technology and enhancing the usage of resources on an appropriate web platform. • Review implementation of regional and local workforce as part of national endoscopy training plans in line with the NEP action plan 2019-2023 and recovery plan. • Review and agree funding to support and maintain the National Endoscopy Training Programme. 	<ul style="list-style-type: none"> • A sustainable training programme for the endoscopy workforce to meet the service demands.
<p>4.5: Modernise workforce models to deliver service transformation arising from the NHS Wales Collaborative strategic programmes Cancer</p> <p>Exec Lead: Medical Director SRO: Deputy Director of Workforce & OD</p>	<ul style="list-style-type: none"> • Scope the impact of ongoing work in endoscopy, imaging, pathology, and Pet and within the wider HEIW remit that will improve the implementation of the Upper GI and Colorectal National Optimal pathways. • Identify further work on specialist issues and gaps. • Agree priority workforce, education and training solutions. • Develop a methodology that can be used by the Wales Cancer Network to roll out to other tumour sites. 	<ul style="list-style-type: none"> • Improving cancer survival outcomes by addressing workforce barriers to implementing the National Optimal Pathways for cancer.
<p>4.6: Modernise workforce models to deliver service transformation arising from the NHS Wales Collaborative strategic programmes Diagnostics</p> <p>Exec Lead: Medical Director SRO: Head of Healthcare Science Transformation</p>	<ul style="list-style-type: none"> • Support the implementation and completion of the Imaging Strategic Workforce Plan. • Development and delivery of education in response to the Imaging Strategic Workforce Plan. • Commission a part-time Practitioner Training Programme in Biomedical Science. • Develop an all-Wales resource for the Level 3 Healthcare Science qualification. • Review the future NHS Wales multi-professional Diagnostics workforce to develop a shared national vision of a flexible and modern workforce. 	<ul style="list-style-type: none"> • A modernised NHS Wales Diagnostics workforce to support the recovery priorities.

Strategic Aim 4: To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care. *Additional objectives may be added to this Aim in-year as required to support the workforce needs of the emerging regional and recovery plans.*

Strategic Objectives	Deliverables for 2022/23	Outcomes
<p>4.7: Modernise workforce models to deliver service transformation arising from the NHS Wales Collaborative strategic programmes Critical Care</p> <p>Exec Lead: Medical Director SRO: Deputy Director of Workforce Transformation</p>	<ul style="list-style-type: none"> Standardised education qualification for critical care nurses delivered by Welsh HEI's, comparable to the new HEE critical care module. Review of the practice educator role within critical care. Standardisation on the required qualifications to undertake the practice educator role within critical care. Working with the leadership team signpost to compassionate leadership resources supporting the embedding of compassionate leadership throughout critical care. Developed and published workforce solutions plan to address current workforce challenges. Facilitation of good practice workshops / webinars and development on online resources. 	<ul style="list-style-type: none"> An agile sustainable and skilled critical care workforce which will have a positive impact on patient care and outcome due to increased education opportunities and career paths.
<p>4.8: Support the delivery of the Six Goals for Urgent and Emergency Care through workforce modernisation, education and training.</p> <p>Exec Lead: Director of Digital Transformation SRO: Deputy Director of Workforce Transformation</p>	<ul style="list-style-type: none"> Lead workforce, education and training development and transformation in the priority areas as identified with the WTD Enabling Group of National UEC Programme Board. Develop UEC workforce models in-line with prudent health principles for areas identified as a priority. Initial priorities include: <ul style="list-style-type: none"> Remote Clinical Decision Making (RCDM) training Phase 2. Educational Framework for Mental Health 111. Advanced Paramedic Practitioner workforce model. Urgent Care Practitioner (UCP) education. 	<ul style="list-style-type: none"> Modern, multi-professional urgent and emergency care workforce models, that use their skills in line with the prudent in practice principles, to deliver the Six Policy Goals.
<p>4.9: Support the implementation of national policy and professional frameworks and legislation related to the health professional workforce.</p> <p>Eyecare</p> <p>Exec Lead: Director of Nurse & Health Professional Education SRO: Head of Optometry Transformation</p>	<ul style="list-style-type: none"> Prepare and implement new education and training to support the new contract using Y Ty Dysgu. Commission at least a further 10 courses for higher qualifications in glaucoma, 20 medical retina and 10 for Independent Prescribing. Deliver mentoring and support for all newly qualified optometrists using a Wales Professional Review for Optometry IT system (linking with RSU). Scope the applicability of quality improvement Bronze level Improvement Cymru module for optometrists in Wales. 	<ul style="list-style-type: none"> Increased number of eye care services available in primary care optometry practice, supported by education, training and mentoring from HEIW.

Strategic Aim 4: To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care. *Additional objectives may be added to this Aim in-year as required to support the workforce needs of the emerging regional and recovery plans.*

Strategic Objectives	Deliverables for 2022/23	Outcomes
	<ul style="list-style-type: none"> Deliver a toolkit which includes educational resources to support cluster working for optometrists who will be representatives at cluster planning groups. 	
<p>4.10: Support the implementation of national policy and professional frameworks and legislation related to the health professional workforce.</p> <p>Allied Health Professionals</p> <p>Exec Lead: Director of Nurse & Health Professional Education</p> <p>SRO: Head of Allied Health Professionals Transformation</p>	<ul style="list-style-type: none"> Develop principles of best practice to expand AHP roles / responsibilities to have greater influence on patient flow / delivery of care closer to home including consistency and equity for AHP input into discharge facilitation and admission avoidance models across Wales. Coordinate / develop equitable AHP leadership / succession planning offer and prepare plan for: <ul style="list-style-type: none"> pre-registration early / mid-career aspiring executives. Develop a Research and Innovation (R&I) strategy for AHPs – including audit, evaluation, quality improvement. Develop and implement project plans for priority projects around clinical portfolios: <ul style="list-style-type: none"> Person-centred rehabilitation Public health & prevention 	<ul style="list-style-type: none"> Improved integrated roles for AHPs across whole system delivering quality outcome focussed services for the people of Wales.
<p>4.11: Support the implementation of national policy and professional frameworks and legislation related to the health professional workforce.</p> <p>All Wales Nurse Staffing Programme</p> <p>Exec Lead: Director of Nurse & Health Professional Education</p> <p>SRO: Head of All Wales Nurse Staffing Programme</p>	<ul style="list-style-type: none"> Continue to deliver the key priorities as directed by Executive Nurse Directors and Welsh Government. Support the implementation of the interim nurse staffing principles for Health Visiting and Mental Health inpatient services. Conduct testing of the draft Welsh Levels of Care for Mental Health to refine the tool and develop the evidence base. Conduct testing of the draft Welsh Levels of Care for Health Visiting to refine the tool and develop the evidence base. Implement use of the draft Welsh Levels of Care for District Nursing to further develop the evidence base. Contribute to work commissioned by Welsh Government to evaluate the impact of the Nurse Staffing Levels (Wales) Act. Explore how the data collected through the programme can be used to inform strategic workforce planning. 	<ul style="list-style-type: none"> NHS Wales is able to plan and deploy the right number and skill mix of nursing staff required to meet the needs of patients, improving quality and patient safety.

Strategic Aim 4: To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care. *Additional objectives may be added to this Aim in-year as required to support the workforce needs of the emerging regional and recovery plans.*

Strategic Objectives	Deliverables for 2022/23	Outcomes
<p>4.12: Support the implementation of national policy and professional frameworks and legislation related to the health professional workforce.</p> <p>Healthcare Sciences (HCS)</p> <p>Exec Lead: Director of Nurse & Health Professional Education</p> <p>SRO: Head of Healthcare Science Transformation</p>	<ul style="list-style-type: none"> Confirm HEIW responsibilities in data collection and analysis to support the delivery of the programme. Confirm handover arrangements and responsibilities for HEIW to health boards when the 2nd duty of the Act is extended. 	
<p>4.13: Plan and implement improvements to develop and embed further the roles of physician and anaesthesia associates in Wales, including ensuring educational and careers infrastructure is developed to support future regulation.</p>	<ul style="list-style-type: none"> Effectively manage the Healthcare Science programme across all objectives described in the 5 pillars of the Framework action plan: Deliver the elements of the Healthcare Science Framework relevant to HEIW strategic aims. In Year 1: <ol style="list-style-type: none"> Utilise the service-led approach to workforce planning to create a stable and balanced workforce and to establish procedures for more coordinated planning by services. Strengthen the Modernising Scientific Careers education and training career framework from associate to consultant, with in year focus on transition to practitioner and to consultant. Work in partnership with Welsh Government and NHS R&D Directors to promote understanding of and capability for prudent and value-based research, development and innovation in healthcare science. Through prudent and value-based approaches, co-produce workforce solutions with NHS Wales for recovery aligned to healthcare science. Promote the use of 'one voice' to communicate and collaborate with the healthcare science profession, promoting coherence and identity and sharing success. Understand the current registration/accreditation levels in the healthcare science profession and barriers to gaining registration/accreditation. Explore the development of a postgraduate school structure for PA/AAs to provide leadership and raise the profile of the roles across NHS Wales. Using best practice and UK frameworks develop educational governance/infrastructure guidance for employer supporting PA and AA (PA internship, early years AA role). 	<ul style="list-style-type: none"> Improved access to the Modernising Scientific Careers education and training career framework from associate to consultant level. Increased, highly engaged and motivated associate workforce across NHS Wales.

Strategic Aim 4: To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care. *Additional objectives may be added to this Aim in-year as required to support the workforce needs of the emerging regional and recovery plans.*

Strategic Objectives	Deliverables for 2022/23	Outcomes
Exec Lead: Medical Director SRO: Director of Medic Professional Support and Development	<ul style="list-style-type: none"> Support employers to further implement the role of AAs across NHS Wales. Develop the role of HB PA/AA tutors/ambassadors to develop the roles further across NHS Wales. Develop and support opportunities for continuing professional development for PAs/AAs. Align work done in this area across NHS Wales to share expertise/resource and reduce replication. 	
4.14: Develop assurance framework for multi-professional Advanced Practice (AP) and Consultant Practice including: Exec Lead: Director of Nurse & Health Professional Education SRO: Workforce Modernisation Manager	<ul style="list-style-type: none"> Development of a database of AP and Consultants. Work with the Welsh Advisory Group for Advanced Practice to develop AP and Consultant practitioners' Establish AP and Consultant networks. Revise and update AP and Consultant Framework and Guidance for employers. 	<ul style="list-style-type: none"> Improved confidence in ability to assure the quality and safety of AP & Consultant practice for employers and the people of Wales.
4.15: Support development of the four social prescribing deliverables of Connected Communities Strategy and to lead on deliverable number 2 - National skills and competency framework for social prescribers in Wales. Exec Lead: Deputy CEO/ Director of Workforce & OD SRO: Programme Manager Primary Care	<ul style="list-style-type: none"> Develop a business case to Welsh Government to secure funding. Establish an expert group of that will steer framework development and procurement standards Develop the procurement standards and evaluation. Run the procurement process and award the contract. Develop competency statements that will inform the framework Undertake extensive engagement to ensure the framework will reflect the needs of NHS Wales Develop and publish the all-Wales Education and Training Framework for Social Prescribing Framework rollout in alignment with National Framework for Social Prescribing (WG) 	<ul style="list-style-type: none"> Standards for social prescribing education and training determined and assisted in measuring if education and training satisfy these standards.

Strategic Aim 5: To be an exemplar employer and a great place to work

Strategic Objectives	Deliverables for 2022/23	Outcomes
5.1: Initiate measures to further improve staff & customer experience including	<ul style="list-style-type: none"> Implementation of the key themes from the People and OD strategy. 	<ul style="list-style-type: none"> A happy, inclusive and motivated workforce that

Strategic Aim 5: To be an exemplar employer and a great place to work		
Strategic Objectives	Deliverables for 2022/23	Outcomes
<p>implementation of the People and Organisational Development (OD) Strategy</p> <p>Exec Lead: Deputy CEO/ Director of Workforce & OD SRO: Senior Workforce Business Partner</p>	<ul style="list-style-type: none"> • Provision of a learning and development offering that includes a range of training supported by e-learning packages, support for individual learning and development, the PADR process including 360°, regular staff conferences and an awards ceremony. • Reviewed the recruitment and selection process and policy to improve understanding, implement best practice and ensure recruitment of a highly skilled and diverse workforce reflecting the community we serve. • Undertaken internal workforce planning for HEIW staff and developed inclusive internal succession planning and talent management procedures. • Undertaken regular review of staff experience using a range of tools and undertaken follow up action as required. • Reviewed existing W&OD policies and introduced new policies in accordance with the policy matrix. • Improved the health and wellbeing of HEIW staff and acted as an exemplar within NHS Wales. • Support the development of the HR profession in HEIW in conjunction with the CIPD and HPMA. 	<p>reflects the community we serve.</p>
<p>5.2: Deliver the external element of the Race Equality Action Plan (REAP) and implementation of HEIW Strategic Equality Plan (SEP)</p> <p>Exec Lead: Deputy CEO/ Director of Workforce & OD SRO: Head of OD & Inclusion</p>	<ul style="list-style-type: none"> • Continue to deliver accreditation pledges and calendar of EDI events. • Develop a HEIW programme of work that enables delivery of the Race Equality Action Plan. • Develop processes to increase the diversity within the aspiring executive leadership talent pool. • Develop /Review Directorate strategic equality action plans reporting in alignment with HEIW quarterly strategic objective reporting processes. • Commence year 2 directorate strategic equality action planning. 	<ul style="list-style-type: none"> • Diversity, equality and inclusion is promoted and actively supported throughout our business and our workplace.
<p>5.3: Implement and embed the Welsh Language Scheme within HEIW</p> <p>Exec Lead: Board Secretary SRO: Welsh Language Support Manager</p>	<ul style="list-style-type: none"> • Continue to implement and embed the Welsh Language Scheme. • Continue to motivate and inspire staff to learn Welsh. • Continue to deliver Welsh language training and how to use Welsh language in the workplace training. • Establish and develop a confidence raising course for Welsh Language Skills for HEIW staff. • Continue to improve the Welsh language translation service including the implementation of the Welsh language scheme. 	<ul style="list-style-type: none"> • Greater number of staff are able to speak Welsh and undertake Welsh translation.

Strategic Aim 5: To be an exemplar employer and a great place to work		
Strategic Objectives	Deliverables for 2022/23	Outcomes
	<ul style="list-style-type: none"> Grow the number of staff able to undertake basic Welsh translation and explore options to deliver bespoke courses for fluent speakers to give them the confidence to translate their own work. Reconsider priorities for Welsh language translation and introduce the Welsh Language Guide to all staff. 	
<p>5.4: Implement organisational changes to meet expectations regarding biodiversity and climate change</p> <p>Exec Lead: Director of Finance, Planning, Performance & Corporate Services SRO: Assistant Director of Planning and Performance</p>	<ul style="list-style-type: none"> Establish formal governance arrangements to deliver our Biodiversity and Decarbonisation Strategy and our responsibilities under the NHS Wales Decarbonisation Strategic Delivery Plan. Develop an action plan with clear organisational ownership and mechanisms of delivery against our four areas of action: <ul style="list-style-type: none"> Engaging and supporting our staff. Sustainable procurement. Developing our office, Ty Dysgu, and supporting our local communities. Environmental sustainability. Produce a 3-yearly biodiversity report to Welsh Government (following report in Dec 2019) in relation to requirements of Environment Act 2016. Commission with partners/stakeholders the appropriate resources to be embedded into respective education and training curricula. Embed an understanding of how healthcare contributes to the climate crisis and what the trainee and student workforce can do to help. Promote sustainable healthcare and embed an understanding of how healthcare contributes to the climate crisis through our leadership and CPD programmes. 	<ul style="list-style-type: none"> The concept of 'Sustainable Healthcare' is recognised and HEIW has embedded approaches to Biodiversity and decarbonisation into standard working practice.
<p>5.5: Embed multi-disciplinary Quality Improvement (QI) capacity and capability within HEIW.</p> <p>Exec Lead: Medical Director SRO: Director of Educational Improvement & Governance</p>	<ul style="list-style-type: none"> A functional collaborative supporting and coordinating quality improvement and innovation activity across all sections of HEIW, including delivery of the QIST programme and securing advanced QI skills. Scope the delivery of 'internal QI consultancy' to support improvement within HEIW. Scope available expertise in implementation science and behavioural science to promote upscaling and spread. 	<ul style="list-style-type: none"> Improvement skills evidenced through the completed projects in the areas of patient safety, wellbeing and sustainability.

Strategic Aim 5: To be an exemplar employer and a great place to work		
Strategic Objectives	Deliverables for 2022/23	Outcomes
	<ul style="list-style-type: none"> Showcase Improvement and Innovation collaborations in Wales and internationally. Scope how we support medical/dental undergraduates with QI skills. 	
5.6: Develop the capacity and capability for evaluation, innovation and research. Exec Lead: Medical Director SRO: Director of Educational Improvement & Governance	<ul style="list-style-type: none"> Functional ERIIC supporting and coordinating Evaluation, Research, Quality Improvement and Innovation activity across all sections of HEIW. Functional infrastructure for research governance across HEIW. Showcase HEIW Evaluation, Research, Innovation and Quality Improvement activity in Wales and internationally. Scoped available expertise in implementation science and behavioural science to promote upscaling and spread. 	<ul style="list-style-type: none"> HEIW is a research-engaged and research-active institution with a reputation for evidence-based practice and scholarship.
5.7: Reduce HEIW's organisational risks relating to cyber security and information governance. Exec Lead: Director of Digital Development SRO: Information Governance Manager, Head of Cyber Security	<ul style="list-style-type: none"> Managing cyber security and information governance risk. Improving the management of information assets, networks and systems. Minimising the impact of cyber security and information incidents. Improving recovery strategies and plans to ensure that HEIW can recover faster from cyber security and information incidents in a more timely and safe manner. 	<ul style="list-style-type: none"> Improved cyber security awareness and culture.

Strategic Aim 6: To be recognised as an excellent partner, influencer and leader		
Strategic Objectives	Deliverables for 2022/23	Outcomes
6.1: Initiate measures to further improve customer experience and organisational profile including refresh and relaunch the HEIW Communications and Engagement Strategy. Exec Lead: Deputy CEO/ Director of Workforce & OD SRO: Head of Communications & Engagement	<ul style="list-style-type: none"> Refresh and relaunch the HEIW Communications and Engagement Strategy. In line with Strategic Equality Plan build effective relationships with seldom heard from groups and communities to ensure their inclusion / feedback to HEIW programmes. Increase engagement and feedback opportunities with new appropriate evidence based digital engagement tools to reach different audiences and communities. Maintain effective key relationships with previous, current and potential customers and stakeholders using a relationship management approach. Plan and facilitate regular Stakeholder Reference Group meetings ensuring ongoing engagement and feedback on key HEIW projects 	<ul style="list-style-type: none"> Embedded communications and engagement ensures we learn what is needed and we are able to tailor our work to successfully provide support and solutions enabling the delivery of safe high-quality care.

	<p>and plans. With the Digital Team continue to plan the delivery of additional functions to the new HEIW website (known as HEIW+) enabling effective communication with our stakeholders.</p> <ul style="list-style-type: none"> • Progress report against HEIW Communications and Engagement Strategy to ensure we are engaging and communicating effectively with our partners and stakeholders. 	
<p>6.2: Scope and agree our future single digital platform.</p> <p>Exec Lead: Director of Digital Development SRO: Head of Digital Services</p>	<ul style="list-style-type: none"> • Evaluate intelligence from NES, HEE, NIMDTA system demos. • Engage and evaluate feedback from internal engagement activity. • Create first stage of functional map for single platform. • Engage with external stakeholders. • Define data and governance approach. • Develop a costed, benefits focused business case, resource plan and high-level architecture. • Create a roadmap and end of life strategy for each individual digitally managed system. • Ensure alignment to data strategy and recommendations from the data maturity review. 	<ul style="list-style-type: none"> • Ability to track individual's training and education progress via accurate, real time reporting capability.
<p>6.3: Lead the development of a Digital and Data Strategy for HEIW</p> <p>Exec Lead Director of Digital Development SRO: Head of Digital Services / Head of Digital Strategy and Planning</p>	<ul style="list-style-type: none"> • Evaluate intelligence gathering and current data process. • Engage/evaluate feedback from internal engagement activity in relation to the strategy. • Research industry best practices approaches. • Engage with National Developments and external partners of: <ul style="list-style-type: none"> ○ ERS re-procurement ○ National Data Resource ○ Use of Cloud first ○ NES / HEE / Northern Ireland. • Identify digital strategy leads for the elements of the strategy. • Research digital innovation in education and learning. • Align to the goals of the simulation strategy. • Receive feedback from the user engagement conducted in the development of the digital single platform. • Align with revised NHS Wales Digital strategy and NDR data strategy. • Completed strategy and roadmaps and architecture plans. • Develop resources plan and implementation plans. 	<ul style="list-style-type: none"> • An improved digital first experience for HEIW staff and stakeholders. HEIW being a data driven organisation, gaining insight and direction from business data.
<p>6.4: Partnership with Education Sector</p>	<ul style="list-style-type: none"> • Establish annual meetings of HEIW CEO and HEIW DN&HPE with Colegau Cymru executive. 	<ul style="list-style-type: none"> • Healthcare education and training in Wales will

<p>Exec Lead: HEIW Chief Executive SRO: Head of Communications & Engagement</p>	<ul style="list-style-type: none"> • Establish annual meetings of HEIW Chairman/CEO and University Vice Chancellors (and other relevant Directors as required). • Evolve annual education commissioning meetings with HBs/Trusts into multi-professional education and training meetings. • Plan for introduction of a multi-professional annual health and care education and training conference. • Further develop strategic relationships with all key professional statutory and regulatory bodies (PSRBs) supported by memorandums of understanding and regular meetings. Review terms of reference of Education Partnership Board to ensure it is fit for purpose. • Ensure regular Executive attendance at Council of Deans. 	<p>produce a ready and able high-quality multi-professional workforce to meet the health and care needs of the people of Wales.</p> <ul style="list-style-type: none"> • Healthcare education and training in Wales will support the upskilling of the existing workforce to meet changes and advances in health and care.
<p>6.5: Establish and temporarily host the Office of the Chief Digital Officer (OCDO) on behalf of Welsh Government</p> <p>Executive Lead: Deputy CEO/Director of Workforce & OD SRO: Head of People & OD</p>	<ul style="list-style-type: none"> • Immediate re-start and commencement of recruitment to senior roles for the OCDO to go live in Q1. • Effective governance through joint WG/HEIW Project Board meetings. • Timely recruitment to meet agreed go live date. 	<ul style="list-style-type: none"> • The successful establishment of the OCDO in line with agreed timescales.

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Chapter 5 – Education and Training Commissioning and Delivery

This Chapter sets out how we continue redesign of education and training for NHS Wales and sustained growth in education and training places, which is planned to continue in the medium term. It highlights our commitment to encouraging and supporting equality, diversity and inclusion within the healthcare workforce.

5.1 Overview

In the context of system strategic workforce planning and addressing the service and workforce challenges in NHS Wales, education and training is an enabler of delivery of our Strategic Aims and Objectives. We invest over 90% of our annual budget in these activities and this has been increasing year on year. There has been, and continues to be, significant redesign of education and training for NHS Wales and sustained growth in education and training places, which is planned to continue in the medium term. This growth is also 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.

One of the statutory functions of HEIW is to set the strategic direction for healthcare education and training in NHS Wales. We lead the planning and commissioning of Health Professional education, and Postgraduate Medical and Dental education and training as well as a range of education and training for Pharmacy. In line with the *Workforce Strategy*, our overall approach is to:

- promote accessibility to NHS Wales careers across the whole of Wales
- improve the economic opportunities for our population
- promote bilingualism
- improve equality, diversity and inclusion
- improve digital capability
- ensure a sustainable supply of staff to provide high-quality healthcare in Wales

Due to the nature of the academic planning cycle the [Education and Training Plan](#) for 2022-23 has already been approved by Welsh Government and therefore forms an important part of the IMTP 2022-25. In developing the Education and Training Plan 2022-23 HEIW used:

- the principles of the Strategic Review of Health Professional Education
- workforce needs and challenges identified through NHS organisations' plans
- wider workforce intelligence
- review of medical specialties on a priority basis and the Future Doctor report
- our emerging strategic work in pharmacy and dentistry
- capacity within the system to support training/student/trainees particularly in relation to clinical placements
- the needs of a number of workforce priority areas and national work programmes
- impact of COVID
- reflections on graduate recruitment in 2020 and 2021

In the planning round for the IMTPs (2022-25), information on the number of students likely to be graduating as a result of our commissioning activity over the three years from 2022 onwards was also circulated for the first time with the IMTP Education Commissioning Templates to inform the workforce plans included in Health Board and Trusts' IMTPs and to align with our work on bursary and streamlining.

During 2022/23 we will be aligning our strategic planning and education and training planning to develop the 'HEIW way' of undertaking these activities as a single cycle. We

believe we can add greater value through a feedback loop which supports our own national strategic workforce plans and NHS organisations' strategic workforce plans by providing better data and modelling on workforce supply and future workforce gaps, changing and developing new roles and tracking the workforce supply.

The establishment of our Stakeholder Reference Group is instrumental in shaping our planning practices recognising the importance of stakeholder engagement. Throughout the development of the next Education and Training plan we will increase the quality and robustness of the plan through scrutiny of the commissioning recommendations by stakeholders.

5.2 Health Professional Education Commissioning for 2022/23 (Nursing, Midwifery, AHPs, Optometry, HCS, PAs, support workforce and postgraduate education)

The 2021/22 plan for Health Professional Education delivers the following:

- Increasing nursing commissions for adult, mental health and learning disability branches
- Maintaining current commissioning numbers for paediatric nursing
- Maintaining current commissioning numbers for midwifery
- Maintaining current commissioning numbers for AHPs/HCS with the exception of a few smaller professions where increases are required
- Maintaining current commissioning numbers for Physicians Associates
- Maintaining current levels of investment for Support Worker, Advanced Practice and Postgraduate Education

The nursing workforce remains the largest element of our education commissioning at 45.7% this will remain for the foreseeable future and is reflected in the strategic workforce plans of the organisation also. Increased commissions over the past three years have led to record numbers of adult, Mental Health and Learning Disability nurses being trained. There has been a commitment from Health Boards and Trusts, to work with HEIW and the universities to develop more placement capacity and innovative solutions for the additional student nurses and their employment upon graduation in 2025.

There have been significant increases in Healthcare Support Worker funding over recent years with the budget increasing from £500k in 2016 to £2.5m in 2022/23.

The third cohort of Physicians Associates graduated in 2021. The numbers in training have steadily increased and as part of the bursary tie-in arrangements, Physician Associates graduating in 2021 have been recruited as part of the streamlining processes. HEIW is working collaboratively with Bangor University and Swansea University, the Health Boards and Primary Care leads to develop more placements for Physician Associates. Maintaining commissions at 54 is challenging in the current climate and therefore, until further innovative placement capacity is developed commissioning levels will be maintained.

In the development of the Education and Training Plan 2022/23 we will be exploring opportunities to enhance workforce models in Wales further through training Anaesthetic Associates, Clinical Associates in Applied Psychology and Endoscopy Assistants as well as other new roles.

Continuation of commissioning will continue to ensure there is at least one optometrist in every cluster in Wales with higher qualifications and independent prescribing registration by 2023 to support a reduction in demand for ophthalmology. Optometrists, dispensing

opticians and contact lens opticians will be supported through a programme of high quality education and skills improvement aligned to continued professional development, reflective practice and mentoring.

HEIW is now the Welsh Government's Development Partner for the Healthcare Apprenticeship Frameworks, a role previously held by Skills for Health. HEIW is committed to ensuring that Wales has a suite of Apprenticeship Frameworks that met the needs of the HCSW workforce. The development of this workforce also provides those with the aspiration to continue their career and progress on to formal training programmes to become registered healthcare professionals, thus delivering the 'Made in Wales' ethos and also enabling individuals to 'earn while they learn'.

In 2022/23 we will be continuing our work to align the whole education and training pipeline to deliver a sustainable workforce for NHS Wales including the need to expand the availability of placements across multiple sectors. We will also be using our learning from the pandemic including our communication mechanisms, blended learning and simulation and exploring the promotion of decarbonisation and sustainable healthcare through education and training.

As commissioners of Education and Training we have formal arrangements in place to review and monitor the activity we commission from HEIs in Wales and Local Education Providers (NHS Health Boards and Trusts). One of our Strategic Objectives for 2022/23 is to review our interface with education providers to ensure that commissioning takes place in a more strategic and long-term context going forward.

As outlined in Chapter 4, the pattern of Undergraduate Health Professional Education continues to undergo significant change this year as a result of Strategic Review Phase 1 which will deliver the following benefits:

- New contracts resulting in over 30,000 graduates from 2025.
- £1bn investment into Education and Training over the next 10 years which will support the Welsh economy and NHS Wales role in the foundation economy.
- Greater opportunities across all areas of Wales – including a focus on the most rural areas.
- Incentives for students from the most deprived areas.
- Embedding key skills and values into future workforce before registration.
- Compassionate Leadership.
- Digital literacy.
- Greater understanding of their own professional identity and what they bring to the MDT.
- A greater appreciation and understanding of value and influence of other professions.
- A greater understanding of Welsh Culture and basic Welsh conversation.

5.3 Postgraduate Nursing Education

In line with the NMC review of post-registration standards that build on ambitions for community and public health nursing in the UK, this will be a priority area in HEIW's phase two of the strategic review of health professional education. We will be engaging with stakeholders to prepare for the implementation of the new standards, recognising the need to create quality learning and service environments to accommodate new ways of working and upskill our current workforce to meet new standards.

As part of our commitment to lead and develop a sustainable national workforce plan for nursing to achieve a better match between demand and supply in Wales we have included

a strategic review of post-registration education. We recognise the importance of post-registration education in the delivery of care closer to home and supporting the aims of a Healthier Wales.

The development of AP and Consultant Nurses will be supported through the assurance framework for multi-professional AP and Consultant Practice.

5.4 Postgraduate Medical Education

The medical workforce planning recommendations have been developed in consideration of the wider workforce requirements as it is increasingly important to understand how new roles and ways of working might support delivery of service in areas traditionally considered the remit of the doctor. This has informed the recommendations for increases in posts in the vast majority of specialty areas. Overall, Specialty training has increased by 5% (91 new posts added to baseline of 2,012 posts) and Foundation training has increased by 8% (60 new posts added to baseline of 732 posts). The few areas that did not increase are:

- Unscheduled care – emergency medicine.
- Clinical Neurophysiology – awaiting results of the neurophysiology workforce review.
- General Adult Psychiatry - review further for 2023 in the light of the HEIW Review on Mental Health workforce findings.

The number of GP trainees was maintained at 160 with flexibility up to 200 posts, however for various reasons that has resulted in financial and training quality risks. The GP training risks are included on our Corporate Risk Register including the mitigating actions and these will be taken into account in developing on Education and Training Plan for 2023/24. Other changes include a new INR post in Clinical Radiology and a review of Histopathology and Paediatric and Perinatal Pathology with recommendations to Chief Executives in 2022.

Looking forward, the trend in increasing training numbers is likely to continue with the Deanery continuing to take a strategic view and responding to the *Future Doctor* report as outlined in Chapter 4.

5.5 Dental Education

HEIW took over the Dental Foundation Training (DFT) programme funding from Welsh Government in August 2020. A total of 74 places are funded annually for DFT. This includes the trainee salary, trainers grant and service costs to dental practices.

For 2022/23 and onwards it was agreed that the full allocation of funding for 74 places was allocated to HEIW to distribute to DFT and GDSCT to maintain the dental workforce in Wales. Due to the increased focus on the prevention agenda, there were recommendations to increase education commissioning for Dental Hygienists and Dental Hygienists and Therapists.

5.6 Pharmacy Education

A notable change for 2022/23 is that NHS Wales, as single lead employer, is unique in moving to offer only multi-sector trainee pharmacist programmes based on the General Pharmaceutical Council (GPhC) 2021 interim learning outcomes and standard curriculum which starts to move further towards the new Initial Education and Training Standards of Pharmacists (IETP) reforms. The single programme will drive transformational changes to developing a more sustainable pharmacist workforce.

The requirement to upskill the existing pharmacy workforce to the same level of skills, has shaped the request from the service to increase investment in the pharmacy team. In recognition of this HEIW has:

- Included 50 new post registration foundation posts to upskill individuals primarily for primary care and community pharmacy.
- Continued 40 Clinical Pharmacy diploma posts for the hospital sector for 2022.
- Increased investment in foundation pharmacy technician training bursaries for level 4 Aged units from 20 to 30 and increased to 20 BTEC level 4 clinical skills.
- Increased the number of Independent Prescribing courses for pharmacists to 200.
- Increased funds for advanced and extended practice for pharmacists.
- Included DIP/MSc Pharmaceutical Technical services and Quality Assurance to support the Transforming Access to Medicines (TRaMS) programme.

The key priorities for the pharmacy workforce in 2022/23 are:

Priority	Purpose
<i>Provide access to programme for health care support staff to gain the necessary entry criteria for level 3.</i>	Provides a 'widening access' route to pharmacy technician training, and a prudent workforce, releasing pharmacy technicians from historic roles (including dispensing).
<i>Implement a national post-registration foundation pharmacist programme that follows the multi-sector trainee pharmacist programme (pending business case approval).</i>	Equitable support for novice pharmacists in all areas of practice to an RPS credential, assuring employers of 'level of competence' and expediting the registrant journey to prescriber and advanced practice.
<i>Increase annual numbers of independent prescribing courses for community pharmacists to 100 with supporting bursaries.</i>	All patient facing pharmacists in Wales are independent prescribers.
<i>Continue to increase competency in advanced practice amongst the existing pharmacist and pharmacy technician workforce and for those transitioning to GP practice.</i>	Deliver service transformation in medicines management close to people's homes.
<i>Introduce Wales first 'Pharmaceutical Sciences' Science Training Programmes.</i>	Support growth and diversification in the technical services and manufacturing workforce to deliver the Welsh Government Transforming Access to Medicines (TrAMs) project for three new medicines manufacturing hubs in Wales

By ensuring all training of our future pharmacy professionals is of high quality and across all the main sectors of practice, in particular within primary and community care, HEIW can ensure a seamless approach to the care of patients and deliver on the goals of A Healthier Wales. A professional reference guide can be found in [Appendix G](#).

5.7 Addressing Equality, Diversity and Inclusion in Education and Training

HEIW is committed to encouraging and supporting equality, diversity and inclusion within the healthcare workforce and also promoting the 'widening access' agenda to ensure that those we train are representative of the communities they serve. The diversity of UK graduates in regards to ethnicity and other protected characteristics continues to increase which is welcomed and supported.

HEIW's new health professional contracts commencing in 2022 will embed measures to promote the recruitment and support of students from BAME backgrounds. The new contracts will require Universities to provide specialist advice and support for students regarding diversity, inclusion and practicing a religion; and allow the gathering of data and engagement with students with protected characteristics to identify negative variations in experience, perceptions, or attainment.

Recently, ethnicity and progression in postgraduate medical training has received a lot of attention in the UK with a focus on understanding and addressing the differential attainment gap identified between International Medical Graduates (IMG), UK BAME graduates and graduates from UK white backgrounds with the former two groups more likely to experience issues impacting their progression. HEIW will increase the understanding of such differences and introduce initiatives to address these, e.g. ensuring that our trainers are appropriately trained and skilled in understanding cultural diversity and unconscious bias to better support these individuals.

Furthermore, the 2019 RCN Employment Relations survey found that nursing staff from an ethnic minority background were far less likely to be employed at higher Agenda for Change bands. We are committed to ensure that diversity and inclusion expands across the whole health and social care workforce at every stage of an individual's career. We recognise our role to inform workforce policy and plans ensuring inclusivity and that we are developing a workforce that reflects the communities we serve.

HEIW is also fully committed to understanding the barriers and challenges faced by trainees with other protected characteristics and the impact this has had on their training experience. Wherever necessary, the organisation will introduce measures to address issues to protect diversity, equality and fairness which are all fundamental requirements for a positive training experience in Wales.

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Chapter 6 – The HEIW Workforce

This Chapter sets out how we are developing our people and organisation. It outlines the current shape of our workforce and our future priorities that support the development and implementation of our People and OD strategy. Finally, we confirm the actions we are taking to ensure equality, diversity and inclusion for our workforce.

6.1 Developing our people and organisation

Our people are our most precious asset and our aim is to be an exemplar employer and great place to work. Our workforce challenges are different to other organisations in NHS Wales both in respect of the skills our staff need, legacy contractual terms and also the large number of sessional workers. For almost half our staff we are the second employer, with their main employment being in a Health Board or Trust and many of these staff work less than 3 sessions a week for us. In that context we balance what we need organisationally in areas such as statutory and mandatory training and appraisal with what we can reasonably ask of this group of our staff.

We know that around 80% of our future workforce are with us today. Therefore, it is vital they feel valued and that their wellbeing is supported. We have led work to curate and develop a national range of wellbeing resources and in addition, we have facilitated bespoke HEIW wellbeing resources. These have been widely promoted within the organisation.

We are working towards ensuring that our organisational Values and Behaviours Framework underpins everything we do including recruitment and selection processes, Performance Appraisal and Development Reviews and our health and wellbeing programmes. During 2022/23 we will continue rolling out compassionate and collective approaches and these will be embedded alongside our Values.

Effective communications and engagement are integral to everything that the organisation does. The COVID-19 pandemic meant that our staff switched to a remote-working model and we adapted the way communications and engagement were undertaken across the organisation, with good feedback from our staff. We will retain many of these new ways of working as we recover from the pandemic.

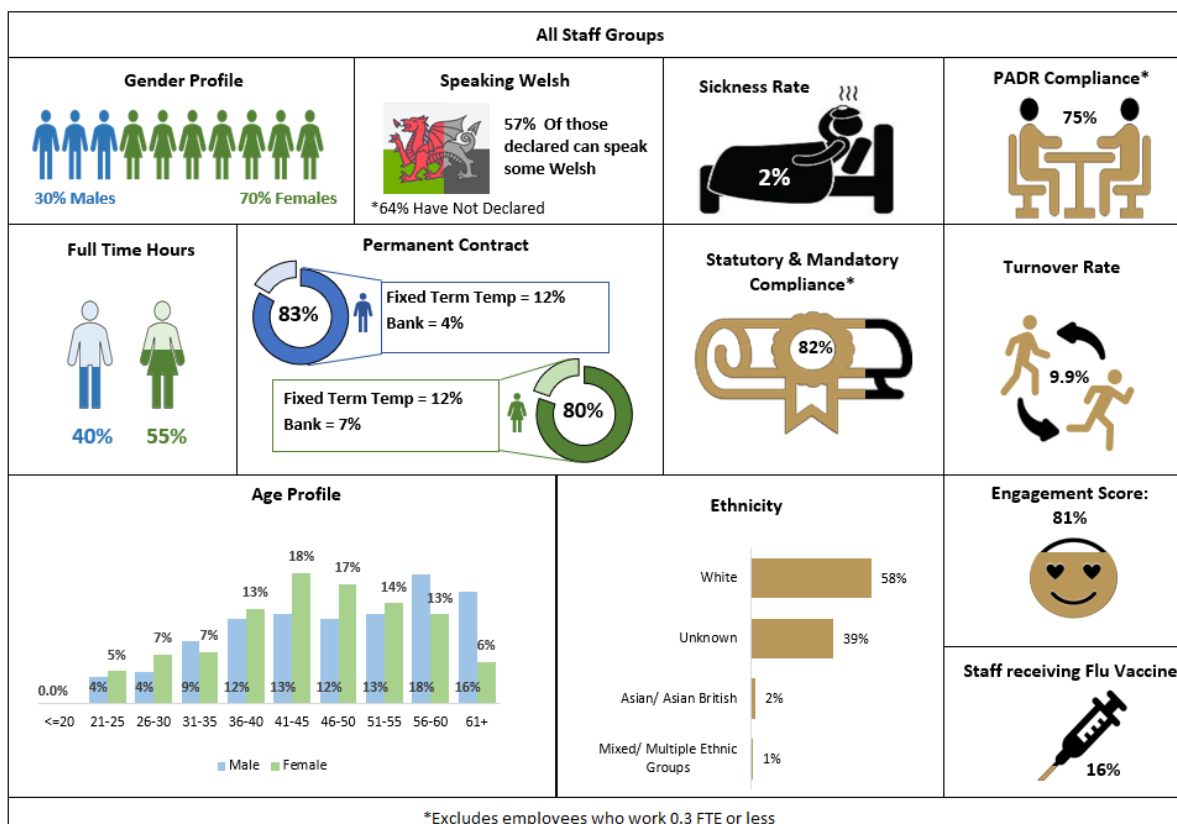
Whilst remote working has been successful in ensuring we continued to deliver our business priorities it has had an impact on 'Team HEIW'; our culture and our connectivity to each other. Our view is that an agile approach, underpinned by clear principles will help us to maximise the benefits of virtual working with the benefits of continuing to build our HEIW team culture and connectedness. This will be implemented through our Agile Working Policy from March 2022 onwards, as the progress of the pandemic allows.

Our relationship with our Trade Union partners continues to be extremely positive. We have a well-established Local Partnership Forum which meets bi-monthly and a HEIW steward has been appointed to undertake trade union duties. Our Trade Union partners continue to support HEIW in its work programme by supporting the development and implementation of policy and participating in internal consultations as requested.

6.2 Shape of our Workforce

When HEIW was established in October 2018, we brought together staff from three former organisations. At this point 92% of HEIW staff were on Cardiff University Terms and Conditions under Transfer of Undertakings (Protection of Employment) Regulations (TUPE) arrangements. Currently, circa 20% of non-medical and dental staff remain on Cardiff

University contractual terms, a substantial reduction since October 2018. All newly appointed staff are employed on NHS Terms and Conditions, and staff who wish to transfer from existing University contracts are supported to do so. Our long-term plan remains the harmonisation of terms and conditions across the organisation, and we are working in partnership with our Trade Union colleagues to progress this.



Over the past year, we have continued to recruit to our vacancies, we have taken on new or additional functions and our workforce headcount has increased by 63, from 453 in March 2021 to 516 in November 2021.

- Of the HEIW workforce 70% are female, this is an increase of 2% compared to last year.
- HEIW's sickness absence rate is 2%, well below the Welsh Government target rate.
- The compliance rate for Statutory and Mandatory training for core staff (excluding those sessional staff who work 0.3 FTE or less) is 85% and is a positive increase on March 21(79%).
- 76% of Personal Appraisal Development Reviews (PADR) for core staff have been entered into ESR, which is a positive increase on March 21 (63%).
- In November 2021, 50% (256 headcount) of the total workforce worked less than full time compared to 53% (239 headcount) in March 2021.

6.3 Future Priorities

Our work to develop our first People and OD Strategy was initially paused due to the onset of the pandemic but was subsequently resurrected, with a further round of engagement undertaken. Finalising and implementing our local strategy will be a priority for 2022/23.

We have continued to review the shape of our Executive and Senior Leadership Team to ensure we have stable and capable leadership in place, and we will maintain some agility in this as we continue to mature and develop as an organisation.

Other workforce priorities include the creation of a detailed Workforce Plan and planning process that encompasses known developments and growth and horizon scanning. This will include the development of an internal succession planning/talent management programme to prepare staff for their next career move.

Our focus on ensuring our staff feel engaged and that we are listening to their views has been strengthened during the last year. We have utilised innovative tools and approaches to measure staff satisfaction and wellbeing. This included four homeworking and wellbeing surveys, two health needs assessments and our second national staff survey which received an engagement score of 81%, up 3.4% from 2018.

Facilitated conversations are taking place across the organisation in line with the implementation of NHS Wales's new 'Healthy Working Relationships' programme and to ensure that staff survey feedback is acted upon locally. The new Respect and Resolution Policy for NHS Wales has been rolled out and the NHS and Social Care Workforce Wellbeing Conversation Guide has been launched. Training to support the Respect and Resolution Policy will be delivered during 2022. This represents a significant cultural shift away from traditional grievance and disciplinary policies, much like the transformational approach introduced through the implementation of Managing Attendance at Work in 2019. It will require a new mindset for our managers and staff and will need to be supported through training and awareness events.

6.4 Attraction, recruitment and selection

We aim to be an inclusive employer and want to ensure we recruit the best people, with the right values and behaviours. To support this, we want our recruitment experience to be excellent for all prospective employees from their first contact with HEIW.

We will continue to utilise a variety of attraction methods to advertise our vacancies and embed values-based recruitment across all areas. We continue to roll out recruitment and selection training to managers which includes training on unconscious bias. Local implementation of the NHS Wales National Succession Planning Strategy for 2017-2027 will be advanced by offering training to help staff prepare for applying for vacancies. During 2022 we will undertake an end-to-end review of recruitment and selection to ensure that it continues to meet our aim to recruit the best people with the right values and behaviours.

6.5 Equality, Diversity and Inclusion

We have continued to embed the progress made since April 2019 starting with the publication of our first Diversity, Equality and Inclusion policy early in 2020. We are broadly representative of the overall NHS workforce in terms of the gender profile of the organisation, with nearly 70% of workforce being female, and this includes our senior leaders as represented by the HEIW Board. In respect of our ethnicity profile we have more work to do in representing the ethnicity of the population. Currently those from ethnic minorities make up 2.4% of our workforce which is less than overall NHS Wales profile of 6.6% and 3.2% of the overall population of Wales. Our age profile is more in keeping with NHS Wales workforce overall with the majority of workforce being between 36 and 60. Across younger age brackets we have work to do as our data indicates the younger workforce to be half of the NHS Wales average.

Our network of Inclusion Champions has increased and we are committed to continuing with this approach through 2021/22. The Champions undertook a wide range of activities throughout the past year starting in January 2020 with Diversity and Inclusion Week, Holocaust Memorial; International Women in Science; LGBT month; St David's Day; International Women's Day; celebrated EID; PRIDE; Black History Project; Tran Health

Week; International Men’s Day; White Ribbon Day; and Purple Light Up for Disability Month in December.

HEIW is aware of its responsibility as a public body to apply our responsibilities under the socio-economic duty when making strategic decisions. As the system leader for the NHS workforce in Wales we understand we have a significant role in considering how our work helps to reduce inequalities associated with socio-economic disadvantage across Wales.

HEIW has been fully engaged with the development of Welsh Government’s draft Race Equality Action Plan (REAP). The HEIW Medical Director is a member of the First Minister’s REAP Steering Committee which has led on this work. We will have a significant role in the delivery of the plan as can be seen from the themes below which form the basis of the actions proposed.

Health and Social Services have identified goals under five broad themes:	
Health	Social Services
1. Leadership and accountability	1. Access to and provision of social care services
2. Workforce	2. Workforce
3. Data and intelligence	3. Leadership
4. Access to health services	4. Accountability
5. Tackling health inequalities	5. Data and analysis

As part of the development process for the Strategic Equality Plan (SEP), internal engagement was undertaken utilising focus group methodologies. This allowed us to retest our equality objectives against the backdrop of the pandemic. Work on individual directorate action plans which hook directly onto high level actions within our SEP was completed, and these formed the basis of progressing this work as well as monitoring and reporting during 2021/22.

We continue to engage with 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. Policy development has continued and last year saw us sign off and implement policies in relation to Domestic Abuse and Mental Wellbeing in the Workplace. Since 2019 we have opted to sign up to:

- Stonewall Diversity Champion – tackling barriers and inequalities faced by lesbian, gay, bisexual and transgender staff.
- Disability Confident –HEIW gained level 2 status Disability Confident Employer September 2021.
- 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.
- Communication Access Symbol – We were the first organisation in Wales to make a commitment to adopting Communication Access Symbol – giving a voice to people living with a communication disability.

We will continue to progress the implementation of our SEP and local action plans whilst also leading on the national review and revision of NHS mandatory training ‘Treat me Fairly’; to develop a Transitioning at Work Policy; and develop Equality and Diversity training packages. Other work being progressed next year will include the establishment of an EDI national Talent Group to develop a national infrastructure that provides a transparent and equitable process to identifying aspiring leaders of the future. This work will be supported by the recruitment of an EDI Fellow and an EDI internship within HEIW.

Chapter 7 – Financial Plan

This Chapter sets out the financial plan for the organisation and how we ensure we will demonstrate value and sustainability. It's important to note that due to our education commissioning responsibilities we develop a five-year financial plan.

7.1 Our Approach

The HEIW Financial Plan is designed to enable the programmes and activities established by the Board, in response to our vision of *Transforming the Workforce for A Healthier Wales*, to be taken forward. The identified funding requirement is for the range of functions and programmes agreed with Welsh Government and will be appropriately managed to achieve financial balance in each and every year of the financial plan. Supporting the delivery of Value Based Healthcare and delivering value in the use of public money is an important requirement and HEIW will demonstrate the value and sustainability of its programmes and activities over the life of the IMTP through:

Leadership	<ul style="list-style-type: none">• Clear and effective leadership by the Executive Team.• Timely planning, monitoring, support and action by the Finance Team.• Integrated working with all Executives, Senior Leaders, Budget Holders and Departments.• Visible and timely intervention and interaction by all Executives, Senior Leaders and Budget Holders.• Interrogation and collaboration of strategies plans and approaches with our UK sister organisations
Using a Value-Based Approach to Commissioning and Development activities	<ul style="list-style-type: none">• Developing a value-based approach to articulate the system benefits of investing resources in Education and Training.• Developing a robust approach to business case development.
Strong Discipline	<ul style="list-style-type: none">• Disciplined financial management of all expenditure commitments.• Continuous and detailed monitoring and management of the financial position.• Timely corrective response to any variation from plan.• Adherence to standards and governance requirements.
Ensuring excellent Assurance and Governance	<ul style="list-style-type: none">• Effective budget holder engagement to deliver the Plan and management of budgets.• Provision of high quality, accurate and timely financial advice for budget holders, the Executive team and HEIW Board.• Expert support and technical advice to budget holders to enable the development of robust plans and business cases.• Continuous evaluation of systems to identify areas for improvement and timely actions in response to audit recommendations.
Engagement with Budget Holders	<ul style="list-style-type: none">• The Finance team will provide regular timely and informative reports and support for budget holders.• Promotion of financial behaviours that encourage, incentivise and add value.

Using available tools to demonstrate efficient use of resources where appropriate

- Relevant and timely Performance Reporting aligned to the organisation's Performance Framework.
- Use of relevant NHS Benchmarking.
- Application of Efficiency Framework where possible.

HEIW agreed an Annual Plan with Welsh Government for 2021/22. The Financial Plan within this IMTP presents the resource requirements and deployment over an extended five year planning time frame, in order to ensure that the timescales of the current agreed programmes and those envisaged are presented over their full annual cost commitment. It is important that the scale of the stepped commitment, arising from the phasing impact of programmes is understood, particularly as the cost increases between one year and the next can be substantial when the additional student/trainee numbers commissioned progress through all the years of their education and training.

The process of developing the financial plan to date has involved a detailed review with individual budget holders of their 2021/22 budgets and Welsh Government agreed commitments, which were set following agreement of the 2021/22 Annual Plan. The emerging in-year financial position and year-end outturn forecast as at month nine was also considered in establishing the new-year starting base. Due to the inherent complexity involved in pay modelling, the exercise has been carried out centrally within the Finance Team, with budget holders able to subsequently review their proposed budgeted establishment for accuracy.

All business cases and increases in commissioning budgets that have the approval of Welsh Government or are part of the NHS Wales Education Commissioning and Training Plan for 2022/23 have been included. Budget holders were also asked to consider within the planning template a consolidation of the investment made to date and the enabling corporate requirements to fully deliver the Strategic Objectives set out within the Annual Plan. The resource requirements of any future business cases have not been included within the Plan and will be subject to further discussion and agreement with Welsh Government during the 2022/23 year and will be taken forward if and when they are agreed.

The key Pay and Inflation assumptions within the financial plan are as follows:

- For NHS staff inflationary uplifts on pay scales to date for 2021-22 have been applied for future years.
- Inflationary uplifts for Cardiff University and DDRB pay scales have been applied based on 2021-22 rates.
- Any pay uplifts agreed in 2022-23 have not been included at this stage.
- The agreed % inflationary uplift on non-pay budgets has been applied.

The five-year summary of the financial plan is set out overleaf:

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	Annual 2021/22 Budget	Draft 2022/23 Budget	Draft 2023/24 Budget	Draft 2024/25 Budget	Draft 2025/26 Budget	Draft 2026/27 Budget
	£	£	£	£	£	£
Executive Office						
Pay	1,803,966	1,941,136	1,953,399	1,956,228	1,965,839	1,976,364
Non Pay	421,320	434,593	438,938	443,328	447,761	452,239
Total Executive Office	2,225,286	2,375,729	2,392,337	2,399,556	2,413,600	2,428,603
Finance & Corporate Services						
Income	-	-	-	-	-	-
Pay	1,029,928	1,106,850	1,131,185	1,136,720	1,140,279	1,140,279
Non Pay	101,596	107,559	108,634	109,721	110,818	111,926
Total Finance & Corporate Services	1,131,524	1,214,409	1,239,820	1,246,441	1,251,097	1,252,205
Digital						
Pay	1,505,574	2,168,887	2,192,050	2,224,561	2,253,713	2,272,607
Non Pay	4,320,057	4,421,429	4,435,644	4,450,000	4,464,500	4,479,145
Total Digital	5,825,631	3,590,317	3,627,694	3,674,562	3,718,213	3,751,752
Planning, Performance & Corporate Services						
Pay	447,042	872,804	884,549	890,470	899,323	900,471
Non Pay	1,426,320	1,554,106	1,569,647	1,585,344	1,601,197	1,617,209
Total Planning, Performance & Corporate Services	1,873,362	2,426,910	2,454,196	2,475,814	2,500,520	2,517,680
Medical Director						
Income	- 522,070	- 513,901	- 519,040	- 524,230	- 529,473	- 534,768
Pay	10,671,974	10,633,987	10,717,464	10,758,441	10,786,659	10,805,728
Non Pay	7,965,437	10,280,147	10,250,339	10,347,716	10,446,067	10,545,402
TGS	56,539,317	61,240,996	66,270,415	70,577,207	74,966,575	79,440,170
GP Training	29,065,162	34,979,565	33,053,232	33,383,764	33,717,602	34,054,778
I&R	115,873	238,232	240,614	243,020	245,450	247,905
PGMDE	4,801,666	4,837,266	4,890,666	4,944,066	4,997,466	5,050,866
WCAT	1,752,737	1,770,264	1,787,967	1,805,847	1,823,905	1,842,144
WDTFT	114,913	116,062	117,223	118,395	119,579	120,775
Pharmacy Commissioning	10,990,098	12,040,000	14,380,844	14,389,179	14,328,867	14,435,158
Dental Commissioning	8,028,444	9,457,691	9,644,691	9,741,318	9,838,911	9,937,480
Relocation Expenses	1,111,000	1,361,110	1,463,721	1,567,358	1,672,032	1,866,752
Total Medical Director	130,634,551	146,441,419	152,298,136	157,352,081	162,413,640	167,812,390
Nursing						
Pay	2,827,617	3,205,389	3,062,556	3,048,990	3,055,849	3,101,426
Non Pay	895,628	649,070	655,561	662,116	668,738	675,425
Commissioning	124,600,918	142,287,759	157,702,748	166,157,164	169,525,817	172,166,636
Total Nursing	128,324,163	146,142,218	161,420,864	169,868,270	173,250,404	175,943,487
Workforce & OD						
Pay	3,326,101	3,768,782	3,809,417	3,660,295	3,405,665	3,324,913
Non Pay	1,139,585	1,553,983	1,469,523	1,484,219	1,499,061	1,514,051
Total Workforce & OD	4,465,686	5,322,765	5,278,940	5,144,514	4,904,726	4,838,964
Grand Total	274,480,203	307,513,767	328,711,988	342,161,237	350,452,200	358,545,082

7.2 Developments and Investments

Through the process of developing the IMTP, with a focus on consolidation of available resources, developments and potential investments to deliver the Plan were identified through the 'Plans on a Page' approach. Some of these have been incorporated into the updated financial plan where they have already been subject to discussion. However, any further resource requirements identified will be costed and when they are agreed will be subject to further discussion and agreement with Welsh Government in-year.

7.3 Financial Risks and Opportunities

The financial plan has been developed with the best available information and within the existing policy environment. There remains some uncertainty on the scale, length and impact of the COVID-19 pandemic on the educational and training commitments in the early years of the financial plan. Consequently, the basis of the planning assumptions has been conservative.

7.4 Capital

HEIW has a recurrent discretionary Capital Allocation of c.£76k. Although this modest allocation will not initially inhibit the developments set out in the plan, a process will be established that involves budget holders and other partners to determine the capital needs of HEIW in support of its objectives and strategy over the next five years.

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Chapter 8 – Digital

This Chapter sets out how our plan will be enabled through digital and information systems. We have included a summary of the work of our other enabling functions in Appendix A.

[Appendix A](#)

Digital health is transforming the access, delivery and availability of healthcare in the UK. It has the potential to revolutionise the healthcare sector. The refresh of the Welsh Government NHS Digital Strategy in 2022/23 will describe how digitisation and technologies such as telemedicine, smartphone apps, wearables and artificial intelligence (AI) are likely to be widely integrated in healthcare delivery in Wales. These technologies should not just be seen as increasing costs but rather as a new means of addressing the challenges of the 21st century.

In HEIW, the Director of Digital Development provides professional leadership and direction to advise how these new and emerging technologies can support and enable the Workforce Strategy for Health and Social Care. The key themes of this IMTP include:

Defining the digital and data strategy (objective 6.3) is a key area of work for 2022/23. This will enable digital transformation and improve data availability and quality to inform data-driven decision making. Digital has the potential to disrupt current health systems and transform the way work is organised and the workforce that is needed to run it. HEIW's digital and data strategy will consider how technologies such as AI, genomics, robotics and big data will disrupt and enhance the workforce supply and demand, and what impact this has on the delivery of education and training. The strategy will also consider how HEIW delivers its services using the most effective technology and how those systems deliver a data driven way of working that delivers actionable insight and foresight.

During 2022/23 the Digital team will undertake the scoping, design and development of an integrated digital platform (objective 6.2) which will result in a single portal to access many of the existing HEIW applications. It will provide access and manage the education and training journey of students, trainees and trainers in NHS Wales and the appraisal and revalidation function for doctors. This single platform approach will be hosted in the cloud, offering safer and faster infrastructure. This transformation will mean the move from a siloed digital architecture of historical systems to an integrated person-centred experience.

The team will take a leading role to ensure that HEIW makes use of current, emerging and future technologies to their fullest potential to develop and implement a digital learning platform (objective 1.6). Y Ty Dysgu will enhance HEIW's reputation as a provider of high-level education and training to the NHS workforce in Wales. It will provide a standardised approach (quality and financial) for HEIW's current provision of course management and delivery of online learning activities and KPI reporting and will act as a vehicle for the operational delivery of HEIW's CPD strategy and digital capabilities work. Building on the accelerated transition to digital education and training in the early phases of the pandemic, Y Ty Dysgu will support the delivery of more than 25 of the Strategic Objectives in this year's IMTP.

The Topol review concluded that 'Within 20 years, 90% of all jobs in the NHS will require some element of digital skills. Staff will need to be able to navigate a data-rich healthcare environment. All staff will need digital and genomics literacy'. In recognition of this we will improve Digital skills and literacy (objective 2.11). The pandemic has demonstrated the system's capacity for rapid digital transformation, but this is not without challenges. This

programme of work focusses on developing the digital capabilities of all staff employed in NHS Wales and will therefore lead to increased digital participation and improving outcomes more broadly. The approach works across professions, and delivers useable resources, and tools. It builds consensus around skills and capabilities, whilst allowing for contextualisation within different professions.

Cyber security risk remains a key corporate risk for HEIW and therefore reducing the cyber and information governance risk (objective 5.8) is a key priority for us. HEIW's cyber security and information governance programme provides the basis for developing a risk-balanced approach to appropriately manage cyber and information security and resilience. The Programme aims to embed a security governance regime which will aid, control and inform HEIW's approach to cyber security risk management. The recent roll-out of the cyber assessment framework for Health by the newly formed Cyber Resilience Unit (as a result of the NIS Regulations) provides a unified platform and approach for the completion of cyber-assessments across NHS Wales, identification and management of cyber-related risks and will present opportunities for improvement. The information Governance toolkit will provide a tool for assessment and improvement.

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APPENDICES

[Appendix A](#) Description of our enabling functions

[Appendix B](#) Alignment of the strategic aims with ministerial priorities, wellbeing of future Generations Act and Workforce Strategy for Health and Social Care

[Appendix C](#) The PESTLE Analysis

[Appendix D](#) Summary of engagement undertaken

[Appendix E](#) Summary of closed Strategic Objectives

[Appendix F](#) Detailed deliverables and milestones

[Appendix G](#) Professional Reference Guide

[Appendix H](#) Quick Reference Guide

[Appendix I](#) HEIW Contribution to Planned Care Recovery

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Appendices

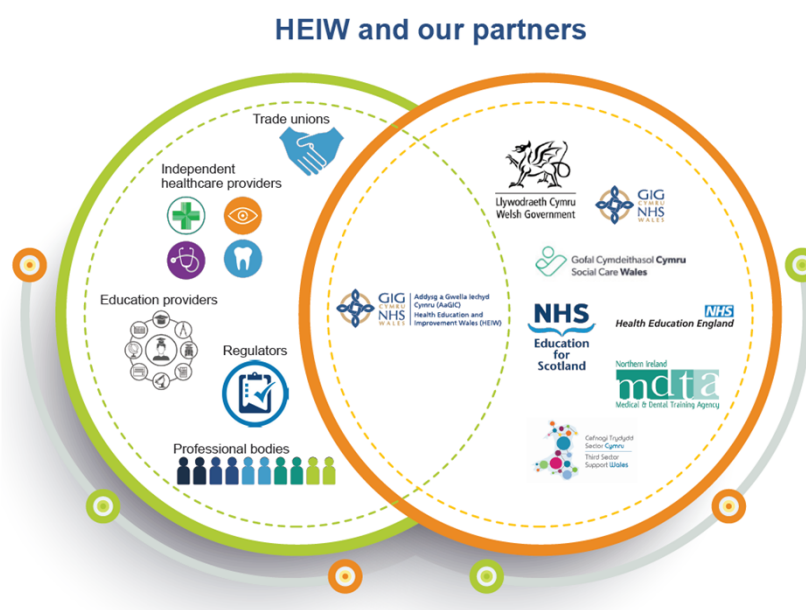
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Our enabling and corporate functions, risk and governance

Our enabling and corporate functions play a vital role in supporting the organisation to deliver the Strategic Aims and Objectives described within this IMTP as well as working with our colleagues in the wider NHS.

1.1 Communicating effectively with people, partners and the public

As an All-Wales organisation, with several strategic functions, the importance of communicating and engaging with our partners and stakeholders cannot be over emphasised.



From March 2020 onwards, our communication and engagement activities and resources were refocussed on responding to the pandemic, with many of our core activities such as our Roadshows and National Stakeholder events being postponed. However, we continued as much of our communications and engagement activity online as we could, embedding our Board approved Communications and Engagement Strategy to build and strengthen relationships, support the COVID-19 response and to help shape our ongoing work and services.

Online organisational approaches included:

- Supporting the COVID-19 response by sharing and promoting public health messages; encouraging students and trainees to have their COVID-19 and flu vaccinations, and keeping students, trainees, educators and learning partners up to date on education and training developments and changes via email, newsletters and our dedicated COVID-19 website information pages.
- In addition, our website hosted key pages for sign-posting volunteers and professional returners across Wales to support mass vaccination. This included the website trending on Google.

Engaging and consulting virtually with our partners and stakeholders on key programmes of work including consultations on Consultant Clinical Scientists and Medical Administration Unit. Also reviews of a number of apprenticeship frameworks such as maternity and paediatrics, and the health apprenticeship framework as well as the Education and Training Plan for Wales and our IMTP.

- Launching key pieces of work such as the General Practice Nurse Framework, Compassionate Leadership Principles, and our new HEIW website incorporating the three predecessor organisation websites making access to information quicker and easier for all.
- Virtual events enabling promotion, engagement, participation and feedback. Events included the Foundation Pharmacist Fair, Arts Therapies, National Strategy for Consultant Pharmacists.
- Recognising developments in and future planning of education and training with the conclusion of the healthcare professions pre-registration education tender, and hosting of profession specific webinars.
- Introducing our workforce of the future through promotion and awareness raising of the Graduate Programme and this year's Clinical Fellowship group.
- Promoting the 350+ careers in the NHS through the profession specific blogs and the launch of Careersville our virtual careers village.
- Holding public meetings online including Board and Committee meetings as well as our AGM and showcase event spotlighting achievements and developments of interest to our audience.
- Introduction of virtual briefing sessions with MSs and MPs enabling information and discussion with political representatives from across Wales.
- Regular bilingual newsletters including our Primary Care Newsletter, Stakeholder Bulletin, Mental Health Newsletter.
- Regular bilingual news and social media posts supporting a continuing increase in social media followers and engagement.
- Highlighting achievement and recognition through news articles and social media promotion of award wins.
- Supporting and awareness raising through sponsorship including the Advancing Healthcare Awards, UK HPMa awards and WomenSpire awards.

We appreciate COVID-19 has restricted how fully we would like to communicate and particularly engage. We are intending to restart many of the face-to-face communication and engagement activities such as our Roadshows and National Stakeholder Events in 2022 if the pandemic allows. We have also established an expanded Stakeholder Reference Group which will meet at least quarterly to facilitate inclusive dialogue on our strategic plans and programmes of work.

In addition, we have a specific Strategic Objective in our IMTP which includes:

- Refreshing and relaunching our Communications and Engagement Strategy.
- Building effective and beneficial relationships with seldom heard from groups.
- Introducing new digital engagement channels to enhance our engagement offer.
- Putting in place a relationship management approach to ensure ongoing engagement and communication.
- Developing effective strategy relationships with education partners.

1.2 Workforce Data, analytics and intelligence

The team provides workforce analytics support both internally to HEIW and externally across NHS Wales. Internally, the team maintain the local ESR system and work collaboratively with the Finance team to ensure accuracy on reporting of vacancies and resources. Since 2020, the team has also been supporting the performance team in bringing together a range of performance related data in one place to give HEIW a deeper understanding of its business and enable more intelligence-led decision-making. This work will continue into 2022 and beyond to support the agreed Performance Framework.

Nationally, the team are responsible for reporting ESR data quality metrics, responding to NHS Wales workforce requests and supporting Welsh Government in providing workforce and pay analytics for national pay negotiations.

During 2022/23, we plan to develop our workforce intelligence support to improve the quality of workforce planning and modelling in Wales (Strategic Objective 1.9). Internally within HEIW, the workforce intelligence team will provide analytical support with data, baseline modelling, corporate performance reporting and dashboard improvement.

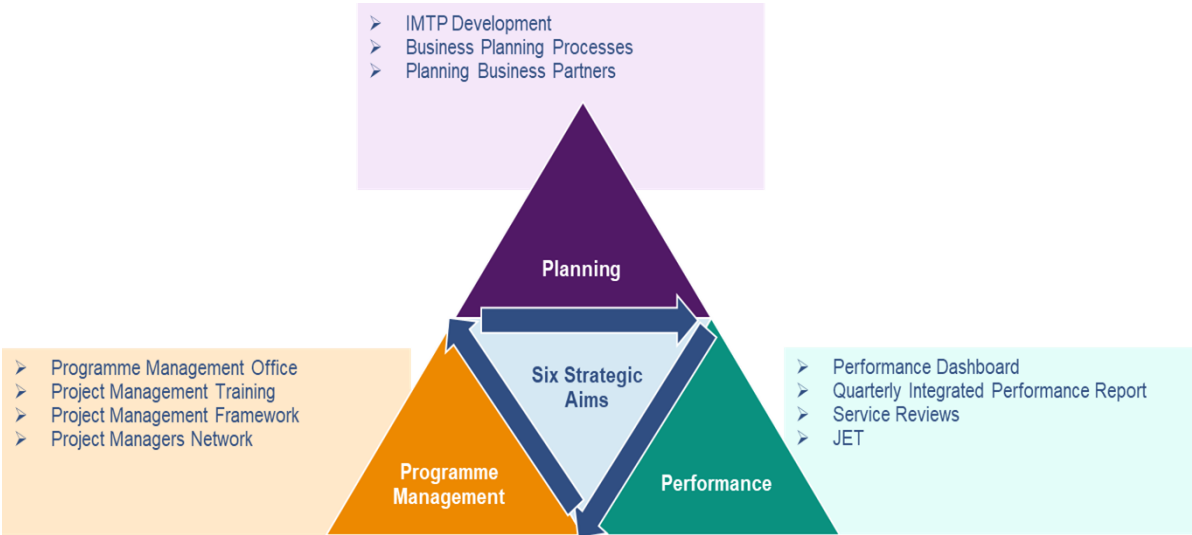
1.3 Ensuring a safe, sustainable and appropriate working environment

Ty Dysgu is the main headquarters of HEIW and the organisation ensures the provision of facilities and appropriate equipment and to ensure that the environment is as inclusive as possible for all staff. When government guidance allows, we will implement and embed our Agile Working operating model that meets our unique needs, building on feedback from our staff whilst also underpinning our ongoing organisational development.

The organisation will continue to ensure that our staff are safe wherever they are undertaking work on behalf of HEIW and regardless of where their base may be. The Health and Safety Policy and supporting procedures are in place and have been recently updated and cascaded to our HEIW workforce via the staff intranet and for new staff via the corporate induction. The Health and Safety Committee meets quarterly and reports to the Executive Team. Furthermore, the facilities team support us to meet our responsibilities in relation to the Environment Act 2016 and the NHS Wales Decarbonisation delivery plan through active engagement and support in meeting areas of action and engaging on approaches to monitor, measure and minimise our carbon footprint.

1.4 Planning, Performance and Programme Management

Robust planning, performance and programme management arrangements are in place to enable HEIW to achieve our Strategic Aims and to measure our progress and delivery of our business activities.



Our IMTP, the six Strategic Aims and the identified strategic objectives are central to planning, performance and programme management practices, each playing their part to give our Board assurance on our ability to deliver as an organisation.

We are building on the work done to date to continuously improve our planning approach and practice. This includes our strategic, operational and business planning. We have

developed approaches to support teams in the development of departmental delivery plans as well as internal and strategic business cases, ensuring that strong cases are developed that clearly identify the value and benefits that the investment will achieve. This work will be cemented in 2022 with the establishment of a planning business partnering model.

During 2021, we built our systematic approach to programme management through our Project Management Framework which was approved by the Board in July 2021. From January onwards, we supported this with the introduction of a digital planning system to act as a key tool to embed strategic planning and performance monitoring and our ongoing focus on value and outcomes.

We will continue to embed The HEIW Biodiversity and Decarbonisation Strategy which sets out four areas of action that will be underpinned by the development of an action plan in the first quarter of 2023. HEIW is named as responsible for a key action in one of the Education initiatives in the NHS Wales Decarbonisation Strategic Delivery Plan (March 2021) which relates to the education of the workforce. The Plan on a Page for 2022-25 for the Strategic Objective on Biodiversity and Decarbonisation ([Appendix F](#)) has been developed in line with the NHS Wales Decarbonisation Delivery Plan. It demonstrates a step change in our approach recognising we have an external role to play in promoting sustainable healthcare through education, training and leadership.

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. 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. We are putting in place the preparatory work to ensure our performance dashboard and integrated performance report reflect the Ministerial Priority Measures.

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. In 2022, our performance monitoring arrangements will benefit from the standardised reporting within our digital planning system. In addition, our approach will align with the biannual JET meetings and the Quality and Delivery meetings with Welsh Government.

1.5 Research, Evaluation and Value

Research and evaluation are key components in supporting HEIW to achieve its vision. HEIW's priorities as defined in the IMTP 2022-25 identify evidence-based decision making, promotion of innovation, new initiatives and engagement in continuous evaluation and improvement as the foundation for high quality, accessible healthcare services in Wales.

HEIW's 'Evaluation, Research, Improvement and Innovation Collaborative' (ERIIC) and Research Governance Group will be key enablers for organisational aims and 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 current and future workforce. It is also key to determining the impact that our activity has on

the healthcare workforce, practice and ultimately, patient care and safety. The priorities for the next year include:

- Functional ERIIC supporting and coordinating Evaluation, Research, Quality Improvement and Innovation activity across all sections of HEIW.
- Functional infrastructure for research governance across HEIW.
- Showcase HEIW Evaluation, Research, Innovation and Quality Improvement activity in Wales and internationally.
- Scoped available expertise in implementation science and behavioural science to promote upscaling and spread.

1.6 Improvement, Innovation and Transformation

HEIW sees improvement as core to the organisation's agenda and fulfilling delivery against the core value 'Ideas that Improve', harnessing creativity, continuously innovating and evaluating, and bringing about the improvement in education and healthcare HEIW's name suggests.

We continue to deliver quality improvement training to our trainees and have now extended this to HEIW's own workforce to encourage active engagement with improvement activity, developing and supporting a culture of continuous improvement, driving up quality and adding value.

In many areas of our work there are already innovative solutions being developed and applied to help resolve system-wide issues. Many examples of innovation can be found throughout our IMTP, particularly around our themes relating to education and training and supporting quality and safety. These include work being undertaken with partners to roll out of new educational frameworks, workforce models, guidance, roles and extended skills.

Our work to embed our model of compassionate leadership and succession planning across NHS Wales is unique here in Wales. We have also developed innovative models of training including the 'Longitudinal Integrated Foundation Training' programme.

As outlined in Chapter 4, HEIW is also putting in place key foundations to support the delivery of simulation-based education (SBE) and clinical skills delivery, promoting quality and consistency of approach, and ensuring existing curricula requirements and standards for training are met. HEIW will become the central hub underpinning future development and initiatives to support collaborative multi-professional practice and effective use of resources. HEIW aims to build on 'accelerated transformation' observed in NHS and education settings during the COVID-19 pandemic by, for example, finding safe alternatives to face-to-face training delivery.

1.7 Organisational Risk and Governance

As an organisation we adhere to the HEIW risk management policy and maintain a risk management system which enables and empowers staff to identify, assess and manage risks to HEIW. Strategic risks are monitored by the Board and managed by the Executive Team and operational risks are managed by teams at the most appropriate level. This enables HEIW to have clear visibility in what might prevent us from delivering our Strategic Aims and Objectives. Since October 2018, new governance arrangements for managing our Strategic Aims and Objectives have been established.

During 2021, HEIW's Board has focussed further on the development of our approach to strategic risk. The updated Risk Management Policy was approved at November Board

together with HEIW's Board Assurance Framework. HEIW's Risk Appetite approach was approved at March Board and the organisation risk appetite statement is as follows;

"HEIW's 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 considers its capacity for risk, which is the amount of risk it is able to bear (or loss it can endure) having regard to its financial and other resources, before a breach in statutory obligations and duties occurs."

As an organisation we hold seven strategic risks summarised in the table below;

Strategic Risk 1	Workforce skills and expertise given specialist nature of organisation. There is a risk that HEIW may find itself without the workforce with the requisite skills it requires to deliver on its Strategic Objectives. This could be caused by a lack of staff with relevant skills in the external market, or education system, or internally due to a lack of staff skills, career mobility, succession planning and skills management, or due to undesirable employee attrition and sickness absence of key individuals. The continued impact on staff wellbeing due the COVID pandemic renders this risk to be particularly serious.
Strategic Risk 2	Capacity to deliver a growing range of functions and responsibilities. The risk of lack of capacity may be caused by a lack of sufficient workforce capacity to deliver the growing functions of the organisation, which could be a result of insufficient planning and an over reliance on existing ways of working, not embracing innovation, new ways of working and not investing in appropriate technology.
Strategic Risk 3	Cultural change required to deliver an integrated, multi professional approach. 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.
Strategic Risk 4	Effective engagement to ensure that we are influencing and shaping the agenda as system leader and can deliver our plans. Acting as a system leader will require effective horizon scanning and insight into the NHS system and workforce trends and clear communication and engagement for coalition building to encourage system change. The risk of failing to influence the agenda as system leader could be caused by a failure to communicate and engage effectively with stakeholders within health and social care including our newly established Stakeholder Reference Group.
Strategic Risk 5	Effective engagement with our partners to ensure the delivery of shared objectives and aims. The successful implementation of HEIW's aims and objectives in several areas will rely on engagement and co-operation with our partners in health, social care and education. The risk of failing to deliver in these areas could be caused by insufficient capacity, not effectively

	maintaining engagement with partners or a failure to achieve buy in from our partners.
Strategic Risk 6	Volatility of HEIW's financial position including the reliance on commissioning plans, student choices and associated budgets. This could be exacerbated by the increasing financial challenges faced by government and our education providers particularly post COVID, leading to a reduction in our flexibility to respond to developments.
Strategic Risk 7	Workforce intelligence and Data. The risk that the quality of workforce intelligence captured and reported within the NHS does not support accurate decision making and planning for the NHS's future workforce requirements. This could lead to both overcapacity and under capacity within the workforce.

Phase 2 of the Structured Assessment found that HEIW's arrangements to manage risk are strong and has continued to improve its risk management arrangements and maintained oversight of strategic and operational risk. Our Audit and Assurance Committee reviews the Corporate Risk Register on a quarterly basis. At the time of writing there are three, Red-rated risks relating to cyber security, Visa sponsorship for newly qualified GP Trainees and the impact of Medical Performer List on providing references for newly qualified GP Trainees.

1.8 HEIW Workforce: Communications and Engagement

Effective communications and engagement are the golden threads running through everything that the organisation does. The COVID-19 pandemic meant that our staff switched to a remote-working model and quickly adapted the way communications and engagement was undertaken across the organisation and we have retained many of these new ways of working. These have included:

- Using Microsoft Teams to enable colleagues to keep in touch, attend team and project meetings and share files quickly and easily in a safe way;
- Producing staff messages issued by email and intranet to keep staff up to date on what is happening in relation to COVID-19 nationally and across the organisation;
- Managing an online staff community to enable coffee catchups and watercooler conversations to continue;
- Issuing online health and wellbeing resources and links to external advice and guidance;
- Issuing regular online surveys to monitor health and wellbeing;
- Maintaining staff education and training online;
- Holding wellbeing sessions online;
- Holding HEIW corporate induction for new staff online and in smaller sessions;
- Holding fortnightly staff open forum on MS Teams providing the opportunity to get together virtually as an organisation on a regular basis;
- Holding staff events on MS Teams;
- Continuing to consult and engage with colleagues on shaping policies and strategies via online surveys and feedback sessions;
- Facilitating training on webinars and virtual classrooms to further enable online team meetings and external events;
- In line with regulations and guidance when appropriate providing safe access to our offices for business and wellbeing support.

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Appendix B

Alignment of Strategic Aims with Ministerial Priorities, Wellbeing of Future Generations Act and Workforce Strategy for Health and Social Care

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'	Wellbeing Goals <ul style="list-style-type: none"> ➤ Prosperous ➤ Resilient ➤ More Equal ➤ Healthier ➤ Cohesive Communities ➤ Vibrant Culture & Thriving Welsh Language ➤ Globally Responsible 	WFS Themes <ul style="list-style-type: none"> ❖ Engaged, Motivated and healthy Workforce ❖ Seamless Workforce Models ❖ Attraction and Recruitment ❖ Excellent Education and Learning ❖ Workforce Supply and Shape 	Ministerial Priorities <ul style="list-style-type: none"> ❑ A Healthier Wales ❑ Mental health and wellbeing ❑ Supporting the health and care workforce
Strategic Aim 2 To transform healthcare education and training to improve opportunity, access and population health	Wellbeing Goals <ul style="list-style-type: none"> ➤ Prosperous ➤ Resilient ➤ More Equal ➤ Healthier ➤ Cohesive Communities ➤ Vibrant Culture & Thriving Welsh Language ➤ Globally Responsible 	WFS Themes <ul style="list-style-type: none"> ❖ Engaged, Motivated and Healthy Workforce ❖ Attraction and Recruitment ❖ A Digitally Ready Workforce ❖ Excellent Education and Learning ❖ Workforce Supply and Shape 	Ministerial Priorities <ul style="list-style-type: none"> ❑ A Healthier Wales ❑ NHS finance and managing within resources ❑ Supporting the health and care workforce
Strategic Aim 3 To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels	Wellbeing Goals <ul style="list-style-type: none"> ➤ Resilient ➤ More Equal ➤ Healthier ➤ Vibrant Culture and Thriving Welsh Language 	WFS Themes <ul style="list-style-type: none"> ❖ Engaged, Motivated and Healthy Workforce ❖ Leadership and Succession ❖ Attraction and Recruitment 	Ministerial Priorities <ul style="list-style-type: none"> ❑ A Healthier Wales ❑ Supporting the health and care workforce
Strategic Aim 4 To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care	Wellbeing Goals <ul style="list-style-type: none"> ➤ Resilient ➤ More Equal ➤ Healthier ➤ Vibrant Culture & Thriving Welsh Language ➤ Globally Responsible 	WFS Themes <ul style="list-style-type: none"> ❖ Engaged Motivated and Healthy Workforce ❖ Seamless Workforce Models ❖ Workforce Supply and Shape 	Ministerial Priorities <ul style="list-style-type: none"> ❑ Covid-19 response ❑ Recovery ❑ Working alongside social care ❑ Mental Health and Wellbeing ❑ Population Health
Strategic Aim 5 To be an exemplar employer and a great place to work	Wellbeing Goals <ul style="list-style-type: none"> ➤ Resilient ➤ More Equal ➤ Healthier ➤ Vibrant Culture & Thriving Welsh Language ➤ Globally Responsible 	WFS Themes <ul style="list-style-type: none"> ❖ Engaged, Motivated and Healthy Staff ❖ A Digitally Ready Workforce ❖ Excellent Education and Learning ❖ Workforce Supply and Shape 	Ministerial Priorities <ul style="list-style-type: none"> ❑ A Healthier Wales ❑ Supporting the health and care workforce
Strategic Aim 6 To be recognised as an excellent partner, influencer and leader	Wellbeing Goals <ul style="list-style-type: none"> ➤ Resilient ➤ Cohesive Communities ➤ Vibrant Culture & Thriving Welsh Language 	WFS Themes <ul style="list-style-type: none"> ❖ Engaged, Motivated and Healthy Workforce ❖ A Digitally Ready Workforce 	Ministerial Priorities <ul style="list-style-type: none"> ❑ Working alongside social care ❑ Supporting the health and social care workforce

Delivery of Plans in line with the Ministerial Priorities, National Clinical Framework and Quality Framework



The PESTLE Analysis

Political and Legal

The Wellbeing of Future Generations (Wales) Act has become more important than ever as describing the core strategic principles for the public sector in Wales as the impact of the pandemic has highlighted societal inequalities in many ways. The Act aligns with HEIW's ambitions to develop a more sustainable workforce that meets the needs of future service models, and to reduce the reliance on short term, expensive solutions which often have a negative impact on the well-being of staff.

Education, training and workforce development are critical to this, recognising the importance of supporting our existing workforce to acquire new skills as well as ensuring that the pipeline into health careers is as wide as possible. The NHS is a significant employer for many local communities and widening access into training and employment opportunities can support the development of health and prosperity in these areas.

The 'ways of working' are clearly embedded in our PEOPLE principles as described in Chapter 1 and the *Workforce Strategy for Health and Social Care*. We recognise that we have levers and tools through our commissioning and leadership functions to generate opportunities to support people to have better health and wellbeing throughout their lives and to improve the prosperity of local communities. We have articulated throughout the Objectives in Chapter 4 where we see a clear alignment between the actions we are proposing and the 5 ways of working. The Compassionate Leadership Principles for Health and Social Care in Wales aim to create a shared language of what compassionate leadership is and what it looks like in practice. Through this, they will support leadership development and play a significant role in achieving the Workforce Strategy ambition that 'by 2030 leaders in the health and social care will display collective and compassionate leadership'.

A Healthier Wales continues to challenge HEIW along with other NHS organisations to develop sustainable plans and actions to deliver care closer to home, through strengthening primary and community services, and refocusing on prevention. The learning from the pandemic has accelerated many of these aims which have been reiterated through the supplementary Primary and Community Care 2021/22 Annual Planning Framework.

It also emphasises the importance of quality improvement in a transformational system, and the need to maximise the opportunities of digital and other technology. This is an area which has seen a step-change in delivery in response to COVID-19. The development of new models of seamless local health and social care are being taken forward through the Regional Partnership Boards and it is intended that the funding provided by the national Transformation Programme will ensure that change happens quickly. There is an opportunity for HEIW to contribute to the removal of the barriers between different healthcare providers to make more efficient use of resources in order to find better outcomes for patients.

The *National Clinical Framework* published in 2021 sets out the vision for the strategic and local development of NHS clinical services. It provides a clinical interpretation of *A Healthier Wales* and describes a learning health and care system, centred on clinical pathways that focus on the patient, grounded in a life-course approach. Its intent is to improve patient outcomes and support the planning and delivery of the resilient clinical services. The

Framework sits at the centre of the system of NHS planning. In addition, the reset and recovery plan for *Health and Social Care in Wales – COVID-19: Looking Forward* (March 2021) describes the impact on health and social care, some of the lessons learnt and priorities as we move towards recovery.

The Publication of the White Paper - *Integration and innovation: working together to improve health and social care for all*, sets out legislative proposals for a health and care Bill (February 2021).

Four Harms are the quality framework for planning for 2021/22 to ensure that the mitigation of harm from COVID-19 is balanced with the non-COVID-19 harms of the pandemic response. The quadruple aim which underpins this plan also highlights the critical importance of staff engagement and well-being which are a key focus for HEIW. The prudent healthcare principles have been embraced by HEIW in line with the *National Clinical Framework* and have an important influence on how we design our roles and teams to get maximum value. In particular, we ensure that the education and training commissioned or delivered by us supports these principles.

The Nurse Staffing Levels (Wales) Act 2016 describes the need to both provide sufficient nurses and to allow nurses time to care for patients sensitively in both provided and commissioned services. Interim nurse staffing principles for paediatric inpatient wards were published in July 2019 and were superseded by the Nurse Staffing Levels (Wales) Act when the 2nd duty of the Act was extended to paediatric inpatient services on 1st October. Interim nurse staffing principles have also been devised for health visiting services and mental health inpatient services. The purpose of the interim nurse staffing principles is to ensure that these areas across Wales follow a consistent approach to workforce planning. They will provide valuable intelligence by establishing a detailed baseline picture of the existing nursing workforce within these areas identify the resource gap between the current position and full compliance with those principles; and close that gap over time with gradually increasing compliance in preparation for any future regulations to extend the 2016 Act's second duty.

The Health and Social Care (Quality and Engagement) (Wales) Act 2020 sets out the intention to strengthen the existing duty of quality and to establish an organisational duty of candour. From a HEIW perspective this is being embedded in our education and training programmes and in our leadership development work.

The purpose of the *Socio-Economic Duty, Part 1, Section 1 of the Equality Act 2010* which comes into force on the 31 March 2021, is to achieve a more equal Wales, and highlights Welsh Government's commitment to safeguarding equality and human rights. As such, we will continue to pay due regard to the assessment of the socio-economic impact of our strategic decisions, and whether the outcome is going to reduce the inequalities associated with socio-economic disadvantage, thus contributing to the levelling the playing field. This has become increasingly important and highlighted further in the light of COVID-19 and Brexit. HEIW has developed an integrated approach to equality impact assessments, enabling us to assess the socio-economic impacts of our strategic decisions and highlight how our decisions might help to help reduce health inequalities associated with socio-economic disadvantage. Whilst being reflective and aligning with not only *A Healthier Wales* (2018) but also *Is Wales Fairer?* (2018) and the *Well-being and Future Generations Act* (2015) to further ensure we embed actions towards a more equal Wales.

There is considerable concern about the mental health and wellbeing of the workforce as a result of the pandemic which will have an impact in terms of resourcing support needs and work will be guided by the *Together for Mental Health* Delivery Plan.

On the 30 July 2020, NHS England published the *We are the NHS: People Plan for 2020/21 – action for us all* which provides a focus for developing the sustainability of high-quality health and care services. This long-term plan sets out clear ambitions and proposals for the workforce and has implications for the workforce agenda in Wales and requires us to understand the implications of these in relation to our plans. The plan focusses on key shortage areas of nursing (for which there is a global crisis), general practitioners and the medical workforce shortages caused by the UK Government pension legislation. The development of new roles across the UK can affect what happens in Wales and needs to be closely monitored. In some instances, this helps us accelerate local developments (for example, in relation to Physicians Associates). In others, we may have a different policy direction which results in different approaches, for example the Nursing Associate role which has been introduced over the last few years in England.

At the UK level, there continues to be uncertainty caused by Brexit, but we will continue to look for opportunities offered by this change to support workforce challenges. The UK Government's significant majority means that there is an increased likelihood of political stability in England for the next few years and an expectation amongst counterparts in England that this will lead to greater potential for driving the implementation of the People Plan. In Wales, the situation is less stable than last year given the outcome of the forthcoming Senedd election in May 2021. COVID-19 has highlighted the need for closer working with the four nations in the context of our field of work, such as the Code of Practice for International Recruitment.

Better and more responsive healthcare professional regulation is a shared ambition for both the regulators and all four UK Governments. The Department of Health consulted on the need to reform professional regulation in England and Wales to help maximise public protection while supporting workforce development and improved clinical practice. This recognises the need for regulation to adapt and change to new service models and requirements, in particular the development of multi-disciplinary teams and extended roles. It will be important for HEIW to continue to foster good working relationships with the regulators and to influence this agenda where possible, in close cooperation with Welsh Government and employers.

Education and training standards for many healthcare professions have been changing and we have started to respond to these changes to education standards. New Future Nurse Standards of proficiency for registered nurses published by the UK Nursing and Midwifery Council in 2018, come into effect in Wales from September 2020. This has led to a focus on core competences being embedded in curricula which may increase levels of supervision and placement capacity needed. However, the standards also extend the range of professionals who can supervise practice which is a positive change.

Work is ongoing at the UK level by the NMC on the modernisation of education programme standards following the UK's departure from the EU. Work is being undertaken in parallel in Wales to develop the new Midwifery standards due to be implemented across Wales in 2022.

The Health and Care Professions Council (HCPC) have changed the threshold level of qualification for entry to the Register for paramedics to 'Bachelor's degree with honours'.

From 1 September 2021, HCPC will withdraw approval from existing programmes delivered below the new threshold level. This will have a direct impact in Wales where the programme is currently at diploma level.

In Optometry, the General Optical Council, is in the process of an Education Strategic Review for the profession. They have proposed a new outcomes-based approach offering the benefits of greater freedom and flexibility and a robust approach to approval and quality assurance of relevant optical education. This will change the delivery of education in optometry including undergraduate, pre-qualifying and postgraduate training.

A new set of Initial Education and Training Standards (IETP) for Pharmacists were agreed by GPhC Council in December 2020. All education and training will need to be compliant with the standards by 2026 with an agreed transition plan in place between 2021 and 2026. The outcomes of the overall change are that pharmacists will have an earlier and greater involvement in direct patient care and clinical contribution to multi-professional teams across primary and secondary care. The change is designed to enable pharmacists to be integral to the transformation and transference of patient services from secondary to primary care as described in *A Healthier Wales*.

The General Data Protection Regulation (2018) on data protection and privacy applies to the work of all NHS organisations including HEIW.

Economic

In Wales, the key driver for economic change is the Welsh Government national strategy to build the Welsh economy entitled '*Prosperity for All: Economic Action*'. This plan is an attempt to address the huge challenges around deindustrialisation, unstable and insecure employment, accelerating technological change, costly sickness and in work illness rates and the challenge of an ageing population. There is a need to be ever more efficient with the money that the nation spends and demand for NHS services has never been higher. The challenge for HEIW is to commission the future workforce to provide the services to meet this demand whilst ensuring quality and value through the prudent healthcare principles. We need to think of value in terms of achieving desired outcomes that matter to individuals whilst considering the relative impact of cost that achieving those outcomes will have.

Concerns have arisen about the economic forecast for the UK given the impact of COVID-19 and future unemployment and whether this will impact the supply of jobs for our future trainees and students. However current thinking is this is unlikely due to the high vacancy rate in many professions and the need to reduce variable pay.

Uncertainty persists around the setting of student fees which will have a potential impact upon student demand and the delivery of programmes by Higher Education Institutions. It is also widely recognised that there is financial uncertainty around the adult social care sector following central funding cuts to local authorities, combined with an increased demand for social care services which has been highlighted again by the pandemic. Unless funding levels within social care sector are increased or new models are introduced this could lead to a significant reduction in the quality of care for the people they support.

Previous changes to the NHS Bursary System in England resulted in the withdrawal of funding for nursing, midwifery or Allied Health Professional courses which led to the reduction of student applications on some courses in England. The UK Government has since reintroduced a non-repayable grant in England. The Welsh Government retained the

bursary arrangements in Wales including a 2-year tie-in to working in Wales and extended arrangements for another two academic cohorts until 2023 for nurses, midwives and Allied Health Professionals. The system is currently being reviewed as it is acknowledged that it will have an impact on workforce supply, and further developments have taken place in 2020 with regard to matching commissioned student numbers into posts at the end of courses.

Social

COVID-19 has led to enormous challenges and its impact on society in Wales has been huge. This has led to widespread changes for people and communities and has had a massive impact on the NHS workforce in Wales.

In Wales, the growing and ageing population (with more complex health needs) is placing increasing demand on services. The impact of an older, sicker and poorer population in Wales compared to other parts of the UK may have contributed to the high impact of COVID-19 in Wales. We have an ageing population with the number of people aged 65 and over projected increase by as much as 34% in the next 20 years presenting a challenge to the health and social care system as well as on the economy. The ageing population is also having an impact on the workforce and generating pressures in terms of staff shortages for example shortages of GPs and Dentists in certain parts of Wales. The age profile within nursing shows that 19% of the workforce are now aged 55 and over and are eligible to opt for voluntary early retirement.

There has been a change in attitudes towards work and careers with the need to find a work-life balance becoming an increasingly important requirement for people. It is widely accepted that work has become more intense than it was a decade ago, people are working longer hours under increasing levels of pressure, and this is making work very stressful. The knock-on effect is having a detrimental effect on people's overall physical and psychological health which often impacts on their family life too. In recognition of this, people are looking for opportunities to find a better balance between their personal life, professional life and family life through flexible working arrangements. People are more likely in the future to want to retain some of the benefits afforded them through remote working.

Patterns of migration are changing in the UK as a result of the uncertainty of the impact of Brexit and are likely to change further with the introduction of the new points-based immigration system implemented in January 2021 which will have an impact on jobs (in terms of supply and demand) and pay.

The NHS workforce is widely dispersed across Wales and different parts of the country have very different needs. This is largely due to the urban/rural geography of Wales with staff being attracted more to working in large urban centres than rural areas and thus creating recruitment issues in some of these areas. It is HEIW's role as a system leader for education and training to bring the different strands of the workforce together and to consider innovative ways of developing, recruiting and re-training the workforce in rural and remote areas. On the upside, the pandemic has highlighted a strong interest in careers in the health and care sectors which has led to increased recruitment into training and employment in these sectors.

We also need to ensure that we conduct our business in accordance with the *Equality Act (2010)* and the Welsh specific duties contained within *The Equality Act (2010) (statutory duties) (Wales) Regulations 2011*. The pandemic has had a differential impact on people from Black and Ethnic Minority (BAME) backgrounds and we are also highly engaged in work on differential attainment in higher education. We have already commenced work on

this by engaging with people from protected characteristic groups or their representatives in the development and co-production of our Strategic Equality Plan; ensuring COVID-19 risk assessments were undertaken for BAME staff and trainees; undertaking and publishing Integrated Equality Impact Assessments; publication of Equality Objectives; preparation of an annual report and four yearly reviews; provision of accessible information; collection of information on the protected characteristics and training staff and through leadership on differential attainment at a national level. We contributed to the Race Equality Action Plan: An Anti-racist Wales consultation and eagerly await the publication of the plan. We will act to ensure equality of opportunity through our implementation plans and Objectives to meet the needs of people with one or more protected characteristics, embed the citizens voice and consider the needs of the current and future diverse workforce and service users.

HEIW was not named by Welsh Government as an organisation that come under the *Welsh Language (Wales) Measure 2011*. As HEIW does not come under the Welsh Language Standards, we do come under the Welsh Language Act 1993 which requires us to produce a Welsh Language Scheme. We have nevertheless based our Welsh Language Scheme on the Welsh Language Standards. Following public consultation, HEIW's Welsh Language Scheme was approved by the Welsh Language Commissioner in October 2021. Key to this will be the delivery of objectives and actions set out in the *More than just words Action Plan for 2019-20, A Healthier Wales and the HEIW/ Social Care Wales Workforce Strategy*.

Technological

The COVID-19 pandemic has had a huge impact on facilitating rapid changes to NHS technology. A large number of NHS digital projects have been accelerated and funding made available for them to be introduced at pace. For example, the availability of laptops and access to Microsoft Teams meant that office-based NHS staff had the flexibility to work anywhere. Training and education had to adapt to simulation-based education in place of the enormous amount of face-to-face learning that is delivered across the NHS. The roll out of video conferencing tools and e-learning platforms such as Gwella have helped to support patient consultations and enabled recruitment and assessment processes to continue.

The Topol Review supports the aims of the NHS long term plan and the workforce implementation plan to create a digitally ready workforce able to use new technology and medicines and to adapt to new ways of working. This will have consequences for selection, curricula, education, training and development and lifelong learning of current and future NHS workforce. There is a lot to do to prepare the workforce in Wales for a digital future. Starting with digital literacy which is essentially how people gain an understanding of the range of digital technology functions (e.g. the use of databases, spreadsheets, search engines and social media channels) and use them properly. However, we know that there are different levels of adoption and accessibility to these functions and this variation is particularly noteworthy amongst different age groups and needs to be addressed.

Topol also points to the continuing medical advances in technology (including genomics, artificial intelligence, digital medicine, robotics) that will require changes to the roles and functions of clinical staff and also to the education and training of the workforce. For example, advances in remote monitoring of patients and enabling service users to use technology will require education of the population. Changes within technology and communications infrastructure has adapted rapidly as a result of the pandemic and will continue to require changes in roles and functions of clinical staff. More sophisticated digital solutions will be required to analyse data to improve intelligence. In addition, the NHS will need to respond to the *Network and Information Security (NIS) regulation introduced in 2018* which sets out a framework to respond to cyber incidents affecting their operations.

The Health and Social Services Minister plans to transform digital health and care in Wales and this has involved creating the role of Chief Digital Officer for Health and Care and a new NHS Wales Strategic Health Authority to deliver national digital services in Wales. This will result in the transition of NHS Wales Informatics Service to a new standalone NHS Wales organisation, reflecting the importance of digital and data in modern health and care. We are developing strong links with this new special health authority to recognise the close connections between the two national strategic enabling organisations.

In September 2021, Welsh Government's written statement on the e-prescribing programme announced its proposals to develop a plan to introduce ePrescribing throughout the lifecycle of a prescription. It is hoped that this will improve and digitise the way patients, clinicians and pharmacists access and manage the provision of medicines across the health system. This will include patients' access to medicines, prescribing of medication by clinicians, the assurance and dispensing of prescriptions by pharmacists, and the auditing and pricing of medicines by monitoring authorities.

Environmental

In Wales, *The Environment (Wales) Act 2016* required Welsh Government to set new emission reduction targets, reducing emissions by 40% by 2020. In 2020-21 we committed to action towards addressing the effects of climate change and maintaining and enhancing the resilience of biodiversity via a dedicated strategic objective, and we continue to be committed to this moving forward. We are actively working towards Welsh Government's ambition for a carbon neutral public sector in Wales by 2030, in line with the decarbonisation priority outlined in the NHS Wales Annual Planning Framework, 2021-2022. The COVID-19 pandemic has seen fewer people travelling for work or for leisure and a greater awareness of nature and the environment and presents us with the opportunity to make measurable progress towards these goals in the future.

We have already implemented a range of initiatives in Ty Dysgu to reduce our carbon emissions, including LED lighting throughout, a comprehensive recycling scheme, and 100% green energy supplies (via NHS Wales Shared Services Partnership). In 2021-22, we will be actively consulting with staff on HEIW's biodiversity plan and on organisational targets to further reduce carbon emissions in areas where we will have the greatest and most immediate impact.

In addition, for the first time from 2021-22, we will be reviewing all strategic Objectives in relation to *The Environment (Wales) Act 2016* and the S6 Duty to maintain and enhance the resilience of biodiversity. This is in line with HEIW's intention to make the organisational change required to embed the thinking and implement the mitigation in to all our operations, activities and planning.

Our commitment to this agenda is evidenced through Strategic Objective 5.4 articulated in Chapter 4. The Environment (Wales) Act 2016 also introduced an enhanced biodiversity and resilience of ecosystems duty (the Section 6 duty) for public authorities in the exercise of functions in relation to Wales.

In 2021, the HEIW Biodiversity and Decarbonisation Strategy for 2021-24 was published. It sets out high-level aspirations and intentions to meet requirements and to make positive changes now to achieve longer-term goals for Wales. In-line with legislation and national plans, HEIW's strategy focuses on four key areas for action. These are:

- Engaging and supporting our staff

- Sustainable procurement
- Developing Ty Dysgu and supporting our local communities
- Environmental sustainability

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Summary of engagement undertaken

Engagement sessions with every **NHS Health Board/Trusts and NHS Organisations** were held to ensure that our plans aligned. The key theme that arose from these discussions included the COVID-19 recovery, supporting a tired and fatigued workforce, addressing key staff shortages, operational workforce planning, rurality, the interface with social care, change management, leadership, culture and OD. Our remit will be to offer support in terms of finding national workforce solutions, strategic workforce planning, data intelligence and education commissioning. This confirmed that the themes of the Workforce Strategy remained highly relevant and that our strategic objectives remained priorities for the workforce. We also noted that all Health Boards and Trusts were engaged in major strategic service change as well as addressing operational difficulties associated with the COVID-19 response and recovery.

Attendees for the Stakeholder Reference Group on 1 February 2022

Health Board/Trust Director of Nursing
Health Board/Trust Director of Therapies and Healthcare Science
Health Board Chief Pharmacist
Deputy HB Chief Pharmacist
Health Board /Trust Director of Planning
Health Board / Trust Chief Operational Officer
Health Board / Trust Director of Finance
Representative from the Council of Deans
Representative from Wales Health Student Forum (WHSF)
Representative from Wales Health Student Forum (WHSF)
Pharmacy Trainee
Dental Trainee
RCN - Representative from Welsh Health Partnership Forum (WHPF)
RCM - Representative from Welsh Health Partnership Forum (WHPF)
CSP - Representative from Welsh Health Partnership Forum (WHPF)
BAOT - Representative from Welsh Health Partnership Forum (WHPF)
SOR - Representative from Welsh Health Partnership Forum (WHPF)
Social Care Wales
Colleges Wales - Colegau Cymru (Merthyr)
Coleg Cymraeg Cenedlaethol
Coleg Cymraeg
Diverse Cymru
Welsh Council for Voluntary Action
HEFCW
Medical Schools
BMA
College of Optometrists
Royal Pharmaceutical Society
Council of Pharmacy Deans
RCSLT
RCOT (Royal College of Occupational Therapists)
RCOT (Royal College of Occupational Therapists)

RCOT (Royal College of Occupational Therapists)

CSP (Chartered Society of Physiotherapy)

BDA (British Dietetic Association)

We received some very positive and helpful feedback on the Draft IMTP from members of the Stakeholder Reference Group both during the meeting and by email from representatives of the DOPs, the RCN, DOTHs, HEFCW, the BMA, the RCN, the RCSLT, the Council of Deans and the Lay representative. The table below shows a summary of their feedback and the action we have taken in response.

Positive feedback	Recommendation	Action
<ul style="list-style-type: none">• Good document.• Detailed.• Good POAP.• Slide deck very useful for engagement.• Emphasis on the Nurse Staffing Levels (Wales) Act 2016 and proposed increase of funding on nursing commissioning.• Good stakeholder engagement• Good to see inclusion of workforce data, planning and modelling for NHS Wales as a SO.	<ul style="list-style-type: none">• Too long.• Move purpose of plan upfront.• Explain monitoring and measurement.• Explain delivery against plan.• Explain how we assess what HBs can't do for themselves.• Explain moving collaboratively into joint education and commissioning across professions.• Explain our response to recovery of education and training that is different to that addressed by HBs (avoiding duplication).• Add subsection on post-registration nursing education.• Include specific nursing CPD strategy.• Clarify process for establishing education. commissioning figures and stakeholder involvement.• Explain how delivery of level 3 diploma will be realised with resources and staffing.• Provide timetable for phase 2 strategic review for HEI's to help plan.• Council of Deans keen to discuss the IMTP further.	<ul style="list-style-type: none">• Document length reduced.• Points addressed in final draft.• Summary version (10–20 pages) to be produced.• ET to consider whether CPD should have its own nursing section.• CEO to meet with Council of Deans.

The Policy and Professional Leads provided some feedback shown in the table below:

Positive feedback	Recommendation	Action
<ul style="list-style-type: none">• Excellent to see the MH workforce consultation.• Positive response critical care.• Pleased to see SO on data, planning and modelling.• Good to see dentistry as a separate strategic objective.	<ul style="list-style-type: none">• Helpful to note rapid timelines for acute and other general w/force plans.• Urged HEIW to move at a greater pace.• Highly competitive environment particularly in terms of skills sets - how strongly will this be referenced in the IMTP?• Succession planning for Director roles.• Disappointing to see deprioritising of international work and overseas recruitment.	<ul style="list-style-type: none">• Referenced new roles and responded to recovery in the Exec Summary/Foreword.• Shared materials on Leadership and Succession with the group.• Offered a briefing on Leadership and Succession if required.

As well as the Executive Team reviews and the SLT/SRO workshop, opportunities have also been taken to engage with staff on the IMTP at the Staff Forum and at the Staff Conference. The Assistant Director of Planning gave a presentation on the IMTP and what it will deliver at the Partnership Forum in November which was well-received.

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Summary of Annual Plan 2021/22 Strategic Objectives that have been closed

Strategic Objective (2020/2021)		Reason
1.5	Lead the development and implementation of initiatives including 'Grow your Own' to improve career pathways and education opportunities for the current and potential future workforce.	To be embedded as Business as Usual.
1.8	Develop effective and reciprocal international/global mechanisms to enhance education and training arrangements (overseas recruitment).	Not a priority for year 1. Potential area for year 2 of IMTP to be considered in context of COVID-19 recovery.
2.1	Develop a multi professional Education, Learning and Development Strategy designed to deliver future roles.	To be embedded as Business as Usual – develop a new SO regarding Future Doctor.
2.4	Embed the new ways of education and training that have been put in place in response to the COVID-19 pandemic, including digitally enabled learning, assessment and quality assurance.	To be embedded as Business as Usual.
2.8	Improve opportunities for learners to undertake education and training through the medium of Welsh.	Prioritisation of Welsh Language resource to embed the Welsh Language Framework into HEIW (SA 5).
2.13	Improve career pathways and education opportunities for the clinical academic and research workforce.	To be embedded as Business as Usual.
3.3	Lead the development, implementation and management of the new NHS Executive Collective and Compassionate Leadership programme.	To be embedded as Business as Usual.
3.6	Lead the implementation and management of the Digital Leadership portal.	To be embedded as Business as Usual.
4.1(a)	COVID-19 Response: Care Homes, IP&C, ICDM	To be embedded as Business as Usual.
4.4(d)	Modernise workforce models to deliver service transformation arising from the NHS Wales Collaborative strategic programmes for Major Trauma.	Handover of work to NHS Wales Collaborative.
4.5(e)	Support the implementation of national policy and professional frameworks and legislation related to the health professional workforce including: Nursing Standards.	To be embedded as Business as Usual.
4.5(f)	Support the implementation of national policy and professional frameworks and legislation related to the health professional workforce including: Learning Disabilities.	Closed in 2021/22: Improvement Cymru designated as lead by Welsh Government.
4.5(g)	Support the implementation of national policy and professional frameworks and	To be monitored and support through a quality approach.

	legislation related to the health professional workforce including: Maternity.	
4.6	Develop the post-registration support, education and training pathways to improve the transition of health care professionals from education into the workforce.	To be included in 2.9 Multi-Professional Quality and Safety Framework.
5.2	Lead, develop and embed a range of actions to support workforce and workplace wellbeing and excellent colleague experience within HEIW.	Embedded into 5.1 Development and Delivery of the People & OD Strategy.
6.2	Support the development of effective communication and engagement through an organisational network analysis (ONA).	Embedded into 6.1 development and delivery of the Communications & Engagement Strategy.
6.4	Office of the Chief Digital Officer	Will be finalised by June 2022.

Whilst the theme of the Plan is consolidation and delivery a number of new or re-focussed Strategic Objectives have been developed where a strategic focus on an area is required. These are as follows;

- Our Workforce Strategy for Health and Social Care Implementation Programme.
- Scoping of development of a Dental Workforce Plan.
- Scoping of development of a Pharmacy Workforce Plan.
- Development of the Education Delivery System (EDS).
- Improve and develop roles aligned to the recommendations of 'The Future Doctor Programme' (2020).
- Initial Education and Training Standards for Pharmacy Technicians.
- COVID-19 Education and Training on Vaccinations and Immunisations.
- Development of the Workforce and OD Profession.
- Development of Anaesthetic Associates.
- Supporting NHS Wales to embed Advanced Practice.
- Multi-professional approach to development of Clinical Placements.
- Putting the Welsh Institute of Minimal Access Therapy (WIMAT) on a sustainable footing.
- Development of the optometry and eye care workforce.
- Modernising workforce models in Cancer.
- Development of a Digital and Data Strategy for HEIW.
- Partnership with Education Sector.

As part of this year's planning processes some potential strategic objectives that may commence in 2023/24 were also identified and these will be reviewed again the planning round for the next IMTP:

- Development of a workforce plan for Primary and Community Care.
- Develop effective and reciprocal international/global mechanisms to enhance education and training arrangements (overseas recruitment).
- Development of a plan to address the quality concerns within Maternity.

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Strategic Objectives (2022-25)

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'	
Strategic Objective 1.1: Establish a programme of work with sound governance arrangements, to ensure the implementation of our Workforce Strategy for Health and Social Care remains on track for full delivery by 2030	
What is the purpose of the Objective and how it will make a difference? We have made significant progress since this 10-year strategy was published one year ago and are on track for delivery by 2030. The ambitious strategy is divided into three phases, with a review point every three years, allowing for adjustments to ensure it remains live and valid. Actions will be taken forward at local, regional and national level. HEIW and Social Care Wales are not responsible for holding other organisations to account but are establishing a joint mechanism to ensure that the actions within the strategy are progressed across Wales.	
In Scope: This objective includes the mechanism to ensure that implementation remains on track. Out of Scope: The delivery of the actions within the Strategy itself, which are progressed through other mechanisms.	
Executive Lead: Deputy CEO/Director of Workforce & OD / SRO: Deputy Director of Workforce & OD	
Key Deliverables for Year 1 (2022-23)	Key Quarterly Milestones for Year 1 (2022-23)
<ul style="list-style-type: none"> Sound governance arrangements are in place to oversee development and delivery of the medium term (Phase 2) implementation plans through an Oversight Group. Stakeholders and partners have the opportunity to contribute to the development of the medium term 3-year implementation plan (commencing 2023/4) through a multi-agency conference. A comprehensive stakeholder communication plan is in place. An WFS website is created to inform all stakeholders, and will include sharing examples of good practice, news items and progress updates. 	Q1 (April-June) <ul style="list-style-type: none"> Membership, roles, responsibilities and specific remit of the Oversight Group are agreed. A plan for the approach to the phase 2 implementation is in place. The lead and support responsibilities for implementation of actions are clarified. Joint appointment of a programme manager is progressed.
	Q2 (July-September) <ul style="list-style-type: none"> Produce a phase 1 report on progress to date including the contributions made to supporting the COVID response. Hold a conference to formally launch the Strategy. Curate reports to understand how the Strategy is informing Regional Partnership Board plans, local health and social care organisations' plans and local plans, including the development of IMTPs. Agree the website creation and maintenance responsibilities.
	Q3 (October-December) <ul style="list-style-type: none"> Produce a 6-month implementation progress update for key stakeholders including Leadership Board, LHBs, ADSS, WLPB and WG. Build the joint website.
	Q4 (January-March) <ul style="list-style-type: none"> Make recommendations on how implementation of the Strategy can support current and future workforce challenges. Formally launch the website.
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> Conference demonstrating impact of the Strategy on the seven themes of the Strategy. 	

<ul style="list-style-type: none"> Phase 2 – Year 1 progress update.
High level Deliverables for Year 3 (2024-25)
<ul style="list-style-type: none"> Progress implementation planning for Phase 3 of delivery.
What does success look like?
<p>Outcomes for population/staff/patients by end Year 3:</p> <p>This is a 10-year joint health and social care workforce strategy, involving all organisations responsible for delivering health and social care to our population. In Year 3 we will be halfway to delivering the Strategy. We would expect by this time to see improved levels of staff engagement, motivation, wellbeing and satisfaction, better recruitment and retention of staff through attractive and flexible working arrangements and career opportunities, with increased levels of Welsh language skills, flexible education opportunities and career development, and more sophisticated and intelligence led workforce planning enabling us to change our workforce to meet our population need, underpinned by a compassionate culture, role modelled by excellent leaders and managers.</p> <p>Output measures</p> <p>Year 1: Establishment of the oversight mechanism.</p> <p>Year 2: Evidence (e.g. staff survey) that Phase 2 plan is positively impacting on the workforce.</p> <p>Year 3: % actions delivered within scheduled timeframes / programme plan.</p>

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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'	
Strategic Objective 1.2: Lead and develop a sustainable national workforce plan for nursing to achieve a better match between demand and supply in Wales	
The drivers for change are increased spend in agency, nursing staff surveys, Nursing and Midwifery Council reports and the Nurse Staffing Act, and feedback from the nursing sector. The aim is to deliver a workforce plan to shape the nursing workforce of the future 2030 with an achievable and sustainable nursing workforce within identified priority areas, improved quality of care and workforce aligned to the Nurse Staffing levels (Wales) Act.	
In Scope: The nursing workforce from Band 2 to Executive Director of Nursing. Significant engagement with the nursing workforce will allow a targeted approach to workforce solutions in identified priority areas. Out of Scope: No areas are out of scope at this stage but ongoing existing local and national work will not be replicated. The scope will focus on the Health and Social care workforce strategy to include: band 4 development, retention, enhanced/advance/consultant practice, leadership, skills and practice, education and training and wellbeing.	
Executive Lead: Director of Nurse & Health Professional Education / SRO: Head of Nursing and Midwifery Transformation	
Key Deliverables for Year 1 (2022-23)	Key Quarterly Milestones for Year 1 (2022-23)
<ul style="list-style-type: none"> Engagement and consultation events to develop workforce plan, following publication of current workforce mapping. Engagement events to scope potential new workforce models and priorities. Working with partners complete workforce analysis, research and engagement to inform demand and supply planning assumptions Develop key actions to improve recruitment, retention, education and training in line with planning assumptions Complete strategic review of post registration education. Develop future workforce models including multi professional working, skill mix and new roles such as nurse associate Outline the Role of the Nurse 2030 vision for Wales 	Q1 (April-June) <ul style="list-style-type: none"> Establish governance structure. Appoint to programme support roles. Identify cross cutting work to inform and achieve the deliverables. Analysis and Publication of workforce data. Commence work on identified priority areas. Complete a review of the evidence and scope Band 4 role. Establish and manage the requirements for engagement.
	Q2 (July-September) <ul style="list-style-type: none"> Facilitate engagement process with key stakeholders to inform the Nurse 2030 vision. Review and research current best practice and develop a resource to support improved retention. Assess and review the uptake of the wellbeing resources and make recommendations for future need. Leadership and Management development to expand the offer for clinical and senior managers. Review frameworks for enhanced/advance and consultant practice.
	Q3 (October-December) <ul style="list-style-type: none"> Facilitate engagement to develop guidance on best practice for enhanced/advance and consultant practice. Provide advice on policy decision following review on Band 4. Deliver resource for supporting retention. Deliver leadership and management development expansion.
	Q4 (January-March) <ul style="list-style-type: none"> Draft the plan. Facilitate a consultation process for the plan and finalise the draft. Establish the process and deliver the plan to NHS Wales.
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> Publish and develop the Implement process for the workforce plan 	

High level Deliverables for Year 3 (2024-25)
<ul style="list-style-type: none">Continued implementation and ongoing evaluation of impact.
What does success look like? An achievable and sustainable nursing workforce within identified priority areas, improved quality of care and workforce aligned to Nurse Staffing Act.
Outcomes for population/staff/patients by end Year 3: Improved quality of care and workforce aligned to the Nurse Staffing levels (Wales) Act.
Output measures Year 1: Development and publication of the plan. Year 2: Development and adoption of an implementation framework for the plan by NHS Wales. Year 3: Assessment, Review and Refresh of the recommendations and actions within the plan and the implementation framework supporting the plan.

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Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support delivery of 'A Healthier Wales'	
Strategic Objective 1.3: Scope solutions for the dental workforce in Wales 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	
What is the purpose of the Objective and how it will it make a difference? Drivers for change include: <ul style="list-style-type: none"> • A Healthier Wales: 'The Oral and Dental Services Response to A Healthier Wales • Strategic Programme for Primary Care (SPPC) and Dental Contract Reform (contracts currently suspended). • Political interest in the dental workforce and sustainable supply. • Develop a multi-professional Oral Healthcare Workforce to support changes in delivery which aligns with HEIW's Multi-professional Primary and Community Education and Training Framework. • Publication of HEE Dental Education Reform Programme (DERP) following on from Advancing Dental Care. How will it improve things: <ul style="list-style-type: none"> • Ensure the commissioning of dental education and training is based upon robust evidence base, workforce needs and to improve services and the oral health needs of the population. • 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. • Ensure that dental education and training is developed appropriately to ensure jobs are available in Wales for those undertaking training. This will include post-graduate training for dentists and DCPs and the provision of specific enhanced skills training to meet patient needs. In Year 1 we will concentrate on the dental nursing workforce, cluster development, leadership for dentistry and aligning our work on education and training.	
In Scope: Whole multi-professional dental workforce in all sectors of practice.	
Executive Lead: Medical Director / SRO: Postgraduate Dental Dean	
Key Deliverables for Year 1 (2022-23)	Key Quarterly Milestones for Year 1 (2022-23)
<ul style="list-style-type: none"> • Programme Manager for Dental Workforce Plan recruited (if business case supported). • Scope and present options for dental nurse training provision and funding. • Work with key partners and stakeholders to develop Dentist with Enhanced Skills (DES) frameworks for specific areas. • Engage dentistry in Advanced Cluster Development work as part of SPPC. • Dental Specialty Training included in Education and Training Plan. • Develop Leadership offer to the dental workforce 	Q1 (April-June) <ul style="list-style-type: none"> • Recruit to Programme Manager if business case supported. • Agree and establish key themes and workstreams for future training and development of dental workforce.
	Q2 (July-September) <ul style="list-style-type: none"> • Meet with key stakeholders and build understanding of dental workforce capacity and needs. • Dental Specialty training – data collected and collated to inform Education and Training Plan.
	Q3 (October-December) <ul style="list-style-type: none"> • Dental nurse training apprenticeship model options appraised. • DES framework established with WG support – consider specific areas of need in line with patient need.
	Q4 (January-March) <ul style="list-style-type: none"> • DST in Education & Training Plan with new posts identified. • Leadership offer for dental workforce worked up and ready to roll out.
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> • Workforce data sources identified, data collated, collected and analysed. 	

- Establish engagement and strong social partnership with current workforce and key stakeholders. This includes extensive engagement and consultation work to adopt a collaborative approach to shaping the workforce plan.
- Work with DPH and use modelling to predict which parts of Wales will see a growth (for example) of aging population, adolescents, and young adults in deprived communities to align workforce with local needs.
- Identify digital training needs of the dental workforce.
- Work with NHS Careers and Made in Wales to improve the recruitment and retention of young dentists and DCPs to Wales.
- Develop career pathways for GDS dentists following Dental Foundation Training.
- Roll out Dental Nurse Training.
- Develop a career pathway for Extended Duty Dental Nurses.
- Scope out dental workforce composition and work with WNRWS and LHBs to determine shape, size and capability of workforce in GDS.

High level Deliverables for Year 3 (2024-25)

- Work with Cardiff University and Bangor University to improve the interface and continuum of the undergraduate and postgraduate dental workforce.
- Working with partners in Wales (LHBs, Office of CDO, training providers and workforce planning) ensuring the dental workforce features in workforce planning for the future.
- Recruitment and retention of the dental workforce is considered and planned for alongside other professions.
- Robust data systems and collection are in place for the dental workforce to inform future needs.
- Training and career pathways are available to both dentists and DCPs to fulfil patient needs in line with contract reform.
- Contract reform is embedded, and the workforce is fit for purpose.

What does success look like?

Outcomes for population/staff/patients by end Year 3:

- Address dental workforce challenges and identify opportunities to deliver the optimum workforce to meet the oral health care needs of patients in Wales.

Output measures

Year 1: Dental specialty training numbers in the HEIW E&T Plan, volume of dental nurse training available, DES framework established; dental in ACD work and wider SPPC.

Year 2: Volume of leadership training for dental, WNRWS tool begin used by dental; data sources identified and accessed, recruitment and retention measures, career pathways for dentists and DCPs; dental workforce modelling commenced.

Year 3: Supply of dental workforce improved for Wales; patient access improved.

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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'	
Strategic Objective 1.4: Support the modernisation of the pharmacy workforce, through finding workforce solutions and planning for the future workforce	
What is the purpose of the Objective and how it will it make a difference? Pharmacy current and worsening workforce issues mean that pharmacy services are reduced. Increasing temporary community pharmacy closures impact on patients' access to medicines in their communities. HEIW will lead a collaborative programme of work to define and deliver short, medium and long-term solutions for a sustainable future workforce model to meet the needs of the service and population. This will relieve pressures in the system and provide stability for pharmacy services and ensuring we have a prudent integrated pharmacy workforce will support staff to optimise their skills to offer better patient services within a multi-disciplinary team. In Year 1, we will complete engagement with key stakeholders and agree short-term solutions and will start to develop a workforce plan for pharmacy in Wales with a resourced proposal for pharmacy workforce modelling for 2023 and beyond. At the end of Year 3, the pharmacy workforce will be moving towards a prudent workforce model which enables the maximum use of skill mix. NHS Wales will have improved workforce analytics for pharmacy to underpin effective workforce planning.	
In Scope: Whole pharmacy workforce in all sectors of practice.	
Executive Lead: Medical Director / SRO: Pharmacy Dean	
Key Deliverables for Year 1 (2022-23)	Key Quarterly Milestones for Year 1 (2022-23)
<ul style="list-style-type: none"> Establish a programme of work in partnership with key stakeholders to address the workforce issues. Establish with key partners the future roles for the pharmacy workforce. Describe an employment model that meets the aspirations of the workforce. Describe a workforce that maximises skill mix and utilises workforce enhanced skills. Establish the 23/24 priorities and actions which enable the implementation of a transformed workforce. Establish a robust dataset which underpins the workforce solutions. Commence the implementation of the agreed short-term solutions. 	Q1 (April-June) <ul style="list-style-type: none"> Complete scoping and accurately describe workforce issues, aligned to NHS Workforce Strategy themes. Present short, mid and long terms solutions for agreement.
	Q2 (July-September) <ul style="list-style-type: none"> With all key stakeholders, accurately describe roles and responsibilities for implementing change(s) to support the solutions presented in Q1. Roadmap short-term objectives and commence implementation plans. Submit business case(s) where identified.
	Q3 (October-December) <ul style="list-style-type: none"> Review progress against short term solutions. Commence the design of Workforce Plan for Pharmacy in Wales. Robust dataset for Pharmacy confirmed.
	Q4 (January-March) <ul style="list-style-type: none"> Report to partners on employee-led strategies for recruitment and retention. Approval of Workforce Plan for Pharmacy in Wales. A resourced proposal for pharmacy workforce modelling for 2023.
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> Implementation of the workforce plan for pharmacy to create a stable and balanced workforce and establish procedures for more co-ordinated planning activity with stakeholders (e.g. including demographics and training capacity). 	
High level Deliverables for Year 3 (2024-25)	
<ul style="list-style-type: none"> Review implementation of recommendations by partners; report on changes in skills mix and job roles (i.e. workforce transformation) and monitor impact on recruitment and retention and delivery of IETP. 	
What does success look like?	

Reduced vacancies within pharmacy workforce leading to reduced temporary closure of community pharmacies. Resources secured and modelling underway to align training numbers with training capacity and demand for pharmacy registrants.

Outcomes for population/staff/patients by end Year 3:

A motivated, engaged and valued pharmacy workforce, with the capacity, competence and confidence to deliver the new IETPs and meet the medicines needs of the people of Wales through:

- Delivery of a 'whole workforce' standardised data set for pharmacy, the first available in England, Scotland, Wales and Northern Ireland, meeting our aspiration for a world class centre of excellence for workforce information and planning.
- As a profession on the Home Office Shortage Occupation list, a targeted recruitment and retention strategy for pharmacists.
- A roadmap to transform the pharmacy workforce for A Healthier Wales and deliver IETPs through to 2026 (skills mix and job roles for a new pharmacy contract and employee feedback).
- Partners enabled to develop workforce related policies and practices designed for wellbeing.
- Partners engaged in developing Consultant Pharmacist led workforce models and increased numbers in the workforce credentialling against professional frameworks.

Output measures

Year 1: Agreed plan to address current and worsening workforce issues.

Year 2: Implementation of workforce plan recommendations.

Year 3: Review of plan success measures including reduced vacancies and temporary closure of community pharmacies.

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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’	
Strategic Objective 1.5: Lead the development of a multi-professional Continuous Professional Development (CPD) strategy and drive improvements in current CPD activity to ensure that the existing NHS Wales workforce has the skills and capabilities required for the future	
What is the purpose of the Objective and how it will it make a difference? The CPD Strategy will provide direction and guidance for employers and employees when considering the range of CPD available to enhance both professional and personal development. It will allow HEIW to become a leader in the delivery, commissioning and signposting of appropriate, flexible, and accessible learning for the healthcare workforce in Wales. It will have an emphasis on Interprofessional Education and team training via digital and blended learning routes. Having individuals who are able to access the most appropriate, good quality CPD at the right time, will ensure that the existing NHS Wales workforce has the skills and capabilities required for the future. This in turn will develop a competent, sustainable, and flexible workforce in line with the Workforce Strategy.	
In Scope: The CPD Strategy covers both professional and occupational groups across the NHS in Wales. It includes CPD which originates in HEIW, commissioned CPD and that which is signposted. It also covers working with Health Boards and other stakeholders such as regulators.	
Executive Lead: Director of Nurse & Health Professional Education / SRO: Deputy Director of Workforce Transformation	
Key Deliverables for Year 1 (2022-23)	Key Quarterly Milestones for Year 1 (2022-23)
<ul style="list-style-type: none"> Engagement with key stakeholders on the principles of the CPD Strategy Development of the CPD strategy informed by engagement Consultation on the CPD Strategy Consideration of the comments received and refinement of the CPD strategy Publication of the CPD Strategy. 	Q1 (April-June)
	<ul style="list-style-type: none"> Engagement with key stakeholders on the principles of the CPD Strategy
	Q2 (July-September)
	<ul style="list-style-type: none"> Development of the draft CPD Strategy.
	Q3 (October-December)
	<ul style="list-style-type: none"> Consultation with stakeholders. Refinement of CPD Strategy following consultation
	Q4 (January-March)
	<ul style="list-style-type: none"> Publication of the CPD Strategy.
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> Implementation of the CPD Strategy Evaluation of the effectiveness of the CPD strategy. 	
High level Deliverables for Year 3 (2024-25)	
<ul style="list-style-type: none"> Review the uptake and effectiveness of the CPD strategy across Health Boards. 	
What does success look like? Standardised management of CPD. A financial model for CPD. Improved collection and monitoring of Performance Data. The CPD Strategy being used by Health Boards and HEIW to support their CPD development and delivery.	
Outcomes for population/staff/patients by end Year 3: Staff across the professions have access to high quality lifelong learning activities to support personal and service development and improvements in patient care.	
Output Measures: Year 1: Measures to be agreed. Year 2: Measures to be collected. Year 3: Increased delivery of multi-professional CPD with at least 30% of courses being available to a multi-professional audience.	

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'	
Strategic Objective 1.6: Fully implement and evaluate the 'Y Ty Dysgu' Education Delivery System (EDS)	
What is the purpose of the Objective and how it will make a difference? Implementation and roll out of the Y Ty Dysgu EDS will enhance HEIW's reputation as a provider of high-level education and training to the NHS workforce in Wales. It will provide a standardised approach (quality and financial) for HEIW's current provision of course management and delivery of online learning activities and KPI reporting and will act as a vehicle for the operational delivery of HEIW's CPD strategy and digital capabilities work.	
In Scope: The Y Ty Dysgu EDS will be the only system used across HEIW for the delivery of online learning and for event management. The scope will cover all learning developed and delivered by HEIW to the healthcare workforce in Wales; all learning developed in-house and delivered to HEIW staff; supporting and hosting learning developed by Health Boards and other stakeholders (this is to be further defined as the roll out progresses).	
Out of Scope: The Gwella Portal, which is Leadership focussed. Statutory and mandatory staff training on ESR.	
Executive Lead: Director of Digital Development / SRO: Head of Digital Strategy and Planning	
Key Deliverables for Year 1 (2022-23)	Key Quarterly Milestones for Year 1 (2022-23)
<ul style="list-style-type: none"> • Implementation of Y Ty Dysgu across HEIW. • Complete migration activity from third party systems in scope. • Decommission the Overt, Maxinity and other third-party systems. • Agree an approach for future hosting of education and training for the Health Boards. • Develop an evaluation process for the use and effectiveness of the EDS which will identify any barriers to use. • Development of the EDS further to suit the needs of HEIW. 	Q1 (April-June) <ul style="list-style-type: none"> • Work with the successful supplier to ensure the technical specification is met and the platform implementation work started. • Start work to prepare teams across the organisation. • Start the Dental, Pharmacy, Optometry and other third-party system pre-migration activity. • Provide EDS training sessions. • Support teams with learning resource development and network creation. • Define KPIs and data quality standards.
	Q2 (July-September) <ul style="list-style-type: none"> • Commence the Dental, Pharmacy, Optometry and other system migration activity (subject to a prioritised plan). • Commence work to onboard teams across the organisation. • Provide EDS training sessions. • Support teams with learning resource development and network creation.
	Q3 (October-December) <ul style="list-style-type: none"> • Continue work to onboard teams across the organisation. • Complete the Dental, Pharmacy, Optometry and other system migration activity (subject to a prioritised plan). • Provide EDS training sessions. • Support teams with learning resource development and network creation.
	Q4 (January-March) <ul style="list-style-type: none"> • Continue work to onboard teams across the organisation. • Complete the Dental, Pharmacy, Optometry and other system migration activity (subject to a prioritised plan). • Provide EDS training sessions. • Support teams with learning resource development and network creation.

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High level Deliverables for Year 2 (2023-24)
<ul style="list-style-type: none"> • A fully implemented and evaluated EDS used across the organisation and identifying new areas of work within HEIW
High level Deliverables for Year 3 (2024-25)
<ul style="list-style-type: none"> • Review option to extend the use of the EDS (to include social care).
What does success look like? 100% of online courses and virtual learning originating in HEIW being delivered through this system. Improved course booking processes and user experience which can be measured by an increase in the number of bookings and by customer satisfaction surveys. Standardised management of CPD. A financial model for CPD. Improved collection and monitoring of performance data. Increased delivery of multi-professional CPD. Movement of all online CPD courses from systems currently being used in HEIW to the EDS by end 2022/23. Registration of up to 50,000 healthcare workers enabling them to access on-line CPD by end 2022/23 with the functionality to register up to 160k Health and Social Care workers if required by 2024/25.
Outcomes for population/staff/patients by end Year 3: Improved access to flexible, good quality CPD. Successful migration from all third-party systems in scope with all online learning developed by HEIW and agreed stakeholders delivered via the single EDS. Improved information about provision and utilisation.
Output measures Year 1: Onboarding of all HEIW teams and defined KPIs as described above. Year 2: Increased delivery of multi-professional CPD as measured through KPIs. Year 3: Onboarding of wider stakeholder groups if agreed.

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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'

Strategic Objective 1.7: Lead, develop and embed a range of actions to support workforce and workplace wellbeing and colleague experience.

What is the purpose of the Objective and how it will it make a difference?

The Workforce Strategy for Health and Social Care puts wellbeing front and centre of all that we do. Covid-19 provided us with huge focus on how we increased our support staff wellbeing. The [Pearson Report](#) into learners' mental wellbeing (HEE) highlighted areas for improvement in the way we prepare our future workforce, which includes work-experience prior to studying for health professional education programmes and how we support our students during their training. We know that supporting both mental and physical wellbeing helps to attract new staff and retain existing staff, consequently improving patient care through an engaged, motivated, wellbeing focussed workforce. We will navigate wellbeing approaches, ensuring that they align with our compassionate leadership approach. We will curate resources, translate models and exemplar practice for use across Wales, to support the wellbeing of our NHS family in their current and future working lives.

Scope: This objective will be defined within our specific role as a statutory workforce system leader which is to ensure wellbeing of colleagues is front and centre of everything we do. Support the wellbeing of our students and trainees. Support the wider health and care system by curating and navigating wellbeing resources and support. Influence NHS Wales' organisations plans to deliver the ambition of the workforce strategy for health and social care. We will navigate wellbeing approaches, ensuring that they align with our compassionate leadership approach, and curate resources, translate models and exemplar practice for use across Wales, to support the wellbeing of our NHS family in their training and working lives.

Executive Lead: Deputy CEO/Director of Workforce & OD / SRO: Deputy Director of Workforce & OD

Key Deliverables for Year 1 (2022-23)

- Enhance our approaches to supporting the wellbeing of our Future Workforce by providing age-appropriate career information and guidance to create meaningful work experience to better prepare our prospective students, learners and workers.
- Support our students by setting and monitoring standards for wellbeing support through our education contracting and commissioning
- Support our trainees/PG students by reviewing our approach to wellbeing of trainees and PG students including our offer of the Professional support unit and how we hold joint responsibility with employers
- Supporting our NHS Family by providing system leadership and the curation and navigation of approaches and resources to improve retention by create conditions for staff to thrive

Key Quarterly Milestones for Year 1 (2022-23)

Q1 (April-June)

- Develop a Careersville work programme for the development of age-appropriate careers events and information for 14-18 year olds linked to 2 strategic priorities.
- Explore the extension of the professional support unit (PSU) services to ensure equity of access to all trainees.
- Review and refine trainee wellbeing and return to work support strategies.
- Scope opportunity for dental and pharmacy foundation trainees to be incorporated into current trainee relocation reimbursement arrangements.
- Ensure relocation arrangements are sustainable and supportive for medical and dental trainees.

Q2 (July-September)

- Review of work experience offerings and approaches across NHS Wales.
- Scope accessibility of PSU support for dental and pharmacy foundation trainees.
- Develop a generic 'welcome back' programme for returners.
- Review outcome of pilot relocation reimbursement annual allowance for medical/dental trainees.
- Develop resources and training to support self-awareness, selfcare, support signposting (for self and peers) and suicide risk awareness and prevention for students and trainees.

Q3 (October-December)

- Desktop review of exemplar work experience approaches across UK.
- A wellbeing 'check-in' for all students within two weeks of starting each placement is in place.
- Wellbeing think piece with recommendations for action, to support the retention of colleagues.
- Suite of digital wellbeing modules (e.g. mindfulness, fitness).

	<ul style="list-style-type: none"> • Scope the initial Wellbeing in Work Impact Resource (WiWIR) requirements. <p>Q4 (January-March)</p> <ul style="list-style-type: none"> • Agreed Careersville age-appropriate contributory work programme. • Training and/or guidance for educators, assessors and placement supervisors on support procedures for students with mental distress to allay fears of any detrimental impact of this disclosure upon future career prospects. • Evaluation of student wellbeing experience from our undergraduate programmes. • 'Enhancing training/working lives' conference/showcase. • WiWIR first draft.
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> • Develop and commence a 3 year work programme to refresh our approach to preparing our future workforce through meaningful work experience and age-appropriate information. • Evaluate the access to services, resources and training to support student, trainee and staff wellbeing to inform future developments and work programme. • Pilot the Wellbeing in Work Impact Resource (WiWIR). 	
High level Deliverables for Year 3 (2024-25)	
<ul style="list-style-type: none"> • Deliver year 2 of the 3 year work programme to refresh our approach to preparing our future workforce through meaningful work experience and age-appropriate information. • Continue to Pilot and refine future versions of the WiWIR. 	
<p>What does success look like?</p> <p>Colleague (including students and trainees) wellbeing underpins all that we do, evidenced by continually improving scores/feedback in staff and student surveys.</p>	
<p>Outcomes for population/staff/patients by end Year 3:</p> <p>Through providing system leadership in developing and embedding student, training and workforce wellbeing we are contributing to the ambition of an engaged, healthy and motivated workforce outlined in the Workforce strategy for Health and Social Care. Specifically this means that:</p> <ul style="list-style-type: none"> • Information and resources including toolkits to support students, trainees, supervisors, managers and staff are widely available and utilised. • Robust diagnostic and evaluation tools have been developed and are providing evidence of improvement. • Wellbeing measures are being implemented and monitored to track progress. • Learner and workforce related policies and practices are being designed with a focus on wellbeing. <p>Output measures</p> <p>Year 1: Revised approach to preparing our future workforce. Version 1 of the WiWIR, wellbeing training/development programmes. Conference/Showcase Event.</p> <p>Year 2: Pilot WiWIR.</p> <p>Year 3: Further enhancement and refinement of the WiWIR.</p>	

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'	
Strategic Objective 1.8: Improve recruitment and access to careers in the health and care sector in partnership with Social Care Wales (SCW).	
What is the purpose of the Objective and how it will it make a difference? We are experiencing shortages in many occupations and professional groups in many services and settings. Whilst there are a wide range of roles available that suit a diverse range of skills and interests, the public focus traditionally has been on just a small number of roles – the social worker, the nurse, the doctor. We need to increase our efforts in how we market and promote the hundreds of roles – and therefore opportunities available - at local, national or international level.	
In Scope: The promotion and marketing of all professions, all ages and all careers at a strategic level. Out of Scope: Providing careers advice to individuals.	
Executive Lead: Deputy CEO/Director of Workforce & OD / SRO: Deputy Director of Workforce & OD	
Key Deliverables for Year 1 (2022-23)	Key Quarterly Milestones for Year 1 (2022-23)
<ul style="list-style-type: none"> Develop Careersville as the primary resource for NHS Wales careers marketing, promotion and event management, taking opportunity to align with Train Work Live and We Care marketing campaigns when appropriate. Engage with stakeholders to inform the development of our Careers and Widening Access Strategy. Review and revise the governance arrangements for management and delivery of the Widening Access grant scheme. Review current schemes including medical careers and develop targeted schemes for shortage areas focussing particularly on actions to address the diversity of the workforce. 	Q1 (April-June) <ul style="list-style-type: none"> Engagement event to inform careers strategy has been delivered. Deliver interactive sessions to support application to University healthcare programmes. Review and refresh the governance arrangements to support the widening access programme incorporating the RCN Prince of Wales cadet scheme. Curate the medicine careers support we currently deliver.
	Q2 (July-September) <ul style="list-style-type: none"> Widen current Careersville approach to include 2 shortage professions to include 1x non-clinical role. Seek opportunities for streamlining widening access projects to maximise reach. Introduce information for adults thinking of a career in health and social care within Careersville, linking to TrainWorkLive and WeCare Wales.
	Q3 (October-December) <ul style="list-style-type: none"> Publish the Careers Strategy for NHS Wales. Create and 'apprenticeships' building in Careersville. Evaluate opportunities to develop an all-Wales Careers and Widening Access 'covenant'. Deliver a health and social care careers network event to showcase careers in health and social care to teachers and careers advisors. Determine gaps in medical careers support to inform where we can add value or bridge these gaps.
	Q4 (January-March) <ul style="list-style-type: none"> Develop 3 further Careersville 'buildings'. Develop a work experience toolkit for HB/Trusts. Evaluate the success of the widening access programmes since transfer from Welsh Government in 2020.
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> Implement an all-Wales Careers and Widening Access Covenant and work experience toolkit. Develop a Once for Wales approach to use of and development of skills-based career choice. 	
High level Deliverables for Year 3 (2024-25)	
<ul style="list-style-type: none"> Develop avatars and portfolio building capability within Careersville. 	

<ul style="list-style-type: none"> Assess the potential for developing a health and social care careers service as per the Workforce Strategy for health and social care.
<p>What does success look like?</p> <p>A national careers service is in place, providing services that are accessible for all ages and career stages. A recognised brand that aligns with our recruitment offer, attraction campaigns, and is available to Social Care, linked to targeted schemes for shortage areas, student graduation. A careers strategy which includes specific actions in relation to inclusion providing new and innovative ways to access careers in health and care.</p> <p>Outcomes for population/staff/patients by end Year 3:</p> <p>We will have a proactive approach to targeting specific shortages and in helping and supporting staff who want a change in career and direction. We will reach out to children and young people beyond our traditional paths to help shape their career choices and open access to the many people in our communities that have valuable skills and experience currently underrepresented in our workforce. We will also aim to influence our NHS processes for recruiting people to be underpinned by our values and is as smooth and efficient as possible, reinforcing NHS Wales’ reputation as an excellent place to work right from the start.</p> <p>Output measures</p> <p>Year 1: Number of people accessing Careersville/Tregyrfa.</p> <p>Year 2: Increase in promotion of health and social care careers including number of live events, bespoke campaigns and support sessions for specific age groups.</p> <p>Year 3: Strengthening of the health and social care careers network to underpin a national careers service development.</p>

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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’	
Strategic Objective 1.9: With partners in NWSSP and DHCW, develop our workforce intelligence function to inform strategic workforce planning and modelling for Wales	
<p>What is the purpose of the Objective and how it will it make a difference?</p> <p>This objective is key to ensuring access to robust data which we require to fulfil our statutory functions and delivery. Currently there are a range of systems containing workforce data including ESR, WNWRS, NDR. Access to the appropriate level and quality of data is key to understanding our current workforce, and to accurately forecast and model the need, supply and shape our future workforce. We currently rely on a range of partners, some of whom are data controllers, and some who are responsible for ensuring the quality of data within the systems and this complexity results in barriers to the effective delivery of our statutory function. This strategic objective will agree the way forward and will clarify the mechanisms and responsibilities by each of the partners to enable the delivery of our future vision for excellence in workforce intelligence.</p> <p>Scope: This objective will bring partners together, to provide clarity and agree the mechanisms for HEIW to gain appropriate access to the detailed workforce information which underpin strategic workforce planning. Of key importance is the quality of the data in the reporting systems, and access to the data we require to produce our workforce analytics and intelligence. It will clarify the responsibilities relating to data ownership, data control, data standards, data quality and the systems holding the data. The objective is closely aligned to our wider data strategy objective.</p>	
Executive Lead: Deputy CEO/Director of Workforce & OD / SRO: Head of Data & Analytics	
Key Deliverables for Year 1 (2022-23)	Key Quarterly Milestones for Year 1 (2022-23)
<ul style="list-style-type: none"> Develop phase 1 Project Initiation Document (PID). Establish partnership working arrangements to progress this work. Define our data requirements to enable us to discharge our statutory responsibilities. Create the governance mechanisms required. Ensure close alignment to HEIW data strategy and the recommendations from the data maturity review. Develop the vision for the Centre of Excellence to inform the outline business case in 2023-24. 	<p>Q1 (April-June)</p> <ul style="list-style-type: none"> Phase 1 PID developed. Partners identified to take this work forward. Resource to lead technical and project arrangements is identified. Programme governance agreed.
	<p>Q2 (July-September)</p> <ul style="list-style-type: none"> Current mechanisms for data collection, data access and data sharing arrangements across partners is clarified. Organisational need is scoped to inform future arrangements. System need is scoped.
	<p>Q3 (October-December)</p> <ul style="list-style-type: none"> Develop roadmaps to achieve objective outcome to include: <ul style="list-style-type: none"> Improvements in data quality. Alignment to HEIW data strategy. Sharing and access of data.
	<p>Q4 (January-March)</p> <ul style="list-style-type: none"> Workforce data sharing agreement requirements between relevant partners and HEIW are in place. Consider need for any further business case.
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> Further develop our workforce analytics approach as system leaders in national workforce intelligence. Develop an outline Business Case for the establishment of the Centre of Excellence. 	
High level Deliverables for Year 3 (2024-25)	

- Establish the Centre of Excellence and seek opportunities for future expansion to Social Care Wales (subject to agreement) building on the set-up experience and evaluation of the HEIW model.

What does success look like?

We have high quality standardised data sets, analytical methods and sophisticated modelling techniques to support workforce planning, development and productivity. This facilitates benchmarking and opportunities to improve efficiency to ultimately help us understand our workforce shape and supply, to inform future workforce need, skills and transformation. including in how we attract and recruit our future workforce as well as how we deliver further workforce modernisation, new roles and extended skills.

Outcomes for population/staff/patients by end Year 3:

We recognise that we need to improve our understanding of our workforce, not only nationally but regionally and locally. By developing analytical methods and sophisticated modelling techniques to support workforce planning, development and productivity across health and social care, we will develop a shared understanding of workforce data so that we turn our information into robust intelligence that will underpin decisions relating to our workforce.

Output measures

Year 1: Data requirements are understood by all parties, access and responsibilities are agreed.

Year 2: Centre of Excellence vision is developed and scoped.

Year 3: We are innovating and moving the workforce analytics agenda forward through the Centre of Excellence vision aligned to our data strategy.

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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'	
Strategic Objective 1.10: Improve the quality of strategic workforce planning across NHS Wales, by curating and harnessing renowned external expertise, developing education and training for NHS organisations and providing strategic workforce planning expertise and advice to support NHS organisations.	
What is the purpose of the Objective and how it will it make a difference? Our 10-year Workforce Strategy for Health and Social Care highlighted the need to improve the way we plan our future workforce. As the health and care needs of our population, demographic and working patterns continue to change, it is essential for us to have access to high quality information and opinion, technical data, combined with the needs of our partners to support our workforce planning. This objective will contribute to the future development of the Centre of Excellence (CoE) for Workforce Intelligence which will include an observatory function, capability building, workforce strategy development and enhanced workforce intelligence, designed around our triple lock OD approach to strategic workforce planning - Engagement, Research and Technical Analysis which come together to inform the decisions and plans that we create.	
In Scope: Curation and accessibility of expert opinion and resources, capacity building in Workforce Planning (WFP) Out of Scope: Development of local workforce plans and workforce data and analytics which are included in separate objectives.	
Executive Lead: Deputy CEO/Director of Workforce & OD / SRO: Head of Strategic Workforce Planning	
Key Deliverables for Year 1 (2022-23)	Key Quarterly Milestones for Year 1 (2022-23)
<ul style="list-style-type: none"> Develop the project plan and governance arrangements to oversee development and delivery of our strategic workforce planning observatory. Create partnerships with key organisations, think tanks and acknowledged experts to curate resource and expert opinion, analyse workforce trends, population and social needs to inform workforce forecasting, modelling and scenario planning. Commission work with appropriate partner to provide a research-based overview of the workforce context for Wales. Create a digital presence to enable publication and sense making of recent research and development. Develop a 3-year plan for improving WFP capability across NHS Wales commencing with improving capability in HEIW. Scope the development of academic/accredited WFP training. 	Q1 (April-June) <ul style="list-style-type: none"> Define and publish our definition and approach to strategic workforce planning. Create a digital strategic workforce planning presence to host resources, events and networks. Develop and implement an operating model for the digital presence with first year timetable of activity for wider implementation across HEIW and NHS Wales organisations, and extensively market. Identify and progress opportunities for partnership working with recognised expert bodies and think tanks. Develop a mechanism for identifying workforce planning training needs, to inform the development of a 3-year plan for improving WFP capability across NHS Wales, commencing with HEIW. Embed new workforce planning guidance, toolkit and resources in IMTP Guidance.
	Q2 (July-September) <ul style="list-style-type: none"> Commence the build of our digital observatory resource library, curating the results of horizon-scanning recent research and developments, analyse workforce trends, population changes, social and service needs to inform workforce forecasting and scenario planning. Provide a schedule of guest leadership blogs, events and interviews. Review existing Qualifications (e.g. Strategic Planning, Healthcare Managers, CIPD, HPMA) and identify common core competences. Roll out Facilitators Guide for Programme Managers to support National WFP.
	Q3 (October-December) <ul style="list-style-type: none"> Create a series of virtual strategic workforce planning networks. Align career pathway for workforce planners to Education Career Pathway(s) Level 1-9. Draft a competence framework for non-specialist workforce planners. Engage with WFP specialists on the scope and shape of an academic/accredited WFP qualification(s).

	<ul style="list-style-type: none"> Develop of a 3 year plan for improving WFP capability (including data analytical skills) across NHS Wales, commencing with HEIW.
	Q4 (January-March) <ul style="list-style-type: none"> Develop interactive tools and resources on digital platform for WFP. Undertake training needs analysis for WFP skills. Undertake gap analysis. Define the process for development of academic/accredited WFP training.
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> Continue to develop the observatory through the digital portal Commission delivery of a workforce planning specialist qualification and training. 	
High level Deliverables for Year 3 (2024-25)	
<ul style="list-style-type: none"> Observatory function is well established and we have delivered a range of publications. 	
What does success look like? This work is set against a backdrop of a demographic profile that forecasts fewer people of working age available to work in health and social care roles, which presents a significant challenge to health and social care services. By improving strategic workforce planning skills we better understand the shape and supply of our workforce, and the influence on changing medical technologies, and identify where and how key areas need to be addressed, including the ability to deliver our health and care in the Welsh language.	
Outcomes for population/staff/patients by end Year 3: Improved workforce planning in line with the aims of the Workforce Strategy for Health and Social Care.	
Output measures Year 1: Increased capability in WFP across HEIW with training resources and support available across NHS Wales. Year 2: Support for specialist workforce planners, including enhanced support and specialist qualifications. Year 3: Capability is improved across health and social care environments, supported by specialist mentoring from HEIW.	

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Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs

Strategic Objective 2.1: Improve and develop roles (including 'Generalist' and 'Extensivist' roles) and programmes, informed by and aligned to the recommendations of 'The Future Doctor Programme' (2020).

What is the purpose of the Objective and how it will make a difference?

This objective is driven by a need to establish a sustainable healthcare workforce that can deliver high-quality, person-centred care in the 21st century. It focuses on the role of the doctor within the context of the future multidisciplinary team and how they interact with the evolving roles of other healthcare professionals. Through reform of medical education and training (informed by recommendations in the 'Future Doctor' (2020 – a co-created vision for the future clinical team) it aims to equip the medical workforce with the skills to manage complex care, understand the communities they serve, and work across health care with a broad skillset. This requires that they better understand population needs, develop general skills and work effectively in a multi-professional team. Aligned to the recommendations in the Future Doctor there is a need to embed generalist skills underpinned by the GMC's Generic Professional Capabilities across the first five years of postgraduate training. Acquiring enhanced generalist skills early on in medical careers will enable all doctors working across the NHS to adapt to the changing landscape of delivery of 21st century healthcare and provide an increased understanding of the population and local health systems in which they work and train.

In Scope: Initial focus is the role of the doctor, in particular the development of 'Generalist' and 'Extensivist' roles and the reform of medical education and training. However, as the doctor role is considered in the context of future clinical teams and the transformed multi-professional team it also includes education, learning and development across roles and training in medicine, nursing and allied healthcare professions. **Out of Scope:** Changes to medical training curricula.

Executive Lead: Medical Director / SRO: Director of Educational Improvement & Governance

Key Deliverables for Year 1 (2022-23)

- Implement the outcomes of the engagement event held in January that identified opportunities for development of a multi-professional workforce to meet future population need.
- Develop a programme of work encompassing projects aimed at enhancing postgraduate medical training and 'future-proofing' medical roles in the context of multi-professional training and working.
- Promote and support learning through both flexible and traditional models of education
- Facilitate enhanced generalist skills in medical training programmes.
- Agree our education, learning and development principles and test for implementation
- Work with education providers to embed shared understanding of healthcare roles across

Key Quarterly Milestones for Year 1 (2022-23)

Q1 (April-June)

- Collate and review data from 21/22, including (Future Doctor) stakeholder event feedback.
 - Pilot new programme – GP Integrated Care Fellowship* (Future Doctor, Theme 2 - 'Extensivist').
 - Evaluate current medical HEIW Generic Curriculum and develop plan to test with AHPs/ Nursing colleagues.
 - Establish Generalist Programme Board (Future Doctor, Theme 2 - 'Generalist').
 - Work with Nursing on placement quality (Future Doctor, Theme 4 - 'Transformed Multi-professional Team') underpinned by HEIW Quality Framework.
 - Scope sustainable healthcare in HEIW (Future Doctor, Theme 5 – 'Sustainable Healthcare' (links with Objective Sa3b).
 - HEIW Careers Group explore options (Future Doctor, Theme 7 – 'Careers').
- * Fellowship enabling post-CCT skills development to support GPs to develop enhanced skills to serve rural communities

Q2 (July-September)

- Develop and implement sustainable healthcare pilot.
- Continue GP Integrated Care Fellowship piloting.
- Work with Leadership team to embed compassionate leadership into all healthcare training programmes, including medicine and dentistry.
- Scope options and local pilot (generalist) projects for Wales.

professions and multi-professional approaches to training	Q3 (October-December) <ul style="list-style-type: none"> • Bid for Topol Digital Fellowships (Future Doctor, Theme 6 – ‘Technology’). • Implement Future Healthcare Professions Forum. • Continue and receive feedback from GP Integrated Care Fellowship pilot. Scope options and local pilot (generalist) projects for Wales.
	Q4 (January-March) <ul style="list-style-type: none"> • Start evaluation of GP Integrated Care Fellowship. • Develop sustainable healthcare forum for HEIW. • Establish Generic Curriculum modules aligned to Generalist key themes.
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> • Continuation of activity developed/initiated in 2022/23. • Evaluate change via internal evaluation (ERIIC). 	
High level Deliverables for Year 3 (2024-25)	
<ul style="list-style-type: none"> • Further actions in response to evaluation or move to BAU. 	
What does success look like? Embedded principles for education, learning and development across healthcare professions that provides the workforce with the skills to manage complex care, understand the communities they serve, and work across health care. An approach that resonates with the workforce and people of Wales to support HEIW to be known as a centre of excellence in high quality healthcare education for workforce and service transformation. Commissioning of the right programmes to ensure the right professionals are in the right roles to deliver the care needed by the people of Wales.	
Outcomes for population/staff/patients by end Year 3: Future roles scoped, considered and pilots implemented that produce a change, providing high-quality healthcare in line with the principles of the Future Doctor report.	
Output measures Year 1: GP Integrated Care Fellowship, Application of Sustainable Healthcare principles, HEIW Quality Framework embedded across professions. Year 2: Digital (Topol) Fellows in place, programme evaluated, multi-professional careers group. Year 3: TBC in line with programme evaluation.	

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Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	
Strategic Objective 2.2: Lead the implementation of new contracts for Phase 1 of the Strategic Review of the commissioning of health professional education.	
What is the purpose of the Objective and how it will it make a difference? New contracts will result in over 30,000 graduates from 2025-2035. Phase 1 will embed key skills and values into the future workforce before registration including, Compassionate Leadership, digital literacy, greater understanding of their own professional identity and what they bring to the multi-disciplinary team, a greater appreciation and understanding of value and influence of other professions and a greater understanding of Welsh Culture and basic Welsh conversation. The new contracts will provide greater opportunities across all areas of Wales – including a focus on the most rural areas and incorporate incentives for students from the most deprived areas.	
In Scope: Following award of contracts the scope is to ensure that all new provision meets the tender specification, incorporates all key themes, achieves regulator approval and that all courses commence on time with full recruitment of commissioned numbers and manage transitions to the new arrangements where needed. As well as the mobilisation year, mechanisms are in place to provide assurances that the small number of programmes that have not been re-commissioned are supported and fit for purpose.	
Executive Lead: Director of Nurse & Health Professional Education / SRO: Deputy Director of Education Commissioning & Quality	
Key Deliverables for Year 1 (2022-23)	Key Quarterly Milestones for Year 1 (2022-23)
<ul style="list-style-type: none"> Each contract to begin one year prior to student enrolment (September 2021) enabling for a mobilisation year. All contract clarifications requested by HEIs provided by September 2022. 2022 courses approved by the regulator (NMC / HCPC). First cohort of students to go through new courses. Performance Monitoring Framework (Aligned to HEIW Quality Framework) developed and implemented. Performance reports for new contracts developed. 	Q1 (April-June) <ul style="list-style-type: none"> Continue monitoring HEIs to assess performance against contract specification, identifying issues on the issues log. Issues considered and risks identified for escalation to Steering Group with mitigation actions and updates. Ensure plans to support Cardiff University ODP students is robust and aligns with new ODP education developments.
	Q2 (July-September) <ul style="list-style-type: none"> All commissioned programmes accredited and approved by Professional Statutory and Regulatory Bodies. All contract checklists completed and signed-off by HEIW. All University checklists completed and signed off by HEIW. Students recruited to commissioned places. Provide assurances that Open University Distance Learning Nursing Students continue to receive a quality learning experience.
	Q3 (October-December) <ul style="list-style-type: none"> Commence quality cycle: HEIs required to submit entry data and monthly monitoring returns in November. Review National Student Survey, identify any areas of concern and engage with universities to produce a quality improvement plan. Assurance provided to the Education, Commissioning and Quality Committee of both the new programmes and also the three programmes with no new commissions (ODP & Clinical Photography education - Cardiff University and Distance Learning Nurse education in the Open University). Progress against key themes monitored.
	Q4 (January-March)

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	<ul style="list-style-type: none"> • Student and practice educator interviews as part of Quality cycle to provide assurance relating to new contracts. • Actions from National Students Survey reviewed, and improvements assessed. • Report on the graduation and recruitment of the final cohort of Clinical Photography students.
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> • Contracts embedded and achievement of key performance indicators and quality metrics. New contracts become part of BAU. 	
High level Deliverables for Year 3 (2024-25)	
<ul style="list-style-type: none"> • Quality of education is evaluated and improved through performance and quality framework process embedded in the contracting cycle. 	
What does success look like? All lots and sub-lots are awarded, and all key themes embedded, including access, bilingualism, multi-professional learning, diversity and quality. KPIs are met and inter-professional preparation for practice embedded within and across universities, with simulation / digital learning / digital skills at forefront of education delivery.	
Outcomes for population/staff/patients by end Year 3: Graduates working in Wales from 2025 onwards with enhanced Welsh language. Digital, improvement, leadership and team working skills	
Output measures Year 1: Data and Narrative to evidence HEIs are meeting contractual requirements, KPIs and participating in quality improvement planning and implementation. All Fill rates above 97.5% across all programmes. Year 2: KPIs of contracts Year 3: KPIs of contracts plus healthcare professionals graduating in 2025 with enhanced Welsh Language, Digital, Improvement, Leadership and Team working skills.	

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Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs

Strategic Objective 2.3: Lead Phase 2 of the Strategic Review of the commissioning of health professional education.

What is the purpose of the Objective and how it will make a difference?

For advanced and extended practice education HEIW have used the existing contracts held with universities to commission this education since the introduction of funding from Welsh Government and these will be reviewed in line with the themes of the Phase 1 Review. There are also several postgraduate (PG) programmes that have time limited contracts in place. Phase 2 will ensure there are robust contractual arrangements and governance structures in place to ensure that the education is of high quality, fit for purpose and reliable given the growth in investment. It also allows a process to be established where this becomes core business for HEIW, and there is planned periodic review of the PG education offer. PG education is key in supporting the transformation agenda, service improvement, and patient experience. In Year 1 we will deliver stakeholder engagement for all project areas and robust procurement processes to ensure the correct contractual arrangements are established in line with the themes of the Strategic Review. By the end of Year 3 HEIW will have commissioning portfolio of agile and flexible education that meet the needs of the workforce in Wales.

In Scope: Established Wales based post graduate education programmes, programmes delivered from English universities and potential new education programmes to support workforce development and the transformation and delivery of healthcare services.

Executive Lead: Director of Nurse & Health Professional Education / **SRO:** Deputy Director of Education Commissioning & Quality with Deputy Head of Education Commissioning & Quality subject expert

Key Deliverables for Year 1 (2022-23)

- Award of contracts for procurements outlined below:
 - o HCSW (Nursing) level 4 education.
 - o Medical genomics level 7 standalone modules.
 - o CAAPs.
 - o Work based learning framework.
 - o Clinical photography work-based learning.
- Medical ultrasound – work-based learning Qualification developed.
- Medical ultrasound – postgraduate diploma notice to trigger procurement and evaluation of bids.
- PTP part time; pathology, audiology and clinical engineering notice to trigger procurement and evaluation of bids.
- Authorisation of Blood transfusion programme notice to trigger procurement and evaluation of bids.
- Scoping of post-registration nurse education.

Key Quarterly Milestones for Year 1 (2022-23)

Q1 (April-June)

- Communication plan in place for Phase 2b.
- Evaluate Medical Genomics bids.
- Finalise Stakeholder Engagement on Non-Medical Authorisation of Blood Transfusion (NABT) Programme and finalise Invitation to Tender (ITT) and contract.
- Stakeholder engagement surrounding Clinical Photography.
- PTP Healthcare Sciences – finalise contract and ITT.
- Trigger L4 Healthcare Support Worker (HCSW) procurement.
- Award contracts for AHP / Healthcare Science Consultancy.
- Design contract for Critical Care Level 7 modules.
- Engagement plan established.
- Stakeholder engagement.

Q2 (July-September)

- National Stakeholder Engagement Event engagement - including patient engagement.
- Award Medical Genomics Contracts.
- Trigger NABT, Healthcare Science and Critical Care tender process
- Evaluate HCSW bids.
- Stakeholder Engagement re: Future Community Nurse education standards and the implications on commissioning.

Q3 (October-December)

- Evaluate NABT, Healthcare Science and Critical Care bids.
- NABT Governance Approval and award contracts.
- HCSW Governance Approval and award contracts.

	<ul style="list-style-type: none"> Define scope of next phase of procurement following stakeholder engagement.
	Q4 (January-March) <ul style="list-style-type: none"> Award NABT, Healthcare Science and Critical Care contracts. Finalise communication and engagement plan for next phase. Monitor implementation of all contracts awarded in 2022 to ensure the benefits are embedded within the new programmes.
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> Evaluate tenders and award contracts for those Phase 2B programmes which have undergone consultation and ITTs have been developed. Commence Phase 2c procurement exercise/scoping. Quality of education is maintained through performance and quality management cycle and move Phase 2a to BAU. 	
High level Deliverables for Year 3 (2024-25)	
<ul style="list-style-type: none"> Continued quality of education is maintained through performance and quality management cycle and move Phase 2b and 2c to BAU. Additional project areas scoped if necessary. 	
What does success look like?	
HEIW will have portfolio of agile and flexible education that meet the needs of the workforce in Wales in line with the themes of the Strategic Review.	
Outcomes for population/staff/patients by end Year 3:	
Graduates working in Wales from 2023 onwards with enhanced Welsh language. Digital, improvement, leadership and team working skills.	
Output measures	
Year 1: New contracts in place in line with programme plan. KPIs of contracts.	
Year 2: New contracts in place in line with programme plan. KPIs of contracts.	
Year 3: New contracts in place in line with programme plan. KPIs of contracts.	

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Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs

Strategic Objective 2.4: Support the modernisation of the pharmacy workforce, plan for and implement the Initial Education and Training Standards for Pharmacists (IETP).

What is the purpose of the Objective and how it will make a difference?

The pharmacy regulator has mandated changes to the initial education and training of pharmacists (IETP). The changes will mean that pharmacists will have enhanced clinical skills including independent prescribing (IP). At the point of registration pharmacists will be able to provide enhanced patient services within a multi-professional team. In Year 1 HEIW will commence a number of change programmes as noted in the key deliverables below. The major deliverable will be a business case to Welsh Government for new investment for increased quality and quantity of clinical placements in the four year MPharm degree. By Year 3 changes to the four year MPharm must be completed to allow students to enter the foundation year and complete the whole new programme by 2026.

In Scope: Implementation of IETP standards across Pharmacist education and training in Wales – undergraduate, foundation and post registration.

Out of Scope: Pharmacy Technicians.

Executive Lead: Medical Director / **SRO:** Pharmacy Dean

Key Deliverables for Year 1 (2022-23)

- Post-Registration Foundation Pharmacists 2022/23 intake - in partnership with HEIs start delivery of the new transition pathway for IETP to include IP outcomes.
- Complete negotiations with HEIs regarding the proposed funding of clinical placements within MPharm to support the transition of learning outcomes.
- Submit business case to Welsh Government for the new investment in pharmacy undergraduate clinical placements.
- Develop the infrastructure to support increased pharmacy clinical placements.
- Iterative development, continuous improvement and quality management of Foundation Training Programme and move to fully multi-sector delivery.
- Ensure all pharmacists in Wales identified (or self-identified) as requiring an IP qualification have access to IP training.

Key Quarterly Milestones for Year 1 (2022-23)

Q1 (April-June)

- Recruitment to new Post-Registration Foundation training programme completed.
- Submit business case for first phase of funding for clinical placements within HEI/MPharm.

Q2 (July-September)

- Commence Post-Registration Foundation transition pathway.
- Pilot to start enhanced funded Clinical Placements in Wales (3/4yr MPharm students).
- Start the iteration of the Pre-Registration Foundation curriculum to align to IETP for 2023/24 intake.
- Start the development of the infrastructure to support increasing clinical placements from 2023.

Q3 (October-December)

- Start the iteration and development of a Post-Registration Foundation pathway for 2023/24 intake.
- Pharmacy planning cycle – engage with internal stakeholder and submit any necessary business cases/change requests.

Q4 (January-March)

- 2022/23 intake – formal external review of Post-Registration Foundation transition pathway to inform changes for 2023/24 intake.
- Infrastructure to support increasing MPharm clinical placements in place.

High level Deliverables for Year 2 (2023-24)

- Implement funded clinical placements for Wales undergraduate programmes to deliver new IETP curricula.
- Increase numbers of post-registration foundation programme posts.
- Further iteration of the foundation programme to include new IETP curricula.
- Ensure all pharmacists in Wales identified (or self-identified) as requiring an IP qualification have access to IP training.

High level Deliverables for Year 3 (2024-25)

- Increasing quantity of clinical placements in undergraduate to deliver the MPharm new learning outcomes by 2025 entry into foundation.
- Develop an IETP pathway for Pharmacists for 2025/26 and secure funding for delivery.
- Ensure all pharmacists in Wales identified (or self-identified) as requiring an IP qualification have access to IP training.

What does success look like?

The mandatory changes to the IETP standards are expected to benefit the wider social economy and society. Wherever pharmaceutical care is provided, patients will be assured that the pharmacy team will be able to help patients to achieve the best from their medications and maximise their quality of life.

Outcomes for population/staff/patients by end Year 3:

Pharmacists will work closely with patients to minimise harm from medicines and increase the benefits which will improve patient outcomes. All pharmacists will be able to prescribe medicines, which means that they will be able to make any necessary changes to patient medication and only to refer back to doctors when necessary. Patients will be able to receive their care in the place of their choosing and wherever possible closer to home. Pharmacy will be part of the multi-disciplinary team managing the patient's care and referring patients appropriately to the right health care professionals at the right time. The changes in pharmacy education will enable pharmacists to play an increasing role in the full range of healthcare settings, in particular primary and community care. The greater focus on professional judgement, management of risk and diagnostic skills will enable pharmacists to increasingly use their expertise in medicines in ways that will support work such as de-prescribing and prudent healthcare, as well as helping to deliver A Healthier Wales. In addition, the pharmacist workforce will feel professionally empowered to utilise the skills and competence they have been trained for which will provide enhanced job satisfaction and motivation.

Output measures

Year 1: Numbers in first cohort for post-registration foundation programme. Numbers of undergraduates involved in pilot of experiential learning.

Year 2: Increasing numbers of existing community pharmacy workforce trained as Independent Prescribers. Volume of Experiential Learning placements available for year three and four undergraduates. Numbers of pharmacists with access to post-registration foundation programme. Increase in numbers of Designated Supervisors for Independent Prescribing.

Year 3: Experiential Learning placements available across the MPharm undergraduate programme. Fourth year undergraduates are completing the new learning outcomes in foundation year 2025/26.

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Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	
Strategic Objective 2.5: Support the modernisation of the pharmacy workforce, plan for and implement the Initial Education and Training Standards for Pharmacy Technicians (IETP)	
What is the purpose of the Objective and how it will it make a difference? The pharmacy regulator has mandated changes to the initial education and training of pharmacy technicians. The changes will mean that pharmacy technicians will have enhanced skills. At the point of registration pharmacy technicians will be able to provide enhanced patient services within a multi-professional team and changed skill mix model for the pharmacy team. It will be necessary for the existing workforce to be upskilled to the new standards. In addition, a clear career development pathway beyond registration must be produced to mirror and complement the changes to the pharmacist skills. In Year 1, HEIW will implement the new initial education and training programme, produce a plan to upskill the existing workforce and provide a clear development pathway for pharmacy technicians. At the end of Year 3, changes to the new initial education and training programme will see pharmacy technician registrants exiting with enhanced skills to support the new roles required within the NHS. All post registration pharmacy technicians will be on a journey to achieve the new skills within the new pre-registration programme and to be developing advanced skills.	
In Scope: Implementation of IETP standards across Pharmacy Technician education and training in Wales. Out of Scope: Pharmacists.	
Executive Lead: Medical Director / SRO: Pharmacy Dean	
Key Deliverables for Year 1 (2022-23)	Key Quarterly Milestones for Year 1 (2022-23)
<ul style="list-style-type: none"> Implement the new IETP Pharmacy Technicians Training Programme. Recruit 3 cohorts of Pre-Registration Pharmacy Technicians into the new training programme. Agree strategic plan and commence the implementation for Pharmacy Technicians post-registration. 	Q1 (April-June) <ul style="list-style-type: none"> Implementation of the new Pre-Registration Pharmacy Technicians training programme (cohort 1 recruited). Develop strategic plan and associated implementation plan for pharmacy technician career pathway post registration.
	Q2 (July-September) <ul style="list-style-type: none"> Implementation of the new Pre-Registration Pharmacy Technicians training programme (cohort 2 recruited). Agreed strategic plan and associated implementation plan for pharmacy technician career pathway post registration.
	Q3 (October-December) <ul style="list-style-type: none"> Start phase 1 of implementation plan for pharmacy technician career pathway post registration. Identify pharmacy technician training programmes for inclusion in Education and Training Commissioning.
	Q4 (January-March) <ul style="list-style-type: none"> Implementation of the new Pre-Registration Pharmacy Technicians training programme (cohort 3 recruited). Review implementation of new IETP programme and iterate or develop pathways for 2023/24.
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> Implementation of Phase 2 of post registration pathway. Completion of 2023 cohort training programme resulting in GPhC registration for Pre-Registration Pharmacy Technicians. Recruitment of Pre-Registration Pharmacy Technicians for 2024/25 cohorts (all Health Board commissioned posted as multi-sector). 	
High level Deliverables for Year 3 (2024-25)	
<ul style="list-style-type: none"> Implementation of Phase 3 of post registration pathway. 	

- Completion of 2024 cohort training programme resulting in GPhC registration for Pre-Registration Pharmacy Technicians.
- Recruitment of Pre-Registration Pharmacy Technicians for 2025/26 cohorts (all Health Board commissioned posted as multi-sector).

What does success look like?

The mandatory changes to the IETP standards for pharmacy technicians are expected to benefit the wider social economy and society. Wherever pharmaceutical care is provided, patients will be assured that the pharmacy team will be able to help patients to achieve the best from their medications and maximise their quality of life.

Outcomes for population/staff/patients by end Year 3:

Pharmacy Technicians will work closely with patients to minimise harm from medicines, support healthy lifestyles and ensure the accuracy of dispensed medication which will improve patient outcomes. All new Pharmacy technicians will have the skills on accuracy checking of dispensed medication and on medicine management, which means that they will be able to provide advice to patients on the use of their medicines and only refer to pharmacists or other health professionals when necessary. Patients will be able to receive their care in the place of their choosing and wherever possible closer to home. Pharmacy will be part of the multi-disciplinary team managing the patient's care and referring patients appropriately to the right health care professionals at the right time. By increasing the skills of the pharmacy technician workforce, pharmacists will be enabled to maximise the new skills acquired by the changes to their education and training. The pandemic has demonstrated the importance of healthcare professionals working together in multi-disciplinary teams and of resources being used flexibly in the interests of patient care. The changes in pharmacy education will enable pharmacy technicians to play an increasing role in the full range of healthcare settings, in particular primary and community care. In addition, the pharmacy technician workforce will feel professionally empowered to utilise the skills and competence they have been trained for which will provide enhanced job satisfaction and motivation.

Output measures

Year 1: Phase 1 of implementation for Pharmacy Technicians post-registration career pathway. Numbers on new career pathway.

Year 2: Numbers in first cohort for new programme completes in February 2024. Evaluation of implementation of new IET programme. Commence phase 2 of implementation plan for post-registration career pathway.

Year 3: 2nd and 3rd cohorts completing new programme in September 2024 and February 2025. Increasing numbers of pharmacy technicians across all sectors of practice register as pharmacy technicians with enhanced skills. Increasing numbers of existing workforce will have new skills and be providing enhanced pharmacy services to patients across Wales.

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Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	
Strategic Objective 2.6: Lead and promote a reduction in differential attainment in education and training in line with the Strategic Equality Plan.	
What is the purpose of the Objective and how it will it make a difference? Students and trainees at risk of differential attainment (DA) report lower levels of satisfaction with their work and the impact of trainees not achieving their full potential can lead to a significant negative effect on trainee health and wellbeing. Ultimately the most functional healthcare teams produce the most effective and safe patient care. Team members experiencing stress and burnout caused by exam failures and a perception of their work not being as valued as colleagues can have a negative impact on the success of the team.	
Scope: Includes students and trainees in all healthcare professions, HEIW commissions and provides training for. Evidence and measures of direct input and impact on service users including patients, staff, students, trainees and SAS doctors.	
Executive Lead: Medical Director / SRO: Postgraduate Dental Dean	
Key Deliverables for Year 1 (2022-23)	Key Quarterly Milestones for Year 1 (2022-23)
<ul style="list-style-type: none"> Develop, monitor and review a programme of activity to identify and address the DA gap in different health education and training areas e.g. medical, dental, pharmacy, nursing, AHP etc. Engage with key stakeholders in service, education and under-represented groups to identify barriers, raise awareness, develop discussions, inform progress and encourage collaboration. Review existing policies/interventions, links to wellbeing and mental health and make decisions on action to be taken to address any deficiencies/gaps in this area. Develop a toolkit of interventions for use in identifying and addressing the DA gap and improving outcomes. Establish and receive updates from task and finish groups as required to focus on specific actions within the implementation plan. 	Q1 (April-June) <ul style="list-style-type: none"> Identify administrative support for this work. Establish a DA Steering Group and reporting structure in HEIW – medical deanery group already established and will feed into steering group. Identify existing sources of information and research available in each area evidencing impact of DA.
	Q2 (July-September) <ul style="list-style-type: none"> Raise awareness of current research work, evidence around Differential Attainment (DA). Understand the challenges of addressing DA.
	Q3 (October-December) <ul style="list-style-type: none"> Develop metrics and mechanisms for monitoring and reporting DA in each area.
	Q4 (January-March) <ul style="list-style-type: none"> Identify and develop a range training resources and interventions in support of narrowing identified gaps and improving outcomes.
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> Data sources are identified, reporting metrics established. Evidence and measures of direct input and impact on service users including patients, staff, students, trainees and SAS Doctors. 	
High level Deliverables for Year 3 (2024-25)	
<ul style="list-style-type: none"> Materials are developed to provide ongoing training and education in DA. Reporting is embedded in existing systems and interventions are evaluated to ascertain improvements in outcomes where DA is recognised. 	
What does success look like? Data sources identified and in place to report on DA gaps and impacts. Resource/ framework developed to provide support for employers, educators and trainers. Reduced attainment gap, measurable by Royal College examination results for postgraduate trainees and training satisfaction, and equivalent for other professional groups.	

Outcomes for population/staff/patients by end Year 3:

A workforce in healthcare that does not experience adverse effects in education and training that may impact upon wellbeing, performance, progression and attainment and consequently patient care.

Output measures

Year 1: Ongoing training and education for medical educators on differential attainment.

Year 2: A formal structured WEST programme for GP trainees at risk of differential attainment.

Year 3: A formal structured programme for all medical trainees at risk of differential attainment.

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Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	
Strategic Objective 2.7: Maximise opportunities for work-based learning (WBL) and apprenticeships in health to promote the 'Made in Wales' ethos.	
What is the purpose of the Objective and how it will it make a difference? HEIW will enable Health Boards and Trusts to develop the clinical skills of their workforce to meet the future healthcare needs of the population of Wales. Work-based learning qualifications will be developed at education Levels 2 through to 7 to support the development of the registered and non-registered workforce. This work will also support the broader Welsh Government's objective with regards to the development of those individuals working within the foundational economy. As the Development Partner with Welsh Government for Health Apprenticeships HEIW will develop new and review existing health apprenticeships to ensure that they are fit for purpose and to enable organisations to invest in apprentices and maximise their levy contribution.	
In Scope: Work-based qualification development to support Phase 2 of the Strategic Review and HCSW development. Work with Social Care Wales to develop the joint workforce and upskill social care support staff in healthcare skills. Out of Scope: Non-healthcare apprenticeship frameworks.	
Executive Lead: Director of Nurse & Health Professional Education / SRO: Deputy Director of Education Commissioning & Quality	
Key Deliverables for Year 1 (2022-23)	Key Quarterly Milestones for Year 1 (2022-23)
<ul style="list-style-type: none"> Support all learners in clinical environments through the development and implementation of a WBL approach to support learning in practice for all students and trainees. Embed the required quality control systems and processes for WBL across NHS Wales to include all aspects of the WBL Governance Framework. Establish a process for the review of all Wales WBL resources to ensure that they are up to date. 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. Take responsibility for the registration of all 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. Development of work-based learning qualifications: 	Q1 (April-June) <ul style="list-style-type: none"> Evaluate bids for HCSW L4 education. Complete review of Health Informatics Apprenticeship Pathway. Assessor and IQA training delivered to build capacity across organisations and facilitate regional/national working. Embed SAR process across NHS Wales to demonstrate return on investment of HEIW's HCSW and Advanced/Extended Practice budgets and to share good practice across Wales. Essential skills scoping reviewed, and way forward agreed. Any required qualification reviews completed.
	Q2 (July-September) <ul style="list-style-type: none"> Complete review of Healthcare Science Apprenticeship Pathway. Process for the review of WBL resources agreed. Any required qualification reviews completed. Process established to allow HEIW to register learners on post registration WBL qualifications.
	Q3 (October-December) <ul style="list-style-type: none"> Any required qualification reviews completed. Review of SAR documents submitted by Health Boards and Trusts Review kite marking principles.
	Q4 (January-March) Any required qualification reviews completed. Hold an all-Wales SAR event to share good practice and identify any common themes for improvement.

<ul style="list-style-type: none"> ○ identified as part of Phase 2 of the Strategic Review. ○ that align with actions within the workforce strategy. ○ identified as a requirement within other POAPs. ○ Identified within organisational IMTPs. ○ Identified as a result of service reviews. 	
<p>High level Deliverables for Year 2 (2023-24)</p> <ul style="list-style-type: none"> • Develop a process to ensure that work-based learning qualifications and apprenticeship pathways are reviewed in a timely way making sure that qualifications remain up to date with the skills requirements for the NHS Wales workforce. • Identify and establish a detailed tender requirement for potential submission to WG for an NHS Wales Apprenticeship Frameworks contract. 	
<p>High level Deliverables for Year 3 (2024-25)</p> <ul style="list-style-type: none"> • Submit tender to WG to become a main contractor to draw down Apprenticeship Funding. If successful, this will allow more flexibility with regards to the delivery of apprenticeships on behalf and in collaboration with NHS Wales. • Suite of healthcare apprenticeship frameworks that are fit for purpose for NHS Wales with the most up to date and relevant qualifications within them. 	
<p>What does success look like? HEIW as the main contractor to draw down Apprenticeship Funding from Welsh Government to offer a wide range of opportunities across NHS Wales. Broad range of work-based learning qualifications from education levels 2 – 7 which meet the skills requirements of the NHS Wales workforce and support the increase in the number of Apprentices employed across NHS Wales.</p>	
<p>Outcomes for population/staff/patients by end Year 3: An NHS workforce that has the required knowledge and skills to deliver safe and effective care to the population of Wales and robust processes to respond in a timely manner to any changes that are required to support future staff development and providing opportunities for high-quality employment as part of the foundational economy.</p> <p>Output measures Year 1: HEIW established as the Awarding Body Centre for the registration of learners onto Level 6 and 7 work-based learning programmes. Increased number of Healthcare Apprentices. Year 2: Increased number of healthcare Apprenticeship Pathways for NHS Wales. Year 3: High quality work-based learning qualifications producing a highly skilled workforce.</p>	

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Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	
Strategic Objective 2.8: Develop and implement a multi-professional education and training quality framework.	
What is the purpose of the Objective and how it will it make a difference? HEIW is responsible for ensuring that there are high quality learning environments for all healthcare learners in Wales. We also have a statutory duty to secure continuous improvements in the quality of education and training. In order to effectively deliver these responsibilities, we will have a multi-professional quality framework setting out how we will identify, measure and improve quality in the education and training environment, in order to manage and assure the experience and outcomes of learners, and the experience and empowerment of patients as partners in their care. Appropriate and robust infrastructure underpinning this framework and supporting high quality learning environments across NHS Wales is required to ensure delivery of excellence in education and training across healthcare professions by ensuring access to high quality facilities and educational support so that the future healthcare workforce can achieve their potential in service provision to the NHS in Wales.	
In Scope: The quality of education and training across the healthcare professions underpinned by multi-professional educational infrastructure.	
Executive Lead: Medical Director / SRO: Postgraduate Dean	
Key Deliverables for Year 1 (2022-23)	Key Quarterly Milestones for Year 1 (2022-23)
<ul style="list-style-type: none"> Continue engagement with key stakeholders to refine a multi-professional Quality Framework Establish evaluation mechanisms to ensure robust feedback Launch the multi-professional Quality Framework through robust engagement Implement a multi-professional Quality Framework to underpin a system for ensuring high-quality education and training for the NHS Wales workforce. Establish a single section for quality planning, management and improvement for the Medical Deanery Establish matrix working arrangements with Nursing Directorate 	Q1 (April-June) <ul style="list-style-type: none"> Continue engagement with key stakeholders to refine a multi-professional Quality Framework Launch multi-professional Quality Framework for HEIW. Provide support for adoption of Quality Framework by internal stakeholders. Collate preliminary findings and stakeholder consultation outcomes of educational infrastructure review.
	Q2 (July-September) <ul style="list-style-type: none"> Commence review of medical Faculty Lead model. Review the adoption of the Quality Framework across HEIW. Assess recommendations of infrastructure review.
	Q3 (October-December) <ul style="list-style-type: none"> Review the adoption of the Quality Framework across HEIW. Plan for implementation of recommendations of infrastructure review. Collate outcomes of Faculty Lead review.
	Q4 (January-March) <ul style="list-style-type: none"> Report on the adoption of the Quality Framework across HEIW. Plan for implementation of recommendations of infrastructure review (incorporating planning for implementation of Faculty Lead review).
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> Evaluation of Quality Framework. Implementation of the recommendations of an educational infrastructure review. 	
High level Deliverables for Year 3 (2024-25)	
<ul style="list-style-type: none"> Fully operational Quality Framework across health professions. New funding allocation model for support of education and training infrastructure across Local Education Providers. Fit-for-purpose multi-professional educational infrastructure and models of working. 	
What does success look like?	

A published and implemented HEIW multi-professional Quality Framework providing a consistent and co-ordinated approach to Quality Planning, Quality Management, Quality Improvement and Quality Assurance across health professions underpinned by appropriate educational infrastructure across NHS Wales.

Outcomes for population/staff/patients by end Year 3:

Delivery of high-quality education and training and access to high quality facilities and educational support so that the future healthcare workforce can achieve their potential in service provision to the NHS in Wales. The maintenance of high-quality training and an environment that ensures good quality patient care is closely associated with patient safety.

Output measures

Year 1: Implementation and review of uptake of Quality Framework. Measures of quality education and training.

Year 2: Evaluation and refinement of Quality Framework. Measures of quality education and training.

Year 3: Initial consideration of impact of Quality Framework. Measures of quality education and training.

English Catherine
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Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs

Strategic Objective 2.9: Implement improvements to ensure equitable access to education and training for SAS (Staff Grade, Associate Specialist and Specialty Doctors) and locally employed (LE) doctors.

What is the purpose of the Objective and how it will make a difference?

SAS and locally employed doctors are a heterogeneous group and there are many different factors involved in career decision making for SAS and locally employed doctors. Historically the culture and support surrounding SAS doctors has been poor with low morale and lack of opportunities to progress. There is also a significant number of these doctors who have an international medical qualification. The recently updated SAS contract with the advent of the advocate role in addition to the BMA SAS charter has meant there has started to be a shift in how this role is viewed. Ultimately, we in HEIW want to ensure SAS doctors have a level playing field in terms of education and development opportunities that our trainee doctors in Wales enjoy. The vision is to ensure that the SAS career pathway is an attractive opportunity for doctors and that it will give them the opportunities to develop within their role, potentially take on specialist doctor roles in the future and successfully follow the Certificate of Eligibility for Specialist Registration (CESR) route. Our responsibility to locally employed doctors is to ensure the correct support is available to those who are having challenges progressing in their careers.

In Scope: Increasing development opportunities for SAS doctors and making support opportunities accessible to locally employed doctors.

Executive Lead: Medical Director / SRO: Director of Medic Professional Support and Development

Key Deliverables for Year 1 (2022-23)	Key Quarterly Milestones for Year 1 (2022-23)
<ul style="list-style-type: none"> Review the current HEIW structures supporting SAS and locally employed doctors. Assess the impact of interventions already delivered. Review the role and responsibilities of the SAS tutor following the development of the new SAS advocate role. Develop a plan to deliver good quality and cost effective continuing professional development to SAS doctors. Review the current budget for SAS doctors to ensure cost effectiveness and value. Develop appropriate support and development opportunities for SAS and LE doctors who are international medical graduates. Align work done in this area across NHS Wales to share expertise/resource and reduce replication. 	<p>Q1 (April-June)</p> <ul style="list-style-type: none"> Map what specialty school learning opportunities are currently accessible to SAS doctors. Map numbers of doctors currently embarking upon the CESR route. Complete a mapping exercise of current structures supporting SAS and locally employed doctors in HEIW and across Wales. Develop a plan on how the support structures in place could be developed further to support SAS doctors. Explore opportunities for SAS doctors to access training opportunities to trainees e.g. generic curriculum. Scope opportunities for support and development for SAS doctors who are international medical graduates.
	<p>Q2 (July-September)</p> <ul style="list-style-type: none"> Map current CPD opportunities delivered to SAS doctors centrally and locally. Map careers advice needs of SAS doctors. Review current funding arrangements for SAS doctors to ensure cost effective delivery of development opportunities. Engage with UHBs to ensure alignment of ambitions and clarity regarding roles, responsibilities and expectations. Develop specific support and development opportunities for SAS and LE doctors who are International Medical Graduates (IMGs).
	<p>Q3 (October-December)</p> <ul style="list-style-type: none"> Develop and implement an evaluation exercise to assess impact of measures in place to support SAS and locally employed doctors. Develop a CPD plan for delivery to SAS doctors across Wales.

	Q4 (January-March) <ul style="list-style-type: none">• Report evaluation of measures in place to support SAS and locally employed doctors.• Evaluate impact of support and development opportunities for SAS and LE doctors who are IMGs.
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none">• Evaluate impact of support and development measures already implemented for SAS doctors and LE doctors.	
High level Deliverables for Year 3 (2024-25)	
<ul style="list-style-type: none">• BAU.	
What does success look like?	
Outcomes for population/staff/patients by end Year 3: <p>Improved job satisfaction and morale for SAS doctors, increased numbers of SAS doctors appointed to new specialist role and increased number of SAS doctors embarking upon CESR route.</p>	
Output measures: <p>Year 1: Increased job satisfaction for SAS doctors. Year 2: Increased CESR applications. Year 3: N/A.</p>	

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Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs

Strategic Objective 2.10: Lead the development and implementation of a multi-professional strategy for Simulation-Based Education and Training

What is the purpose of the Objective and how it will make a difference?

HEIW is aspiring and driving for excellent Interprofessional Simulation Based-Education and Training and we will lead the development of a highly trained health and care workforce able to deliver high quality, safe and sustainable patient care across Wales. It is widely acknowledged that simulation-based education provides a cost-effective mechanism for training if used properly. Individuals can use simulation to replicate clinical scenarios to allow the acquisition of clinical skills through deliberate practice learning from their mistakes without the fear of harming the patient thus improving patient care and safety. It is also recognised that trained staff are then less likely to make errors or life-threatening costly errors and it can reduce healthcare costs through improvement of individual or team competencies. A centralised approach to use and development of simulation-based education and identification and development of all Wales requirements will also add value by providing understanding of exactly how and where simulation can be used most effectively to improve training quality, educational outcomes and trainee experience. The pandemic has provided significant impetus to progress HEIW's simulation-based education work given the fundamental importance simulation will play in the future delivery of training of the healthcare workforce, development of clinical skills and safe future interprofessional practice.

In Scope: Coordinating, promoting and inspiring the delivery of exemplary simulation-based education and training accessible to all across the health and social care workforce in Wales through promotion of standards for delivery and best practice. Advancing interprofessional simulation-based education and training and further build a culture of collaborative learning, effective teamworking and quality improvement ensuring that it is efficient and value for money. Embedding simulation-based education and training as invaluable and fundamental for the development of a Welsh multi-professional health and social care workforce in supporting improvements for patient and service user experience, safety and care. The Welsh health and care simulation education and training community is inclusive of all involved in the delivery of simulation across the Welsh health and care workforce. **Out of Scope:** Direct provision of simulation-based education and training or the facilities and equipment used for its delivery. Setting of standards for simulation-based education and training.

Exec Lead: Medical Director / SRO: Director of Educational Improvement & Governance

Key Deliverables for Year 1 (2022-23)

- Implementation of key priorities within the All-Wales Simulation-Based Education and Training Strategy for the Health and Care Workforce Plan, and particularly:
 - Support and promote interprofessional simulation-based education and training (IPSBET).
 - Standardise the faculty approach for simulation-based education in Wales through faculty development.
- Develop lines of accountability to facilitate strategy implementation, particularly regarding quality assurance, IPSBET and accessibility.
- Work across HEIW to support the delivery of key resources, support structures and mechanisms needed for simulation.
- Enhanced and quality assured use of resources on appropriate virtual platforms.

Key Quarterly Milestones for Year 1 (2022-23)

Q1 (April-June)

- Hold annual simulation conference/event.
- Review progress made to date on developing HEIW simulation webpages and ensure readiness for launch in Q3.
- Engage key stakeholders regarding simulation-based interprofessional education and training.

Q2 (July-September)

- Outline a 12-month calendar of simulation education events and networking opportunities for Wales.
- Consider current priorities in evaluation of quality assurance in simulation education and training.
- Review progress and priorities in simulation faculty development.

Q3 (October-December)

- Launch interactive HEIW simulation webpages that allow communication, networking and dissemination of simulation events across Wales.
- Complete simulation accessibility report.
- Consider how best to incorporate immersive technologies into health and care training.

Q4 (January-March)

- Promote and disseminate relevant initiatives and examples of good practice.
- Pilot new simulation Quality Assurance evaluation tools.
- Explore unrecognised/unacknowledged simulation that is delivered across Wales.

<ul style="list-style-type: none"> Disseminate and promote simulation developments in Wales. 	
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> Evaluate impact of simulation strategy together with ERIIC. Finalise advanced faculty training resources. Evaluate IPSBET pilot projects and disseminate good practice. Identify how immersive technologies could potentially be made sustainably accessible to all across the Welsh health and care workforce. 	
High level Deliverables for Year 3 (2024-25)	
<ul style="list-style-type: none"> Identify the funding needed to deliver sustained simulation-based interprofessional education and training at scale. Explore how standards are being maintained across simulation training and education. Develop expert level faculty training resources. Evaluate the impact of initiatives that have been promoted to improve accessibility of simulation-based resources to all across the health and care training workforce. 	
What does success look like? A clear Simulation Strategy supported by a number of sub-strategy plans, agreed investment, the continuing support to alternatives to face to face learning opportunities including the use of immersive technologies, as well as improved and safe access to use of simulation facilities, equipment, faculty and other resources, contributing to high quality education underpinned by standards.	
Outcomes for population/staff/patients by end Year 3: Improving access to training, contributing to the promotion of Wales as the place to TrainWorkLive and improved quality and safety pf patient care.	
Output measures see Key Deliverables, Quarterly milestones and High-Level Deliverables.	

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Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs

Strategic Objective 2.11: Lead the development and implementation of a digital capability framework for the healthcare workforce in partnership with Digital Health and Care Wales (for staff who are not digital specialists)

What is the purpose of the Objective and how it will make a difference?

The pandemic has demonstrated the system's capacity for rapid digital transformation. but this is not without challenges. Those unable to work, learn, or access critical services online tend to be already disadvantaged, and so the increased reliance on technology has had a compounding effect on inequality, health and wellness. This programme of work focusses on developing the digital capabilities of the 101,000 people employed in NHS Wales and will therefore also lead to increased digital participation and improving outcomes more broadly. We will lead the development and implementation of a digital capability framework for the healthcare workforce (for staff who are not digital specialists). The approach makes developing digital capability accessible and actionable for individuals, mapping to a range of professions, resources, and tools. It builds consensus around skills and capabilities, whilst allowing for contextualisation within different professions. This programme includes a process or tool whereby individuals can understand digital skills and capabilities, self-evaluate, and be signposted to relevant support and development. In Year 1 significant progress will be made in terms of scoping the work, reviewing existing frameworks, and drafting a framework for healthcare. This will have been piloted with Healthcare Science and Allied Health Professions. As this is an iterative implementation each phase informs the next phase of the rollout. By the end of year 3 the digital capability framework will be well embedded in healthcare, providing individuals, and groups, with the opportunity, skills and resources to continue to develop digital capabilities as technologies evolve.

In Scope: An effective, scalable and sustainable approach which can be rolled out in different professions, organisations and sectors. The programme includes the use of a digital platform to host a self-evaluation tool and provide one place to sign-post to a range of support and resources. This is dependent on timely procurement and implementation of a suitable platform. **Out of Scope:** The creation of resources to provide support and development. However, depending on the tool employed and therefore the data captured, any gaps in support can be identified and prioritised in the future.

Executive Lead: Director of Digital Development / SRO: Head of Digital Strategy and Planning

Key Deliverables for Year 1 (2022-23)

- Continue to implement iteratively, reviewing effectiveness and impact as the roll out progresses.
- Developed and implemented Phase 2 plan of the programme.
- Reviewed domains, subdomains, descriptive and capability statements with Nursing, and the Mental Health Workforce.
- Identified and mapped additional L&D resources.
- Developed an updated Digital Capability Framework (v1.0).
- Developed an online self-evaluation tool on the LMS.
- Completed a successful alpha test of the tool and framework with Nursing, and the Mental Health Workforce.
- Developed a plan for Phase 3, incorporating outputs from Phase 2.

Key Quarterly Milestones for Year 1 (2022-23)

Q1 (April-June)

- Phase 2 PID.
- Phase 2 Project Plan.
- Plan and initiate project(s) to continue programme of work, incorporating learning from Phase 1.
- Review and evaluate framework. If needed, co-create Role Profiles, and refine Descriptive/Capability Statements, with Nursing. Identify further existing resources and map to framework.

Q2 (July-September)

- Pilot framework with nursing.

Q3 (October-December)

- Review and evaluate framework integrating outputs from pilot. Pilot with another cohort.

Q4 (January-March)

- Framework v2.0.
- Phase 2 End of Project Report.

High level Deliverables for Year 2 (2023-24)
<ul style="list-style-type: none"> Continue to implement iteratively, reviewing effectiveness and impact as the roll out progresses.
High level Deliverables for Year 3 (2024-25)
<ul style="list-style-type: none"> The digital capability framework will be well embedded in healthcare, providing individuals, and groups, with the opportunity, skills, and resources, to continue to develop digital capabilities as technologies evolve.
What does success look like? An agreed digital capability framework and toolkit for staff who are not digital specialists in NHS Wales to support a reduction in inequality and promote health and wellness. Developing the digital capabilities of the 101,000 people employed in NHS Wales.
Outcomes for population/staff/patients by end Year 3: Improved understanding of digital capabilities, the opportunity to develop and evidence digital skills and the ability to continually develop digital skills as technologies evolve.
Output measures: Year 1: Defined process and governance structure. Digital Capability Framework v1.0 (domains, subdomains, descriptive and/or capability statements; resources mapped to framework; online self-evaluation tool). Successful pilot with AHP and Healthcare Science (success = good numbers, and rich, constructive feedback). Year 2: Digital Capability Framework v2.0 (updated based on outcomes from pilot). Successful pilot with Nursing (success = good numbers, positive feedback).

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Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	
Strategic Objective 2.12: Develop and implement modernised funding models to incentivise training and education in NHS Wales	
What is the purpose of the Objective and how it will it make a difference? In our role as a Strategic Health Authority and in line with our education and training functions we will consider funding mechanisms to make Wales an attractive environment in which to develop as a healthcare professional. In Year 1 we will develop a roadmap to consider and implement application and allocation of individualised trainee study leave budgets and establish potential ongoing funding mechanisms for historical postgraduate medical education contributions. We will also develop our thinking to advise on the revision of funding for training grade posts in NHS Wales and provide appropriate advice in relation to developments to policy changes impacting SIFT and bursary policy.	
In Scope: Internal - Funding mechanisms either allocated to or on behalf of HEIW and establish an agreed direction of travel for future approaches to enhance education and training. External – Engaging with appropriate stakeholders to support and influence appropriate delivery and application of identified approaches. Out of Scope: Responsibility for implementation of approaches outside of HEIW control and responsibility but will offer support and viewpoints to enhance operational and strategic approaches.	
Executive Lead: Finance Director / SRO: Deputy Director of Strategic Finance and Corporate Services	
Key Deliverables for Year 1 (2022-23)	Key Quarterly Milestones for Year 1 (2022-23)
<ul style="list-style-type: none"> Development of a roadmap to consider and implement application and allocation of individualised trainee study leave budgets. Scope and Develop proposals for funding postgraduate education centre contributions Development of options and analysis to revise the method of funding for training grade posts in NHS Wales. Develop advice for WG in relation to future policy options and arrangements in relation to SIFT and bursaries. 	Q1 (April-June) <ul style="list-style-type: none"> Establish small working group including NWSSP and Welsh Government to consider concept and application of an individualised study leave approach. A discussion paper developed considering opportunities and value of revising existing funding approaches for Training Grade Salaries
	Q2 (July-September) <ul style="list-style-type: none"> Process map and undertake analysis of existing study leave allocation process. Establish wider stakeholder group to consider options and recommendations for future study leave. Internally review existing funding mechanisms for Postgraduate Medical and Dental education centre contributions. Engage with WG on future policy direction to develop advice and options on future approaches.
	Q3 (October-December) <ul style="list-style-type: none"> Develop paper/business case on future approach to study leave accounts for approval considering investment, system infrastructure, value and accountability. Undertake appropriate engagement/consultation on identified preferred approaches across portfolio of work Finalise advice and guidance on policy options to enhance education & training.
	Q4 (January-March) <ul style="list-style-type: none"> Develop appropriate implementation plans to facilitate change in study leave accounts. Develop final costed papers to enable decision making on funding mechanisms across Postgraduate Medical and Dental education and training.
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> Implement and establish operational mechanisms to facilitate individualised study leave. An agreed direction of travel is articulated for future funding of Postgraduate Education training salaries and Education centres. 	
High level Deliverables for Year 3 (2024-25)	

- Implementation of transparent and proportionate education and training funding allocations.

What does success look like?

The development and implementation of revised processes to enhance learner experiences alongside influencing the development of transparent funding approaches to support education and training.

Outcomes for population/staff/patients by end Year 3:

Put in place with stakeholders, mechanisms to apply and allocate individualised trainee study leave accounts.

Develop appropriate advice to influence WG to implement a transparent and proportionate approach to funding allocations facilitating and supporting education and training taking account of existing and new mechanisms.

Output measures

Year 1: Advice and recommendations provided to influence approach to future funding mechanisms for education and training.

Year 2: Agreed direction of travel established across all areas supporting the delivery of postgraduate education and training.

Operational infrastructures embedded to facilitate study leave approach.

Year 3: Across portfolio of funding models, agreed decisions and direction of travel implemented and reviewed.

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Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs

Strategic Objective 2.13: Support the development of placement availability and quality to underpin delivery of education and training across healthcare programmes.

What is the purpose of the Objective and how it will make a difference?

Placement learning constitutes a significant proportion of healthcare education and training with approximately 10,000 students undertaking pre-registration education programmes, and a significant number of trainees undertaking post-graduate education in Wales. Increases in student/trainee numbers in recent years has placed a substantial premium on placement availability. New models for placement learning, inter-professional education and supervision are needed to ensure sufficient placement capacity for a wide range of students/trainees. In Year 1 we will establish the programme to expand the availability and quality of healthcare placement learning opportunities across primary, secondary, tertiary health and care services. HEIW's role in management and assurance of medical, dental, pharmacy, and optometry undergraduate placements will be aligned with new strategic service developments and potential changes to SIFT funding arrangements. By the end of year 3, the developments in placement learning will support the ongoing growth in the 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.

In Scope: Review of existing placement availability across nursing, midwifery, allied health profession, and healthcare science programmes. Work to expand placement availability in targeted areas across primary, secondary, tertiary health and social care placement settings. Consolidation of HEIW role in medical, dental, pharmacy, and optometry placement management aligned to new programme implementation, service redesign, and strategic funding developments. Best-practice placement quality framework alignment across all healthcare professional programmes. **Out of Scope:** HEIW direct allocation of healthcare students to placement settings for undergraduate programmes beyond existing responsibilities.

Executive Lead: Director of Nurse & Health Professional Education / SRO: Programme Manager Education

Key Deliverables for Year 1 (2022-23)

- Confirm HEIW placement governance and consolidate network of external placement stakeholders.
- Undertake baseline scoping of existing placement locations across nursing, allied health profession and healthcare science programmes, and identify actions to generate further placement availability in specified settings.
- Set up stakeholder workstreams to develop new placement availability across priority settings and manage further roll out.
- Scope Practice Education Facilitator (PEF) equity across professional groups.
- Implement Regional Care Home Education Facilitator (CHEF) roles.
- Develop quality benchmarks for placement excellence and align with the HEIW Quality Framework.
- Produce a placement metrics dashboard for use in HEI quality and performance monitoring.

Key Quarterly Milestones for Year 1 (2022-23)

Q1 (April-June)

- All-Wales Placement Reference Group and HEIW Internal Placement Stakeholder Group fully operational.
- Scope commenced of existing placement locations with recommendations for further actions on placement capacity.
- Specific stakeholder workstream convened - Workstream 1: Placement availability in Primary & community care.
- HEIW Annual Placement Plan for 2022-23 confirmed.
- HEIW Local Level Agreement updated and ratified.
- Baseline whole-time equivalent Practice Education facilitator (PEF) role infrastructure collated and strategic review equity alignments agreed.
- Implement regional CHEF roles.
- Scope of programme requirements for introduction of placement software commenced.

Q2 (July-September)

- Workstream groups 1 scoping completed with action plan identified.
- Additional workstreams:
 - Workstream 2: Rural placement capacity commenced.
 - Workstream 3: Quality assurance of Pharmacy programme placement infrastructure - Quality alignment review.
 - Workstream 4: Optometry led – Undergraduate and higher optometry qualifications - Quality alignment review.

<ul style="list-style-type: none"> Establish the added value of introducing HEIW placement software and specific programme functionality. 	<ul style="list-style-type: none"> All-Wales PEF core role review commenced. Stakeholder engagement on HEIW Quality Framework benchmarks for placement excellence commenced. PEF equity requirements across nursing, midwifery, allied health professions and healthcare science programmes identified. Phase one Strategic Review placement tender criteria implementation assured for programme commencement September 2022. Participate in HEIW further review of SIFT funding to support placement capacity.
	Q3 (October-December) <ul style="list-style-type: none"> Workstream 1-4 actions agreed for 2022-23. Workstream 5: Scope of placement opportunities in social care services (local authority, independent bodies, voluntary sector) commenced. Placement metrics dashboard collated. Paper on feasibility of introducing IT placement software including cost/benefit review of outsourced solutions vs an in-house build. PEF core role remit published, and annual reporting mechanism established.
	Q4 (January-March) <ul style="list-style-type: none"> Implementation sites and arrangements for phased roll-out of all-Wales workstream schemes (2-5) agreed. Workstream 6: Plans for CliP supervision model Health Board pilot sites commenced. Scope of common interprofessional approach to practice supervisor preparation commenced. Subject to scoping results, agree timeframes for implementation of placement management software including system functionality, synchronicity with university platforms, and access permissions. Year 1 service evaluation of regional CHEF roles commenced.
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> Continue to implement phased roll-out against the programme of placement work described above. Scale-up recommendations identified from all Wales workstream pilot implementation. Build a HEIW repository of placement information, research, and innovation accessible by stakeholders. Subject to scoping results, act on recommendations for a common approach to practice supervisor preparation. Act on recommendations of Year 1 service evaluation on CHEF roles. Confirm requirements for phase two Strategic review of education placement tender specifications. Gather data to evaluate phase one implementation of Strategic review placement tender criteria. Deliver a multi-professional annual placement conference. 	
High level Deliverables for Year 3 (2024-25)	
<ul style="list-style-type: none"> Continue to implement and deliver against the programme of placement work described above. Expansion of the availability, quality, and variety of placement learning opportunities that meet healthcare student commissioned numbers. Access to an IT 'real-time' dashboard of robust placement quality metrics. Development of a 'Gwella' type digital placement resource and information portal. 	
What does success look like?	

An environment across Wales where clinical placements are valued for providing proactive, inclusive, inter-professional learning opportunities. Strong tripartite placement arrangements between HEIW, Health Boards and Universities on quality and availability of placement provision. Evidence-based practice playing a significant role in driving improvements for placement environments, placement quality metrics, models of supervision and assessment, and student/trainee experience.

Outcomes for population/staff/patients by end Year 3:

- Healthcare placements that offer students/trainees the breadth and variety of learning experiences necessary to meet programme learning outcomes, supported by committed, interprofessional placement supervisors, educators, and assessors.
- Strategic, contractual, and financial plans that facilitate broader placement experiences to be achieved by education and placement providers, in collaboration with Regional Partnership Boards.
- Placement learning experiences that prepare future registrants to provide service excellence in population health and wellbeing, respect personal experiences of care, ensure best value from resources, and be part of a sustainable and committed workforce.

Output measures

Year 1: Baseline data collated; infrastructure in place to support placement developments; improved placement quality metrics; pilot sites agreed for increased placement capacity.

Year 2: Additional clinical placements undertaken in primary, secondary, and tertiary health and care settings; rural capacity maximised; placement software development underway; annual placement conference.

Year 3: Positive evaluation of placement learning across range of quality metrics; sustainable placement capacity solutions in place.

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Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	
Strategic Objective 2.14: Develop, review and implement sustainable longer-term provision of services provided by the Welsh Institute for Minimal Access Therapy (WIMAT)	
What is the purpose of the Objective and how it will it make a difference? WIMAT is an accredited Centre of Excellence, hosted by Cardiff University providing training in developing surgical skills and facilitating education requirements associated with the recovery plan of the National Endoscopy Programme. During 2021/22 a business case was developed and submitted to Welsh Government to secure additional funding to sustain the short-term operations of WIMAT hosted by Cardiff University. Cardiff University have subsequently indicated a preference not to host WIMAT following the conclusion of the indicated funding period in 2024/25. We have committed to consider and evaluate options for the longer-term provision of services provided by WIMAT for the benefit of NHS Wales. In Year 1 we will have completed detailed analysis of existing service provision, capacity and resources, agreed and developed procedures to support current approach to operational practice; established details of future training requirements and commissioning approach; and completed options analysis to determine recommendation for longer term training requirements. By the end of Year 3 we will have put WIMAT on a sustainable footing.	
In Scope: services provided by WIMAT for NHS Wales. Arrangements for services provided by WIMAT to external customers to be confirmed.	
Executive Lead: Interim Director of Finance and Corporate Services / SRO: Deputy Director of Strategic Finance and Corporate Services	
Key Deliverables for Year 1 (2022-23)	Key Quarterly Milestones for Year 1 (2022-23)
<ul style="list-style-type: none"> Complete detailed analysis of existing service provision, capacity and resources. Agree and develop procedures to support current approach to operational practice. Establish agreed details of future training requirements and commissioning approach. Complete options analysis to determine recommendation for longer term training requirements. 	Q1 (April-June) <ul style="list-style-type: none"> Appoint Business Manager. Undertake review of operations to complete detailed analysis of working arrangements, resources and future risks. Establish working group to consider existing training provision and future requirements.
	Q2 (July-September) <ul style="list-style-type: none"> Undertake financial and non-financial analysis on options to support future access to training needs. Review and agree procedures to manage ad-hoc service requests and the support of non-NHS Wales trainees/students.
	Q3 (October-December) <ul style="list-style-type: none"> Undertake appropriate engagement/consultation on identified preferred approach to meet training needs.
	Q4 (January-March) <ul style="list-style-type: none"> Complete and submit business case on future operational approach to Welsh Government.
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> Implement and review revised operational arrangements and support and mitigate the impact of changes to hosting arrangements from Cardiff University to agreed alternative. 	
High level Deliverables for Year 3 (2024-25)	
WIMAT on a sustainable footing.	
What does success look like? A longer-term approach to enable access to Education and Training needs supporting a range of surgical and medical specialties training courses is agreed and implemented.	
Outcomes for population/staff/patients by end Year 3:	

That an agreed approach is in place to access education and training needs through WIMAT which will enhance the skills and competencies of the Welsh NHS workforce across a range of medical and surgical specialties.

Output measures

Year 1: A robust documented understanding of existing and planned activities/capacity and resources of WIMAT is produced to inform future planning.

Year 2: Agreed increase in course provision and numbers of learners accessing courses.

Year 3: WIMAT financially sustainable.

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Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels	
Strategic Objective 3.1: Lead, embed and evaluate the value chain and impact of the Health and Care Leadership Strategy across NHS Wales.	
What is the purpose of the Objective and how it will it make a difference? The key driver for change is outlined within the Workforce Strategy for Health and Social Care in Wales which states, 'By 2030, leaders in the health and care system will display collective and compassionate leadership'. There is substantial evidence of improved delivery and performance and of better outcomes for patients, where compassionate leadership approaches have been applied. Compassionate leadership which encompasses a focus on the health and wellbeing of staff will be a key cornerstone in the recovery and reset of NHS Wales. In Year 1 we will design, deliver and implement the leadership infrastructure and development offerings to create a social movement of compassionate leaders and create engaged, diverse and collective cultures across NHS Wales. We will continue to maximise the benefits of Gwella and its role in creating a social movement of compassionate and collective leaders. By the end of Year 3 we aim to have positively influenced leadership development and played a significant role in embedding the Leadership Principles and creating inclusive and compassionate cultures within organisations across NHS Wales.	
In Scope: Maximising the impact of Gwella, development of quality and accessible leadership resources, and offerings and NHS Wales staff/culture surveys.	
Executive Lead: Deputy CEO/Director of Workforce & OD / SRO: Assistant Director of Leadership & Succession	
Key Deliverables for Year 1 (2022-23)	Key Quarterly Milestones for Year 1 (2022-23)
<ul style="list-style-type: none"> Establish a network faculty of leadership associates who can support Executive and clinical development offerings. Provide health and social care learning events to share best practice and create communities of compassionate and collective leaders. HEIW established as credible system leader in the field of compassionate leadership. Evaluate the impact and value chain Gwella, leadership strategy and framework for action for NHS Wales. Continue to enhance Gwella to reflect NHS Wales requirements through a series of pipeline developments. Production of leadership resources for health and social care in line with KPIs and continued publication and signposting to a wide range of leadership offerings. 	Q1 (April-June) <ul style="list-style-type: none"> NHS Wales senior OD Network established. Establishment of a HEIW Wales Hub with the Institute of Health and Social Care Management (IHM). Staff survey group re-established. Publication of new Leadership resources on Gwella in line with quarterly KPIs. Commence commissioning for a coaching and mentoring framework
	Q2 (July-September) <ul style="list-style-type: none"> NHS Wales Staff survey proposal and project timeline agreed Coaching and mentoring tender completed Host 5 Nations Conference Delivery of compassionate leadership assessment measures (Self & Team on Gwella).
	Q3 (October-December) <ul style="list-style-type: none"> Establishment of an NHS Wales coaching and mentoring framework to support leadership development. Develop, market, and implement NHS Wales staff survey in partnership with the service.
	Q4 (January-March) <ul style="list-style-type: none"> Review the results of the NHS Wales staff survey to measure the impact of our leadership strategy and value chain. Commence full evaluation of the collective and compassionate leadership development interventions.
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> Provision of evidence based compassionate leadership resources widely accessed and used across health and social care. HEIW established as credible system leader in the field of compassionate leadership. Credible range of multidisciplinary leadership offerings. 	
High level Deliverables for Year 3 (2024-25)	

- Established and vibrant communities of leaders who role model compassionate and collective leadership and positively create the environments and culture to promote diversity within teams and create safe places to work and prioritise the health and wellbeing of staff.
- High uptake of HEIW Leadership development offerings and networks .

What does success look like?

Enhanced leadership capacity and capability at all levels across the system with leaders who prioritise the health and wellbeing of staff, build positive, safe and compassionate environments and create the conditions for teams to flourish. Improved innovation and continually improved services for the people of Wales and promotion of NHS Wales as the best place to work.

Outcomes for population/staff/patients by end Year 3:

A comprehensive and credible leadership infrastructure that includes a range of leadership support, resources and offerings to develop compassionate and collective leadership capacity in line with the workforce strategy leadership ambition.

Output measures

Year 1: Enhanced leadership capacity through a wide and varied range of leadership support, offerings and resources. Leadership and Succession programme KPIs.

Year 2: An inclusive and credible range of leadership offerings and range of metrics that evidence the positive impact of the compassionate leadership strategy across NHS Wales.

Year 3: Increased diversity within all leadership programmes and networks.

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Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels	
Strategic Objective 3.2: Lead the development of sustainable pipelines of senior leaders and executive talent in line with the NHS Wales Succession Planning Strategy.	
<p>What is the purpose of the Objective and how it will it make a difference?</p> <p>The key driver for change includes the NHS Wales Succession Planning Strategy, the Workforce Strategy for Health and Social Care in Wales and the 10-year plan, A Healthier Wales. In Year 1 we will have created a pan NHS Wales talent management(TM) infrastructure to support the creation of executive talent pools and talent pipelines senior leadership roles at Tiers 1-3 in line with the NHS Wales Succession Planning strategy. By the end of year 3 we will have created:</p> <ul style="list-style-type: none"> National talent pools and talent dashboards with visibility of ready now and aspiring Executive leaders able to deliver the ambitious and transformational national agenda. Best practice talent management tools and resources to inform and support robust local TM processes across NHS Wales. 	
<p>In Scope: Provision of active talent management for NHS Wales Tiers 1-3 to include Development Centres and leadership offerings. Provision of Talent Management Programme and toolkits to support local and national implementation of robust Talent Management practices. Out of Scope: Provision of leadership development offerings below Tier 3.</p>	
Executive Lead: Deputy CEO/Director of Workforce & OD / SRO: Succession Planning and Talent Management Lead	
Key Deliverables for Year 1 (2022-23)	Key Quarterly Milestones for Year 1 (2022-23)
<ul style="list-style-type: none"> Provision of a range of national executive development leadership programmes, offerings, and interventions. Development of best practice TM processes and toolkits to support robust local application. Continued support and management of the Talent Management Board and Talent and Succession Operational Group. Develop and deliver an NHS Wales Executive Leadership Development Framework offer for Tier 3. Evaluate the Aspiring Executive Leadership offerings and specifically assess the impact of the systems leadership module, complimenting and strengthening the programme as required. Resources and assessor capacity available for future development centre delivery. 	<p>Q1 (April-June)</p> <ul style="list-style-type: none"> Commence Talent Management Programme for NHS Wales Talent Leads. Inclusive national recruitment process to aspiring executive talent established. Evaluation of Aspiring Executive Leadership Programme 'Leading with Compassion' completed. Development of NHS Wales Executive Leadership Development Framework offering for Tier 3 marketed and commenced.
	<p>Q2 (July-September)</p> <ul style="list-style-type: none"> Completion of Talent Management Programme for NHS Wales Talent Leads. Pilot NHS Wales Executive Development Centre delivered and evaluated. Aspiring Executive Development Programme 'Leading with Compassion' strengthened /updated, and Cohort 2 marketed. Launch of self-assessment and 360 functionalities for Executive Success Profile. National and local talent dashboards available via Gwella TM, through enhanced registration process providing visibility of aspiring executive talent including equality data.
	<p>Q3 (October-December)</p> <ul style="list-style-type: none"> Delivery of second Executive Development Centre. Cohort 2 - Aspiring Executive Development Programme 'Leading with Compassion' commenced.
	<p>Q4 (January-March)</p> <ul style="list-style-type: none"> Evaluation of executive leadership development centre and offerings complete (supported by ERIIC).
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> Continued provision of executive leadership offerings. Established talent pool of aspiring Executive Directors and executive search bureau for NHS Wales. Provision of aspiring executive networks and alumni's. 	

<ul style="list-style-type: none"> Established executive development centres with trained faculty of facilitators.
High level Deliverables for Year 3 (2024-25)
<ul style="list-style-type: none"> Established talent pools for critical roles across NHS Wales. Established alumni's and networks of compassionate and collective aspiring and executive leaders across NHS Wales.
What does success look like? An established talent management process embedded across NHS Wales for Tiers 1-3. Best practice 'Talent Management and Succession Planning' frameworks and toolkits developed for NHS Wales. Ability to identify 'Ready Now' and 'high Potential' candidates across NHS Wales with robust aspiring executive talent pools and pipelines established and up to 3 NHS applicants shortlisted for all NHS Wales Executive positions by 2024 (3 minimum by 2027).
Outcomes for population/staff/patients by end Year 3: As above.
Output measures Year 1: Provision of NHS Wales Talent Management Toolkits and Talent Dashboards. Year 2: Established HEIW portfolio of national leadership offerings at Tiers 1-3. Year 3: Vibrant communities of 'High Potential' executive leaders across NHS Wales. Agreed Leadership and Succession programme KPIs.

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Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels	
Strategic Objective 3.3: Lead the adaptation, development and implementation of leadership programmes and resources for clinical leaders from a range of professional backgrounds.	
What is the purpose of the Objective and how it will it make a difference? The key driver for change is outlined within the Workforce Strategy for Health and Social Care, the NHS Wales National Succession Strategy 2017-27 and the ten year plan 'A Healthier Wales'. Leadership development is more effective when shared with colleagues from other disciplines. The purpose of this Objective is therefore to develop and deliver high quality multidisciplinary leadership development offerings that meet the requirements of our diverse NHS Wales workforce.	
In Scope: Advanced Multidisciplinary clinical leadership development programmes aimed at Band 8+ or equivalent e.g., Heads of Dept, Clinical/Associate Directors or Lead Consultants with a significant leadership responsibility. Medical Directors Leadership Development Programme. Wales Clinical Leadership Training Fellowship (WCLTF). Establishment of virtual clinical leadership networks. Florence Nightingale Scholarship. Out of Scope: Development and provision of HEIW Uni professional leadership development programmes and clinical leadership development programme below Band 7/8.	
Executive Lead: Deputy CEO/Director of Workforce & OD / SRO: Assistant Director of Leadership & Succession	
Key Deliverables for Year 1 (2022-23)	Key Quarterly Milestones for Year 1 (2022-23)
<ul style="list-style-type: none"> Review, enhance and provide clinical leadership development programmes, alumni and networks. Explore application of educational credit to clinical leadership programmes. Review support required to develop and grow leadership capacity within Primary Care. Onboarding, delivery and project management of Welsh Clinical Leadership Training Fellows (WCLTF) Programme. Support recruitment for the annual Florence Nightingale Scholarship. Continued support and establishment of clinical leadership networks. Delivery of Medical Directors Programme. Following evaluation, exploration of Medical Director programme model for application to other professional Director Peer Groups. 	Q1 (April-June) <ul style="list-style-type: none"> Commence delivery of the HEIW Senior Clinical Leadership Programme. Commence the Medical Directors Leadership Programme Market and recruit to the WCLTF 2022/23 cohort for non-medical and dental staff. Map Primary Care leadership development requirements and offerings.
	Q2 (July-September) <ul style="list-style-type: none"> On-board to the WCLTF 2022/23 cohort completed.
	Q3 (October-December) <ul style="list-style-type: none"> Primary Care Development Model proposed.
	Q4 (January-March) <ul style="list-style-type: none"> Commence evaluation of clinical leadership programmes. Recruit and market to new cohort of the Senior Clinical Leadership Programme. Formal Evaluation of Medical Director Programme. Marketing and Recruitment of WCLTF 2023 Cohort
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> Scheduled provision of clinical leadership offerings, resources and development opportunities. Establishment of vibrant clinical leadership networks and alumni. Established clinical leadership mentors. 	
High level Deliverables for Year 3 (2024-25)	
<ul style="list-style-type: none"> Established and vibrant communities of clinical leaders who role model compassionate and collective leadership and positively create the environments and culture to promote diversity within teams and create safe places to work, prioritising the health and wellbeing of staff. 	

- Increased numbers of clinical leaders within executive talent pools.

What does success look like?

The development of confident clinical leaders able to effectively lead transformational change through a model of compassionate and collective leadership. An established, evidenced based, range of multidisciplinary clinical leadership offerings. An evidence base of clinical improvement projects enabled through Quality improvement expertise and compassionate leadership.

Outcomes for population/staff/patients by end Year 3:

As above.

Output measures

Year 1: Enhanced clinical leadership capacity developed as a consequence of a range of clinical leadership support, offerings and resources.

Year 2: An inclusive and credible range of multidisciplinary clinical leadership offerings.

Year 3: Increased number of clinicians within aspiring or executive leadership talent pool.

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Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels.	
Strategic Objective 3.4: Robustly evaluate the re-established NHS Wales Graduate Programme and develop a financially viable operating model that ensures a continuous pipeline of future leadership talent.	
What is the purpose of the Objective and how it will it make a difference? Key drivers for change include the NHS Wales Succession Planning Strategy and the Well-being of Future Generations Act. This strategic objective is critical to attracting talent into the NHS Wales workforce to ensure a sustainable NHS Wales workforce, and a ministerial priority. In Year 1 we will have created a sustainable pan NHS Wales Graduate Management Programme and operating model and an impactful HEIW Internship Programme that attracts diverse talent into the HEIW and the wider NHS Wales workforce. By the end of Year 3 we will have created a diverse pipeline of future compassionate leaders for the next 5-10 years.	
In Scope: Provision of National Graduate programmes and provision of HEIW Internship programmes. Out of scope: Provision of national internship programmes.	
Executive Lead: Deputy CEO/Director of Workforce & OD / SRO: Assistant Director of Leadership & Succession	
Key Deliverables for Year 1 (2022-23)	Key Quarterly Milestones for Year 1 (2022-23)
<ul style="list-style-type: none"> Evaluation of the graduate programme operating model and graduate experience. Continued support and delivery of the 2021-23 National Graduate Programme and HEIW internship programmes. Securing NHS Wales commitment and a repeat funding stream for continued delivery of the Graduate Programme. Market and recruit to 2023-2025 NHS Wales Graduate Programme. Secure NHS Wales Graduate Programme Assessment Centre provision. Establish a 2022 HEIW Internship Gwella page, marketing, and engagement plan to attract diverse talent into HEIW. Recruitment and provision of a HEIW summer and annual internship programme. 	Q1 (April-June) <ul style="list-style-type: none"> Internship page established on Gwella and marketing and engagement plan complete. HEIW 2022 Summer Internship recruitment completed. Recruitment processes for the HEIW 1-Year Internship commenced. Mid-year review undertaken with Graduates and organisational leads. Ongoing funding model secured for provision of NHS Wales GM Graduate Programme.
	Q2 (July-September) <ul style="list-style-type: none"> Evaluation of graduate operating model and graduates experience (Year 1) complete. NHS Wales Graduate Programme operating model proposals for 2023-2025 agreed. HEIW summer internship commenced and completed. NHS Wales Graduate recruitment and assessment centre model finalised HEIW year-long internship commenced.
	Q3 (October-December) <ul style="list-style-type: none"> Marketing & recruitment of NHS Wales GM Graduate Programme 2023-2025 commenced. NHS Wales organisations commitment confirmed for 2023-2025 NHS Wales Graduate Programme.
	Q4 (January-March) <ul style="list-style-type: none"> Commence selection process for NHS Wales GM Graduate Programme. Review of NHS Wales GM Graduate Programme academic component for 2023-25 Cohort. Marketing and engagement plan complete for 2023 Internship.
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> Continued management of National Graduate Programmes and HEIW Internship Programmes. Sustainable funding model established for national graduate programmes. Establishment of Graduate 2023-25 Programme. 	
High level Deliverables for Year 3 (2024-25)	

- Provision of high-quality internships and graduate programmes that provide sustainable pipelines of talent that underpin NHS Wales workforce plans and provide pipelines of potential future leaders.

What does success look like?

High quality NHS Wales graduate and internship programmes that attract a wide range of diverse individuals creating a sustainable pool of talent enhancing the capacity of the NHS Wales workforce and a rich pipeline of aspiring leaders.

Outcomes for population/staff/patients by end Year 3:

As above.

Output measures

Year 1: Highly reputable, sought after national graduate programme and well established HEIW Internship programme.

Year 2: Graduate and internship programmes well established and highly promoted across the Universities of Wales attracting the best of talent.

Year 3: A range of graduate programmes established, targeted to meet NHS Wales workforce planning priorities.

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Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels	
Strategic Objective 3.5: Lead the Development of the W&OD Profession creating sustainable career pathways and pipelines of Workforce & OD professionals across NHS Wales	
What is the purpose of the Objective and how it will it make a difference? One of HEIW's statutory functions includes the development of the Workforce & OD profession. This is the only professional group for which HEIW has a specific legal responsibility. A key driver for change includes the NHS Wales Succession Planning Strategy, the Workforce Strategy for Health and Social Care in Wales and the 10-year plan, A Healthier Wales. By the end of year 1 we will have created a managed programme of work with robust milestones and outputs designed to create Workforce & OD career pathways that are underpinned by educational and developmental offerings. By the end of year 3 we will have created sustainable career pathways for all key W&OD professional roles; a range of Success Profiles to map competence, progression and gaps, with a range of developmental offerings and opportunities; and a diverse talent pool with visibility of 'ready now' and 'high potential' candidates for key WOD roles.	
In scope: Development of the Workforce & Organisational Development profession for NHS Wales. Out of scope: Development of any other professional groups.	
Executive Lead: Deputy CEO/Director of Workforce & OD / SRO: (New Programme Manager to be appointed)	
Key Deliverables for Year 1 (2022-23)	Key Quarterly Milestones for Year 1 (2022-23)
<ul style="list-style-type: none"> Mapping of all the Workforce & OD professions across NHS Wales organisations. Mapping of all the W&OD professional competence frameworks Development of a vision for the W&OD profession. Development of a W&OD career pathway. Development of a range of W&OD development opportunities and offerings including a mentoring and coaching exchange and secondment bureau. Development of Workforce and OD networks aimed at upskilling the profession and sharing best practice. Development of a Workforce and OD heat map highlighting roles at risk and enabling positive action. Development of a range of W&OD Success Profiles utilising the Gwella talent management software. 	Q1 (April-June) <ul style="list-style-type: none"> Successful recruitment to the Programme Manager role. Programme plan complete with agreed deliverables, milestones, outputs and timescales. Marketing and branding developed. Mapping of all W&OD roles within NHS Wales complete. Vision of the WOD profession complete.
	Q2 (July-September) <ul style="list-style-type: none"> Mapping of W&OD professional competence pathways undertaken with gaps and opportunities identified e.g. apprenticeships, internships etc. W&OD Profession networks and landing pages established on Gwella. Development of W&OD Success Profiles commenced. Range of resources and developmental opportunities identified and available/signposted through Gwella.
	Q3 (October-December) <ul style="list-style-type: none"> W&OD Heat map completed with visibility of roles at risk. W&OD success profiles for key roles consultation complete. Operating model for mentoring & coaching exchange and secondment bureau developed.
	Q4 (January-March) <ul style="list-style-type: none"> W&OD success profiles for key roles consultation complete, launched and marketed. Ready now and high potential talent dashboards developed. Mentoring and coaching exchange and secondment bureau launched. Range of W&OD networks established.
High level Deliverables for Year 2 (2023-24)	

<ul style="list-style-type: none"> • Map of all W&OD roles within NHS Wales complete with a range of W&OD development offerings and opportunities published through Gwella and aligned to success profiles and talent gaps. • W&OD dashboards available outlining ready now and high potential talent for sustainability across the W&OD profession. • Targeted career and development opportunities available for 'at risk' roles and W&OD talent pools established.
High level Deliverables for Year 3 (2024-25)
<ul style="list-style-type: none"> • Established talent pools for critical W&OD roles across NHS Wales. • Mature secondment bureau and coaching/mentoring exchange. • W&OD career pathways and developmental opportunities well established.
What does success look like? A range of W&OD critical success profiles developed and available on Gwella along with a range of assessments and diagnostics to measure progress and readiness along with mature talent pools and visibility of W&OD talent who able to be shortlisted for NHS Wales W&OD positions.
Outcomes for population/staff/patients by end Year 3: As above.
Output measures Year 1: Clarity on the W&OD landscape across NHS Wales and competence / career pathways developed. Year 2: Established portfolio of W&OD Success Profiles that inform career progression supported by a range of development offerings. Year 3: Well established networks of W&OD talent with mature secondment bureau and coaching /mentoring exchange.

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Strategic Aim 4: To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care

Strategic Objective 4.1: Support the development and implementation of multi-professional workforce models for Primary and Community Care, in line with the Strategic Programme for Primary Care

What is the purpose of the Objective and how it will make a difference?

The strategic vision, as set out during 2020-21, is to establish an all-Wales framework for primary and community care education, training and workforce transformation. The main driver for change is that there is no establishing infrastructure for training the multi professional workforce in primary care and this leads to difficulty in recruiting and retaining staff with the appropriate skills to work in the sector. In Year 1 the Phase 1 Implementation will focus on the establishment of the primary and community care education and training infrastructure and first phase delivery programme. The delivery programme will be established jointly with Health Boards prioritising areas that will make the biggest impact. As part of the programme, a new model for multi professional education and supervision will be required alongside ensuring sufficient capacity is available to support an increase in clinical placements for a wide range of professionals. The programme will also need to align with work being understanding to review strategic funding of education placements within HEIW to ensure that future models are fit for the future taking into account broadening of the multi professional workforce. By the end of Year 3 we will have progressed towards the full establishment of the HEIW Multidisciplinary Education Training Unit for Primary and Community Care, with full alignment with Health Board Academies, alongside a broadened remit and expanding capacity to address the widening multidisciplinary workforce education and training needs. The whole programme will need to align with broader changes in regulatory frameworks and NHS Wales reform of primary care contracts. Ultimately, the programme will support the recruitment and retention of multi professional staff working in primary care leading to a more sustainable workforce model. The programme is dependent on securing additional investment from Welsh Government and an investment case has been submitted.

In Scope: clinical placements, training programmes and work-based learning for GPs; Nurses; Pharmacists; PAs; HCSWs; Practice Managers. Other professional groups may be in scope depending on resource availability and priorities identified. **Out of Scope:** (until appropriate to address as in scope): Dental; Optometry; Community staff; AHP (although some may be in scope); HCSs; diagnostic hubs.

Executive Lead: HEIW Chief Executive / **SRO:** HEIW Programme Director - Primary Care

Key Deliverables for Year 1 (2022-23)

- Establish the primary care infrastructure.
- Agree local primary care academy infrastructure.
- Establish HEIW team.
- Agree a prioritised phased plan for development and/or roll out of education programmes across Wales.
- Undertake a baseline scoping of education and training programmes available to the wider community workforce.
- Review and assess funding models/approaches.
- Develop a communications and engagement plan.

Key Quarterly Milestones for Year 1 (2022-23)

Q1 (April-June)

- Recruitment to key posts and established the HEIW infrastructure.
- Develop target operating model jointly with Health Boards (HBs).
- Establish infrastructure within HBs (subject to investment case approval).
- Agree prioritised Year 1 plan with key stakeholders for primary care based on initial mapping.
- Ensure alignment with HEIW quality framework.
- Scope digital requirements.

Q2 (July-September)

- Reviewing funding models and develop proposals for short term solutions that will inform 2023/24 proposals.
- Establish Primary Care Education network.
- Develop OD plan for HEIW and Academies to support development.
- Develop digital infrastructure to support.

Q3 (October-December)

- Baseline scoping of wider community education and training.
- Begin implementation of OD plan.

Q4 (January-March)

	<ul style="list-style-type: none"> • Develop prioritised education and training programme for year 2 to inform annual education and training commissioning plan. • Undertake maturity assessment of year 1 arrangements to inform OD plan and requirements for 2023/24.
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> • Continue rollout and development of HEIW Primary and Community Care school and local academies and education /training programmes. • Clinical placement coordination and increased capacity. 	
High level Deliverables for Year 3 (2024-25)	
<ul style="list-style-type: none"> • Digital infrastructure implementation plans. 	
<p>What does success look like?</p> <p>A funded, sustainable all Wales coordinated infrastructure designed to meet the educational needs of the primary and community care workforce.</p> <p>Established primary and community care education team in HEIW with partnership arrangements in Health Board academies.</p> <p>Quality assured curricula and resources to educate and train a transformed and sustainable primary care workforce with the right skills delivering integrated care models for local populations and communities.</p>	
<p>Outcomes for population/staff/patients by end Year 3:</p> <p>As Above</p>	
<p>Output measures</p> <p>Year 1: Infrastructure in place to support development; increase in number of staff receiving appropriate skills/training.</p> <p>Year 2: Additional clinical placements being undertaken in primary care; increase in number of staff receiving appropriate skills/training.</p> <p>Year 3: Positive impact on recruitment and retention of staff within sector (measures to be agreed); sustainable workforce model in place.</p>	

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Strategic Aim 4: To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care	
Strategic Objective 4.2: Develop a Mental Health workforce model and plan in collaboration with Welsh Government and Social Care Wales to support the implementation of Together for Mental Health (including CAMHS).	
What is the purpose of the Objective and how it will make a difference?	
Development of a workforce plan that outlines how NHS Wales needs to respond to meet the requirements the Together for Mental Health (MH) Strategy and to outline how the workforce need has changed due to Covid and the increased population need for mental health and wellbeing services. This work will look to identify workforce solutions for gaps within provision to deliver equitable mental health services.	
In Scope: For Phase 1: CAMHS, perinatal mental health (PNMH), psychological therapies, adult services. Future scope will be determined following publication of the plan. Out of Scope: For Phase 1: dementia, learning disabilities, eating disorders.	
Executive Lead: Director of Nurse & Health Professional Education / SRO: Head of Nursing and Midwifery Transformation	
Key Deliverables for Year 1 (2022-23)	Key Quarterly Milestones for Year 1 (2022-23)
<ul style="list-style-type: none"> Complete consultation and finalise costed actions for next 3 years Agree funding requirements with WG Finalise and publish plan Agree implementation plan for 22/23 and governance mechanisms Embed actions in existing work programmes where relevant including education and training commissioning planning process, leadership development, and strategic review phase 2. Implement first cohort of CAAPs Continue implementation of new education and training for CAMHS and perinatal Develop a training package for MHA work part 1. 	Q1 (April-June) <ul style="list-style-type: none"> Publish strategic MH workforce plan and widely communicate and take forward necessary actions to develop MDT workforce. Pilot training for Primary care mental health GP referrals. Agree operational priorities against the workforce plan. Deliver on specified key actions in relation to education and workforce from phase 1 and 2. PNMH and CAMHS education framework. Scope educational need following review of MHA work for new professionals. MHM part 1. Scope Mental Health all Wales approach to supporting retention.
	Q2 (July-September) <ul style="list-style-type: none"> Develop a training package for MHA work part 1 if required. Define plan for Mental health services within primary care. Enable the delivery of competency framework for CAMHS and PNMH through educational packages. Review packages of education in line with phase 1 priorities.
	Q3 (October-December) <ul style="list-style-type: none"> Implement all Wales approach for supporting new mental health staff. Develop new training packages in line with operational priorities from workforce plan. Review development and education requirements in line with operational priorities.
	Q4 (January-March) <ul style="list-style-type: none"> Continued development and implementation of training packages.
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> Implement actions from workforce transformation vision. Develop any further educational requirements for MHA work part 1. Enable the delivery of competency framework for identified priorities through additional educational packages. Expansion of workforce plan for other mental health service areas. 	
High level Deliverables for Year 3 (2024-25)	
Continued review of the plan and development of identifiable priorities from ongoing engagement.	
What does success look like?	

Success is recruiting sufficient staff to ensure the delivery of key milestones and establish a sustainable and achievable workforce transformation vision for a range of mental health services into the future.

Outcomes for population/staff/patients by end Year 3:

A mental health workforce that is sustainable and has the expertise to support the population with their mental health and wellbeing needs recognising the impact of Covid. There will be an achievable workforce transformation vision that demonstrates the future workforce requirements.

Output measures

Year 1: Published priorities following delivery of workforce plan.

Year 2: Delivery of workforce plan with education and workforce expansion as required.

Year 3: Continued review of the plan and development of identifiable priorities from ongoing engagement.

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Strategic Aim 4: To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care	
Strategic Objective 4.3: Support the development of the workforce needed to deliver the Planned Care Recovery Programme.	
What is the purpose of the Objective and how it will it make a difference? HEIW will provide strategic leadership in researching and 'sense-making' to review the future NHS Wales multi-professional Planned Care workforce and develop a shared vision of a flexible and modern workforce.	
In Scope: Establish the size and shape of the workforce required to deliver the Planner Care Recovery Programme. Out of Scope: Replicating ongoing work on Endoscopy, Diagnostics and Cancer workforce, education and training. This plan will build on those areas of work and address any further specialist issues or gaps.	
Executive Lead: HEIW Chief Executive / SRO: HEIW Chief Executive	
Key Deliverables for Year 1 (2022-23)	Key Quarterly Milestones for Year 1 (2022-23)
<ul style="list-style-type: none"> Map and quantify contributions of existing work programmes to planned care recovery (endoscopy, critical care, imaging, eye care, HCS, AHP, cancer, remote clinical assessment and digital skills etc). Review opportunities for short term solutions / accelerated progress in these areas. Promote existing work programmes and show case good practice/innovation. Develop clear expectations and requirements for education and training capacity in planned care recovery programme. Review education and training support for planned care recovery (new role of Anaesthetic Associates, and theatre and recovery workforce models in particular). Research good practice and emerging innovation in workforce across Wales and UK (including NHS Scotland Academy). Develop proposals to address any gaps in the workforce plans and programmes to support the planned care recovery programme. 	Q1 (April-June)
	<ul style="list-style-type: none"> Map and quantify contributions of existing work programmes to planned care recovery (endoscopy, critical care, imaging, eye care, HCS, AHP, cancer, remote clinical assessment and digital skills etc). Review opportunities for short term solutions / accelerated progress in these areas.
	Q2 (July-September)
	<ul style="list-style-type: none"> Promote existing work programmes and show case good practice/innovation. Develop clear expectations and requirements for education and training capacity in planned care recovery programme.
	Q3 (October-December)
	<ul style="list-style-type: none"> Review education and training support for planned care recovery (new role of Anaesthetic Associated, and theatre and recovery workforce models in particular). Research good practice and emerging innovation in workforce across Wales and UK (including NHS Scotland Academy).
	Q4 (January-March)
	<ul style="list-style-type: none"> Develop proposals to address any gaps in the workforce plans and programmes to support the planned care recovery programme.
High level Deliverables for Year 2 (2023-24)	
Dependent on the lessons learnt from year 1, action further research and sense-making priority areas for review in Planned Care with subsequent support for services in solution identification, and education commissioning implementation.	
High level Deliverables for Year 3 (2024-25)	
Action further research and sense-making priorities for review, with subsequent support for services in solution identification, and education commissioning implementation.	
What does success look like?	
Outcomes for population/staff/patients by end Year 3: Development of size and shape of workforce to support planned care recovery.	
Output measures	
Year 1: Proposal in place to address any gaps in the workforce plans and programmes to support the planned care recovery programme.	

Year 2: Business as Usual.
Year 3: Business as Usual.

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Strategic Aim 4: To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care	
Strategic Objective 4.4: Support the recovery of Endoscopy services through increasing workforce capacity and capability through education and training.	
What is the purpose of the Objective and how it will it make a difference? Support the delivery of the National Endoscopy Programme and endoscopy recovery plan through the establishment of a sustainable education and training model for the workforce.	
In Scope: Establishment of a sustainable approach to endoscopy education and training with associated faculty development. This is a 1-year plan to embed the approaches until March 2023. Out of Scope: Workforce, this is now being led by the WF lead appointed within the NEP, HEIW will support via requests agreed at the Workforce Training and Development Subgroup.	
Executive Lead: Director of Nurse & Health Professional Education / SRO: Head of Nursing and Midwifery Transformation	
Key Deliverables for Year 1 (2022-23)	Key Quarterly Milestones for Year 1 (2022-23)
<ul style="list-style-type: none"> Deliver clinical endoscopist educational pathways to meet all National Endoscopy Plan (NEP) staffing requirements and support the development of new roles. Evaluate the impact of the national workforce plan and related endoscopy training programme on patient experience and outcomes. Support the NEP to deliver workforce planning and the implementation of recruitment strategies. Continue to support NEP education approaches including incorporating new technology and enhancing the usage of resources on an appropriate web platform. Review implementation of regional and local workforce as part of national endoscopy training plans in line with the NEP action plan 2019-2023 and recovery plan. Review and agree funding to support and maintain the National Endoscopy Training Programme. 	Q1 (April-June) <ul style="list-style-type: none"> Initiate recruitment for cohort 3 clinical endoscopists. Ongoing development, recruitment to, and delivery of the 10 training pathways plan and associated faculty through ETMG. Continue discussions for a sustainable digital platform to support endoscopy learning and development programmes. Complete requests for capital funding to enable reinstating of training hubs at CTM (South Wales) and BCU (Wrexham, North Wales). Report completion timelines for cohort one and two.
	Q2 (July-September) <ul style="list-style-type: none"> Commence 3rd cohort of clinical endoscopists. Complete the first ETMG reporting cycle. Continue with the review, development and delivery of contents of the 10 training pathways plan through ETMG, ensuring alignment with NEP requests. Ongoing development of digital learning platform.
	Q3 (October-December) <ul style="list-style-type: none"> Review implementation of training pathways and regional academy requirements in line with the NEP action plan 2019-2023 and recovery plan.
	Q4 (January-March) <ul style="list-style-type: none"> Complete the ETMG reporting cycle in line with the 10 training pathways plan. Continue with the review, development and delivery of contents of the 10 training pathways plan through ETMG.
High Level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> Move to sustainable business as usual. 	
High level Deliverables for Year 3 (2024-25)	
<ul style="list-style-type: none"> Move to sustainable business as usual. 	
What does success look like? A HEIW led sustainable governance, faculty and delivery model to support the endoscopy education and training service across Wales. The outcome after year 1 should be a training programme in place with robust governance to ensure business as usual from 2023 onwards.	

NOTE: Recruitment places to the Clinical Endoscopy training programme can be offered in greater numbers than are currently being utilised. Expectation was placed at 10 - 12 places but have been delivered at 5-6 per year. Training lists availability and HB support for training places are the main barriers and will remain so in the foreseeable future. This means that predicted 40 new CEs (March 2019 – March 2023) now will be maximised at 24.

Outcomes for population/staff/patients by end Year 3:

A sustainable training programme for the endoscopy workforce to meet the service demands.

Output measures

Year 1: Successful delivery of education packages, within 10 pathways. Initiate a total of 4 Clinical Endoscopists training programmes March 2020, 2021, 2022 and 2023 for Wales, with 24 Clinical Endoscopists funded places.

Year 2: Business as usual.

Year 3: Business as usual.

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Strategic Aim 4: To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care	
Strategic Objective 4.5: Modernise workforce models to deliver the service transformation arising from the NHS Wales Collaborative strategic programmes Cancer	
What is the purpose of the Objective and how it will it make a difference? To support the implementation of the National Optimal Pathways (NOPs) for cancer by developing workforce, education and training solutions and developing a methodology that can be rolled out to all tumour site by the Wales Cancer Network (WCN).	
In Scope: 2022/23: Upper GI and Colorectal NOPs. 2023/24: Another 2 NOPs as agreed with the WCN (proposed Prostate and Lung). Out of Scope: Replicating ongoing work on endoscopy, imaging, pathology and PET workforce, education and training. This plan will build on those areas of work and address any further specialist issues or gaps.	
Executive Lead: Medical Director / SRO: Deputy Director of Workforce & OD	
Key Deliverables for Year 1 (2022-23)	Key Quarterly Milestones for Year 1 (2022-23)
<ul style="list-style-type: none"> • Scope the impact of ongoing work in endoscopy, imaging, pathology, and PET and within the wider HEIW remit that will improve the implementation of the Upper GI and Colorectal National Optimal pathways. • Identify further work on specialist issues and gaps. • Agree priority workforce, education and training solutions. • Develop a methodology that can be used by the Wales Cancer Network to roll out to other tumour sites. 	Q1 (April-June) <ul style="list-style-type: none"> • Scope the impact of ongoing work in endoscopy, imaging, pathology, and PET and within the wider HEIW remit that will improve the implementation of the Upper GI and Colorectal National Optimal pathways.
	Q2 (July-September) <ul style="list-style-type: none"> • Engage with the Upper GI and Colorectal tumour site groups. • Identify further work on specialist issues and gaps.
	Q3 (October-December) <ul style="list-style-type: none"> • Agree priority workforce, education and training solutions.
	Q4 (January-March) <ul style="list-style-type: none"> • Agree implementation actions and responsibilities. • Develop a methodology that can be used by the Wales Cancer Network to roll out to other tumour sites.
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> • Roll out methodology to another 2 NOPs as agreed with the WCN (proposed Prostate and Lung). • Hand over methodology to the WCN for rollout to other tumour sites. 	
High level Deliverables for Year 3 (2024-25)	
<ul style="list-style-type: none"> • Close. 	
What does success look like? Workforce gaps in cancer services reduced.	
Outcomes for population/staff/patients by end Year 3: Improving cancer survival outcomes by addressing workforce barriers to implementing the National Optimal Pathways for cancer.	
Output measures	
Year 1: Workforce solutions agreed for Upper GI and Colorectal. Measures TBC as part of development.	
Year 2: Workforce solutions agreed for two more NOPs. Measures TBC as part of development.	
Year 3: Close.	

Strategic Aim 4: To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care	
Strategic Objective 4.6: Modernise workforce models to deliver service transformation arising from the NHS Wales Collaborative strategic programmes Diagnostics	
What is the purpose of the Objective and how it will it make a difference? Working with the NHS Collaborative to support the national delivery of the recovery priorities and the Imaging and Pathology Statements of Intent, HEIW will provide strategic leadership in horizon scanning, researching and 'sense making' to review the future NHS Wales multi-professional Diagnostics workforce and develop a shared vision of a flexible and modern workforce. Developments are expected across Wales in Community Diagnostics, with learning available from the emerging approaches in NHS England. NHS Wales is also pushing forwards in specific areas, such as with its All Wales Genomics Vision, National PET Programme and regionalised Pathology and Pharmaceutical Science services. By driving the approach to modernising the Diagnostics workforce, HEIW will enable more effective future preparedness across NHS Wales.	
In Scope: The scope of the initial phase of Imaging workforce planning in 2021/22 was agreed by the national Imaging Workforce and Education Group (IWEG) to centre on radiographer workforce; however, moving forwards, the solutions identified will involve all imaging professions in line with the Statement of Intent. In relation to Pathology, the scope is prudent workforce solutions across all pathology professions in line with the Pathology Statement of Intent.	
Executive Lead: Medical Director / SRO: Head of Healthcare Science Transformation	
Key Deliverables for Year 1 (2022-23)	Key Quarterly Milestones for Year 1 (2022-23)
<ul style="list-style-type: none"> Support the implementation and completion of the Imaging Strategic Workforce Plan. Development and delivery of education in response to the Imaging Strategic Workforce Plan. Commission a part-time Practitioner Training Programme in Biomedical Science. Develop an all-Wales resource for the Level 3 Healthcare Science qualification. Review the future NHS Wales multi-professional Diagnostics workforce to develop a shared national vision of a flexible and modern workforce. 	Q1 (April-June) <ul style="list-style-type: none"> Following the engagement workshops in 2021-22, further develop the Imaging Strategic Workforce Plan with IWEG and NHS Wales including recommendations to support recovery priorities. BMS Practitioner Training Programme (PTP) contracts to be awarded. Establish a HEIW approach to horizon scanning, research and 'sense-making' in order to review the future multi-professional Diagnostics workforce needs in NHS Wales.
	Q2 (July-September) <ul style="list-style-type: none"> Finalise the Imaging Strategic Workforce Plan with IWEG and NHS Wales. Implementation phase of BMS Practitioner Training Programme. Level 3 Healthcare Science resources developed and tested with service colleagues. Identify the immediate priority area/s for multi-professional review in relation to the Diagnostics agenda in NHS Wales.
	Q3 (October-December) <ul style="list-style-type: none"> Identification of workforce solutions in response to the Imaging Strategic Workforce Plan, including changing traditional roles and workforce models. First cohort commence on BMS Practitioner Training Programme. Undertake the multi-professional review for the identified priority area/s of Diagnostics.
	Q4 (January-March) <ul style="list-style-type: none"> Identification of education commissioning and training needs in response to the Imaging Strategic Workforce Plan. Level 3 Healthcare Science resources uploaded onto Y Ty Dysgu platform. HEIW multi-professional review paper on Diagnostics presented to HEIW Executive Team, in preparation for publication and promotion.
High level Deliverables for Year 2 (2023-24)	

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- Dependent on the lessons learnt from year 1, action further horizon scanning, research and sense-making priority areas for review in Diagnostics. For each completed priority area, this function is followed by business as usual functions of workforce planning support to subsequently work with services to identify solutions and education commissioning support to implement education and training related solutions.

High level Deliverables for Year 3 (2024-25)

- Action further research and sense-making priorities for review, with subsequent support for services in solution identification, and education commissioning implementation.

What does success look like?

A modernised NHS Wales Diagnostics workforce to support the recovery priorities.

Outcomes for population/staff/patients by end Year 3:

Improved understanding of process of workforce planning and opportunity to engage in activity.

Increased awareness of workforce solutions across Diagnostics in NHS Wales.

Improved education offer for supporting roles and practitioners.

Shared vision of a flexible and modern future workforce for Diagnostics in NHS Wales.

Output measures

Year 1:

Imaging Strategic Workforce Plan, workforce solutions and education commissioning plan in place.

Part-time PTP commissioned, number of learners using the Level 3 Resource.

Multi-professional Diagnostics review paper presented to Executive Team for publication.

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Strategic Aim 4: To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care	
Strategic Objective 4.7: Modernise workforce models to deliver service transformation arising from the NHS Wales Collaborative strategic programmes	
Critical Care	
<p>What is the purpose of the Objective and how it will it make a difference?</p> <p>The drivers for change are the issues impacting on the critical care workforce including:</p> <ul style="list-style-type: none"> • Skill mix • The availability of standardised education for critical care nurses • The capacity of practice educator to support new and existing staff in Critical Care • The lack of sharing of good practice across units • Training for Advanced Critical Care Practitioners and career path <p>Purpose: to have a more sustainable, agile skilled workforce with opportunities to access education which will have a positive impact on patients' care.</p> <p>At the end of year 3 there will be a more standardised approach to education supporting a career path in critical care resulting in staff feeling more valued resulting in improved recruitment and better retention. The workforce for critical care will be trained in Wales linked in to Grow Your Own.</p> <p>Scope: To develop a workforce solutions plan addressing some of the current issues including the CC nursing/ AHP workforce. Out of scope: the development of a numbers-based workforce plan, services linked to CC such as outreach, training on recognising the deteriorating patient. Recruitment and employment of staff to meet any changing service model.</p>	
Executive Lead: Medical Director / SRO: Interim Deputy Director of Workforce Transformation	
Key Deliverables for Year 1 (2022-23)	Key Quarterly Milestones for Year 1 (2022-23)
<ul style="list-style-type: none"> • Standardised education qualification for critical care nurses delivered by Welsh HEI's, comparable to the new HEE critical care module. • Review of the practice educator role within critical care. Standardisation on the required qualifications to undertake the practice educator role within critical care. • Working with the leadership team signpost to compassionate leadership resources supporting the embedding of compassionate leadership throughout critical care. • Developed and published workforce solutions plan to address current workforce challenges. • Facilitation of good practice workshops / webinars and development on online resources 	<p>Q1 (April-June)</p> <ul style="list-style-type: none"> • Tendering with Welsh HEI's for standardised critical care module. • Scope potential for PGCE to be minimum qualification for practice educators within critical care. • Deliver compassionate leadership study events. • Establish the skills required in the provision of care for the critically ill patient.
	<p>Q2 (July-September)</p> <ul style="list-style-type: none"> • Align skills identified in Q1 in relation to the provision of care to the critically ill, to the healthcare workforce. • Scope potential for the delivery of FICM branded ACCP training within Wales. • Collect examples of good practice to be developed into a single resource. • Scope new roles to be developed as part of the CC skill mix going forward.
	<p>Q3 (October-December)</p> <ul style="list-style-type: none"> • HEI's commence delivery of critical care module. • Scope the potential role of the unregistered practitioner in CC. • Develop repository of good practice.
	<p>Q4 (January-March)</p> <ul style="list-style-type: none"> • Develop and deliver a report on work taken to date and further work required as part of the critical care workforce solution plan.
High level Deliverables for Year 2 (2023-24)	

<ul style="list-style-type: none"> • Review impact of standardised critical care module. • Tender for the delivery of FICM branded ACCP training within Wales. • Standardised unregistered staff role and training. • Consider Associate Physician role within critical care.
High level Deliverables for Year 3 (2024-25)
<ul style="list-style-type: none"> • Review progress against the workforce solutions plan and consider whether it should become business as usual
What does success look like? Flexible workforce solution plan for critical care services and a standardised education programme across NHS Wales.
Outcomes for population/staff/patients by end Year 3: Education opportunities and a career path for critical care staff in NHS Wales. An agile sustainable and skilled workforce which will have a positive impact on patient care and outcomes
Output measures Year 1: A published workforce solutions plan enhanced education and training opportunities in Wales. The development of a repository of good practice. Year 2: Further extended training in Wales meeting the requirements of advanced practice. Development of the roles and training for the unregistered workforce. Year 3: Improved recruitment and retention rates.

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Strategic Aim 4: To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care	
Strategic Objective 4.8: Support the delivery of the Six Goals for Urgent and Emergency Care through workforce modernisation, education and training.	
What is the purpose of the Objective and how it will make a difference? To support the work of the national Six Goals Steering Board through leadership of the national Workforce, Training and Development Enabling Group. Support staff to work in modern, multi-professional urgent and emergency care workforce models, enabling them to use their skills in line with the prudent in practice principles, to deliver the Six Policy Goals through workforce planning, excellent education, training and development, and to support the wellbeing of our workforce.	
In Scope: Leadership of the Workforce, Education, Training and Development (WTD) enabling group and portfolio of national programmes to deliver the Six Policy Goals for Urgent and Emergency Care (UEC) and delivery of the aspects within HEIW remit. Out of Scope: Direct delivery of actions that are outside HEIW's remit.	
Executive Lead: Director of Digital Development / SRO: Interim Deputy Director of Workforce Transformation	
Key Deliverables for Year 1 (2022-23)	Key Quarterly Milestones for Year 1 (2022-23)
<ul style="list-style-type: none"> Lead workforce, education and training development and transformation in the priority areas as identified with the WTD Enabling Group of National UEC Programme Board. Develop UEC workforce models in-line with prudent health principles for areas identified as a priority. Initial priorities include: <ul style="list-style-type: none"> Remote Clinical Decision Making (RCDM) training Phase 2 Educational Framework for Mental Health 111 Advanced Paramedic Practitioner workforce model Urgent Care Practitioner (UCP) education. 	Q1 (April-June) <ul style="list-style-type: none"> Develop work programme for the priorities of the maturing national programme. Scope existing training packages for Stage 2 content for RCDM Education Resource. Develop an educational framework for Mental Health 111. Agree Advanced Paramedic Practitioner (APP) workforce model Develop Stage 2 content for the Urgent Care Practitioner Education Programme. Finalise educational resources to support the All-Wales Good Practice Guide for Emergency Medicine Advanced Clinical Practitioners. Launch UCP e-portfolio. Establish a Task and Finish Group to develop a Community Crisis Response Team model as part of the wider National Community Infrastructure programme.
	Q2 (July-September) <ul style="list-style-type: none"> Implement work programme for priorities of the national programme. Develop Stage 2 content for RCDM Education Resource. Develop resources to support education framework for Mental Health 111. Launch APP workforce model. Develop Stage 3 content for the UCP education programme.
	Q3 (October-December) <ul style="list-style-type: none"> Deliver work programme for priorities of the national programme. Finalise Stage 2 training package for RCDM Education Resource.
	Q4 (January-March) <ul style="list-style-type: none"> Refresh the work programme of priorities of the national programme.
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> Lead workforce, education and training development and transformation in the priority areas as identified with the W&D Group of National UEC Programme Board (note will require extension of dedicated UEC programme resource). 	
High level Deliverables for Year 3 (2024-25)	

- Continue to lead workforce, education and training development and transformation in the priority areas as identified with the W&D Group of National UEC Programme Board.

What does success look like?

To deliver sustainable workforce models and plans which span the urgent and emergency care pathway, including urgent primary care, patient flow and discharge, for NHS Wales.

Outcomes for population/staff/patients by end Year 3:

Staff work in modern, multi-professional urgent and emergency care workforce models, enabling them to use their skills in line with the prudent in practice principles, to deliver the Six Policy Goals through workforce planning, excellent education, training and development, and to support the wellbeing of our workforce.

Output measures

Year 1: Number of learners accessing RCDM and UCP education.

Year 2: TBC as work programme matures.

Year 3: TBC as work programme matures.

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Strategic Aim 4: To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care	
Strategic Objective 4.9: Support the implementation of national policy and professional frameworks and legislation related to the health professional workforce Eye Care	
What is the purpose of the Objective and how it will it make a difference? Supporting the development of the optometry and primary eye care workforce to deliver a new contract which will replace existing arrangements in Wales and will be phased in over the next 3 years. Our workforce will be delivering an enhanced scope of practice in high street optometry practices with a new focus on clinical service delivery, patient management plans and quality improvement. Supporting the workforce through these changes will mean developing new areas of work including revised education and training resources, commissioning of higher qualifications, mentoring and support, and quality improvement training. Optometrists will have a greater role in cluster development and will require support in this role too. Benefits to the population of Wales include enhanced and greater numbers of primary eye care services, increased patient co-production and closer alignment with the NHS.	
In Scope: Educational delivery and commissioning. Quality management and mentoring/ support. Out of Scope: Role for undergraduate placements.	
Executive Lead: Director of Nurse & Health Professional Education / SRO: Head of Optometry Transformation	
Key Deliverables for Year 1 (2022-23)	Key Quarterly Milestones for Year 1 (2022-23)
<ul style="list-style-type: none"> • Prepare and implement new education and training to support the new contract using Y Ty Dysgu. • Commission at least a further 10 courses for higher qualifications in glaucoma, 20 medical retina and 10 for Independent Prescribing. • Deliver mentoring and support for all newly qualified optometrists using a Wales Professional Review for Optometry IT system (linking with RSU). • Scope the applicability of quality improvement Bronze level Improvement Cymru module for optometrists in Wales. • Deliver a toolkit which includes educational resources to support cluster working for optometrists who will be representatives at cluster planning groups. 	Q1 (April-June) <ul style="list-style-type: none"> • Begin development of educational online resources to support contract to include sharps training, Infection, Prevention and Control and case-based interactive modules. • Commission at least 10 medical retina courses. • Begin mentoring and support programme for newly qualified optometrists to include 2 peer review sessions and 1-1 mentoring. Ensure Professional Review for Optometry website platform is ready so newly qualified optometrists can upload cases to discuss.
	Q2 (July-September) <ul style="list-style-type: none"> • Continuation of online module developments to support contract. • Roll out mentoring and support for next cohort of newly qualified optometrists. • Evaluate Improvement Cymru Bronze for optometrists, Assess monitoring system. • Cluster toolkit development to include links to Gwella for cluster leads.
	Q3 (October-December) <ul style="list-style-type: none"> • Continuation of online modules and ensure all primary care workforce have access. • Commission 10 independent prescribing and 10 glaucoma modules. • Continuation of mentoring and support for next cohort of newly qualified optometrists. Begin development of implementation plan for Independent Prescribers mentoring. • Amend (if necessary) Improvement Cymru Bronze. Set up monitoring system. • Delivery of a toolkit to support eye care professionals with a role in cluster development. Linked to Gwella and PHW data.
	Q4 (January-March) <ul style="list-style-type: none"> • Finalise online modules to support contract and ensure all primary care workforce have access. • Publish implementation plan for higher qualified Independent Prescribers professionals having access to mentoring and support, including resources requirement, benefits, and evaluation plan to prove effectivity.

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	<ul style="list-style-type: none"> • Roll out Bronze fundamental QI training to all and monitor use. Aim for 50% of profession to have completed by end of March 2023. • Ensure cluster toolkit is available to all and include evaluation survey to those that use it to determine future amendments.
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> • Continuous development of education and training, including CPD resources in place for workforce including optometrists and dispensing opticians. Evaluate education and training to understand impact on service delivery and changes in practice. • Continuous commissioning to be based on service need informed by workforce capacity and population health data. • An increase in numbers of newly qualified accessing mentoring and support programme. Independent Prescribers have access to mentoring and support. Begin evaluation to evidence change. • Quality improvement education including Bronze fundamentals are in place and accessed by all workforce in Wales. Improvement in practice Silver training is available and accessed by initial cohort. • The toolkit is in operation for cluster leads with amendments according to feedback. Continue cycle of audit to improve. 	
High level Deliverables for Year 3 (2024-25)	
<ul style="list-style-type: none"> • Education and training evolves according to service need and from evaluation and continuous audit to improve. • Any further commissioning will be informed by changes to service or demand/ capacity needs. • Mentoring and support are used by the majority of the newly qualified optometry and dispensing opticians workforce and the majority of those newly qualified in Independent Prescribing. • Quality improvement education accessed by all optometrists in Wales, with greater numbers working on QI improvement projects. Scope the potential of an alumni of previous QI improvement project optometrists to act as Mentors to develop future generations. • The cluster toolkit is in operation for cluster leads with amendments according to feedback. 	
What does success look like? Increased numbers of primary eye care professionals trained to a higher level in primary care delivering improved standard of care for patients, driven by appropriate training and education, quality improvement and monitoring. Workforce awareness and participation in quality improvement will increase standards in the environment in which they work.	
Outcomes for population/staff/patients by end Year 3: Increased number of eye care services available in primary care optometry practice, supported by education, training and mentoring from HEIW. Newly qualified professionals will be better educated and supported to deliver safe patient management sooner. Patient services benefit from quality improvement practice by the workforce.	
Output measures Year 1: Newly qualified optometrists access support and mentoring in increasing numbers. Increased numbers of eye care professionals have and use Higher qualifications. Year 2: Independent prescribing optometrists access new support and mentoring. Quality improvement education available to all eye care professionals. Cluster lead optometrists use toolkit to develop targeted population services. Year 3: Greater numbers of primary care services in operation than ever before seeing larger numbers of patients. Quality improvement resources used by all optometrists in Wales with increasing numbers of QI projects across Wales.	

Strategic Aim 4: To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care	
Strategic Objective 4.10: Support the implementation of national policy and professional frameworks and legislation related to the health professional workforce Allied Health Professionals (AHPs)	
What is the purpose of the Objective and how it will it make a difference? The AHP Programme will transform the AHP offer supporting the required shift in care closer to home in alignment with HEIW and national strategic programmes including primary and community care model for Wales and National Planned Care and Urgent and Emergency Care programmes.	
In Scope: The AHP Framework Programme applies to all thirteen separate AHP professions registered by the Health & Care Professions Council (HCPC) as defined by the AHP Framework, across health and social care, voluntary and third sector. Projects which make recommendations for change which adds value across the whole system, for multi-professional populations, using a 'Once for Wales' approach. Out of Scope: Local implementation of new service and workforce models by Health Boards, Trusts, Local Authority employers.	
Executive Lead: Director of Nurse & Health Professional Education / SRO: Head of Allied Health Professionals Transformation	
Key Deliverables for Year 1 (2022-23)	Key Quarterly Milestones for Year 1 (2022-23)
<ul style="list-style-type: none"> Develop principles of best practice to expand AHP roles / responsibilities to have greater influence on patient flow / delivery of care closer to home including consistency & equity for AHP input into discharge facilitation and admission avoidance models across Wales. Coordinate / develop equitable AHP leadership / succession planning offer and prepare plan for: <ul style="list-style-type: none"> pre-registration early / mid-career aspiring executives. Develop a Research and Innovation (R&I) strategy for AHPs – including audit, evaluation, quality improvement. Develop and implement project plans for priority projects around clinical portfolios: <ul style="list-style-type: none"> Person-centred rehabilitation Public health & prevention - Coordinate the development of an implementation plan for the 'AHPs in Public Health / prevention UK Strategic Framework' (2019 - 2024) for Wales. 	Q1 (April-June) <ul style="list-style-type: none"> Develop audit tool to establish baseline of current practice in relation to Admission Avoidance / Discharge pathways. Map current senior AHP leadership roles across 4 pillars of practice i.e. clinical, research, education, management (include strategic & operational with focus on aspiring Director / Executive succession planning). Map & gap analysis for Research & Innovation project following H&CRW research capacity / capability findings. Prepare and publish Person-centred Rehabilitation project plan. Public Health / prevention AHP Strategy / Implementation Plan including stakeholder engagement.
	Q2 (July-September) <ul style="list-style-type: none"> Initiate audit of current practice in relation to Admission Avoidance / Discharge pathways to establish baseline. Map & gap analysis of current leadership offer for aspiring director / executives. Key actions from project plan for Person-centred rehabilitation. Collate case studies of current best practice for AHPs in Public Health / Prevention from Wales and participate in 4 nations peer-review collaboration.
	Q3 (October-December) <ul style="list-style-type: none"> Benchmark with evidence and prepare report of unwarranted variation and examples of best practice around Admission Avoidance / Discharge pathways. Negotiate access to leadership offer for aspiring AHP executives. Research Strategy / Implementation Plan stakeholder engagement event(s). Key actions from project plan for Person-centred rehabilitation. Prepare and publish position paper to define progress against UK Public Health / Prevention AHP strategic framework.
	Q4 (January-March)

	<ul style="list-style-type: none"> • Co-produce principles and share best practice to facilitate equity in relation to Admission Avoidance / Discharge pathways across Wales. • Prepare and publish plan for succession planning framework for AHPs. • Prepare and publish Research & Innovation Implementation Plan for AHPs. • Key actions from project plan for Person-centred rehabilitation. • Prepare and publish Public Health / Prevention AHP Implementation plan.
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> • Stocktake achievements year 1 – refine and build on actions around leadership offer. • Handover actions to service re: priorities from year 1. • AHP Programme Board to establish priorities for year 2 and 3. • Scope & coordinate CPD offer to inform Y Ty Dysgu. 	
High level Deliverables for Year 3 (2024-25)	
<ul style="list-style-type: none"> • Stocktake achievements year 2 – refine and build on actions around leadership offer. • Handover actions to service re: priorities from year 2. • AHP Programme Board to establish priorities for year 3. • Handover CPD offer within Y Ty Dysgu for AHP access / sign up. 	
What does success look like? Increased AHP offer closer to home, more people have direct access to AHPs in primary and community care. Support development of AHP leaders to enable greater impact at director / executive level, being more instrumental in designing multi-professional practice to meet future population need.	
Outcomes for population/staff/patients by end Year 3: Improved quality of outcome focussed services for the people, Increased AHPs opportunities / engagement in leadership, Shift in culture towards integrated roles for AHPs across whole system.	
Output measures Year 1: Defined leadership offer / succession planning for aspiring directors / executives. Year 2: CDP offer for Y Ty Dysgu. Year 3: Implementation of actions as required by programme board.	

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Strategic Aim 4: To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care

Strategic Objective 4.11: Support the implementation of national policy and professional frameworks and legislation related to the health professional workforce
All Wales Nurse Staffing Programme

On behalf of NHS, HEIW programme manages the All-Wales Nurse Staffing Programme. The primary purpose of the programme is to co-ordinate a 'Once for Wales' approach by; (1) supporting Health Boards/ NHS Trusts to meet the requirements of the Nurse Staffing Levels (Wales) Act and (2) delivering workstreams to develop evidence-based tools and national tools to prepare for eventual extension of the 2nd duty of the Act.

What is the purpose of the Objective and how it will it make a difference?

The All-Wales Nurse Staffing Programme supports NHS Wales to plan and deploy the right number and skill mix of nursing staff required to meet the needs of patients. With the Nurse Staffing Levels (Wales) Act as the key driver, the All-Wales Nurse Staffing programme will prove instrumental in improving quality and patient safety and lead to transformation in the way nursing services are delivered. The nurse staffing programme empowers and equips health boards through creation and implementation of national tools, processes and systems. The successful delivery of the All-Wales Nurse Staffing Programme will enable the 2nd duty of the Nurse Staffing Levels (Wales) Act to be extended to other areas of speciality in the future as determined by Welsh Government. As the second duty of the Act is extended the level of support is redirected to workstreams that are under development in preparation for eventual extension of those workstreams.

In Scope: the scope of the programme is determined by the Executive Nurse Directors and CNO. Develop evidence-based workforce planning tools for 3 workstreams, develop interim nurse staffing principles for mental health inpatients and health visiting. Inform the data collection and reporting requirements within national IT systems to align with the requirements of the programme and devise national tools and guidance to enable Health Boards/ NHS Trusts to prepare for and meet the requirements of the Nurse Staffing Levels (Wales) Act whilst following the 'Once for Wales' approach. **Out of Scope:** HEIW is not responsible for meeting the statutory requirements of the Nurse Staffing Levels (Wales) Act or developing evidence-based workforce planning tools for other areas until directed by the Executive Nurse Directors and CNO.

Executive Lead: Director of Nurse & Health Professional Education / SRO: Head of All Wales Nurse Staffing Programme

Key Deliverables for Year 1 (2022-23)

- Continue to deliver the key priorities as directed by Executive Nurse Directors and Welsh Government.
- Support the implementation of the interim nurse staffing principles for Health Visiting and Mental Health inpatient services.
- Conduct testing of the draft Welsh Levels of Care for Mental Health to refine the tool and develop the evidence base.
- Conduct testing of the draft Welsh Levels of Care for Health Visiting to refine the tool and develop the evidence base.
- Implement use of the draft Welsh Levels of Care for District Nursing to further develop the evidence base.
- Contribute to work commissioned by Welsh Government to evaluate the impact of the Nurse Staffing Levels (Wales) Act.

Key Quarterly Milestones for Year 1 (2022-23)

Q1 (April-June)

- Undertake data mapping exercise and Data Protection Impact Assessment.
- Identify draft quality indicators for District Nursing and Mental Health.
- Commence senior information analyst & digital programme manager.
- Design PowerBI for health boards/trusts to access data and create visualisers.
- Test the draft Welsh Levels of Care for Mental Health.
- Conduct professional judgement audits in mental health.
- Devise e-learning packages for Welsh Levels of Care tool.

Q2 (July-September)

- Further test the draft Welsh Levels of Care tool for District Nursing.
- Pilot test of the draft Welsh Levels of Care for Health Visiting.
- Initial testing of quality indicators for mental health.
- Analyse findings of the professional judgement audit in mental health.

Q3 (October-December)

- Analyse findings from initial testing of quality indicators for mental health.
- Phase 2 testing of the draft Welsh Levels of Care for Mental Health.
- Test professional judgement tool for district nursing.

Q4 (January-March)

<ul style="list-style-type: none"> • Explore how the data collected through the programme can be used to inform strategic workforce planning. • Confirm HEIW responsibilities in data collection and analysis to support the delivery of the programme. • Confirm handover arrangements and responsibilities for HEIW to health boards when the 2nd duty of the Act is extended. 	<ul style="list-style-type: none"> • Conduct professional judgement audit in mental health. • 2nd stage testing of the draft Welsh Levels of Care for Health Visiting.
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> • Seek guidance from Nurse Directors and CNO regarding commencing other workstreams and plans to extend the 2nd duty of the Act. 	
High level Deliverables for Year 3 (2024-25)	
<ul style="list-style-type: none"> • Support Health Boards/trusts to follow the 'Once for Wales' approach when submitting their second 3 yearly report to Welsh Government. • Dependent upon confirmation from Welsh Government on plans to extend the 2nd duty of the Act, prepare health boards for extension of the 2nd duty of the Act to a workstream area. 	
What does success look like? Health Boards adhere to the 'Once for the Wales' approach and provide assurance that they are complying with the requirements of the Nurse Staffing Levels (Wales) Act, evidenced through robust reporting processes. Implementation of national IT systems and processes in place to enable the health boards/trusts to evidence compliance against the requirements of the Nurse Staffing Levels (Wales) Act. Implementation of national IT systems and processes in place to enable the health boards/trusts to collate and utilise data on patient acuity within district nursing, health visiting and mental health inpatient areas. The data will enable the national patient acuity tools to be tested and refined and for the evidence base to be developed. Ensure forward planning and future proof the programme, ensuring that the Nurse Staffing Programme Team has the resources, capacity, and support to deliver the national programme. Publication of interim nurse staffing principles for mental health inpatients and health visiting services. Devise Welsh Levels of Care tools for district nursing, health visiting and mental health. Key stakeholders are engaged, informed, and aligned with the programme of work. Delivery of the workstream plans and overarching programme plan within nationally agreed timescales. Effective management of the programme and associated risks. Positive evaluation of the impact of the Act.	
Outcomes for population/staff/patients by end Year 3: The All Wales Nurse Staffing Programme supports NHS Wales to plan and deploy the right number and skill mix of nursing staff required to meet the needs of patients. With the Nurse Staffing Levels (Wales) Act as the key driver the All Wales Nurse Staffing programme will prove instrumental in improving quality and patient safety and lead to transformation in the way nursing services are delivered. The outputs of the programme will provide health boards/trusts with national guidance and tools to enable them to follow the 'Once for Wales' approach and evidence their compliance in meeting the requirements of the Nurse Staffing Levels (Wales) Act. The Act places a legal duty on health board/NHS trusts and reinforces the importance of workforce planning, empowering nursing staff, staff retention and recruitment and will prove instrumental in contributing to the transformation of the workforce for a healthier Wales.	

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Strategic Aim 4: To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care	
Strategic Objective 4.12: Support the implementation of national policy and professional frameworks and legislation related to the health professional workforce Healthcare Sciences (HCS)	
What is the purpose of the Objective and how it will it make a difference? The 'Healthcare Science in NHS Wales' framework describes a vision for the healthcare science profession to be implemented over a 10-year timescale. Following the first 2 years of programme delivery, many of the short-term goals have been progressed. In Year 1 of this IMTP the Healthcare Science Programme will begin the next phase of progressing medium term goals and ensuring that baseline measures of impact are in place. Priorities will additionally be identified that support NHS Wales in recovery aligned to healthcare science. By the end of year 3 (2025), the programme will have been running for 5 years and therefore delivery against the aspirations of the framework could be viewed as at the midpoint and will be reviewed in that context.	
In Scope: Professional Scope - all healthcare science professions as listed in the Welsh Government framework, including Radiographers. Whilst Operating Department Practitioners are out of scope, sitting with nursing transformation, they will be supported where joint work is indicated. Strategic Scope – HEIW, through the Healthcare Science Programme, is accountable for ensuring the delivery of the 'Healthcare Science in NHS Wales' framework, which describes many actions that are outside of the strategic aims of HEIW. HEIW will be responsible for a) effective management of the programme across all activities and b) delivery against actions that are within HEIW's remit.	
Executive Lead: Director of Nurse & Health Professional Education / SRO: Head of Healthcare Science Transformation	
Key Deliverables for Year 1 (2022-23)	Key Quarterly Milestones for Year 1 (2022-23)
<ul style="list-style-type: none"> Effectively manage the Healthcare Science programme across all objectives described in the 5 pillars of the Framework action plan: <ol style="list-style-type: none"> 1) Workforce and Education 2) Research and Innovation 3) Service Redesign and Transformation 4) Culture and Integration 5) Quality and Safety Deliver the elements of the Healthcare Science Framework relevant to HEIW strategic aims. In Year 1: <ol style="list-style-type: none"> 1a) Utilise the service-led approach to workforce planning to create a stable and balanced workforce and to establish procedures for more coordinated planning by services. 1b) Strengthen the Modernising Scientific Careers education and training career framework from associate to consultant, with in year focus on transition to practitioner and to consultant. 2) Work in partnership with Welsh Government and NHS R&D Directors to promote understanding of and capability for prudent and value-based research, development and innovation in healthcare science. 	Q1 (April-June) <ul style="list-style-type: none"> Identify need for profession-wide CPD resources (1b). Gather baseline workforce data for healthcare science (3). Liaise with professional bodies to identify approach to gathering baseline of healthcare science registration/accreditation (5). Create and initiate an annual plan of communications and events, enabling collaboration and celebrating success (1-5).
	Q2 (July-September) <ul style="list-style-type: none"> Scope development needs of aspiring consultant workforce, including regards higher registration (1b). Identify mechanism for monitoring research participation in healthcare science (2). Identify barriers to recovery, including recruitment and retention in at risk services, and appropriate approaches to tackle these (3).
	Q3 (October-December) <ul style="list-style-type: none"> Scope training and development needs for healthcare science practitioners, including role of preceptorship (1b). Create resources for healthcare science to increase awareness of opportunities in research, development and innovation (2). Promote understanding of prudent and value-based healthcare transformation in NHS Wales healthcare science profession (2-3). Review & further develop web presence as focal point for healthcare science collaboration (4).
	Q4 (January-March)

<p>3) Through prudent and value-based approaches, co-produce workforce solutions with NHS Wales for recovery aligned to healthcare science.</p> <p>4) Promote the use of 'one voice' to communicate and collaborate with the healthcare science profession, promoting coherence and identity and sharing success.</p> <p>5) Understand the current registration/accreditation levels in the healthcare science profession and barriers to gaining registration/accreditation.</p>	<ul style="list-style-type: none"> • Inform Healthcare Science Network of service-led approach for developing workforce solutions in line with the vision described in the Framework, identifying at risk services (1a). • Create identified CPD resources for inclusion on Y Ty Dysgu. • Deliver a healthcare science conference (1-5). • Review progress in year 1 against Framework delivery, defining year 2 milestones accordingly.
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> • Effectively manage and deliver against the Framework. • Implement the service-led approach to developing workforce solutions in healthcare sciences, with focus on at risk services. • Develop the travel fellowships programme for healthcare scientists described in the Framework. • Identify steps to increase registration/accreditation levels and profession specific CPD resources for Y Ty Dysgu. 	
High level Deliverables for Year 3 (2024-25)	
<ul style="list-style-type: none"> • Effectively manage and deliver against the Framework. • Review the impact of workforce solutions identified for Healthcare Science against the Framework aim to create a stable and balanced workforce and establish procedures for more coordinated planning informed by workforce demographics. • Review midpoint progress against Framework delivery and associated impact as described in the Framework. 	
<p>What does success look like?</p> <p>A stable and balanced workforce, with more coordinated planning underpinned by workforce demographics with:</p> <ul style="list-style-type: none"> • Strategic approach to enabling capability for prudent and value-based research, development and innovation. • An environment in NHS Wales where healthcare science can flourish by establishing universal recognition of the profession, and by promoting its diverse array of rewarding and fulfilling career choices that will make a real difference to the lives of others. • Science, technology and evidence-based practice playing a significant role in driving improvement, increasing value, reducing service pressures and enhancing patient outcomes and experiences in years to come. • Wales' partnerships with key figures and national bodies strengthened, as well as being a vehicle for knowledge dissemination, learning, promotion of 'one voice' collaboration, and to raise the professional profile of healthcare science in NHS Wales. 	
<p>Outcomes for population/staff/patients by end Year 3:</p> <p>Improved service understanding of process of workforce planning and opportunity to engage in activity. Majority of professions able to access full Modernising Scientific Careers education and training career framework from associate to consultant level. Improved awareness of research, development and innovation opportunities. Improved understanding of prudent and value-based healthcare transformation. Reported culture and integration in healthcare science profession shown to be moving towards that described in the Framework. Increased proportion of clinicians registered, and services accredited.</p> <p>Output measures</p> <p>Year 1: Baseline workforce, registration/accreditation and research activity data, regular events and annual conference, profession wide CPD resources.</p> <p>Year 2: Service-led approach to workforce planning. Travel fellowships programme. Profession-specific CPD resources.</p> <p>Year 3: Reviewed workforce solutions. Midpoint progress report.</p>	

Strategic Aim 4: To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care

Strategic Objective 4.13: Plan and implement improvements to develop and embed further the roles of physician and anaesthesia associates in Wales, including ensuring educational and careers infrastructure is developed to support future regulation

What is the purpose of the Objective and how it will it make a difference?

Physician and anaesthesia associates are relatively new roles in NHS Wales. However, the development of both roles is critical to some of the medium and long-term workforce challenges we face in Wales across both primary and secondary care. There are currently 70 PAs working in Wales compared to a UK figure of 1800 (2020 FPA census). There are 7 AAs working in Wales in Hywel Dda University Health Board. There is a plan for both professions to be regulated by the General Medical Council in 2023, this will be followed by likely prescribing responsibilities, though the mechanism for this has not yet been agreed on a 4 nations level. The GMC have no plans currently to regulate post qualification education for both roles which necessitates an educational infrastructure to be developed in partnership with employers to ensure PAs and AAs develop the skills and competencies to ensure onward career progression. The development of these roles across NHS Wales will have wide ranging implications for patient, healthcare staff and the wider NHS Wales healthcare system. The development of both roles can provide solutions to some of the medical workforce challenges across NHS Wales and also free time for trainee doctors to focus time on training. Improver staffing and sustainable rotas are likely to improve the sense of wellbeing of healthcare staff. Staff -address medical workforce challenges. Seen as part of the solution freeing up trainee doctors to train, to progress and their wellbeing. Both roles offer continuity of care for patients given that they don't undertake any rotations. By the end of year 1 we will have established and embedded PAs more widely across Wales and expanded AA roles to other parts of Wales to support the medical anaesthetics workforce in Wales. By the end of 3 years, there will be an increased number of PAs working across sectors in Wales. They will be regulated (subject to GMC) and able to undertake prescribing. Educational infrastructure will be in place to support them in the future. There will be a robust sense of professional identity in each of these roles with career progression opportunities.

In scope: Working collaboratively with HBs to support the further implementation and establishment of AAs and PAs. Supporting the professions by developing post qualification education opportunities and infrastructure to support the further development of these roles. Working with wider NHS Wales to plan and establish recognised career pathways for PAs/AAs. **Not in scope:** MAPS Advanced Critical Care practitioners and Surgical Care Practitioners.

Executive Lead: Medical Director / SRO: Director of Medic Professional Support and Development

Key Deliverables for Year 1 (2022-23)

- Explore the development of a postgraduate school structure for PA/AAs to provide leadership and raise the profile of the roles across NHS Wales.
- Using best practice and UK frameworks develop educational governance/infrastructure guidance for employer supporting PA and AA (PA internship, early years AA role).
- Support employers to further implement the role of AAs across NHS Wales.
- Develop the role of HB PA/AA tutors/ambassadors to develop the roles further across NHS Wales.
- Develop and support opportunities for continuing professional development for PAs/AAs.

Key Quarterly Milestones for Year 1 (2022-23)

Q1 (April-June)

- Conduct scoping review of postgraduate education structures across the UK
- Develop ties with the Society of PAs in Wales (SOPAW) and Association of anaesthesia associates to ensure enhanced partnership working.
- Explore the development of a business case to submit to the executive team to develop appropriate postgraduate educational infrastructure.

Q2 (July-September)

- Appoint Associate Dean for PA/AA with appropriate admin support
- Constitute postgraduate board of PA and AA Education with representatives from employers, PA/AA workforce, Universities and Faculty of PAs and AAs.
- Develop specific support and development opportunities for PA/AAs.

Q3 (October-December)

- Develop guidance for employers on PA internship education and support to ensure consistency across NHS Wales.
- Develop and support CPD opportunities for PAs/AAs.

Q4 (January-March)

- Develop roles of PAs/AAs tutor and champions across NHS Wales.

<ul style="list-style-type: none"> Align work done in this area across NHS Wales to share expertise/resource and reduce replication. 	<ul style="list-style-type: none"> Commence the process of evaluating the impact of the measures above.
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> Work with wider NHS Wales to plan and establish recognised career pathways for PAs/AAs. Evaluate impact of school of PAs/AAs including by mapping numbers of roles and quality of educational experience. Develop an NHS Wales PA/AA online portfolio to support education and training for PAs/AAs. In conjunction with the RSU, develop plans to utilise MARS/ORBIT to support appraisal and the potential for revalidation in the future. 	
High level Deliverables for Year 3 (2024-25)	
<ul style="list-style-type: none"> Continue to develop PA and AA career structure within NHS Wales (leadership, education, research). Evaluate the impact of the AA role across NHS Wales. 	
What does success look like? Established and embedded PAs more widely across Wales and expanded AA roles to other parts of Wales to support the medical anaesthetics workforce in Wales. An increased number of PAs working across sectors in Wales, regulated (subject to GMC) and able to undertake prescribing. Educational infrastructure in place to support them and a robust sense of professional identity in each of these roles with career progression opportunities.	
Outcomes for population/staff/patients by end Year 3: <ul style="list-style-type: none"> Increased and highly engaged and motivated PA/AA workforce across NHS Wales Successful implementation of routes for PAs and AAs to transition to independent prescribers Seamless models of working for PAs and AAs within medical and anaesthetic teams, both in primary and secondary care services Reduction in medical locum expenditure in employers that embrace and develop the role of PAs and AAs 	
Output measures Year 1: Increase numbers of AAs and PAs working across primary and secondary care. Appropriate educational infrastructure in place (in partnership with employers) to support PA/AA progression. Year 2: Staff survey to assess job satisfaction and development opportunities.	

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Strategic Aim 4: To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care**Strategic Objective 4.14:** Develop assurance framework for multi-professional Advanced Practice (AP) and Consultant Practice**What is the purpose of the Objective and how it will make a difference?**

Multi-professional Advanced and Consultant Practice is relevant to several HEIW workstreams, but no workstream has overall responsibility for coordination of deliverables relating to the development of an assurance framework. There are inconsistencies in the development of advanced and consultant practice, resulting in a risk of inequitable practice or an inability to demonstrate parity in practice with potential risk of variable quality and safety for people using health services. A revised assurance framework will offer:

- Increased confidence that HEIW are commissioning AP and Consultant training which is fit for purpose.
- Improved understanding of career development routes and opportunities – including both academic and work-based learning routes.
- Clearer expectation and articulation around quality of AP and Consultant practice – building credibility around roles, enhancing consistency in development of non-medically led services and First Contact Practice roles.
- Better, safer care for the people of Wales.

In Scope: Nursing / Midwifery, AHPs, Healthcare Science, Pharmacy and Eye Care professionals.**Executive Lead:** Director of Nurse & Health Professional Education / **SRO:** Workforce Modernisation Manager

Key Deliverables for Year 1 (2022-23)	Key Quarterly Milestones for Year 1 (2022-23)
Develop assurance framework for multi-professional AP and Consultant Practice including: <ul style="list-style-type: none">• Development of a database of AP & Consultants.• Register of scope of AP & Consultant practice.• Establish AP & Consultant networks.• Revise and update AP & Consultant Framework and Guidance for employers.	Q1 (April-June) <ul style="list-style-type: none">• Stakeholder engagement activities.• Map current multi-professional AP & Consultant workforce.• Map education attainment of current AP & Consultant workforce.• Map current scope of AP & Consultant practice.
	Q2 (July-September) <ul style="list-style-type: none">• Stakeholder engagement activities.• Define and action needs around virtual AP & Consultant Networks.• Define minimum education / experience requirements for entry level for AP & Consultant roles.
	Q3 (October-December) <ul style="list-style-type: none">• Stakeholder engagement activities.• Establish consensus exercises around minimum education / experience requirements for entry level for AP & Consultant roles.• Gap analysis around minimum education / experience requirements for current AP & Consultant workforce.
	Q4 (January-March) <ul style="list-style-type: none">• Stakeholder engagement activities.• Prepare and publish revised AP & Consultant Framework / Guidance for employers.
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none">• Develop competency framework for practitioners / educators, including self-assessment tools to support extension of scope of practice and return to practice after periods of absence.• Develop guidance around professional supervision and mentoring.• Develop guidance and resources to enable peer support.• Develop plan to meet gap in current AP & Consultant workforce education needs including timelines for action / cost implications.	

High level Deliverables for Year 3 (2024-25) <ul style="list-style-type: none"> • Scope current quality assurance mechanisms in use. • Develop annual competency platform / maintenance guidance and self-assessment tools / declaration of competence. • Negotiate coordinated information sharing with employers, regulators, NWSSP etc. • Implement plan to meet gap in current AP and Consultant workforce education needs.
What does success look like? Multi-professional AP and Consultant practitioners will all meet minimum standard of education / experience to undertake roles (Audit). There will be increased confidence in and credibility around roles within wider multi-professional health and care settings (Qualitative feedback). The development of non-medically led services and adoption of multi-professional First Contact Practice roles across Wales (Audit).
Outcomes for population/staff/patients by end Year 3: Improved confidence in ability to assure the quality and safety of AP & Consultant practice for employers and the people of Wales. Consistent, auditable approach to career planning / education provision / role development of AP & Consultant practitioner workforce.
Output measures Year 1: Database and networks established – measurements of usage. Year 2: Tools and resources to support entry to AP & Consultants – measurement of usage. Year 3: Online platform for annual competencies / mechanism for assurance to employers, regulators, NWSSP etc.- measurement of usage.

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Strategic Aim 4: To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care.	
Strategic Objective 4.15: Support development of the four social prescribing deliverables of Connected Communities Strategy and to lead on deliverable number 2 - National skills and competency framework for social prescribers in Wales.	
<p>What is the purpose of the Objective and how it will it make a difference?</p> <p>Welsh Government has signalled strong support for social prescribing approaches through legislation and a range of policy statements since 2014, but roles have developed in isolation across public and third sectors with different skills requirements, job descriptions and employment scales. Consequently, there has been limited consensus across Wales on the required learning, training and education needs of this newly emerging occupational group. The Minister for Mental Health, Well-being and Welsh Language, has convened and Chaired the Ministerial Social Prescribing T&F Group (March 2021). This is a multi-stakeholder forum with representation across all sectors that upholds the Connected Communities Strategy to reconnect people with their communities; enable access to interventions that aren't over medicalised; and address arising governance issues around social prescribing. Development of a national 'once for Wales' skills and competency framework for social prescribers will underpin education and training needs of this workforce group, clarifying roles and associated levels of responsibility; and strengthen job descriptions and remuneration.</p>	
<p>In Scope: Development of a core capability framework to clarify skills and competencies of social prescribers at the following levels: Making every contact count; link worker/community connector role; and professionals dealing with complex caseloads. Out of Scope: (until appropriate to address as in scope): Access to quality assured education and training programmes.</p>	
Executive Lead: Deputy CEO/ Director of Workforce & OD / SRO: Programme Manager Primary Care	
Key Deliverables for Year 1 (2022-23)	Key Quarterly Milestones for Year 1 (2022-23)
<ul style="list-style-type: none"> Develop a business case to Welsh Government to secure funding. Establish an expert group of that will steer framework development and procurement standards Develop the procurement standards and evaluation. Run the procurement process and award the contract. Develop competency statements that will inform the framework Undertake extensive engagement to ensure the framework will reflect the needs of NHS Wales Develop and publish the all-Wales Education and Training Framework for Social Prescribing Framework rollout in alignment with National Framework for Social Prescribing (WG) 	<p>Q1 (April-June)</p> <ul style="list-style-type: none"> Secure funding and commence procurement and award of contract Terms of Reference and membership for an expert working group to steer framework development. This will be a sub-group of Social Prescribing Coordination Group Review of evidence and mapping of competence areas
	<p>Q2 (July-September)</p> <ul style="list-style-type: none"> Manage the processes to define competency statements and refinement of the draft framework
	<p>Q3 (October-December)</p> <ul style="list-style-type: none"> Host external engagement/consultation events to review for accuracy and probity Reflect changes in final version of the framework
	<p>Q4 (January-March)</p> <ul style="list-style-type: none"> Education and Training Framework rollout and launch in alignment with National Framework for Social Prescribing (WG)
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> Review of education and training requirements to underpin the framework. 	
High level Deliverables for Year 3 (2024-25)	
<ul style="list-style-type: none"> Continuation of year 2, as required. 	
<p>What does success look like? The framework will determine standards for social prescribing education and training and will assist in measuring if education and training satisfy these standards. Where education and training are standardised, there will be greater acknowledgement and understanding of the social</p>	

prescriber role enabling individuals to move between roles, organisations or locations, their core skills and knowledge can be recognized and transferable to minimise the duplication or repetition of training.

Outcomes for population/staff/patients by end Year 3: As Above.

Output measures

Year 1: Core Capabilities Social Prescribing Framework for Wales.

Year 2: Approved education and training options identified for social prescribers.

Year 3: Accredited/quality assured education and training options.

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Strategic Aim 5: To be an exemplar employer and a great place to work

Strategic Objective 5.1: Initiate measures to further improve staff and customer experience including implementation of the People and Organisational Development (OD) Strategy

What is the purpose of the Objective and how it will make a difference?

We continue to develop and maintain a happy, motivated, skilled workforce that enables and facilitates HEIW in meeting its strategic goals. That we are able to attract, retain and promote staff. By year 3 the key priorities of the strategy will become business as usual and staff will have access to a wide range of learning and development, a more inclusive workforce will have been created. This will be backed by workforce information, an internal succession plan and a HEIW workforce plan.

In Scope: The continuation of the improvement of the well-being, capability, competence, confidence and experience of HEIW staff, including improving team performance/customer experience, workforce planning, succession and talent management and workforce composition. Valuing and retaining our staff including flexible retirement, seamless working, support for a digital ready workforce, attraction and recruitment, education and learning, compassionate leadership and workforce shape. Also included in scope are Management Development Training, Programme Management and an initial internal succession programme.

Executive Lead: Deputy CEO/Director of Workforce & OD / **SRO:** Senior Workforce Business Partner

Key Deliverables for Year 1 (2022-23)

- Implementation of the key themes from the People and Organisational Development (OD) strategy.
- Provision of a learning and development offering that includes a range of training supported by e-learning packages, support for individual learning and development, the PADR process including 360°, regular staff conferences and an awards ceremony.
- Reviewed the recruitment and selection process and policy to improve understanding, implement best practice and ensure recruitment of a highly skilled and diverse workforce reflecting the community we serve.
- Undertaken internal workforce planning for HEIW staff and developed inclusive internal succession planning and talent management procedures.
- Undertaken regular review of staff experience using a range of tools and undertaken follow up action as required.
- Reviewed existing W&OD policies and introduced new policies in accordance with the policy matrix.

Key Quarterly Milestones for Year 1 (2022-23)

Q1 (April-June)

- Deliver the first staff conference of 2022/23.
- Organise a CIPD network event for Q1.
- Establish a Learning and Development Plan for 2022/23 setting out organisational priorities and recommendations for study leave applications.
- Scope out and establish regular project management training with outcome measures.
- Develop an Annual Awards Ceremony to recognise staff contributions.
- Commence delivery of year 1 plan of our Colleague Wellbeing Strategy and Action Plan.
- Review the recruitment process using survey data of applicants and recruiting managers.
- Continue to provide management development training in conjunction with Leadership and Succession and plan provision for 2022/23.

Q2 (July-September)

- Deliver the Q2 staff conference.
- Organise a quarterly CIPD network event.
- Introduce a retirement policy using NHS minimum standards.
- Produce the first iteration of an internal Workforce Plan for HEIW.
- Undertake a Health Needs Assessment.
- Review the Recruitment and Selection Policy and implement improvements.
- Introduce Manager as a Coach within the management training programme supported by a coaching network.
- Refresh evidence for the Corporate Health Standard, address any gaps and review timeframes for submitting application.

Q3 (October-December)

- Deliver the Q3 staff conference to include the Christmas event.
- Organise a quarterly CIPD network event.

<ul style="list-style-type: none"> Improved the health and wellbeing of HEIW staff and acted as an exemplar within NHS Wales. Support the development of the HR profession in HEIW in conjunction with the CIPD and HPMA. 	<ul style="list-style-type: none"> Consider options for a 360° appraisal in preparation for PADR to be aimed at People Managers and the Senior Leadership Team. Submit the application for the Corporate Health Standard award. Promote staff engagement with the NHS Wales Staff Survey. <p>Q4 (January-March)</p> <ul style="list-style-type: none"> Arrange the Q4 staff conference. Organise a quarterly CIPD network event. Complete the e-learning package proposals to support core learning. Roll out Workforce Policy toolkits for all staff. Undertake a Health Needs Assessment. Evaluate the HEIW well-being action plan. Consider seeking level 1 Investors in People accreditation. Produce the Learning and Development Plan for 2023/24 detailing organisational priorities and recommendations for study leave.
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> Evaluate the impact of strategy and draft the new strategy in partnership with staff and staff representatives. Continue to deliver on key priorities. 	
High level Deliverables for Year 3 (2024-25)	
<ul style="list-style-type: none"> Address any additional priorities contained in the new strategy and deliver on key priorities that become business as usual. 	
What does success look like?	
A happy, motivated, skilled workforce that enables and facilitates HEIW in meeting its strategic goals.	
Outcomes for staff by end Year 3:	
<ul style="list-style-type: none"> A happy, inclusive and motivated workforce measured through Staff Surveys. Low sickness absence rates that are an accurate picture of sickness absence. Good retention and turnover rates that reflect a healthy movement of staff into and out of HEIW. Attraction of high calibre applicants with high numbers applying for vacant roles. Creation of a diverse workforce that reflects the community we serve. Low numbers of employee relations/people management casework. A consistency of approach by People Managers using the principles of compassionate leadership. Good engagement with pulse surveys, health needs assessments and the NHS Wales staff survey with positive results. Continued staff engagement with conferences. Recognition of strong HR professional presence within Wales. 	
Output measures: the primary source of evidence will be a range of monthly people data in addition will be added pulse surveys, health need assessments, the NHS Wales Staff Survey and case work reporting.	
Year 1: People Data.	
Year 2: People Data.	
Year 3: People Data.	

Strategic Aim 5: To be an exemplar employer and a great place to work	
Strategic Objective 5.2: Deliver the external element of the Race Equality Action Plan (REAP) and implementation of HEIW Strategic Equality Plan (SEP)	
What is the purpose of the Objective and how it will it make a difference? Drivers for change include Strategic Equality Plan and the Race Equality Action Plan and the vision for a 'more equal Wales'. In Year 1 we will implement the governance and infrastructure to ensure fair and inclusive workforce processes and workplaces. By the end of Year 3 we will have transparent and inclusive workforce processes with increased diversity in senior leadership talent pools and leadership positions across NHS Wales.	
In Scope: The HEIW Equality, Diversity and Inclusion (EDI) work programme and working in partnership with public sector, as appropriate. Out of Scope: Leading the national EDI programmes of work.	
Executive Lead: Deputy CEO/Director of Workforce & OD / SRO: Head of OD & Inclusion	
Key Deliverables for Year 1 (2022-23)	Key Quarterly Milestones for Year 1 (2022-23)
<ul style="list-style-type: none"> Continue to deliver accreditation pledges and calendar of EDI events. Develop a HEIW programme of work that enables delivery of the Race Equality Action Plan. Develop processes to increase the diversity within the aspiring executive leadership talent pool. Develop / Review Directorate strategic equality action plans reporting in alignment with HEIW quarterly strategic objective reporting processes. Commence year 2 directorate strategic equality action planning. 	Q1 (April-June) <ul style="list-style-type: none"> Publication of year 2 of the HEIW Strategic Equality Plan. Critical expert to support EDI work programme engaged. Ability for EDI data to be captured on Gwella. EDI learning events published on Gwella.
	Q2 (July-September) <ul style="list-style-type: none"> Publication of the HEIW Gender Pay Gap Report. EQI assessments completed for provision of Intern, Graduate and leadership development offerings. Inclusion and EDI masterclasses provided via the Aspiring executive master classes and 'Leading with Compassion' programme.
	Q3 (October-December) <ul style="list-style-type: none"> Provision of targeted leadership development offerings to support individuals with protected characteristics.
	Q4 (January-March) <ul style="list-style-type: none"> Publication of talent dashboards that enable visibility of applicants with protected characteristics.
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> Review and evaluate impact of Strategic Equality Plan across the organisation. Evaluate impact of partnership working on Equality, Diversity and Inclusion agenda across the Public Sector. Commence next cycle of the three-year Strategic Equality Plan. 	
High level Deliverables for Year 3 (2024-25)	
<ul style="list-style-type: none"> Review and evaluate impact of enactment of the Socio-economic duty (Part 1, Section 1 Equality Act 2010) and strategic equality plans across the organisation. Work in partnership with the HEIW widening access team to ensure recruitment processes are fully inclusive and that we effectively engage communities and hard to reach groups. 	
What does success look like? Diversity, equality and inclusion is promoted and actively supported throughout our business and our workplace.	
Outcomes for population/staff/patients by end Year 3: As above.	

Output measures

Year 1: Robust processes embedded for HEIW progress reporting against the SEP and REAP.

Year 2: Inclusive Talent Management processes and positive action taken to encourage participation in leadership development from individuals with protected characteristics.

Year 3: Increase in the volume of individuals participating in leadership development programmes/networks and applying for senior leadership roles from protected backgrounds.

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Strategic Aim 5: To be an exemplar employer and a great place to work	
Strategic Objective 5.3: Implement and embed the Welsh Language Scheme within HEIW	
What is the purpose of the Objective and how it will it make a difference?	
Bilingual services bring better clinical outcomes for patients. We will strive to ensure that more patients are treated in the language of their choice.	
In Scope: Support for the active promotion and use of the Welsh Language in our business and workplace. Quality improvement of the Welsh Language translation services delivered.	
Executive Lead: Board Secretary / SRO: Welsh Language Support Manager	
Key Deliverables for Year 1 (2022-23)	Key Quarterly Milestones for Year 1 (2022-23)
<ul style="list-style-type: none"> Continue to implement and embed the Welsh Language Scheme. Continue to motivate and inspire staff to learn Welsh. Continue to deliver Welsh language and how to use Welsh language in the workplace training. Establish and develop Welsh Language Skills Certificate for HEIW staff. Continue to improve the Welsh language translation service including the implementation of standards. Grow the number of staff able to undertake basic Welsh translation and explore options to deliver bespoke courses for fluent speakers to give them the confidence to translate their own work. Reconsider priorities for Welsh language translation and promote the Welsh Language Guide to all staff. 	Q1 (April-June) <ul style="list-style-type: none"> Monitor the implementation of the Welsh Language Scheme and identify any risks and issues. Identify and organise training for employees to undertake basic Welsh translation. Arrange bespoke Welsh language translation courses for fluent speakers to translate their own work. Develop and embed the Welsh language translation team. Explore the development of further translation processes.
	Q2 (July-September) <ul style="list-style-type: none"> Monitor and report on progress.
	Q3 (October-December) <ul style="list-style-type: none"> Conduct internal translation skills audit. Monitor and report on progress.
	Q4 (January-March) <ul style="list-style-type: none"> Monitor and report on progress.
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> Learner numbers continue to grow. Translation skills embedded across all departments. 	
High level Deliverables for Year 3 (2024-25)	
This activity becomes business as usual.	
What does success look like?	
HEIW promotes and actively supports the use of the Welsh Language in our business and our workplace measured through: <ul style="list-style-type: none"> More learners at improving levels and more translation skills embedded within departments. High levels of compliance and no customer complaints or investigations by Welsh Language Commissioner. 	
Outcomes for population/staff/patients by end Year 3: Greater number of staff are able to speak Welsh and undertake Welsh translation.	
Output measures	
Year 1: New RAG register on new Welsh language scheme.	
Year 2: Monitored and reported regularly.	
Year 3: N/A.	

Strategic Aim 5: To be an exemplar employer and a great place to work**Strategic Objective 5.4:** Implement organisational changes to meet expectations regarding biodiversity and climate change**What is the purpose of the Objective and how it will make a difference?**

HEIW is named as responsible for a key action in one of the Education initiatives in the NHS Wales Decarbonisation Strategic Delivery Plan (March 2021). In addition, we have an approved Biodiversity and Decarbonisation Strategy with 4 areas of action to internally enhance biodiversity in our working environment whilst at the same time reducing our carbon footprint. The purpose of this Objective is to deliver against our organisational and NHS Wales responsibilities to ensure that in 3 years' time we will have embedded the latest decarbonisation knowledge and research into healthcare leadership, practice, training and education, supporting a Welsh approach to Sustainable Healthcare.

In Scope: Internal – Delivery of organisational Biodiversity and Decarbonisation Strategy including taking forward key activities in relation to 4 areas of action. Understanding our carbon footprint and reducing our impact. External – Establishing and implementing role in embedding Biodiversity and Decarbonisation awareness into Education and Training of healthcare workforce. Using our workforce strategy to embed the principles of sustainable healthcare within our remit and functions. **Out of Scope:** Lead for implementation of Sustainable Healthcare for NHS Wales.

Executive Lead: Director of Finance, Planning, Performance & Corporate Services / **SRO:** Assistant Director of Planning and Performance**Key Deliverables for Year 1 (2022-23)**

- Establish formal governance arrangements to deliver our Biodiversity and Decarbonisation Strategy and our responsibilities under the NHS Wales Decarbonisation Strategic Delivery Plan.
- Develop an action plan with clear organisational ownership and mechanisms of delivery against our four areas of action:
 - Engaging and supporting our staff
 - Sustainable procurement
 - Developing our office, Ty Dysgu, and supporting our local communities
 - Environmental sustainability
- Produce a 3-yearly biodiversity report to Welsh Government (following report in Dec 2019) in relation to requirements of Environment Act 2016.
- Commission with partners/stakeholders the appropriate resources to be embedded into respective education and training curricula.
- Embed an understanding of how healthcare contributes to the climate crisis and what the trainee and student workforce can do to help.
- Promote sustainable healthcare and embed an understanding of how healthcare contributes to the climate crisis through our leadership and CPD programmes.

Key Quarterly Milestones for Year 1 (2022-23)**Q1 (April-June)**

- HEIW's carbon footprint baselined.
- Formal governance arrangements in place for the delivery of Strategic Objective and HEIW Biodiversity and Decarbonisation Strategy.
- Action plan is being implemented with clear organisational ownership and mechanisms of delivery embedded.
- Procurement process for works on Ty Dysgu grounds completed.
- Develop work plan for determining appropriate teaching/learning on Sustainable Healthcare is incorporated into all commissioned education via HEIs.

Q2 (July-September)

- Draft organisational targets for reducing carbon prepared.
- Ty Dysgu ground works undertaken.
- Work plan for determining resources to be embedded into respective education and training curricula implemented.
- Scope leadership and CPD offerings.
- Implement work plan for determining appropriate teaching/learning is incorporated into all commissioned education via HEIs, in a similar way to the approach for Welsh Language.

Q3 (October-December)

- 3-yearly biodiversity report to Welsh Government produced.
- Approved organisational targets launched for reporting from 1 April 2023.
- Ground works on Ty Dysgu completed and opened officially.
- Implement and monitor work plan for determining appropriate teaching/learning is incorporated into all commissioned education via HEIs.

Q4 (January-March)

- Performance Dashboard KPIs developed for reporting from 1 April 2023.

	<ul style="list-style-type: none"> • Ensure appropriate teaching/learning is incorporated into all HEIW leadership and CPD programmes. • Evaluate implementation of work plan for determining appropriate teaching/learning is incorporated into all commissioned education via HEIs. • Develop focused work plan to address remaining areas of teaching/learning with HEIs.
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> • Ensure appropriate teaching/learning is incorporated into all commissioned education via HEIs, in a similar way to the approach for Welsh Language. • Promote sustainable healthcare through our remit and functions. • Undertake a think piece exercise and then develop a business case for a Faculty of Sustainable Healthcare for Wales if supported. 	
High level Deliverables for Year 3 (2024-25)	
<ul style="list-style-type: none"> • Implement a Faculty of Sustainable Healthcare for Wales if supported. 	
What does success look like? The latest decarbonisation knowledge and research is embedded into healthcare practice and the educational system. HEIW's carbon emissions can be measured, and we are working towards reducing them.	
Outcomes for population/staff/patients by end Year 3: The existing workforce and those in education and training have a greater awareness of the approaches required to reduce our impact on the environment through the embedding of appropriate resources into Education & training as standard practice. The concept of 'Sustainable Healthcare' is recognised and in general use in the system. HEIW has embedded approaches to Biodiversity and decarbonisation into standard working practice and through regular monitoring and analysis reduced its carbon footprint.	
Output measures Year 1: Measurement mechanisms in place to understand HEIW carbon footprint and deliver against its action plan. Year 2: HEIW organisation targets are in place with aligned reporting mechanisms identified. Education and training is commissioned. Year 3: Decarbonisation knowledge is routinely shared through the Education, Training and Leadership programmes commissioned by HEIW.	

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Strategic Aim 5: To be an exemplar employer and a great place to work**Strategic Objective 5.5:** Embed multi-disciplinary Quality Improvement (QI) capacity and capability within HEIW**What is the purpose of the Objective and how it will make a difference?**

Improvement is core to our agenda as evidenced in our core organisational Value '*Ideas that Improve.*' Fulfilment of this Objective will embed QI methodology across HEIW's key activities and infrastructure, including planning, assessment, quality and programme development. It will also support multi-disciplinary teams to undertake improvements for the benefit of staff, patients and the population in Wales through their own projects. It will also promote project development in the areas of patient safety, wellbeing and sustainability and working with national organisations, it will build on shared learning to reflect changes in national curricula and the learning environment in Wales. It will underpin the Quality Improvement component of HEIW's multi-professional Quality Framework, informing Quality Planning in a system for ensuring high quality education and training.

In Scope: HEIW staff, medical and dental trainees, those within the training infrastructure (TPD's, Specialty Leads etc) and pharmacists. Future areas for development include working with other professions to broaden this approach with the benefits of an improvement-based strategy. **Out of Scope:** QI training for the wider NHS workforce, which is the remit of Improvement Cymru.

Executive Lead: Medical Director / SRO: Director of Educational Improvement & Governance**Key Deliverables for Year 1 (2022-23)**

- A functional collaborative supporting and coordinating quality improvement and innovation activity across all sections of HEIW, including delivery of the QIST programme and securing advanced QI skills.
- Scope the delivery of 'internal QI consultancy' to support improvement within HEIW.
- Scope available expertise in implementation science and behavioural science to promote upscaling and spread.
- Showcase Improvement and Innovation collaborations in Wales and internationally.
- Scope how we support medical/dental undergraduates with QI skills.

Key Quarterly Milestones for Year 1 (2022-23)**Q1 (April-June)**

- Secure business case for additional QI resources (QIST Tutors and Implementation Science Expert).
- Pilot ERIIC landing page on Gwella.
- Mentoring for HEIW staff undertaking the Wales Improvement Advisor Programme (SCIL).
- Pilot QI training and resources for educational supervisors.
- Scope a multi-professional QI curriculum for HEIW staff.
- Continue HEIW project support and consultation sessions (Qs 1 – 4).

Q2 (July-September)

- Showcase Improvement and Innovation collaborations at the IHI conference.
- Project support for the HEIW Intern Programme 2022 as part of the multi-layered approach to improvement and develop HEIW QI approach.
- Pilot QI collaborative with Libraries Wales.
- Identify level of support required for medical and dental undergraduates.

Q3 (October-December)

- Identify appropriately trained HEIW staff to undertake advanced improvement training.
- Scope the role of QIST in supporting undergraduates in QI.
- Pilot HEIW QI curriculum.
- Scope available implementation expertise and resources.

Q4 (January-March)

- Showcase improvement and innovation collaborative in Wales as part of a national conference.
- Establish QI training for educational supervisors.
- Publish an Annual Improvement Report on areas of improvement, highlighting future direction.
- Establish specialty leads for all active programme areas.
- 30% of HEIW staff to have completed introductory QI training, with intermediate training being delivered on a regular basis.

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High level Deliverables for Year 2 (2023-24)

- Appoint an Associate Dean for Improvement Training.
- Delivery of an established QI programme for educational supervisors.
- Increase training capability to support programme expansion.
- Pilot a QI programme for medical and dental undergraduates.

High level Deliverables for Year 3 (2024-25)

- Evaluate the activity of the improvement and innovation collaborative.

What does success look like?

- 30% of staff to have undertaken introductory and intermediate QI training.
- Continued engagement in the use of virtual classrooms for QIST training and the use of Gwella for project sharing.
- An established programme of training for educational supervisors.
- Recognition of the value of QI training as part of medical education.
- HEIW staff being support with improvement activities.

Outcomes for population/staff/patients by end Year 3:

Improvement projects completed in the areas of patient safety, wellbeing and sustainability.

Output measures

Year 1: Number of individuals who undertake QI training, completed Silver IQT projects, second projects completed, publications.

Year 2: As above plus measured impact on programmes/service/patient care (with ERIIC).

Year 3: As above plus measured impact on HEIW programmes.

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Strategic Aim 5: To be an exemplar employer and a great place to work

Strategic Objective 5.6: Develop the capacity and capability for evaluation, innovation and research

What is the purpose of the Objective and how it will it make a difference?

Building capacity for research is widely recognised as important in providing a sound basis for organisational planning, decision-making and evaluative activity in organisational policy and practice. It is therefore key to the provision of sustainable high-quality training programmes that represent value for money and adapting to changing educational environments. HEIW has a role in contributing to the UK knowledgebase by ensuring evidence-based practice underpinned by high quality research that leads to improvements in healthcare workforce training quality and ultimately, patient care. HEIW's 'Evaluation, Research, Improvement and Innovation Collaborative' and Research Governance Framework will be key enablers for organisational aims and will 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 current and future workforce. It is key to determining the impact that our activity has on the healthcare workforce, practice and ultimately, patient care and safety. Research and evaluation also underpin the Quality Assurance component of HEIW's multi-professional Quality Framework, informing Quality Planning in a system for ensuring high quality education and training.

In Scope: Building organisational research capacity; informing how HEIW might embed an inclusive and co-ordinated approach to research across its 'core business' and wider activity. Within scope are current gaps/good practice in research, evaluation, improvement and innovation process and practice; existing barriers to/opportunities for undertaking or participating in research, evaluation, improvement and innovation; staff skills and experience/learning needs to undertake or engage with research, evaluation, improvement and innovation. **Out of Scope:** The objective is focused on HEIW staff and not external stakeholder groups including learners and educators.

Executive Lead: Medical Director / SRO: Director of Educational Improvement & Governance

Key Deliverables for Year 1 (2022-23)

- Functional ERIIC supporting and coordinating Evaluation, Research, Quality Improvement and Innovation activity across all sections of HEIW.
- Functional infrastructure for research governance across HEIW
- Showcase HEIW Evaluation, Research, Innovation and Quality Improvement activity in Wales and internationally.
- Scoped available expertise in implementation science and behavioural science to promote upscaling and spread.

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Key Quarterly Milestones for Year 1 (2022-23)

Q1 (April-June)

- Business case for Education Researcher (x2), Clinical Research Lead and additional ERIIC support.
- Operational governance pathway incorporating ERIIC Peer Group and Research Governance Group.
- Embed Research Governance Framework across HEIW.
- Establish a functional HEIW Research Register with regular reporting.
- Deliver research and evaluation training to HEIW staff.
- Secure and implement procurement framework for tiered provision of development of baseline skills, external research and evaluation support for internal activity and commissioning of support for politically important projects.
- Support procurement of pilot initiatives on innovative placement capacity solutions.
- Develop Gwella as a project sharing platform with ERIIC 'landing page' and networks.

Q2 (July-September)

- Secure internal project support via expert (external) educational consultancy.
- Collaborate with other Wales innovation partners.
- Implement Gwella as a project sharing platform.
- Relaunch 'Trainees Transforming Training' with focus on innovation.

Q3 (October-December)

- Support publication of HEIW research and evaluation activity.
- Scope available expertise in implementation science.
- Report activity using Gwella as a project sharing platform.

	Q4 (January-March) <ul style="list-style-type: none"> Publication of HEIW ERIIC report.
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> Evaluate Collaborative and achievements both internally and externally. Use of evaluation to inform other HEIW programmes of work. 	
High level Deliverables for Year 3 (2024-25)	
<ul style="list-style-type: none"> Evaluate impact of developing HEIW's capability and capacity for evaluation, research, innovation and quality improvement activity. 	
What does success look like? A well-supported Evaluation, Research, Improvement and Innovation Collaborative which facilitates the incorporation of evaluation, research, improvement and innovation into all HEIW activity including consideration of value-added by workstreams and use to quality assure programme development or inform new areas of work.	
Outcomes for population/staff/patients by end Year 3: This foundation will be important in underpinning HEIW's long term aspirations to be a research-engaged and research-active institution with a reputation for evidence-based practice and scholarship. Research is a key enabler to ensure HEIW continuously improves quality, enhances processes for investment in the NHS Wales workforce and provides the evidence base for planning for the current and future workforce. It is also key to determining the impact that activity has on the healthcare workforce, practise and ultimately, patient care and safety, thereby supporting HEIW's vision of 'Transforming the workforce for a healthier Wales'.	
Output measures: Year 1: Fully functional Evaluation, Research, Improvement and Innovation Collaborative and associated governance framework and infrastructure. Year 2: Metrics including numbers of staff trained in research, evaluation and improvement skills and methodologies, proposals considered via research governance structures, projects undertaken and scholarship output, external expertise/evaluation projects commissioned. Year 3: Evaluation of achievements.	

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Strategic Aim 5: To be an exemplar employer and a great place to work**Strategic Objective 5.7:** Reduce HEIW's organisational risks relating to cyber security and information governance**What is the purpose of the Objective and how it will make a difference?**

Cyber Security and Information Governance are business enablers and key strategic assets. The successful management of cyber security and information governance risks is essential, and it is critical that structures, policies, and processes are in place and embedded to understand, assess and systematically manage risks. HEIW's approach to cyber security and information governance will be fully integrated throughout the organisation and decision-making structures and processes.

In Scope: All data and information HEIW processes. All networks, systems and services which are provisioned, designed, developed and managed by HEIW. The application and management of security controls and measures to protect data, devices, networks, systems, services and users. Managed IT assets used to connect to HEIW's networks, systems and services.

Executive Lead: Director of Digital Development / **SRO:** Information Governance Manager (IG), Head of Cyber Security (Cyber)

Key Deliverables for Year 1 (2022-23)

- Managing cyber security and information governance risk.
- Improving the management of information assets, networks and systems.
- Minimising the impact of cyber security and information incidents.
- Improving recovery strategies and plans to ensure that HEIW can recover faster from cyber security and information incidents in a more timely and safe manner.

Key Quarterly Milestones for Year 1 (2022-23)**Q1 (April-June)**

- Define and approve remediation plans to address Cyber Assessment Framework (CAF) for Health findings. These plans will contribute to and inform HEIW's overall cyber security programme.
- Proactive risk management - Adopting a lifecycle approach to managing risks will ensure that controls and measures are appropriately evaluated to ensure they remain appropriate and fit for purpose.
- Complete organisation-wide cyber security awareness exercise.
- Complete a review of the information currently provided to those whose information HEIW hold.
- Continue to implement a programme of audit and information governance compliance checks.
- Define key performance indicators (KPI's). Performance should be based on internal and external observable indicators.
- Engage with organisation to understand information requirements.
- Evaluate feedback from IG Toolkit submission to adjust implementation plan.

Q2 (July-September)

- Cyber security program progress reporting.
- Complete Business Impact Analysis to identify and assess critical services which HEIW must deliver even in the event of a Disaster.
- Proactive risk management - Adopting a lifecycle approach to managing risks will ensure that controls and measures are appropriately evaluated to ensure they remain appropriate and fit for purpose.
- Complete organisation-wide cyber security awareness exercise.
- Complete a cyber incident response topic-specific exercise and document the outcomes.
- Build a programme of staff awareness across the organisation.
- Enhance the role of those across the organisation with information governance responsibilities (e.g. Information Asset Owners).

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	<ul style="list-style-type: none"> Implement records management principles to enhance utilisation of information.
	Q3 (October-December) <ul style="list-style-type: none"> Cyber security program progress reporting. Collate and document the results of Business Impact Analysis to inform, update and mature HEIW's Digital Services Recovery Plan. Proactive risk management - Adopting a lifecycle approach to managing risks will ensure that controls and measures are appropriately evaluated to ensure they remain appropriate and fit for purpose. Complete organisation-wide cyber security awareness exercise. Cyber security awareness programme 12-month review. Collate training and awareness needs from across the organisation. Integration of information governance practice into key programmes and activity across the organisation. Enhance the privacy by design approach across the organisation.
	Q4 (January-March) <ul style="list-style-type: none"> Cyber security program progress reporting. Proactive risk management - Adopting a lifecycle approach to managing risks will ensure that controls and measures are appropriately evaluated to ensure they remain appropriate and fit for purpose. Complete organisation-wide cyber security awareness exercise. Complete a cyber incident response topic-specific exercise and document the outcomes. Align IG work with data strategy. Collate evidence and complete Information Governance Toolkit Submission.
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> Continued roll-out of HEIW's proactive, organisation-wide security program. NHS Wales Cyber Assessment Framework (CAF) for Health. Improve compliance towards Level 3 of the IG Toolkit. 	
High level Deliverables for Year 3 (2024-25)	
<ul style="list-style-type: none"> Continued roll-out of HEIW's proactive, organisation-wide security program. NHS Wales Cyber Assessment Framework (CAF) for Health. Continue to build compliance towards Level 3 of the IG Toolkit. 	
What does success look like? Cyber security is not just about technology, and as such, building and driving forward a cyber security aware culture is a critical success factor of the cyber security program. Ultimately, the cyber security program aims to reduce HEIW's cyber security risks to an acceptable level of risk which is within appetite. A strong culture of information governance to ensure that the organisation appropriately processes information in line with the data protection principles.	
Outcomes for population/staff/patients by end Year 3: Improved cyber security posture. Improved cyber security awareness and culture. Increased compliance to data protection legislation.	

Improved information governance practices across the organisation.

Output measures

Year 1: A strengthened compliance culture across the organisation of relevant policies, documentation and processes where required.

Year 2: Define further performance-based metrics for improved reporting and oversight.

Year 3: Define further performance-based metrics for improved reporting and oversight.

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Strategic Aim 6: To be recognised as an excellent partner, influencer and leader	
Strategic Objective 6.1: Initiate measures to further improve customer experience and organisational profile including refresh and relaunch the HEIW Communications and Engagement Strategy	
<p>What is the purpose of the Objective and how it will it make a difference?</p> <p>As a relatively young organisation we are continuing to develop and progress our communication and engagement activities including organisational branding, political briefing sessions, regular publications and events. Working in partnership and ensuring we are communicating and engaging with the right customers and stakeholders is critical to how successful we are in meeting the needs of the NHS workforce, services and patients in Wales. We recognise there is still much to do and always will be as our customers, stakeholders, partners and business functions evolve over time. HEIW's strategic aim six is 'to be recognised as an excellent partner, influencer and leader'. Effective and efficient communications and engagement are key to this. Strategic objective 6.1 is a continuation objective centring on highlighting the importance of communications and particularly engagement and their critical contribution to us fulfilling our functions and strategic aims by having a well thought out and 'owned' strategy. In 2021-22 we carried out research into our engagement reach to inform our activities going forwards and refresh our communications and engagement strategy. This objective now sees us using that research to inform our refreshed strategy, engage with partners and customers to ensure its fit for purpose, and seeing us launch, adopt and implement the strategy with appropriate plans and a regular report on progress.</p>	
In Scope: HEIW communication and engagement activities.	
Executive Lead: Deputy CEO/Director of Workforce & OD SRO: Head of Communications & Engagement	
Key Deliverables for Year 1 (2022-23)	Key Quarterly Milestones for Year 1 (2022-23)
<ul style="list-style-type: none"> Refresh and relaunch the HEIW Communications and Engagement Strategy. In line with Strategic Equality Plan build effective relationships with seldom heard from groups and communities to ensure their inclusion / feedback to HEIW programmes. Increase engagement and feedback opportunities with new appropriate evidence based digital engagement tools to reach different audiences and communities. Maintain effective key relationships with previous, current and potential customers and stakeholders using a relationship management approach. Plan and facilitate regular Stakeholder Reference Group meetings ensuring ongoing engagement and feedback on key HEIW projects and plans. Develop effective strategic relationships with Further Education and Higher Education organisations to ensure input and partnership working on key education programmes. With the Digital Team continue to plan the delivery of additional functions to the new HEIW website (known as HEIW+) enabling effective communication with our stakeholders. 	<p>Q1 (April-June)</p> <ul style="list-style-type: none"> Progress report against HEIW Communications and Engagement strategy in 2021/22. Revise HEIW communications and engagement strategy taking into account research feedback. Consider all feedback and make appropriate changes to the strategy. Implement any quick actions as highlighted in the research report. Continue work to engage and build relationships with seldom heard from groups and communities. Plan and facilitate Stakeholder Reference Group meetings. With the Digital Team continue to plan the delivery of additional functions to the new HEIW website (known as HEIW+).
	<p>Q2 (July-September)</p> <ul style="list-style-type: none"> Carry out consultation on the revised HEIW communications and engagement strategy 2022 - 2025. Consider all feedback and make appropriate changes to the strategy. Final draft of revised HEIW Communication and Engagement strategy 2022-2025 to be taken to Board for approval. With the Digital Team continue to plan the delivery of additional functions to the new HEIW website (known as HEIW+).
	<p>Q3 (October-December)</p> <ul style="list-style-type: none"> On approval launch the strategy including highlighting in stakeholder bulletin and staff forum.

<ul style="list-style-type: none"> Progress report against HEIW Communications and Engagement Strategy to ensure we are engaging and communicating effectively with our partners and stakeholders. 	<ul style="list-style-type: none"> Focus on implementing the revised strategy and plan appropriate activities, particularly: <ul style="list-style-type: none"> Identify and plan pilot project using new digital engagement tool to reach different audiences and communities Work engaging and building effective relationships with seldom heard from groups and communities Develop a process / plan for managing key relationships with previous, current and potential customers and stakeholders Stakeholder Reference Groups Implement pilot project using new digital engagement tools. Continue to engage and build effective relationships with seldom heard from groups and communities. Agree a process / plan for managing key relationships with previous, current and potential customers and stakeholders. Hold Stakeholder Reference Group meeting. With the Digital Team continue to plan the delivery of additional functions to the new HEIW website (known as HEIW+). <p>Q4 (January-March)</p> <ul style="list-style-type: none"> Focus on implementing the revised strategy and activities. Implement pilot project using new digital engagement tools. Implement process / plan for managing key relationships with previous, current and potential customers and stakeholders. Continue to engage and build effective relationships with seldom heard from groups and communities. Hold Stakeholder Reference Group meeting. With the Digital Team continue to plan the delivery of additional functions to the new HEIW website (known as HEIW+).
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> Continue to implement strategy. Progress report against HEIW Communications and Engagement Strategy during 2022-23. Evaluation and review of new digital engagement tools. Evaluation and review of relationships. Continue to develop HEIW+ website (Phase 2). 	
High level Deliverables for Year 3 (2024-25)	
<ul style="list-style-type: none"> Continue to implement strategy. Progress report against HEIW Communications and Engagement Strategy during 2022-23. Plan for review of HEIW Communications and Engagement Strategy in 2025. Continue to develop HEIW+ website (Phase 2). 	
What does success look like?	

More effective communications and engagement activities and an increased understanding of who we are and what we do by HEIW workforce. Increase in stakeholders having a comprehensive understanding of the functions we carry out, our areas of expertise and the support we can offer leading to greater collaboration as people recognise us as a key player, influencer and expert.

Outcomes for population/staff/patients by end Year 3:

Effective communication and engagement are critical to the success of all HEIW programmes and objectives. Communications and engagement provide the essential channels for the production and sharing of information as well as engagement and listening methods. Through listening and engaging we learn what is needed and we are able to tailor our work to successfully provide support and solutions enabling the delivery of safe high-quality care.

Output measures

KPIs to indicate Brand visibility and awareness:

- 5% increase over the year in impressions and engagement measurements on Twitter and Facebook – these help to measure engagement with your posts, views of your posts and interactions with your posts giving an indication of how aware people are of HEIW, its role and brand.
- Website – measure top 5 pages per month – number of hits per page to gather evidence of awareness of HEIW. This measurement can vary from month to month based on topics e.g. launch of a recruitment page would get more hits in the first month and this would then balance out.
- Intranet article hits - measure top 5 pages per month - number of hits per article to gather evidence of interaction and awareness amongst HEIW workforce. This measurement can vary from month to month based on topics e.g. article on job opportunity would gather more hits than less general topics such as 'housekeeping' topics.

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Strategic Aim 6: To be recognised as an excellent partner, influencer and leader**Strategic Objective 6.2: Scope and agree our future single digital platform****What is the purpose of the Objective and how it will it make a difference?**

We inherited a number of legacy systems and introduced a number of new systems. Moving HEIW towards a single platform that will offer:

- Information and services easily and safely accessed by those who need them, when and where they need them.
- Barriers within and across organisations broken down, allowing for collaboration and integration.
- Ability to join up data from multiple sources to create improved intelligence.
- Processes that add value and support users.
- Removal of duplication and re-work.
- Ability to manage and control our systems.
- Streamlining user experience with a focus on user first design principles.
- Cloud first approach that allows agile deployment and development.

In Year 1 we will develop a fully scoped phase 1 system architecture aligned to the data strategy. By the end of Year 3 we will have availability of increased functionality, reduction in number of standalone systems, effective integration with external systems and significantly improved reporting capability.

In Scope: Design of single platform (year 1 and beyond): The review of current functions and purpose of digitally managed systems e.g. Intrepid, MARS, Orbit360, TRAP, Matching Schemes, DESAP. Placement intelligence (capacity and quality). Digital response to Primary Care Education and Training Framework. Workforce planning / redesign / business intelligence. Integration with external systems (i.e. Oriel, ESR, HEIs) Signposting to Y Ty Dysgu, Gwella and Learning@Wales. **Out of Scope:** CMS systems, Mura website, Y Ty Dysgu, Careersville.

Executive Lead: Director of Digital Development / SRO: Head of Digital Services**Key Deliverables for Year 1 (2022-23)**

- Evaluate intelligence from NES, HEE, NIMDTA system demos.
- Engage and evaluate feedback from internal engagement activity.
- Create first stage of functional map for single platform.
- Engage with external stakeholders.
- Define data and governance approach.
- Develop a costed, benefits focused business case, resource plan and high-level architecture.
- Create a roadmap and end of life strategy for each individual digitally managed system.
- Ensure alignment to the data strategy and the recommendations from the data maturity review.

Key Quarterly Milestones for Year 1 (2022-23)**Q1 (April-June)**

- Allocate dedicated Project Manager.
- Set up programme governance.
- Evaluate intelligence from other nations.
- Commence single platform business case.
- Engage with third party support for development of business case (funding will be required if taken forward).
- Resource evaluation vs infrastructure bid.
- Scope organisational requirements.
- Define security and resilience approach.
- Hold user engagement events i.e. stakeholder workshops.

Q2 (July-September)

- Set up system user workshops.
- Continue and conclude scoping with organisation.
- Define Comms engagement plan.
- Finalisation of business case (including a resource plan).

Q3 (October-December)

- Business case review and submission.
- Develop individual system roadmaps.

	<ul style="list-style-type: none">Continuation of stakeholder engagement.
	Q4 (January-March) <ul style="list-style-type: none">System architecture and database design phase 1.
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none">Start implementation / build of single platform.	
High level Deliverables for Year 3 (2024-25)	
<ul style="list-style-type: none">Continue with platform build and systems work (integration, commissioning, decommissioning the functionality of the platform.	
What does success look like?	
A comprehensive scoping exercise undertaken to ascertain the merits and requirements for the development of a Single Platform to provide a roadmap to consolidate and meet the operational requirements of HEIW.	
Outcomes for population/staff/patients by end Year 3:	
Ability to track individual's training and education progress via accurate, real time reporting capability.	
Output measures	
Year 1: System architecture design (phase 1) and business case.	
Year 2: Availability of placement capacity data and start of integration with external systems.	
Year 3: Reduction of standalone systems and associated cost savings.	

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Strategic Aim 6: To be recognised as an excellent partner, influencer and leader	
Strategic Objective 6.3: Lead the development of a Digital and Data Strategy for HEIW	
<p>What is the purpose of the Objective and how it will it make a difference?</p> <p>The digital element of the strategy is not a technology strategy; it will describe how technology can enable HEIW to deliver its business requirements and continuously improve. The strategy will be developed using the VMOST framework (Vision, Mission, Objectives, Strategies and Tactics). The process will engage stakeholders from across the organisation adopting a user centred approach, giving consideration to:</p> <ul style="list-style-type: none"> • Current systems used by trainees and professional and how these can be improved from silos to an integrated approach. • Delivering a digitally ready workforce. Ensuring the workforce has the digital skills. • Optimising and evaluating digitally enabled training and education. Describing how and where digital learning deliver benefit and add value. • Using digital transformation initiatives to transform workforce models and planning. • Ensuing a robust safe and secure infrastructure to enable transformation. <p>One of the benefits of a robust digital strategy is that further data and information is available to the organisation. The data element of the strategy will support the identification of core business needs, ensuring departments can easily and safely access information when needed. To achieve this the strategy will:</p> <ul style="list-style-type: none"> • Baseline and review the data maturity assessments (data practices, sources, governance, architecture). • Clarify data priorities to achieve organisational objectives. • describe the roadmap to reach the goal of being a data driven organisation. • describe the internal and external sources of data required. • define the skills capability and structure in the organisation to analyse the data and move towards advanced analytics. • describe how the data will be stored and analysed, and the technical architecture that will be required to enable it. <p>In Year 1 the output will be a completed Digital and Data Strategy. By the end of Year 3 the initial stages of the strategy will have been implemented and there will be evidence of maturing technical platforms and moving from being data capture to being data informed organisation.</p> <p>In Scope: The design of single platform (year 1 and beyond) includes all digital systems in HEIW and all data required to carry out strategic and operational functions. Out of Scope: National Workforce Systems (however, dependencies will be mapped).</p> <p>Executive Lead: Director of Digital Development / SRO: Head of Digital Services / Head of Digital Strategy and Planning</p>	
Key Deliverables for Year 1 (2022-23)	Key Quarterly Milestones for Year 1 (2022-23)
<ul style="list-style-type: none"> • Evaluate intelligence gathering and current data process. • Engage and evaluate feedback from internal engagement activity in relation to the strategy. • Research industry best practices approaches. • Engage with National Developments and external partners of <ul style="list-style-type: none"> ○ ERS re-procurement ○ National Data Resource 	<p>Q1 (April-June)</p> <ul style="list-style-type: none"> • Evaluate intelligence from other UK nations. • Identify digital strategy leads. • Baseline current digital infrastructure. • Baseline current data processes and governance. • Scope organisational requirements for digital and data. • Hold user engagement events i.e. stakeholder workshops.
	<p>Q2 (July-September)</p> <ul style="list-style-type: none"> • Develop data target state.

<ul style="list-style-type: none"> ○ Use of Cloud first ○ NES / HEE / Northern Ireland. ● Identify digital strategy leads for the elements of the strategy. ● Research digital innovation in education and learning. ● Align to the goals of the simulation strategy. ● Receive feedback from the user engagement conducted in the development of the digital single platform. ● Align with revised NHS Wales Digital strategy and NDR data strategy. ● Completed strategy and roadmaps and architecture plans. ● Develop resources plan and implementation plans. 	<ul style="list-style-type: none"> ● Workshop and agree strategy principles and vision. ● Workshop and agree strategy outcomes. ● Commission / conduct research into optimal digital learning. ● Conduct / review data gap analysis. ● Review technology developments. <p>Q3 (October-December)</p> <ul style="list-style-type: none"> ● Draft strategy for review and feedback. <p>Q4 (January-March)</p> <ul style="list-style-type: none"> ● Final strategy approved by the Board. ● Supporting data architecture and roadmaps completed. ● Supporting infrastructure architecture and roadmaps completed.
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> ● Use the strategy as the framework on which to prioritise digital and data plans and investment. 	
High level Deliverables for Year 3 (2024-25)	
<ul style="list-style-type: none"> ● Report on outcomes and benefits of the strategy and review requirements for further stages of work. 	
What does success look like?	
A comprehensive strategy that describes the digital and data approach for HEIW.	
Outcomes for population/staff/patients by end Year 3:	
An improved digital first experience for HEIW staff and stakeholders. HEIW being a data driven organisation, gaining insight and direction from business data.	
Output measures	
Year 1: Digital and data strategy.	
Year 2: Progress against roadmaps and prioritise decision making on investment and plans.	
Year 3: Reporting outcomes and benefits.	

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Strategic Aim 6: To be recognised as an excellent partner, influencer and leader	
Strategic Objective 6.4: Developing HEIW's position as a system leader within the Education Sector in Wales	
<p>What is the purpose of the Objective and how it will it make a difference?</p> <p>As a Special Health Authority with a responsibility to lead the education agenda on behalf of the health sector, HEIW needs to be in a central position to all matters connected with health and care education and training in Wales. It is also critical the relationship between HEIW, education providers, health and care providers, regulatory and professional bodies is robust to ensure HEIW as a system leader meets its obligations as the education and workforce organisation for NHS Wales.</p> <p>This objective will ensure HEIW is a key part of the health and care education and training agenda in Wales by developing and maintaining productive and robust strategic relationships with the education sector, Health Board/Trust partners, regulatory and professional bodies. It will provide opportunities to share intelligence and to discuss matters of mutual and wider interest on a regional and national basis regarding the current and future health and care education and workforce agendas.</p> <p>In Scope: It is important to note that these relationships are continually evolving and should be kept under review. HEIW's relationship with education sector outside of Wales also merits consideration but is not a specific focus.</p>	
Executive Lead: HEIW Chief Executive Officer / SRO: Head of Communications and Engagement	
Key Deliverables for Year 1 (2022-23)	Key Quarterly Milestones for Year 1 (2022-23)
<ul style="list-style-type: none"> Establish annual meetings of HEIW CEO and HEIW DN&HPE with Colegau Cymru executive. Establish annual meetings of HEIW Chairman/CEO and University Vice Chancellors (and other relevant Directors as required). Evolve annual education commissioning meetings with HBs/Trusts into multi-professional education and training meetings. Plan for the introduction of a multi-professional annual health and care education and training conference. Further develop strategic relationships with all key professional statutory and regulatory bodies (PSRBs) supported by memorandums of understanding and regular meetings. Review terms of reference of Education Partnership Board to ensure it is fit for purpose. Ensure regular Executive attendance at Council of Deans. 	Q1 (April-June)
	<ul style="list-style-type: none"> Schedule of meetings with relevant education bodies in place for year.
	Q2 (July-September)
	<ul style="list-style-type: none"> Develop plan for annual conference.
	Q3 (October-December)
	<ul style="list-style-type: none"> MOUs and engagement with PSRBs in place.
	Q4 (January-March)
	<ul style="list-style-type: none"> New format annual meetings with HBs/Trusts.
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> Review links with HEIs outside Wales. Hold multi-professional annual health and care education and training conference. 	

<ul style="list-style-type: none"> Review meeting schedules, agendas and membership to ensure they are fulfilling their purpose.
High level Deliverables for Year 3 (2024-25)
<ul style="list-style-type: none"> Continue meetings. Consider widening scope of objective to education providers outside of Wales.
What does success look like? <ul style="list-style-type: none"> Strong strategic relationships are in place between HEIW and the education sector, Health Board/Trust partners, regulatory and professional bodies in relation to the health and care education agenda. Intelligence sharing and discussions around mutual and wider interests between bodies is resulting in collective solutions which inform the current and future health care education agendas ensuring we have a high-quality multi-professional workforce to meet the health and care needs of the people of Wales - and no surprises. HEIW represents Wales in discussions and driving collaborative solutions to issues of mutual interest helping to shape the national and four nations education and workforce agenda. HEIW holds a central position with regards to health and care education in Wales. HEIW is recognised as a system leader in health and care education in Wales. HEIW is fulfilling its obligations in relation to health and care education and the future workforce agenda in Wales. Greater understanding of HEIW's position and contribution to health and care education and training in Wales.
Outcomes for population/staff/patients by end Year 3: <ul style="list-style-type: none"> Healthcare education and training in Wales will be producing a ready and able high-quality multi-professional workforce to meet the health and care needs of the people of Wales. Healthcare education and training in Wales will be supporting the upskilling of the existing workforce to meet changes and advances in health and care.
Output measures

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Strategic Aim 6: To be recognised as an excellent partner, influencer and leader	
Strategic Objective 6.5: Establish and temporarily host the Office of the Chief Digital Officer (OCDO) on behalf of Welsh Government	
What is the purpose of the Objective and how it will it make a difference? The Welsh Government have asked HEIW to establish the office of the CDO. The project commenced in early 2021 but was paused in November 2021 at the request of Welsh Government. The revised go live date of the OCDO is yet to be confirmed by Welsh Government officials.	
In Scope: The recruitment of staff to establish the office of the Chief Digital Officer.	
Executive Lead: Deputy CEO/Director of Workforce & OD / SRO: Head of People & OD	
Key Deliverables for Year 1 (2022-23)	Key Quarterly Milestones for Year 1 (2022-23)
<ul style="list-style-type: none"> Immediate re-start and commencement of recruitment to senior roles for the OCDO to go live in Q1. Effective governance through joint Welsh Government/HEIW Project Board meetings. Timely recruitment to meet agreed go live date. 	Q1 (April-June) <ul style="list-style-type: none"> Appointment of senior structure (4 roles) – Chief Digital Standards Officer (CDSO), Chief Clinical Informatics Officer (CCIO), Head of Communication and PA. Further activities and the revised timelines of the project plan will be confirmed in Q1 with Welsh Government.
	Q2 (July-September) <ul style="list-style-type: none"> Induct the new staff to ODCO.
	Q3 (October-December) <ul style="list-style-type: none"> TBC
	Q4 (January-March) <ul style="list-style-type: none"> Project closure.
High level Deliverables for Year 2 (2023-24)	
<ul style="list-style-type: none"> N/A 	
High level Deliverables for Year 3 (2024-25)	
<ul style="list-style-type: none"> N/A 	
What does success look like? The successful establishment of the OCDO in line with agreed timescales.	
Outcomes for population/staff/patients by end Year 3: N/A	
Output measures	

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Professional Reference Guide

We take an integrated and multi-professional approach to all of our work, in line with our vision and the *Workforce Strategy*. This is evident through the chapter on our progress in 2021/22, plans to deliver our Strategic Objectives and the principles underpinning our Education and Training Plan. The table below gives an easy reference guidance for individual professions.

Healthcare Professional Group	Education & Training	Workforce Transformation & Strategic Change
Nurses	Page 55	Pages 16, 31, (appendices) 26-27, 102 -103
Allied Health Professionals	Page 55	Pages 30-31, (appendices) 100-101
Healthcare Scientists	Page 55	Pages 31-32, (appendices) 104-105
Paramedics	Page 55	-
Midwives	Page 55	-
Healthcare Support Workers	Page 55	Pages 20 (appendices) 47-48
Doctors	Page 56-57	Pages 20,23,32, (appendices)43-44,59-60,106-107
Pharmacy	Pages 57-58	Pages 17, 21, (appendices) 30-31, 49-52
Dentists and the dental team	Pages 57	Pages 16-17, (appendices) 28-29
Optometrists	-	Pages 30, (appendices) 98-99
NHS Managers	-	Pages 25-27, (appendices) 73-82

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Quick Reference Guide

Foundational Economy & socio-economic	Equality, Diversity and Inclusion & Differential Attainment	Welsh Language
IMTP Page(s) 5,6,14,22, 39, 41, 48.	IMTP Page(s) 5, 6,7,19, 21, 34, 39, 43, 44, 47, 48,	IMTP Page(s) 5,6, 7, 14, 20, 34, 35
Appendices Page(s) 12, 55, 56, 114.	Appendices Page(s) 12,15,16,37,53,54, 63,64, 74,75,114,126	Appendices Page(s) 16,22,25, 42, 46, 48, 110, 116, 117, 118

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HEIW contribution to Planned Care Recovery - Workforce Solutions

Untapped “new” roles eg

- Anaesthetic Associates
- Physicians Associates
- Surgical Care Practitioners
- Advanced Critical Care Practitioners
- Clinical Endoscopists
- First Contact Practitioner

Developing support staff

- Assistant roles
- Qualifications
- Apprenticeships and work based learning

Perioperative workforce

- Pre op assesment workforce models
- Prehabilitation and support
- Theatre workforce

Benefits

- Expansion of workforce capacity
- Extended skills within the MDT
- Enhanced opportunities for career dev/ retention
- Improved opportunities for delegation and prudent management
- Better value and more efficient workforce models
- More consistent take up of and adoption of new workforce models
- Tailored approaches for particular hotspots of demand

Diagnostic Workforce

- Supporting workforce solutions/education and training from endoscopy, imaging and pathology programmes

Additional Skills eg

- Radiography - CT Colonography scanning and reporting
- Cardiac Physiology - Accelerated Echocardiography Training
- Audiology - wax management training
- Optometry – monitoring Hydroxychloroquine (HCQ) and Chloroquine medications.

Digital skills

- Remote clinical assessment
- Development of AI etc

CORE EDUCATION AND TRAINING PIPELINE - Increased commissions over recent years, next plan in development NOW

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2022/23 PLANNING MINIMUM DATA	
SUMMARY OF CONTENTS	
Organisation	HEI

Checklist (click section name to jump to relevant sheet)	Sections Complete (dropdown available)
MINISTERIAL MEASURES	
BEDPLAN	
WORKFORCE WTE	
TEST TRACE PROTECT	
COVID-19 VACCINATION	
PRIMARY CARE ACTIVITY	
MENTAL HEALTH ACTIVITY	
CANCER CARE ACTIVITY	
UNSCHEDULED CARE ACTIVITY	
PLANNED CARE ACTIVITY	
SCREENING PROGRAMMES	
REVENUE PLAN	
INCOME ASSUMPTIONS	
IN YEAR COST BASE	
NET EXPENDITURE	
SAVINGS TRACKER	
COVID-19 PROGRAMME SPEND	
RISK & OPPORTUNITIES	
CAPITAL	
ASSET INVESTMENT	
Comments	

ASET
IW

For further guidance on completion please contact:

HSS-PlanningTeam@gov.wales

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Please only fill in the lightly yellow shaded cells.	
Tab	Completion order
MINISTERIAL MEASURES	ANY
BEDPLAN	ANY
WORKFORCE WTE	ANY
TEST TRACE PROTECT	ANY
COVID-19 VACCINATION	ANY
ALL ACTIVITY PAGES	ANY
- PLANNED CARE ACTIVITY	ANY
SCREENING PROGRAMMES	ANY
1 - REVENUE PLAN	6
2 - INCOME ASSUMPTIONS	5
3 - IN YEAR COST BASE	1
4 - NET EXPENDITURE	4
5 - SAVINGS TRACKER	2
6 - Covid-19 Programme Spend	3
7 - RISK & OPPORTUNITIES	7
8 - CAPITAL	8
9 - ASSET INVESTMENT	9

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General Notes

Instructions

Populate as normal as this tab is not linked to other tabs.

Populate as normal as this tab is not linked to other tabs.

Populate all workforce sections as dictated by their section titles Including COVID-19 staff in the staff type sections. Then break the WTE down by project for triangulation with Covid-19 Programme Spend.

Populate as normal as this tab is not linked to other tabs. Line 74 should reconcile back to total TTP spend included in tab 6 - Covid-19 Programme Spend.

Populate vaccination activity based on the latest parameters issues by Welsh Government

Populate as normal this tab is not linked to other tabs.

Populate as normal as this tab is not linked to other tabs – The actual columns will be completed in the refresh exercises

Populate as normal this tab is not linked to other tabs.

Populate all cells coloured yellow. All gold coloured tabs are linked with subsequent tabs.

Populate as normal this tab is not linked to other tabs.

Populate each general and local investment (yellow shaded cells are free text lines to include investments not already listed - breaking down the individual investment by expenditure category splitting by in year and FYE in columns C-P. These figures feed lines 50-56 in 1 - Revenue Plan tab.

Secondly profile out each investment in columns T-AE.

Lines 11-38 are a summarized version of the tables in lines 40-137. Cells coloured in gold are automatically populated from lines in Covid-19 Programme Spend and Savings Tracker Tabs. Populate cells coloured in yellow manually.

This tab is mirrored from the savings tracker utilised in the MMR returns. Please fill in lines 26 and below relevant to how many savings schemes in the organisation. If the scheme is an income generation scheme leave the cell in column P (MMR Category) blank. Check for error messages in columns AD - AK which highlights areas of the tracker filled incorrectly. Gold cells in lines 9 -22 are automatically populated from the tracker.

We are also asking that a summary of future savings plans entered in the table starting at cell AJ9

This tab reflects the information collected in table B3 in the MMR returns. Please fill out yellow coloured cells. This tab feeds Vaccination, Revenue Plan and Net Expenditure Tabs.

Populate as normal as this tab is not linked to other tabs.

Populate as normal as this tab is not linked to other tabs.

Populate as normal as this tab is not linked to other tabs.

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HEIW

Please fill in the lightly yellow shaded cells.

Ministerial Measures 2022-23

Quarterly Measures

	Measure
SIX GOALS OF URGENT AND EMERGENCY CARE	Percentage of total conveyances taken to a service other than a Type One Emergency Department
	Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission
	Percentage of total emergency bed days accrued by people with a length of stay over 21 days

Monthly Measures

	Measure
ACCESS TO TIMELY PLANNED CARE	Number of patients waiting more than 104 weeks for treatment
	Number of patients waiting more than 36 weeks for treatment
	Percentage of patients waiting less than 26 weeks for treatment
	Number of patients waiting over 104 weeks for a new outpatient appointment
	Number of patients waiting over 52 weeks for a new outpatient appointment
	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%
	Number of patients waiting over 8 weeks for a diagnostic endoscopy
	Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)

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WORKFORCE	Agency spend as a percentage of the total pay bill
	Percentage of sickness absence rate of staff

Target	Forecast Q4 2021/22	Proje	
		Q1 2022/23	Q2 2022/23
4 quarter improvement trend			
4 quarter reduction trend			
4 quarter reduction trend			

Target	Forecast Mar 2022		
		APR	MAY
Improvement trajectory towards a national target of zero by 2024			
Improvement trajectory towards a national target of zero by 2026			
Improvement trajectory towards a national target of 95% by 2026			
Improvement trajectory towards eliminating over 104 week waits by July 2022			
Improvement trajectory towards eliminating over 52 week waits by October 2022			
A reduction of 30% by March 2023 against a baseline of March 2021			
Improvement trajectory towards a national target of zero by March 2026			
Improvement trajectory towards a national target of 75%			

12 month reduction trend	2.50%	2.40%	2.40%
12 month reduction trend	2.20%	2.20%	2.20%

ction	
Q3 2022/23	Q4 2022/23

Projection						
JUN	JUL	AUG	SEP	OCT	NOV	DEC

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2.40%	2.30%	2.30%	2.30%	2.20%	2.20%	2.20%
2.20%	2.10%	2.10%	2.10%	2.00%	2.00%	2.00%

JAN	FEB	MAR

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2.10%	2.10%	2.10%
2.00%	2.00%	2.00%

HEIW
Please fill in the lightly yellow shaded cells with bed number
BEDPLAN - ALL SITES
METRIC
NON COVID Adult Beds in acute hospital setting
NON COVID Adult Beds in a Community Setting
Mental Health Beds
Critical Care Beds
RING FENCED BEDS e.g. Paediatric/ Neonatal/ Maternity Beds / Cardiac/ Burns
Non designated COVID-19 hospital beds Field Hospital Sites
SUB TOTAL of CORE Operational Beds
COVID 19 BEDS
CRITICAL CARE COVID 19 BEDS
Total Core Bed Capacity
Additional Seasonal Beds
Additional COVID19 SURGE
TOTAL

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ers (for all sites).		
	PLANNED AVAILABLE BEDS	
	Baseline as @ 31/3/2021	Forecast as @ 31/03/2022
Total adult beds which are staffed in the system, to understand core capacity- this includes scheduled and unscheduled care. Total core beds excluding trolleys and assessment areas.		
Separate as out from hospital adult beds as different function to acute beds and staffing arrangements – support understanding of community care		
Separately counted as wouldn't contribute to broader hospital activity		
Understanding of Critical Care capacity to support activity and demand. Core funded and staffed Critical Care Capacity.		
Separate to be clearer on usable beds for core activity		
	-	-
Bed capacity for Covid 19 assuming carve out capacity for at least first 6 months of the year		
Bed capacity for Covid 19 assuming carve out capacity for at least first 6 months of the year		
Total of the above categories to show core bed capacity of organisations	-	-
Additional beds planned to be open for seasonal period (Winter 22/23) above core		
Total number to which the organisation could reach in an extremis scenario incorporating field hospitals (theoretical as separate to core staffing)		
	-	-

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QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4	Plan End 2023/24	Plan End 2024/25
NUMBER OF BEDS					
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-

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Please select organisation from front sheet

Please fill in the lightly yellow shaded cells with WTEs.

Section 1 is intended to capture the organisations total workforce plan in whole time equivalent (WTE's) as at the end of each quarter.

Section 2 is intended to capture organisations key workforce information in relation to BANC assessments and anticipated absences.

Section 3 is a memorandum (subset) table of the total WTE's included in Section 1, specifically intended to capture workforce plans relating to the key major projects in the COVID-19 response.

Please ensure your narrative plan captures details in respect of the organisations ability to flex the available workforce to address the varying COVID-19 scenarios in the coming twelve months.

More specifically within the narrative plan, organisations are asked to indicate 1) Any areas/staff groups anticipating high levels of retirements, 2) Any areas/staff groups experiencing high levels of long term vacancies

3) Any areas/staff groups experiencing increase flexible working and reduction of the participation rate 4) Any areas/staff groups where you are planning to develop alternative clinical practitioners or the multi-disciplinary team

5) Any areas/staff groups where you are planning to develop the support worker workforce.

WORKFORCE PLANS - WTE	ACTUAL WTE		WTE					
	ACTUAL as @ 31/3/2021	FORECAST as @ 31/03/22	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Plan End 2023/24	Plan End 2024/25
Section 1	CORE WORKFORCE							
Board Members	7.2	8.2	8.2	8.2	8.2	8.2	8.2	8.2
Medical & Dental	47.7	49.0	49.0	49.0	49.0	49.0	49.0	49.0
Nursing & Midwifery Registered	5.2	11.4	11.4	11.4	11.4	11.4	11.4	11.4
Additional Professional, Scientific and Technical	16.0	27.2	27.2	27.2	27.2	27.2	27.2	27.2
Healthcare Scientists	-	-	-	-	-	-	-	-
Allied Health Professionals	1.0	3.8	3.8	3.8	3.8	3.8	3.8	3.8
Additional Clinical Services	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8
Administrative and Clerical (inc Senior Managers)	212.4	262.2	262.2	261.2	261.2	261.2	261.2	261.2
Apprentices	4.0	0.6	0.6	0.6	0.6	0.6	0.6	0.6
Estates and Ancillary	-	-	-	-	-	-	-	-
TOTAL CORE WORKFORCE	296.2	354.2	354.2	363.2	363.2	363.2	363.2	363.2
VARIABLE WORKFORCE								
Board Members	-	-	-	-	-	-	-	-
Medical & Dental	-	-	-	-	-	-	-	-
Nursing & Midwifery Registered	-	-	-	-	-	-	-	-
Additional Professional, Scientific and Technical	-	-	-	-	-	-	-	-
Healthcare Scientists	-	-	-	-	-	-	-	-
Allied Health Professionals	-	-	-	-	-	-	-	-
Additional Clinical Services	-	-	-	-	-	-	-	-
Administrative and Clerical (inc Senior Managers)	-	-	-	-	-	-	-	-
Estates and Ancillary	-	-	-	-	-	-	-	-
Students	-	-	-	-	-	-	-	-
TOTAL VARIABLE WORKFORCE	-	-	-	-	-	-	-	-
AGENCY/LOCUM								
Board Members	-	-	-	-	-	-	-	-
Medical & Dental	-	-	-	-	-	-	-	-
Nursing & Midwifery Registered	-	-	-	-	-	-	-	-
Additional Professional, Scientific and Technical	-	-	-	-	-	-	-	-
Healthcare Scientists	-	-	-	-	-	-	-	-
Allied Health Professionals	-	-	-	-	-	-	-	-
Additional Clinical Services	-	-	-	-	-	-	-	-
Administrative and Clerical (inc Senior Managers)	0.8	6.0	6.0	6.0	6.0	6.0	6.0	6.0
Estates and Ancillary	-	-	-	-	-	-	-	-
Students	-	-	-	-	-	-	-	-
TOTAL AGENCY/LOCUM	9.8	8.0	8.0	6.0	6.0	6.0	6.0	6.0
Summary	ACTUAL as @ 31/3/2021	ACTUAL as @ 31/03/22	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Plan End 2023/24	Plan End 2024/25
Board Members	7.2	8.2	8.2	8.2	8.2	8.2	8.2	8.2
Medical & Dental	47.7	49.0	49.0	49.0	49.0	49.0	49.0	49.0
Nursing & Midwifery Registered	5.2	11.4	11.4	11.4	11.4	11.4	11.4	11.4
Additional Professional, Scientific and Technical	16.0	27.2	27.2	27.2	27.2	27.2	27.2	27.2
Healthcare Scientists	-	-	-	-	-	-	-	-
Allied Health Professionals	1.0	3.8	3.8	3.8	3.8	3.8	3.8	3.8
Additional Clinical Services	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8
Administrative and Clerical (inc Senior Managers)	222.2	260.2	260.2	267.2	267.2	267.2	267.2	267.2
Apprentices	4.0	0.6	0.6	0.6	0.6	0.6	0.6	0.6
Estates and Ancillary	-	-	-	-	-	-	-	-
Students	-	-	-	-	-	-	-	-
Section 2	COVID 19- anticipated absence data (projected by quarter)							
Anticipated sickness rate (%)	0.00%	0.00%	-	-	-	-	-	-
Anticipated COVID 19 sickness (headcount)	-	-	-	-	-	-	-	-
Anticipated Self Isolation (headcount)	-	-	-	-	-	-	-	-
Anticipated Shielding (headcount)	-	-	-	-	-	-	-	-
Section 3	WTE							
COVID-19 WTE BREAKDOWN PER PROJECT (Please detail out WTE used in relevant major project that is included in the total workforce above)								
TEST, TRACE & PROTECT								
Administrative, Clerical & Board Members	-	-	-	-	-	-	-	-
Medical & Dental	-	-	-	-	-	-	-	-
Nursing & Midwifery Registered	-	-	-	-	-	-	-	-
Prof Scientific & Technical	-	-	-	-	-	-	-	-
Additional Clinical Services	-	-	-	-	-	-	-	-
Allied Health Professionals	-	-	-	-	-	-	-	-
Healthcare Scientists	-	-	-	-	-	-	-	-
Estates & Ancillary	-	-	-	-	-	-	-	-
Students	-	-	-	-	-	-	-	-
TOTAL TEST, TRACE & PROTECT	-	-	-	-	-	-	-	-
MASS VACCINATIONS								
Administrative, Clerical & Board Members	-	-	-	-	-	-	-	-
Medical & Dental	-	-	-	-	-	-	-	-
Nursing & Midwifery Registered	-	-	-	-	-	-	-	-
Prof Scientific & Technical	-	-	-	-	-	-	-	-
Additional Clinical Services	-	-	-	-	-	-	-	-
Allied Health Professionals	-	-	-	-	-	-	-	-
Healthcare Scientists	-	-	-	-	-	-	-	-
Estates & Ancillary	-	-	-	-	-	-	-	-
Students	-	-	-	-	-	-	-	-
TOTAL MASS VACCINATIONS	-	-	-	-	-	-	-	-
PLANNED AND UNSCHEDULED CARE SUSTAINABILITY								
Administrative, Clerical & Board Members	-	-	-	-	-	-	-	-
Medical & Dental	-	-	-	-	-	-	-	-
Nursing & Midwifery Registered	-	-	-	-	-	-	-	-
Prof Scientific & Technical	-	-	-	-	-	-	-	-
Additional Clinical Services	-	-	-	-	-	-	-	-
Allied Health Professionals	-	-	-	-	-	-	-	-
Healthcare Scientists	-	-	-	-	-	-	-	-
Estates & Ancillary	-	-	-	-	-	-	-	-
Students	-	-	-	-	-	-	-	-
TOTAL PLANNED AND UNSCHEDULED CARE SUSTAINABILITY	-	-	-	-	-	-	-	-
TOTAL COVID-19 RELATED WTE								
Administrative, Clerical & Board Members	-	-	-	-	-	-	-	-
Medical & Dental	-	-	-	-	-	-	-	-
Nursing & Midwifery Registered	-	-	-	-	-	-	-	-
Prof Scientific & Technical	-	-	-	-	-	-	-	-
Additional Clinical Services	-	-	-	-	-	-	-	-
Allied Health Professionals	-	-	-	-	-	-	-	-
Healthcare Scientists	-	-	-	-	-	-	-	-
Estates & Ancillary	-	-	-	-	-	-	-	-
Students	-	-	-	-	-	-	-	-
TOTAL ESTABLISHMENT & BANC ADDITIONAL HOURS	-	-	-	-	-	-	-	-

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Please fill in the lightly yellow shaded cells

This section captures a summarised position of Test, Trace and Protect (TTP) monitoring. The data is collected monthly

TEST, TRACE, PROTECT		FORECAST M12 2021/22	APR	MAY
METRIC				
POPULATION DEMAND				
SAMPLING SITES				
SAMPLING CAPACITY				
TESTING CAPACITY				
% Positive Test Rates				
Monthly Index Cases				
POPULATION DEMAND				
SAMPLING CAPACITY				
TESTING CAPACITY				

	FORECAST M12 2021/22	APR	MAY
Testing (including Sampling) - Antigen			
Contact Tracing - NHS Organisations			
Contact Tracing - Local Authority Costs			
Testing (including Sampling) - Antibody			
Protect			
All Wales Surge Capacity Team			
Welsh Vaccination Certification Service			
TOTAL TTP WORKFORCE WTE	0	0	0
QUARTER AVERAGE			

TTP			
OP			
	FORECAST M12 2021/22	APR	MAY
Testing (including Sampling) - Antigen			
Contact Tracing - NHS Organisations			
Contact Tracing - Local Authority Costs			
Testing (including Sampling) - Antibody			
Protect			
All Wales Surge Capacity Team			
Welsh Vaccination Certification Service			
TOTAL TTP PROGRAMME COSTS	0	0	0

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only through policy leads via the monthly monitoring return process.

MONTHLY PROFILE (ACTUAL / PLANNED)

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
-----	-----	-----	-----	-----	-----	-----	-----

ANTIGEN

ANTIBODY

TTP WORKFORCE

WTEs

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
-----	-----	-----	-----	-----	-----	-----	-----

[illegible]

0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---

0		0		0	
---	--	---	--	---	--

PROGRAMME COSTS

OPERATIONAL EXPENDITURE - £'000

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
-----	-----	-----	-----	-----	-----	-----	-----

[illegible]

0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---

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FEB	MAR		Plan End 2023/24	Plan End 2024/25

			2023/24	2024/25
FEB	MAR			
0	0		0	0
	0			

		Planned year- end position 2022/23	Planned year- end position 2023/24	Planned year- end position 2024/25
FEB	MAR			
		0		
		0		
		0		
		0		
		0		
		0		
		0		
0	0	0	0	0

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Please complete the lightly yellow shaded cells based on the latest planning pack

A - COVID Vaccination

Ref	Vaccination
	Population Actuals
1	Care home residents
2	Care home workers
3	80 years and older
4	Health care workers
5	Social care workers
6	Ages 75-79
7	Ages 70-74
8	Severely Immunosuppressed
9	Clinically extremely vulnerable aged 16-69 years
10	Ages 65-69
11	Clinical risk groups aged 12-64 years
12	Ages 60-64
13	Ages 55-59
14	Ages 50-54
15	Ages 40-49
16	Ages 30-39
17	Ages 18-29
18	Ages 16-17
19	Ages 12-15
20	Aged 0-11
21	Other
22	Total Patients Fully Vaccinated
	Breakdown by Supplier (Total to match Line Ref 22)
23	Pfizer
24	AstraZeneca
25	Moderna
26	Unknown
27	Total of Breakdown by Supplier

B - Booster Vaccination

Ref	Vaccination D - Booster
	Population Actuals
1	Care home residents
2	Care home workers
3	80 years and older
4	Health care workers
5	Social care workers
6	Ages 75-79
7	Ages 70-74
8	Severely Immunosuppressed
9	Ages 65-69
10	Ages 60-64
11	Ages 55-59
12	Ages 50-54
13	Ages 40-49
14	Ages 30-39
15	Ages 18-29
16	Ages 16-17
17	Ages 12-15
18	Aged 0-11
19	Other
20	

21	Total Patients Fully Vaccinated
	Breakdown by Supplier (Total to match Line Ref 21)
22	Pfizer
23	AstraZeneca
24	Moderna
25	Unknown
26	Total of Breakdown by Supplier
	Difference between Line Ref 21 and 26)

C - Vaccination Costs

REF	Vaccination Response Costs
1	Vaccination Response Pay Costs
2	Please List Staff Used In This Section
3	Administrative Senior Manager
4	Administrative Support
5	Clinical Lead
6	Booking Clerk
7	Digital Staff
8	Project Manager
9	Pharmacy ATO
10	Pharmacy Coordinator
11	Registrant Immuniser
12	HCSW
13	Flow Volunteer
14	Facilities Support Staff
15	Security Officer
16	Data Analyst
17	Other Pay Costs (Please Specify Below):
18	
19	
20	
21	
22	
23	
24	
25	
26	Vaccination Response Non-Pay Costs
27	Additional Costs in Primary Care
28	Clinical Waste
29	Venue Hire (Rent & Rates)
30	Cleaning
31	Insurance
32	Digital Costs (NWIS Only)
33	IT Costs
34	Laundry Costs
35	M&SE - consumables
36	Syringe/Tray Packs (NWSSP Only)
37	PPE (NWSSP Only)
38	Telephony and Stationary
39	Communications/Publications
40	Training
41	Transportation
42	Transportation (WBS Only)
43	Utility Costs
44	Site Security
45	Other Non Pay Costs (Please Specify Below):
46	

47	
48	
49	Sub total Vaccination Response

D - Capital Items

REF	Capital Items
	Site
1	Welsh Blood Service (Velindre Only)
2	
3	
4	
5	
6	Sub Total Welsh Blood Service Costs
7	Mass Vaccination Response Centre
8	
9	
10	
11	
12	Sub Total Mass Vaccination Response Centre Costs
13	Total Vaccination Response Centre Capital Costs

Parameters issued by Welsh Government.

	1	2	3	4
	Apr	May	Jun	Jul
	No's	No's	No's	No's
		-	-	-
	-	-	-	-

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	-	-	-	-

	1	2	3	4
	Apr	May	Jun	Jul
	£'000	£'000	£'000	£'000
	-	-	-	-
	-	-	-	-
	-	-	-	-

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-	-	-	-	-	-	-

-	-	-	-	-	-	-

5	6	7	8	9	10	11
Aug	Sep	Oct	Nov	Dec	Jan	Feb
£'000	£'000	£'000	£'000	£'000	£'000	£'000
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-

	-		
	-		
-	-	-	-

12	2022/23	2023/24	2024/25
Mar	Total	Total	Total
£'000	£'000	£'000	£'000
	-		
	-		
	-		
	-		
-	-	-	-
	-		
	-		
	-		
	-		
-	-	-	-
-	-	-	-

HEIW

Please fill in the lightly yellow shaded cells.

This section collects information in respect of the total activity that organisations' aim to deliver over the coming 12 months. This is not intended to be an exhaustive list as organisations narrative plans will provide context and detail on wider activities.

DELIVERY OF ESSENTIAL SERVICES IN PRIMARY & COMMUNITY CARE

METRIC

% of Babies six week check complete

% of patients aged 15 or over who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 27 months

% of patients with any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 15 months

% of current smokers with any of the following conditions: CHD, PAD, stroke/TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses who have an offer of support and treatment within the preceding 15 months

METRIC

Dental: Number of Aerosol Generating Procedures

Dental: Number of courses of treatment

Optometry: Acute eye care presentations (EHEW band 1)

Optometry: Low vision service (Care home residents) - number of patients accessing the service - new patients (as per EHEW Band 1).

Optometry: Low vision service (Care home residents) - number of patients accessing the service - follow up patients (as per EHEW Band 1).

Optometry: number of patients seen

GP: In hours GP demand vs capacity: No. of GP practices at escalation levels 3 and 4

GPS demand vs capacity: No. of community pharmacy services at escalation levels 3 and 4

GP: Ambulatory sensitive conditions referral numbers (interface with secondary care)

GP: Urgent Cancer OPD referral numbers

GP: Urgent non-Cancer OPD referral numbers

GP: Total number of referrals for termination of pregnancy

Community: Total number of tests relating to sexual health conditions (Syphilis and Chlamydia)

METRIC

Number of admissions where the primary diagnostic reason for admission is exacerbation of COPD or asthma

Number of COPD/asthma patients managed by the community team/pulmonary rehab team

METRIC

Optometry: number of practices open at least 75% of normal pre Covid-19 hours

METRIC

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DES for Care Homes – compliance rate (%)
No. of advanced care plans in place for palliative care
Number of whole system clinical pathways available for Primary Care clinicians to use
Number of patients who die in the community (planned deaths – e.g. having used rapid discharge/ palliative care teams / community resources etc.)

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twelve months including Primary & Community Care, Mental Health, Cancer, Acute Care, Diagnostics and other organisational deliverables.				
FY % 31/03/2021	FORECAST FY % 31/03/2022	APR	MAY	JUN
1. Essential prevention				
FY as @ 31/03/2021	FORECAST FY % 31/03/2022	APR	MAY	JUN
FY as @ 31/03/2021	FORECAST FY % 31/03/2022	APR	MAY	JUN
3. Essential treatment				
FY as @ 31/03/2021	FORECAST FY % 31/03/2022	APR	MAY	JUN
4. Treatment				
FY as @ 31/03/2021	FORECAST FY % 31/03/2022	APR	MAY	JUN

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Ambulance Services against key priorities areas.				
Plan Profile				
JUL	AUG	SEP	OCT	NOV
%				
ntion of adverse outcomes against tier 1 targets				
JUL	AUG	SEP	OCT	NOV
No's				
2. Responsive urgent care				
JUL	AUG	SEP	OCT	NOV
No's				
tial management of chronic conditions				
JUL	AUG	SEP	OCT	NOV
No's				
timely diagnosis of new problems				
JUL	AUG	SEP	OCT	NOV
No's				

5. Proactive management				

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DEC	JAN	FEB	MAR	Total
DEC	JAN	FEB	MAR	Total
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
DEC	JAN	FEB	MAR	Total
				-
				-
DEC	JAN	FEB	MAR	Average
				-
DEC	JAN	FEB	MAR	Total/Average

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				-
				-
				-
				-

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This section collects information in respect of the total activity that organisations' aim to deliver over the coming 12 months.

This is not intended to be an exhaustive list as organisations narrative plans will provide context and detail on wider activities.

MENTAL HEALTH

METRIC

Number of Part 1a and 1b referrals

Number of Mental Health Crisis referrals (Crisis Resolution Home Treatment)

Number of Child and Adolescent Mental Health (CAMHS) - Referrals

Number of Child and Adolescent Mental Health (CAMHS) - Assessments

Number of Memory assessment service (MAS) - Referrals

Number of Memory assessment service (MAS) - Assessments

Part 2 duty - % of total caseloads with a valid care and treatment plan (%)

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twelve months including Primary & Community Care, Mental Health, Cancer, Acute Care, Diagnostics and , er organisational deliverables.				
FY as @ 31/03/2021 No's	FORECAST FY as @ 31/03/2022 No's	APR	MAY	JUN

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Ambulance Services against key priorities areas.				
Plan Profile				
JUL	AUG	SEP	OCT	NOV
No's				
Mental Health				

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DEC	JAN	FEB	MAR	Total/Average
				-
				-
				-
				-
				-
				-
				-

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Plan 2023/24	Plan 2024/25

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HEIW
Please fill in the lightly yellow shaded cells.
This section collects information in respect of the total activity that organisations' aim to deliver over the coming 12 months.
This is not intended to be an exhaustive list as organisations narrative plans will provide context and detail on wider activities.
CANCER CARE
METRIC
Anticipated new referrals
Number of cancer patients starting treatment
Single cancer pathway performance (62 day) (% compliance with)

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twelve months including Primary & Community Care, Mental Health, Cancer, Acute Care, Diagnostics and , er organisational deliverables.				
FY as @ 31/03/2021	FORECAST FY as @ 31/03/2022	APR	MAY	JUN

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Ambulance Services against key priorities areas.				
JUL	AUG	SEP	OCT	NOV
No's				
Cancer				

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DEC	JAN	FEB	MAR	Total/Average
				-
				-
				-

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Plan 2023/24	Plan 2024/25

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HEIW

Please fill in the lightly yellow shaded cells.

This section collects information in respect of the total activity that organisations' aim to deliver over the coming 12 months.

This is not intended to be an exhaustive list as organisations narrative plans will provide context and detail on wider activities.

UNSCHEDULED CARE

METRIC

A&E Attendances

Emergency admissions

AMBULANCE

METRIC

Goal 2 (signposting, information & assistance) Forecasting 111 online & symptom checker impacts or web hits

Goal 2 (signposting, information & assistance) Predicted levels of 111 resolution without referral to ED (%)

Goal 3 (preventing unnecessary attendance & admission) What are the predicted levels of hear & treat to prevent conveyance/attendance/admission

Total incident volume

No. of which relates to fallers

No. of which relates to Breathing difficulties

No. of which originate from Care and Nursing homes

No. of which relates to Mental health (Psychiatric Call only)

% of which relates to Fallers

% of which relates to Breathing difficulties

% of which originate from Care and Nursing homes

% of which relates to Mental health (Psychiatric Call only)

% of falls incidents resulting in conveyance to an Emergency Department

% of Breathing difficulties incidents resulting in conveyance to an Emergency Department

% of Care and Nursing Home residents conveyance to an Emergency Department

% of Mental health (Psychiatric Call only) conveyance to an Emergency Department

English Catherine
03/29/2022 15:48:21

twelve months including Primary & Community Care, Mental Health, Cancer, Acute Care, Diagnostics and other organisational deliverables.

[illegible]

English: Catherine
03/29/2022 15:48:21

Ambulance Services against key priorities areas.				
Plan Profile				
JUL	AUG	SEP	OCT	NOV
No's				
1. Unscheduled Care Activity				
JUL	AUG	SEP	OCT	NOV
No's				
Ambulance				
Incident volume				
% Incident Volume				
Patients to Emergency Departments (verified incident demand)				

English Catherine
03/29/2022 15:48:21

DEC	JAN	FEB	MAR	Total
				-
				-
DEC	JAN	FEB	MAR	Total/Average
				-
				-
				-
				-
				-
				-
				-
				-

English Catherine
03/29/2022 15:48:21

2022/23 Activity - Planned Care

Local Health Board																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
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English Catherine
03/29/2022 15:48:21

		Total Activity	-
Diagnostics	CT	Total Core Activity	
		Total Additional Activity	
		Total Activity	-
	MRI	Total Core Activity	
		Total Additional Activity	
		Total Activity	-
	NOUS	Total Core Activity	
		Total Additional Activity	
		Total Activity	-
	Endoscopy	Total Core Activity	
		Total Additional Activity	
		Total Activity	-

¹ See 'Definitions and Guidance' sheet for which surgical specialties to include

² See 'Definitions and Guidance' sheet for exclusions

-	-	-	-	-	-
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-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-

English Catherine
03/29/2022 15:48:21

4	Total 2022/23		2023/24	2024/25
Actual	Projected	Actual	Projected	Projected
	-	-		
	-	-		
	-	-		
	-	-		
-	-	-	-	-
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	-	-		
-	-	-	-	-

HEIW

Please fill in the lightly yellow shaded cells

This section is intended to cover anticipated % delivery of each metric, at the period end stated for areas identified

SCREENING PROGRAMMES	%
	ACTUAL as @ 31/03/2021
METRIC	
% Uptake of bowel cancer screening programmes	
% Uptake of AAA screening programmes	
% - Breast Test Results sent within 2 weeks of scan (Target 95%)	
% - Breast Test Assessment Invitations within 3 weeks of Screening Date (Target 70%)	
% - Diabetic Eye Screening Letters within 3 wks of screen date (target 50%)	
% - Waiting Time within 4 Weeks for a Colposcopy Appointment (CSW direct ref with abnormal cytology) (Target 95%)	
% - Waiting Time within 4 Weeks from Sample to Cervical Screening Test Result (Target 98%)	
% - Babies who complete New-born Hearing Screening programme within 4 weeks (Target 98%)	
% - Babies who complete New-born Hearing Assessment Procedure by 3 months (Target 85%)	

English Catherine
03/29/2022 15:48:21

ntified as Essential Services.					
%					
FORECAST as @ 31/03/22	APR	MAY	JUN	JUL	AUG
SCREENING PROGRAMME					

English Catherine
03/29/2022 15:48:21

PROFILE @ END OF MONTH					
SEP	OCT	NOV	DEC	JAN	FEB
%					

English Catherine
03/29/2022 15:48:21

MAR	Plan 2023/24	Plan 2024/25

English Catherine
03/29/2022 15:48:21

Completion & Guidance
Bedplan
Workforce WTE
Test Trace Protect
Covid-19 Vaccination
Primary Care Activity Mental Health Activity Cancer Care Activityy Unscheduled Care & Ambulance Planned Care Activity
Screening Programmes
Revenue Plan
Income Assumptions
In Year Cost Base
English Catherine 03/29/2022 15:48:21

Net Expenditure

Savings

Covid-19 Programme Spend

Risks & Opportunities

Capital Expenditure

English Catherine
03/29/2022 15:48:21

Validation

Has an organisation been selected?

Have all sheets been confirmed as complete?

Are all entries numeric?

Are all entries numeric?

Are all entries numeric?

Does TTP Workforce WTE match entry in Workforce WTE Tab

Does TTP Testing Cost equal that indicated on Covid-19 Tab?

Does TTP Tracing Cost equal that indicated on Covid-19 Tab?

Are all entries numeric?

Do the financial costs reconcile to those reported in the COVID-19 tab?

Do the Total Patients Vaccinated equal the Breakdown by Vaccine Supplier?

Do the total Pay Cost equal the cost entered in tab 6 - Covid-19 Programme Spend?

Do the total Non Pay Cost equal the cost entered in tab 6 - Covid-19 Programme Spend?

Are all entries numeric?

Are all entries numeric?

Are all entries numeric?

Are all entries numeric?

Are all entries numeric?

Are all entries numeric?

Has Revenue been entered as positive?

Has Planning Assumptions yet to be finalised been entered as positive?

Does revenue plan reconcile to Net Expenditure Surplus/Deficit?

Other' items labelled?

Are Planning Assumptions equal to the sum of those stated in Net Expenditure?

Are all Income Assumptions labelled?

Do In Year Pay Cost Pressures match those in Net Expenditure tab?

Do In Year Non Pay Cost Pressures match those in Net Expenditure tab?

Do In Year Primary Care Drugs Cost Pressures match those in Net Expenditure tab?

Do In Year Secondary Care Drugs Cost Pressures match those in Net Expenditure tab?

Do In Year CHC/FNC Cost Pressures match those in Net Expenditure tab?

Do In Year Primary Care Contractor Cost Pressures match those in Net Expenditure tab?

Do In Year Commissioned Services Cost Pressures match those in Net Expenditure tab?

Are all free text items labelled?

Are Pay Cost Pressures entered into Net Expenditure tab as positive?

Are Non Pay Cost Pressures entered into Net Expenditure tab as positive?

Are Primary Care Drugs Cost Pressures entered into Net Expenditure tab as positive?

Are Secondary Care Drugs Cost Pressures entered into Net Expenditure tab as positive?

Are CHC/FNC Cost Pressures entered into Net Expenditure tab as positive?

Are Primary Care Contractor Cost Pressures entered into Net Expenditure tab as positive?

Are Commissioned Services Cost Pressures entered into Net Expenditure tab as positive?

Do the Commissioned Services values reconcile between the SOCNEI and expenditure area

Have all fields been completed for schemes that have value?

Have all schemes a unique number?

Has a monitoring return category been selected for all schemes?

Has a category been selected for IG/AG?

Is FYE of R Schemes >= In Year Plan

Has FYE been entered on NR Scheme?

Do all schemes have a valid Start Date & Go Green Date

Are all free text items labelled?

Have Risks been entered as Negative

Have Opportunities been entered as Positive

Are all free text items labelled?

Are all free text items labelled?

English Catherine
03/29/2022 15:48:21

Result
Yes
No
Yes
#REF!
Yes
#REF!
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
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No
No
Yes
Yes
Yes
Yes
No
Yes
Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

English Catherine
03/29/2022 15:48:21

Comments

There are 20 sheets not confirmed as complete.

#REF!

#REF!

There is a difference of £140.00

There is a difference of £270.00

There is a difference of £61,356.00

English Catherine
03/29/2022 15:48:21

English, Catherine
03/29/2022 15:48:21

HEIW

Please fill in the lightly yellow shaded cells.

MOVEMENT OF OPENING FINANCIAL PLAN TO FORECAST

B/F ULD from Previous Year (Negative Value for Deficits):

Primary Care

Mental Health

Continuing HealthCare

Commissioned Services

Scheduled Care

Unscheduled Care

Children & Women's

Community Services

Specialised Services

Executive / Corporate Areas

Support Services (inc. Estates & Facilities)

Total: B/F ULD from Previous Year

Revenue (Enter as positive values):

Core Cost and Demand Uplift (Allocation Paper Table A3)

Pharmacy Additional Contract Funding (Allocation Paper Table E)

Mental Health Pay Core Cost and Demand Uplift (Allocation Paper Table 2)

Planned and Unscheduled Care Sustainability (Allocation Letter Table B1)

Value Based Recovery (Allocation Letter Table B1)

COVID-19 Programme Funding

Other Confirmed Funding in allocation paper, offsetting cost pressures above (list below)

Commissioning Plan Increase

Increment

Non-Pay Inflation

WG Revenue/Funding - Anticipated on Income Assumptions

Trust Income

LTA/SLA Inflation

New Services / Changes to Existing Services

Total: Provider Income

Total: Revenue

In Year Net Cost Base: (Populated from sheet 3 - In Year Cost Base & sheet 4 - Net Expenditure)

Pay

Non Pay

Primary Care Drugs
Secondary Care Drugs
CHC/FNC
Primary Care Contractor
Commissioned Services
Total: In-Year Net Cost Base
COVID-19 Programme Impact: (Populated from sheet 6 - COVID-19 Programme Spend)
Programme Spend
Opening Pressure
Identified Savings Plans: (Populated from sheet 5 - Savings Tracker)
Pay
Non Pay
Primary Care Drugs
Secondary Care Drugs
CHC/FNC
Primary Care Contractor
Commissioned Services
Total: Identified Savings Plans
Red Rated Pipeline Schemes (Populated from sheet 5 - Savings Tracker)
Planning Assumptions still to be finalised (positive value)
Net Income Generation (Profit Element Only) (Populated from sheet 5 - Savings Tracker)
Net Financial Plan

English Catherine
03/29/2022 15:48:21

Year 2022/23		Year 2023/24	Year 2024/25
In Year Effect	FYE of	In Year Effect	In Year Effect
£'000		£'000	£'000

0	0	0	0

30,662	30,662	20,887	13,309
70	70	268	163
150	150	194	197
30,882	30,882	21,349	13,669
1	1	7	5
1	1	7	5
30,883	30,883	21,356	13,674

(70)	(70)	(268)	(163)
(135)	(135)	(135)	(136)

0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
(30,678)	(30,678)	(20,953)	(13,375)
(30,883)	(30,883)	(21,356)	(13,674)

0		0	0
0	0	0	0

0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
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0	0	0	0
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0	0	0	0
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HEIW

Please fill in the lightly yellow shaded cells

The anticipated items should only be allocations that have been confirmed by WG. Details should be provided and substantiated within the narrative plan where organisations are anticipating income.

The items should be analysed between the two columns depending on whether the cost pressures they are offsetting are included in Revenue Plan (Gross).

REVENUE RESOURCE LIMIT ASSUMPTIONS			
(HR/SHA)/INCOME/TRUST ASSUMPTIONS			
METRIC	2022/23	2023/24	2024/25
	£'000	£'000	£'000
AGREED REVENUE RESOURCE LIMIT /INCOME REPORTED as per allocation paper / letter*	276,632	307,362	328,492
FUTURE FUNDING ASSUMPTION			
RECURRING			
PLEASE ENTER BELOW			
Commissioning Plan Increase	30,662	20,888	13,309
Increment	70	268	163
Non-Pay Inflation	150	194	197
SUB TOTAL	30,882	21,350	13,669
NON RECURRING			
PLEASE ENTER BELOW			
COVID-19: Testing (inc. Community Testing)			
COVID-19: Tracing			
COVID-19: Mass Vaccination			
COVID-19: PPE			
SUB TOTAL	0	0	0
AME			
Donated Depreciation			
Impairments			
PLEASE ENTER BELOW			
SUB TOTAL	0	0	0
Total RRL/INCOME used in SCNE/I profiled analysis	307,514	328,712	342,161

* Baseline Commissioner Funding

English Catherine
03/29/2022 15:48:21

HEIW		
Please fill in the lightly yellow shaded cells.		
NET COST BASE/PRESSURES & INVESTMENTS	Pay	
	In Year Effect	FYE of Recurring
General Cost Pressures & Investments		
Pay Award		
Pensions		
Planned and Unscheduled Care Sustainability		
Safer Staffing Act		
Increments	70	70
Utility Increases		
Product Inflation		
NICE & New High Cost Drugs		
Volume of CHC Packages		
Acuity of CHC Packages		
Welsh Risk Pool		
Specialist Services - Direct		
Specialist Services - via WHSSC		
English Contracts		
EASC		
Prescribing		
GMS		
Other (please specify):		
Total General Investments/Cost Pressures	70	70
Local Cost Pressures/Investments (please specify):		
COVID Additional Costs		
Energy		
Digital		
Commissioning Plan Increase		

Eng
03/29/2022 15:48:21
Gatherline

57	57	0	0	0
135	135	0	0	0

0	0	0	0	0
0	0	0	0	0

		0	0	
		0	0	
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		0	0	
		0	0	
		0	0	
		0	0	
		0	0	
		0	0	
30,662	30,662	30,719	30,719	2,560
30,678	30,678	30,883	30,883	2,574

2,560	2,560	2,560	2,560	2,560	2,560
2,574	2,574	2,574	2,574	2,574	2,574

2,560	2,560	2,560	2,560	2,560	30,719
2,574	2,574	2,574	2,574	2,574	30,883

2024/25
In Year Effect

£'000
70
94

164

57
30,662

English Language
03/29/2022 15:48:21

30,719
30,883

English, Catherine
03/29/2022 15:48:21

English, Catherine
03/29/2022 15:48:21

HEIW
Please fill in the lightly yellow shaded cells

Savings Tracker Summary			
£'000 (All Positive)			
Planned Care			
Unscheduled Care			
Primary and Community Care (Excl Prescribing)			
Mental Health			
Clinical Support			
Non Clinical Support (Facilities/Estates/Corporate)			
Commissioning			
Across Service Areas			
CHC			
Prescribing			
Medicines Management (Secondary Care)			
Green & Amber Sub-Total			
Red Schemes			
Grand Total			
Organisation	Division	Business Unit	Savings Scheme Number (i.e. DA1 onwards)
HEIW			
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Cash-Releasing Saving	Cost Avoidance	Savings Total	Income Generation
e Entries)			
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
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0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
Scheme / Opportunity Title	Recurrent (R) / Non Recurrent (NR)	Current Year Annual Plan £'000	Plan FYE (Recurring Schemes only) £'000
		0	
		0	
		0	
		0	
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Savings Forecast Profile

£'000 (All Positive Entries)

Planned Care

Unscheduled Care

Primary and Community Care (Excl Prescribing)	
1	1
2	2
3	3
4	4
5	5
6	6
7	7
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92	92
93	93
94	94
95	95
96	96
97	97
98	98
99	99
100	100

Mental Health

Clinical Support

Non Clinical Support (Facilities/Estates/Corporate)

Commissioning

Across Service Areas

CHC

Prescribing

Medicines Management (Secondary Care)

Green & Amber Sub-Total	
-------------------------	--

Red Schemes

Grand Total	100%
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JUL	AUG	SEP	OCT
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May Plan £'000	Jun Plan £'000	Jul Plan £'000	Aug Plan £'000

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NOV	DEC	JAN	FEB
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0	0	0	0
Sep Plan £'000	Oct Plan £'000	Nov Plan £'000	Dec Plan £'000

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s - Recurrent & Non Recurrent Split	NON RECURRING
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All fields to be completed if scheme has value	Is Scheme Number Unique?	Monitoring Return Category selected for Savings	Monitoring Return Category not selected for AG/IG

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2022/23		2023/24	
RECURRING	FYE OF RECURRING	NON RECURRING	RECURRING
0	0		
0	0		
0	0		
0	0		
0	0		
0	0		
0	0		
0	0	0	0
0	0		
0	0	0	0

Is FYE of R Schemes >= In Year Plan	Has FYE been entered on NR Scheme?	Valid Start Date	Valid Go Green Date

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Month 1 R
In Year NR

Green	Service Areas
Amber	Planned Care
	Unscheduled
	Primary and
	Mental Health
	Clinical Support
	Non Clinical
	Commissioning
	Across Services
	CHC
	Prescribing
	Medicines Management

2024/25	
NON RECURRING	RECURRING
0	0
0	0

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Planned_Care		Unscheduled		Primary_and_Mental_Health		Clinical_Support		Non_Clinical_Commissioning		Across_Services	
Improved number of planned admissions	Improved number of planned admissions	Improved number of planned admissions	Improved number of planned admissions	Improved number of planned admissions	Facilities	Internal - from ward nursing					
Theatre utilisation	Improved number of planned admissions	Community	Adult acute	Radiology	Estates	External - from medical staff					
Minor procedure alternatives	Improved value	Better management	OPMH - patient	Therapies	Corporate contracts	Service Reconfiguration					
Alternatives	Other	Impact of new services	CAMHS - patient	Pathology - new pathways			Service Reconfiguration				
Endoscopy utilisation	Other	Other	Other	Other		Other					
Outpatient productivity - in the room (e.g. from reduced DNA's, improved session utilisation, improved patient flow)											
Outpatient pathways - reduced follow up rate											
Referral criteria/thresholds reducing inappropriate or low value referral demand											
Patient care administration											
Planned care pathway optimisation specifically in specialties coming within the National Plan											
Other											

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CHC	Prescribing	Medicines_M	Cash-Release	PAY
CHC	Prescribing	Medicines	Income Gen	NON PAY
ff management			Cost Avoidar	PRIMARY CARE DRUGS
management of non-pay,	including both traditio			SECONDARY CARE DRUGS
ation to rationalise service	ce provision to a single			PRIMARY CARE CONTRACTOR
				CONTINUING HEALTHCARE / FUNDED NURSING CA
				COMMISSIONED SERVICES
Improved booking, lower clinic cancellations)				
ned Care Programme				

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CAPITAL EXPENDITURE		0.000

* Scheme total can be more than the sum of C - F if scheme continues past 2025-26

£m	
Capital Impact of IFRS 16	2022-23
Include forecast CRL/CEL impact of new leases or renewals - note this is for information only at this point and lease payments should still be included in revenue forecasts as normal	
Property Lease Renewals	
Other Lease Renewals	
PFI impacts	
New Leases (please list by scheme)	
CAPITAL EXPENDITURE	0.000
Total	0.000
	Date
Date of Last Estates Condition Survey	

Date of Last Review of Estates Strategy	
	2021-22- as per EFPMS
KEY PERFORMANCE INDICATORS	£m
High Risk Backlog Maintenance	
	%
Physical Condition: % in Category B or above	
Statutory, Safety & Compliance: % in Category B or above	
Fire Safety Compliance : % in Category B or above	
Functional Suitability: % in Category B or above	
Space Utilisation: % in Category F or above	
Energy Performance: % with Energy B or better	

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2022-23 -	
Plan	
£m	
%	

HEIW	
Please fill in the lightly yellow shaded cells	
PROPERTY & ASSET INVESTMENT	2022-23
METRIC	£m
CAPITAL EXPENDITURE	
DISCRETIONARY	£m
IT	
Equipment	
Statutory Compliance	
Estates	
Other	0.076
SUB TOTAL DISCRETIONARY EXPENDITURE	0.076
LESS NBV OF DISPOSALS (NEGATIVE)	
SUB TOTAL DISPOSAL RECEIPTS	0.000
Discretionary Funding (Group 1 - CRL / CEL Negative)	
Net Position	0.076
DISCRETIONARY REVENUE / NON CASH IMPACT	£m
Net Annual Impact on Revenue Position (+Additional Costs/-Savings)	
NET Annual Impact on DEL Non Cash Charges (+Increase / -Decrease)	0.0152
NET Annual Impact on AME Non Cash Charges (+Increase / -Decrease)	

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Summary emission reporting format

Summary table where emission sources, consumption data, RSD and emissions per source are listed

Instructions for users

- 1) You can keep raw data in separate sheets; this summary sheet is for aggregating your consumption data
- 2) You will need to put in appropriate formulas to calculate the units of kgCO2e from the consumption data
- 3) You should provide one line per emission source and methodology tier e.g. if you have mostly no metering and therefore you need to use Tier 1, this should be given as two separate lines because

Table 22: Summary table for emission reporting format

Category	Details	Description	Methodology used	Consumption data
Natural gas	We purchase in tranches (bulk buying?)	British Gas	Tier 3	460,317.3
LPG				
Kerosene				
Gas oil				
Solid fuel				
Biomass pellets				
Biomass chips				
Other biomass				
Renewable heat				
Grid electricity - buildings	Generation	British Gas	Tier 3	303,646.8
Grid electricity - buildings	T&D losses	British Gas	Tier 3	303,646.8
Grid electricity - streetlighting	Generation & T&D losses			
Renewable electricity				
Renewable heat				
Purchased heat and steam				
District heat and steam				
Water supply		Dwr Cymru	Tier 3	1,970.0
Water treatment		Dwr Cymru	Tier 3	1,872.0
Diesel - biofuel blend	Fleet			
Diesel - 100% mineral	Equipment			
Petrol - biofuel blend	Fleet			
Petrol - 100% mineral	Equipment			

LPG	Fleet			
Gas oil	Fleet			
Waste - recycling	Commercial & Industrial	Veolia - Recyclate		2.79
Waste - recycling	Construction			
Waste - recycling	Batteries			
Waste - landfill	Municipal			
Waste - landfill	Commercial & Industrial			
Waste - incineration	All waste	Veolia - General		2.05
Waste - composting	Organic waste			
Waste - anaerobic digestion	All appropriate waste	Veolia - Food		1.92
Travel - private car		Private car expense claims for all vehicles	Tier 2	9,396.93
Travel - motorcycle				
Travel - hire car				
Travel - bus				
Travel - tram				
Travel - taxi				
Travel - air				
Travel - ferry				
Employee commuting - car		Benchmark data in section 9.8 of WG Guidance was used (average journey/travel mode % split), along with the HEIW WTE at 31 March 2021 and an average number of working days (230, to account for av.30 days' leave)	Tier 1	649,365.29

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Employee commuting - motorcycle		Benchmark data in section 9.8 of WG Guidance was used (average journey/travel mode % split), along with the HEIW WTE at 31 March 2021 and an average number of working days (230, to account for av.30 days' leave)	Tier 1	6,087.80
Employee commuting - hire car				
Employee commuting - bus		Benchmark data in section 9.8 of WG Guidance was used (average journey/travel mode % split), along with the HEIW WTE at 31 March 2021 and an average number of working days (230, to account for av.30 days' leave)	Tier 1	45,658.50
Employee commuting - rail		Benchmark data in section 9.8 of WG Guidance was used (average journey/travel mode % split), along with the HEIW WTE at 31 March 2021 and an average number of working days (230, to account for av.30 days' leave)	Tier 1	19,278.03
Employee commuting - taxi		Benchmark data in section 9.8 of WG Guidance was used (average journey/travel mode % split), along with the HEIW WTE at 31 March 2021 and an average number of working days (230, to account for av.30 days' leave)	Tier 1	4,058.53
Employee commuting - other		Benchmark data in section 9.8 of WG Guidance was used (average journey/travel mode % split), along with the HEIW WTE at 31 March 2021 and an average number of working days (230, to account for av.30 days' leave)	Tier 1	5,073.17

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Catherine

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tion data per emission source or per activity, and applying appropriate emission factors.
ption data in column F and your chosen emission factors in the tab.
metered gas data with emissions calculated using Tier 3 method but two buildings where you have no
e the RSD will be different.

Standard consumption data units	RSD estimate (+/-%)	Units of kgCO ₂ e				Ease of collection assessment	Current Emmissions Factor
		Direct emissions	Indirect emissions	WTT emissions	Outside of Scope		
kWh	+/-5%	93785		12194		Data complete and easy to collect and process	0.20374
kWh							
kWh							
kWh							
kWh							
kWh							
kWh							
kWh							
kWh							
kWh	+/-2%		70792	9768		Data complete and easy to collect and process	0.23314
kWh	+/-2%		60881	841		Data complete and easy to collect and process	0.02005
kWh							
kWh							
kWh							
kWh							
kWh							
m ³	+/-2%		678			Data complete and easy to collect and process	0.344
m ³	+/-2%		1325			Data complete and easy to collect and process	0.708
kWh							
kWh							
kWh							
kWh							

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kWh							
kWh							
tonnes	+/-2%		59			Data complete and easy to collect and process	21.317
tonnes							
tonnes							
tonnes							
tonnes							
tonnes	+/-2%		44			Data complete and easy to collect and process	21.317
tonnes							
tonnes	+/-2%		20			Data complete and easy to collect and process	10.204
vehicle km	+/-15%		1611			Data complete and easy to collect and process	0.1714
vehicle km							
vehicle km							
passenger km							
passenger km							
passenger km							
passenger km							
passenger km							
vehicle km	+/-25%		111301			Data incomplete and requires effort to collect and process	0.1714

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vehicle km	+/-25%		690			Data incomplete and requires effort to collect and process	0.11337
passenger km	+/-25%		4708			Data incomplete and requires effort to collect and process	0.10312
passenger km	+/-25%		712			Data incomplete and requires effort to collect and process	0.03694
passenger km	+/-25%		590			Data incomplete and requires effort to collect and process	0.14549
vehicle km / passenger km	+/-25%					Data incomplete and requires effort to collect and process	

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	<p>As above</p> <p>Current emissions factor used: 2020/Business travel-land/Motorbike/Average/km/ kg CO₂e</p> <p>Unable to find WTT Business travel-land emission factors</p>
	<p>As above</p> <p>Emission factor used 2020/Business travel-land/Bus/Average local bus/kg CO₂e</p> <p>Unable to find WTT Business travel-land emission factors</p>
	<p>As above</p> <p>Emission factor used 2020/Business travel-land/rail/national rail/kg CO₂e</p> <p>Unable to find WTT Business travel-land emission factors</p>
	<p>As above</p> <p>Emission factor used: 2020/Business travel-land/Taxis/Regular taxi/kgCO₂e</p> <p>Unable to find WTT Business travel-land emission factors</p>
<p>English Catherine 03/29/2022 15:48:21</p>	<p>As above</p> <p>[query: unsure how to break this down so added an 'other' row, but this means I'm unsure of how to calculate the emissions - should it be by vehicle or passenger or split evenly?]</p>

HEIW Integrated Equality Impact Assessment (EIA)

Integrated Equality Impact Assessment

An integrated Equality Impact Assessment is a tool to assess the impact of policies, procedures, strategies and decisions on the ability of an organisation to perform the below public-sector equality duties.

Public sector equality duty section 149 of the Equality Act 2010:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it

And to have due regard for advancing equality by:

- Removing or minimising disadvantages experienced by people due to their protected characteristics
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people
- Encouraging people with protected characteristics to participate in public life or in other activities where their participation is disproportionately low

To ensure HEIW policies, procedures, strategies and decisions are designed and delivered fairly in accordance with Equality, Welsh Language Legislation and Human Rights Legislation, please complete the below Integrated Equality Impact Assessment form. Highlight any positive and/or negative impacts included in section 4; actions to be taken to address any negative impacts and opportunities for further developing positive impacts that enhance section 149 of the Equality Act 2010 and Welsh Language Standards (2011), when detailing existing good practice in Section 10 of this form. Concluding with how actions are to be monitored and reviewed.

English Catherine
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HEIW Integrated Equality Impact Assessment (EIA)

Title of Policy/ Procedure/ Strategy or Decision	IMTP
Name of Group/Department	HEIW
Name and role of lead individual(s) completing this EIA	Jane Powell Planning Business Partner
Contact Details	Jane.Powell5@wales.nhs.uk
Date EIA initiated	1 September 2021
Date EIA agreed by accountable group/department	Executive Team
Signed (lead individual(s)/ head or chair of accountable group)	

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HEIW Integrated Equality Impact Assessment Template

1. The purpose and aims of the policy, procedure, strategy or decision required

*Please provide a brief description of the policy/procedure, **strategy**, e-learning, guidance etc. Please include what is the overall **objective or purpose** of the policy/decision, what are the stated **aims** (including who the intended beneficiaries are), a broad description of **how this will be achieved**, what the **measure of success** will be, and the **time frame** for achieving this. Please also include a brief description of how the **purpose and aims of the policy are relevant to equality** and intended beneficiaries.*

Brief description of the IMTP

All NHS organisations are required by statutory duty to produce a three-year Integrated Medium Term Plan (IMTP) each year. The content of the IMTP is directed by the Welsh Government through the NHS Planning Framework (December 2021) and must address the key Ministerial priorities, the legislative requirements of *A Healthier Wales* and the Wellbeing of Future Generation (Wales) Act (2015). Our IMTP (2022/25) builds on the delivery of Year 2 of the Annual Plan (2021/22) and is also the delivery plan for the *Workforce Strategy for Health and Social Care* developed and published in 2020.

The Purpose

Our IMTP describes the activity that will be led by us to address the workforce needs across NHS Wales and support the system response to and recovery from the COVID-19 pandemic.

The Six Strategic aims

Our IMTP describes a set of ambitious Strategic Objectives that will enable us to deliver our 6 Strategic Aims. It also names the Executive Lead and Senior Responsible Officer, who are accountable for the delivery of each Strategic Objective. The first 4 strategic aims of the IMTP outlined below are externally facing.

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'

We have developed a number of strategic objectives which sit under this strategic aim. These include the Implementation Programme for our Workforce Strategy for Health and Social Care, the development of a national nursing workforce plan, finding solutions for the Pharmacy and Dental workforce in Wales, a multi-professional CPD strategy, the Y Ty Dysgu Education Delivery System (EDS), actions to support workforce and workplace wellbeing and colleague experience, improvement with regard to recruitment and careers, developing our workforce intelligence functions, providing education and training and provide workforce planning expertise and advice to improve the quality of workforce planning.

Strategic Aim 2: To transform healthcare education and training to improve opportunity, access and population health

We have developed the following strategic objectives that sit under this strategic aim. These include the development of 'Generalist' and 'Extensivist' roles and programmes aligned to The Future Doctor, implementation new contracts for Phase 1 of the Strategic Review, Phase 2 of the Strategic Review, implement the Initial Education and Training Standards for Pharmacists and Pharmacy Technicians, differential attainment, maximising work-based learning and apprenticeships, clinical placement quality and availability, implementation of a multi-professional education and training quality framework, giving equitable access to education and training for SAS and locally employed doctors, a multi-professional strategy for Simulation-Based Education and Training, the development of a framework to improve digital capability.

Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels

We have developed a number of objectives that sit under this strategic aim which include the evaluation of the Leadership Strategy for Wales, the development of sustainable pipelines of senior leaders, the development and implementation of leadership programmes and resources for clinical leaders, and the development of the W&OD Profession.

Strategic Aim 4: To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care

We have developed a number of strategic objectives that sit under this strategic aim which include Anaesthesia Associates, assurance framework for multi-professional Advanced Practice (AP) and Consultant Practice, develop and implement multi-professional workforce models for primary and community care, develop a mental health workforce model and plan, collaborative and strategic national programmes.

The following two strategic aims are largely internally focussed but also include our extensive stakeholder engagement and communications activities.

Strategic Aim 5: To be an exemplar employer and a great place to work

We have developed a range of strategic objectives that sit under this strategic aim. These include the implementation of the People and OD strategy, Race Equality Action Plan and Strategic Equality Plan, Welsh Language, biodiversity and climate change, embedding Quality Improvement Skills Training, developing capacity and capability for Evaluation, Innovation and research and cyber security and information governance.

Strategic Aim 6: To be recognised as an excellent partner, influencer and leader.

We have developed a smaller number of strategic objectives that sit under this strategic aim. These include the refresh of the communications and engagement strategy, single digital platform and the development of a Digital and Data Strategy.

How this will be achieved

Our IMTP contains a plan on a page for each strategic objective, describing the key deliverables over the course of the year. It also outlines the key milestones to be achieved by the end of each quarter. In order to set this in the context of a three year plan, the high level aspirational deliverables for years 2 and 3 have also been included.

The measures of success

Each objective includes a number of measures of success, a selection of which will be incorporated into our performance management framework for monitoring and reporting purposes.

Timeframe

Our IMTP covers the year from 1 April 2022 - 31 March 2025.

How the purpose and aims of the plan are relevant to equality

The key beneficiaries of the IMTP are our staff and the NHS workforce, comprising employees working in statutory organisations and contractor professions. The NHS workforce works with other public sector organisations, the independent, voluntary and third sectors and provides services for patients and carers of Wales. Therefore, it is recognised as an organisational priority to ensure not only compliance with our public sector duties under Equality Act (2010), Welsh Standards (2011) but to also ensure that inclusivity is thoroughly embedded in all that we do. It is our aim therefore to also ensure that we eliminate unlawful behaviour, encourage equality of opportunity and maintain good relations with under-represented groups both internally within HEIW and externally. We are also committed to reducing health inequalities and to achieve a fairer Wales as outlined in legislation including the Wellbeing of Future Generations (Wales) Act and the Socio-Economic Duty (see <https://gov.wales/more-equal-wales-socio-economic-duty>).

As we have seen, the pandemic has disproportionately affected areas with higher deprivation levels and disproportionately affected Black, Asian and Ethnic Minority people, vulnerable groups and those with learning disabilities and we need to address these health inequalities for patients, delivery of services, and reducing variation in provision within our plan.

HEIW has a strong part to play in the foundational economy, improving equality, diversity and inclusion and use of the Welsh language and these are 'golden threads' throughout our Plan. We have learnt a lot from the changes we made to respond to the pandemic and we know that the NHS Wales system is facing an enormous recovery challenge. Our Plan demonstrates our support to meet this challenge at pace as well as to deliver our strategic agenda over the next three years.

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2. We have a legal duty to engage with people with protected characteristics under the Equality Act 2010 identified as being relevant to the policy.

- *What steps have you taken to engage and consult with stakeholders, both internally and externally?*
- *How have people with protected characteristics been involved in developing the policy, procedure, strategy and or decision from the start?*
- *How have/will proposals be communicated?*
- *What are the arrangements for engagement as the policy/procedure/strategy or decision is being implemented?*

In September 2021, engagement began with our Executive Team and extended Senior Leadership Team to review the Strategic Aims and to reformulate the objectives articulated in the IMTP. The Executive Team reviewed the objectives within the IMTP and the Board has been kept updated on progress and have been given the opportunity to feedback comments prior to the formal submission for approval. This engagement has enabled our Executive Team to use the planning process to improve the clarity of the objectives and to broaden out the number of Senior Responsible Officers across the organisation. An update on the content of our plan was shared with the staff in November 2021 at the staff conference and has been made available to all staff on MS Teams and to the public via the website and feedback has been actively encouraged.

Over the past couple of years, our Executive Team and the Planning Team have engaged widely with stakeholders including NHS Wales, Trades Unions, regulators, professional bodies and Welsh Government over the development of these strategic objectives. As a result of the enormous pressures placed on the NHS workforce in light of the new Omicron variant and the booster vaccination rollout, a pragmatic and sensitive approach was taken for further engagement in 2021/22 to inform the development of our IMTP. We were able to facilitate online engagement meetings with each NHS organisation during November/December to ensure alignment between our plans. In February 2022, virtual meetings (Policy Leads Group and Stakeholder Reference Group) were also held to seek advice and feedback from stakeholders to inform our planning and decision making on the content of the plan.

[DN1: This section needs to be completed after the engagement in early February] As COVID-19 understandably restricted the amount of collaborative engagement we had with stakeholders on our Annual Plan last year, we were keen to take the opportunity to improve this year by having conversations with all NHS organisations and key stakeholders on our emerging IMTP 2022-25. The purpose of the engagement was to engage with all key stakeholders and partners on their views and priorities to ensure that our plans are aligned with other NHS organisations and recognise the valuable system role HEIW provides.

The themes captured from the engagement conversations with NHS organisations align very closely with those identified through the extensive engagement on the Workforce Strategy for Health and Social Care, as would be expected.

Organisations were struggling with operational workforce supply, recruitment and retention, particularly in nursing. As laid out in our IMTP, we have a role to play in national strategic workforce planning for nursing and wider workforce solutions, data, education, training,

careers, recruitment promotion, new ways of working and new roles for all professions. Powys and Hywel Dda also raised the issues of rurality which we are considering in many of our areas, but specifically careers, education, training and the options around streamlining. There was a general impression that all organisations have realised the importance of having their own strategic workforce plans and the conversations would indicate that quality of these is likely to have improved since last year. In most cases organisations clearly said their plans are aligned to the Workforce Strategy which is positive. As an outcome of the pandemic most organisations are describing the importance of staff wellbeing, but also organisational culture, OD and the importance of compassionate leadership. All organisations were aware of our role in the national wellbeing and leadership; our professional lead for the development of the WOD profession is also important here. The seamless workforce models around the health and social care interface came out of most Health Board conversations. We discussed the framework of the Workforce Strategy, which is all organisations' business, and other enablers that have been put in place such as joint induction, qualifications and apprenticeships and our continued close partnership working with Social Care Wales. As well as the Covid response and recovery all organisations are engaged in extensive strategic service change, including emerging regional models for some specialties and we will need to advise and respond where required on the workforce, education and training consequences in year as many of these aspects are not yet clear.

We also shared our Draft IMTP with our Stakeholder Reference Group and with Welsh Government Policy Leads. RCN Wales was keen that HEIW should ensure the diversity of the population and workforce is acknowledged in HEIW's plans for shaping health and care planning and policy. We also had feedback from the BMA about the length of our IMTP and we will endeavour to create an accessible IMTP commencing with a summary plan this year and to build on this for next year and examine how we can better engage with local communities on our plan.

It should also be noted that our Workforce and OD team undertook a full Integrated Equality Impact Assessment during the production of the Workforce Strategy and a considerable amount of engagement with staff and stakeholders which helped inform the direction of travel for the last Annual Plan and this IMTP. Also, our education commissioning team have also previously engaged with stakeholders on the development of our Education and Training plan including Higher Education Institutions and students.

A priority for Welsh Government is to take action to safeguard equality and human rights through the socio-economic duty. HEIW is required as a specified public body, when making strategic decisions such as 'deciding priorities and setting objectives', to consider how our decisions might help to reduce the inequalities associated with socio-economic disadvantage. Work to reduce inequality across the NHS workforce has begun and it is our intention to build on this foundation across occupation, education, place of residence and social class.

We have taken a proportionate approach to this EIA and assumed that this will suffice as the overarching EIA for all of the Strategic Objectives outlined in the IMTP.

3. Evidenced used/considered

Your decisions must be based on robust evidence. What evidence base have you used in support? Evidence includes views and issues raised during engagement; service user or citizen journeys, case studies, or experiences; and qualitative and experience based research, not just quantitative data and statistics.

Please list the source of this evidence:

- *Identify and include numbers of staff, broken down by protected characteristics and other relevant information e.g. part time working (ESR)?*
- *What **research or other data is available locally or nationally that could inform the assessment of impact on different equality groups**? Is there any information available (locally/nationally) about how similar policies/procedures/strategies or decisions have impacted on different equality groups (including any positive impact)?*
- *Do you consider the evidence to be strong, satisfactory or and are there any gaps in the evidence?*

Detailed numbers of staff employed by HEIW broken down by protected characteristics staff is outlined in Appendix 1 below and has been carefully reviewed as we developed the strategic objectives under strategic aims 5 and 6 which are more internally focussed on our staff.

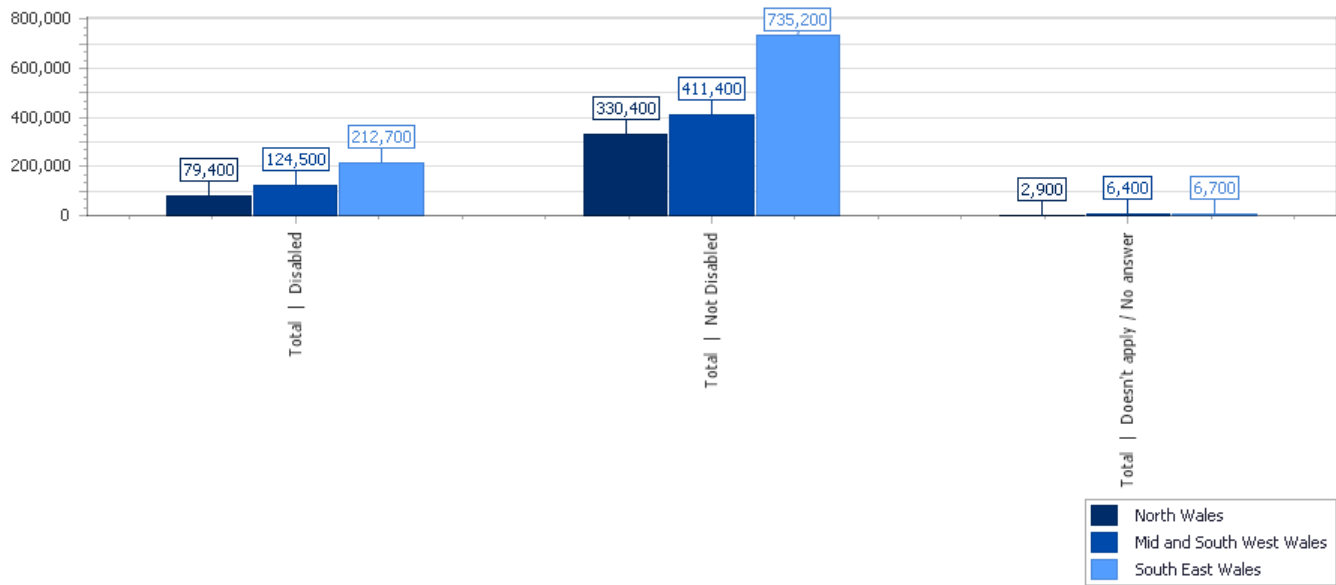
Further detail about the diversity of staff employed by NHS is included in Appendix 2. The detail in regard of the Welsh Population in relation to each protected characteristic also provided us with useful context when we considered the impact of our ambitious proposed programme of changes on different protected groups.

Welsh Population: According to Welsh Government, in 2018, Wales was home to over 3.14 million residents with almost half of these being concentrated in South East Wales. The most populated authority in Wales is Cardiff, with an estimated 364,000 residents. This region also included the authority with the smallest population in Wales, Merthyr Tydfil, with a population of around 60,000. The least densely populated local authority in Wales was Powys at 25.6 persons per square km. [Summary statistics for Wales, by region: 2020 \(gov.wales\)](https://gov.wales/sites/default/files/statistics-and-research/2020-05/summary-statistics-regions-wales-2020-629.pdf)

Age: Wales as a whole has an ageing population. Between 1998 and 2018, the proportion of the population aged 65 and over has increased from 17.4 % to 20.8 %, while the proportion of the population aged 15 and under has fallen from 20.6 % to 17.9 %. <https://gov.wales/sites/default/files/statistics-and-research/2020-05/summary-statistics-regions-wales-2020-629.pdf>

Age and Gender: Across Wales, for each year of age between 0 and 30, there are more males than females. However, males are outnumbered by females at almost every year of age after the age of 30. <https://gov.wales/sites/default/files/statistics-and-research/2020-05/summary-statistics-regions-wales-2020-629.pdf>

Disability: The following graph is taken from the annual population survey published in October 2020 for the period 2017 to 2019 which shows that 416,600 of the population who completed the survey of working age were registered as disabled. Meaning that 28% of the welsh population who completed the survey registered disabled.



It should be noted that there are gaps in the information above given that the annual population survey is not completed by whole population, with figures last gathered in 2011. In 2011, nearly 1 in 5 people (17.9%) in England and Wales reported a disability that limited their daily activities. People living in deprived areas and working in routine occupations were more likely to be disabled, showing the inequality that exists across England and Wales. The proportion of people with a disability in Wales (22.7%) was notably higher than in England (17.6%).

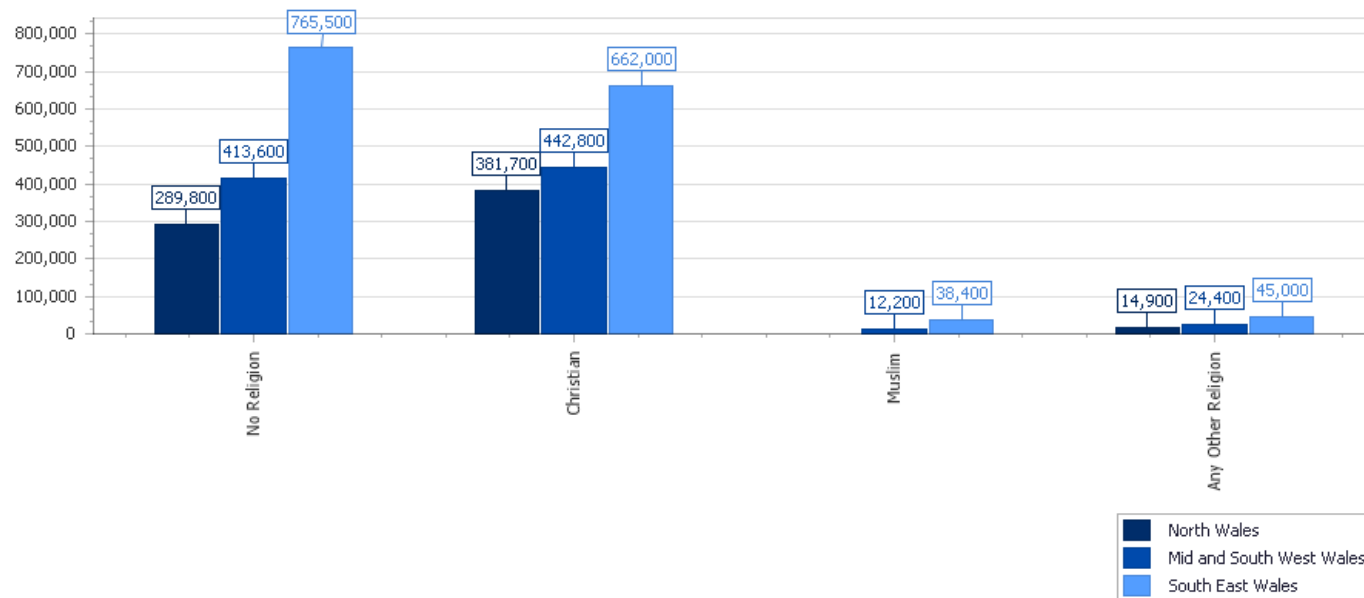
Race:

Ethnicity by region, year to end-March 2020. Source: Annual Population Survey

Ethnicity	North Wales	Mid & South West Wales	South East Wales	All Regions
White	679,500	854,700	1,395,500	2,929,600
Asian	7,000	19,900	61,500	88,400
Black	2,500	5,900	26,400	34,700

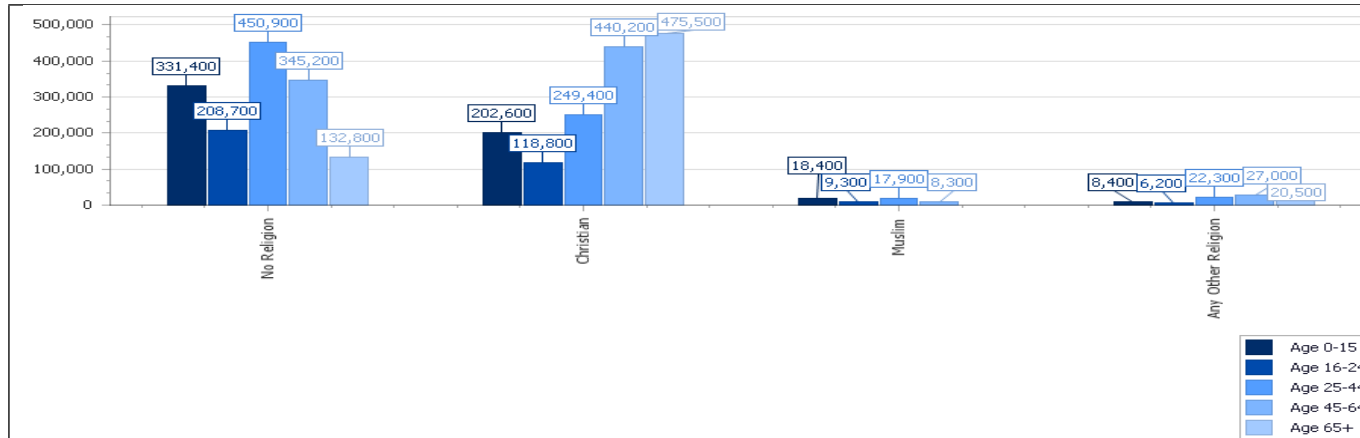
Mixed	4,300	8,700	17,900	30,800
Other	4,300	9,800	18,500	32,600
All BAME	18,000	44,300	124,300	186,600
Total	698,100	900,400	1,520,800	3,119,400

Main religions in Wales by region 2017 to 2019:



Main religions in Wales by age 2017 to 2019:

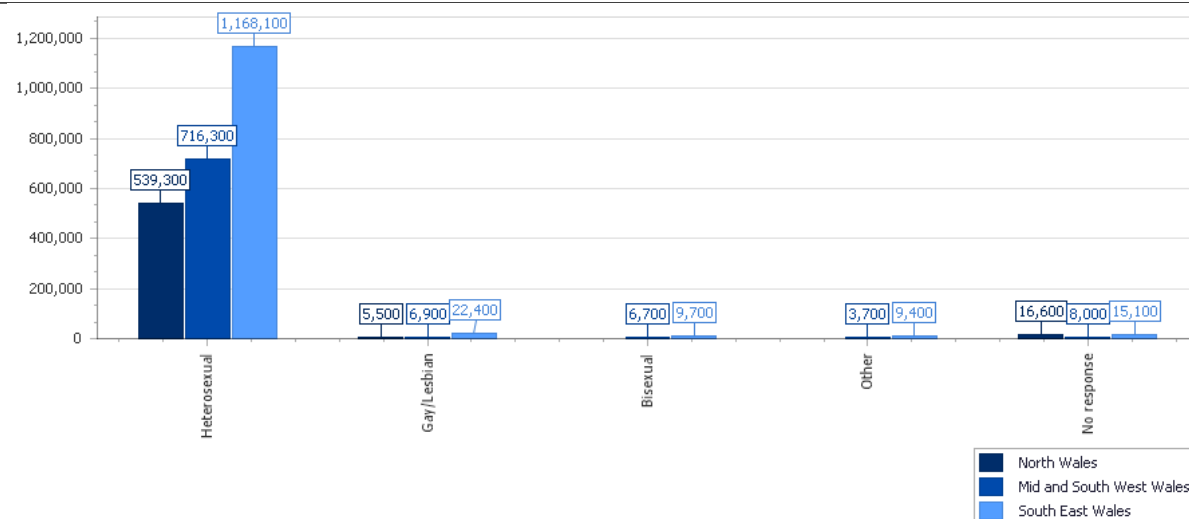
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Carers: According to evidence submitted to the inquiry into the impact of the Social Services and Well-being (Wales) Act 2014 in relation to carers, three in five of us will become a carer at some point in our lives. There are 370,000 carers in Wales, the highest proportionate figure of all UK countries, with 103,594 people in Wales providing over 50 hours of unpaid care per week. The number of carers continues to rise, and it is estimated that by 2037 there will be over half a million carers in Wales, a 40% rise.

Welsh language: According to census data, there were 562,016 Welsh-speakers aged three and over in Wales in 2011. 27 % of Welsh speakers were based in South East Wales, 36 % in North Wales, 10 % in Mid Wales and 26 % in South West Wales. Data from the Annual Population Survey shows that in the year ending September 2019, an estimated 29.0 % of people aged three and over across Wales reported being able to speak Welsh. This represented an increase of approximately 3.4 percentage points on the data for the year ending September 2009. The local authority with the highest proportion of Welsh speakers was Gwynedd, where around 75.6 % of residents aged three and over reported being able to speak Welsh in 2019. <https://gov.wales/sites/default/files/statistics-and-research/2020-05/summary-statistics-regions-wales-2020-629.pdf>

Annual Population Survey: Sexual Identity, last updated May 2020.



Due regard has been given to the difficulty in being able to quantify the actual number of people who share protected characteristics involved in some of the events that we were able to facilitate.

The Equality and Human Rights Commission *Is Wales Fairer: The state of Equality and Human Rights* (2018) report indicates that socio economic disadvantage is growing in some areas of Wales and is having a knock on effect in terms of education and training. Adults living in the most deprived areas of Wales have lower life expectancies than those living in the least deprived areas. Disabled people's employment rates in Wales are less than half of those for non-disabled people. Difficulties balancing caring responsibilities and moving up the career ladder are one of the drivers of this inequality for women. High levels of violence and abuse are experienced by some ethnic minority groups and people from ethnic minorities or for whom English is an additional language, face barriers to health, sport and leisure. Gypsy, Roma and Traveller families face barriers to accessing health services and access to mental health service provision for refugees and asylum seekers is challenging. The full report can be viewed at:

Equality and Human Rights Commission. Is Wales Fairer? The state of equality and human rights (2018)

<https://www.equalityhumanrights.com/sites/default/files/is-britain-fairer-2018-is-wales-fairer.pdf>

We have also reviewed the following publications and websites to inform this equality impact assessment:

Managing an age-diverse workforce: What employers need to know. CIPD Research Report (2015)

https://www.cipd.co.uk/Images/managing-an-age-diverse-workforce_2015-what-employers-need-to-know_tcm18-10832.pdf

Employee Outlook. Employees views on working life. Focus on skills and careers. CIPD Report (2016)

https://www.cipd.co.uk/Images/employee-outlook-focus-on-skills-and-careers_tcm18-10995.pdf

Higher Education Students Association

<https://www.hesa.ac.uk/news/16-01-2020/sb255-higher-education-student-statistics/numbers>

Government Office for Science. Future of an Ageing Population. Foresight (2016)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/816458/future-of-an-ageing-population.pdf

A Healthier Wales: long term plan for health and social care (2018)

<https://gov.wales/sites/default/files/publications/2019-10/a-healthier-wales-action-plan.pdf>

Equality and Human Rights Commission ‘Is Wales Fairer?’ (2018)

<https://www.equalityhumanrights.com/en/publication-download/wales-fairer-2018>

Citizen’s Advice

<https://www.citizensadvice.org.uk/about-us/our-work/policy/policy-research-topics/citizens-advice-cymru-wales-policy-research/work-and-health-in-wales/>

Centre for Ageing Better

<https://www.ageing-better.org.uk/>

Welsh Government. Inclusive Apprenticeships: Disability action plan for apprenticeships 2018-21 (2018)

<https://gov.wales/sites/default/files/publications/2018-11/inclusive-apprenticeships-disability-action-plan-for-apprenticeships-2018-21-1.pdf>

Welsh Government. A More Equal Wales: Preparing for the commencement of the Socio-economic Duty (2020)

<https://gov.wales/sites/default/files/publications/2020-07/preparing-for-the-commencement-of-the-socio-economic-duty.pdf>

Stonewall LGBT in Britain – Work report (2018)

<https://www.stonewall.org.uk/lgbt-britain-work-report>

A Healthier Wales: Our Workforce Strategy for Health and Social Care (2020)

<https://heiw.nhs.wales/files/workforce-strategy-for-health-and-social-care1/>

Race in the workplace: The McGregor-Smith Review (2017)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/594336/race-in-workplace-mcgregor-smith-review.pdf

Race at the Top: a review of BAME leadership in the UK (2014).

<https://www.equallyours.org.uk/race-at-the-top-a-review-of-bame-leadership-in-the-uk/>

General Medical Council. Differential Attainment: evaluating the impact of interventions aimed at addressing variation in progression associated with protected characteristics known as 'Differential Attainment' (2018)

<https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/research-and-insight-archive/evaluating-the-impact-of-differential-attainment-interventions>

Carers Wales

<https://www.carersuk.org/wales/about-us>

Welsh Government. Parliamentary Review of Health and Social Care in Wales (2018)

<https://gov.wales/sites/default/files/publications/2017-07/170714-review-interim-report-en.pdf>

Welsh Government. More than just words (2016)

<https://gov.wales/sites/default/files/publications/2019-04/follow-on-strategic-framework-for-welsh-language-services-in-health-social-services-and-social-care-2016-2019.pdf>

Office of National Statistics

<https://www.ons.gov.uk/>

The Employment Equality (Sexual Orientation) Regulations (2003)

<https://www.legislation.gov.uk/uksi/2003/1661/contents/made>

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4. Impact Assessment			
<p>Please complete the next section to show how this policy/procedure, strategy, e-learning, guidance etc. could impact upon protected groups as identified under the Equality Act 2010, compliance with Welsh Language Standards (2011) and HEIW's ability to perform its Public Sector Duty to:</p> <ol style="list-style-type: none"> 1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act. 2. Advance equality of opportunity between people who share a protected characteristic and those who do not. 3. Foster good relations between people who share a protected characteristic and those who do not <p>Please ensure positive impacts as well as negative are highlighted. Include any opportunities to advance equality and/or good relations, and for good practice to be further developed. Also include any opportunity to maximise contribution towards a more equal Wales under the Well-being and Future Generations Act.</p>			
Equalities and Welsh Language Impact Assessment			
Protected Characteristic	Impact:		
	P O S I T I V E	N E G A T I V E	Reason for your decision (including evidence used). Include details of how it might impact on people from this group and how opportunities to advance equality and good relations have been maximised.
Age			
main categories: under 16 16-24 25-34 35-44 45-54 55-59 60-64	✓		<p>This section explains how our IMTP could impact upon people of different ages as identified under the Equality Act 2010, compliance with Welsh Language Standards (2011) and what we intend to do to perform our Public Sector Duty and how it will achieve more equality for people of different ages.</p> <p>The strategic objectives which sit under Strategic Aim 1 cover the implementation programme for our Workforce Strategy for Health and Social Care, the development of a national nursing workforce plan, finding solutions for the Pharmacy and Dental workforce in Wales, a multi-professional CPD strategy, the Y Ty Dysgu Education Delivery System (EDS), actions to support workforce and workplace wellbeing</p>

<p>65-74 75+</p>			<p>and colleague experience, improvement with regard to recruitment and careers, developing our workforce intelligence functions, providing education and training and provide workforce planning expertise and advice to improve the quality of workforce planning.</p> <p>In developing the nursing workforce plan, careful consideration is being given to analysing the current workforce and determining future workforce needs. We are committed to ensuring that plans do not discriminate (directly or indirectly) on the basis of age and to make advances in terms of equality of opportunity between people and to foster good relations between groups of people who share the same protected characteristics.</p> <p>We are aware of the need to support people of all ages and to prevent instances of age discrimination and advance equal opportunities for all. There is anecdotal evidence that older employees looking to change career or wishing to take on a junior role have been restricted from doing so because of their age during the recruitment process. Similarly our plans to further develop NHS careers must provide equal opportunity and avoid age discrimination. The CIPD (2015) highlighted the link between life stage and working experience on work priorities and identified knowledge sharing, different perspectives and enhanced customer experience as the key benefits of age diversity. They found that younger age groups focus on values such as trust, recognition and freedom, while older age groups focus on achieving work-life balance and flexibility. There is widespread appreciation that both younger and older colleagues are able to add value in these areas. Younger colleagues feel that older age groups can share practical experience and expertise, while older colleagues look to younger groups for skills training and new working methods.</p> <p>The CIPD consider the value of flexible working as a retention tool and in helping people return back to work. It also helps develop greater diversity within organisations and increased levels of job satisfaction and commitment from workers of all ages. The CIPD report 'Employee Outlook: Focus on older people' (2016) showed that 76% of employers had not made reasonable adjustments to enable older employees to carry on working. We will ensure that they examine reasonable adjustments such as flexible working are provided in order to enable older employees to carry on working.</p> <p>In terms of planning for the quality and accessibility of education and training under Strategic Aim 2, we will continue to carefully consider age when developing the strategic objectives further. The Commission for Rural Communities has examined whether there is a rural dimension to the issue of young people accessing education and training. The report found that young people living in rural areas face a number</p>
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<p>English Catherine 03/29/2022 15:48:21</p>		<p>of uniquely rural barriers, particularly concerning access to transport, careers advice, employment and training support, and youth services. Above all, there was a lack of focal point and representation for rural youth affairs within and across central government. There was also no clear, overarching responsibility for securing the development and employment of young people in rural areas, and insufficient consideration given to address these challenges in a co-ordinated, strategic way.</p> <p>Studies have demonstrated that lifelong learning has positive outcomes for individuals, communities and the economy. However, despite the well-established benefits of lifelong learning, those in later life are less likely to participate than those in other age groups. Data from the Higher Education Sector Association (HESA) for the 2013-16 academic year indicated that those aged 50+ comprise around 5% of the university student population and the rates are lowest, and the fall is steepest for those aged 60–69 years. Furthermore, a review commissioned by the UK central government entitled ‘Future of an Ageing Population’ (2016) stated that addressing the issue of developing a new approach and commitment to lifelong learning, relevant to the challenges of an ageing population, was an urgent issue for public policy in the UK.</p> <p>The strategic objectives relating to leadership under Strategic Aim 3, (i.e. the evaluation of the Leadership Strategy for Wales, the development of sustainable pipelines of senior leaders, the development and implementation of leadership programmes and resources for clinical leaders, and the development of the W&OD Profession) will advance equality of opportunity between people and not discriminate anyone directly or indirectly on the basis of age through effective engagement, implementation and delivery.</p> <p>Effective leadership across and throughout health and social care, the public, private and third sectors is recognised by ‘A Healthier Wales: long term plan for health and social care’ (2018) as a key element in turning good intentions into practice and one of the priorities outlined in the workforce strategies for leadership relates to the development of a shared approach to collective and compassionate leadership across health and social care which we are committed to.</p> <p>The CIPD state that the need for leadership has changed significantly over the last 10 years in the way that UK Businesses work and operate. The CIPD report, ‘Leadership – Easier Said Than Done’ (2014) looked in detail at the barriers to leadership and good people management in practice. One of the key barriers identified was the inability of managers to embrace workforce diversity. Employees aged between 16-24 were far less likely to be appointed or promoted into management and leadership roles.</p>
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<p>English Catherine 03/29/2022 15:48:21</p>		<p>People management processes were cited as inadvertently favouring 'sameness' over the desirable level of identifying talent and skills in local teams, regardless of age.</p> <p>The Centre for Ageing Better found that attributes stereotypically associated with younger employees (e.g. being open to new ideas, learning new skills and rapid decision making) are viewed more positively in the talent management process than those of older employees (e.g. dealing with people politely, settling arguments or carefulness). These 'older' attributes were associated with lower status job roles and employers were less likely to select them for talent management programmes.</p> <p>In developing plans to address Strategic Aim 4 (i.e. support for Anaesthesia Associates, the development of an assurance framework for multi-professional Advanced Practice and Consultant Practice, addressing clinical placement quality and availability, developing and implementing multi-professional workforce models for primary and community care, developing a mental health workforce model and plan, collaborative and strategic national programmes), we will ensure that we work in partnership with others to ensure that plans do not discriminate (directly or indirectly) on the basis of age but rather advance equality of opportunity between people and foster good relations. Healthcare inequalities (i.e. health provision for children and young people and those with learning disabilities) will therefore be considered within these plans.</p> <p>Strategic Aims 5 and 6 are internally focussed on our staff. The objectives under Strategic Aim 5 set out how the organisation will become an exemplar employer and a great place to work. These include the implementation of the People and OD strategy, Race Equality Action Plan and Strategic Equality Plan, Welsh Language, biodiversity and climate change, embed Quality Improvement Skills Training, develop capacity and capability for Evaluation, Innovation and research and cyber security and information governance.</p> <p>The EIA for the People and OD Strategy showed a potential for age discrimination at the recruitment stage which has been acknowledged and is now being addressed at recruitment, through training and continuous development. Our HEIW 'Strategic Equality Plan' (2020) sets out our aims to support and promote equality, diversity, inclusion and human rights in relation to employment, service delivery, goods and service suppliers, contractors and partner agencies.</p> <p>Our objectives under Strategic Aim 6 are designed to help us be recognised as an excellent partner, influencer and leader. Our senior responsible officers will give careful consideration at the planning</p>
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			stage to refresh our communications and engagement strategy, to develop our single digital platform and develop our Digital and Data Strategy, ensuring that our plans do not discriminate (directly or indirectly) on the basis of age but rather advance equality of opportunity between people and foster good relations.
Disability			
<p>Disability as defined in the Equality Act 2010:</p> <p>Those with any physical, sensory, learning, cognitive or mental health impairment or health condition which causes individuals to face barriers to employment, equal opportunities, access to goods, facilities or services lasting or expected to last 12 months or more, or terminal.</p>	✓		<p>This section explains how the IMTP could impact upon people with a disability as identified under the Equality Act 2010 and what HEIW plans to do to perform its Public Sector Duty and how it will achieve more equality for disabled people.</p> <p>Our plans designed to achieve Strategic Aim 1 cover the implementation programme for our Workforce Strategy for Health and Social Care, the development of a national nursing workforce plan, finding solutions for the Pharmacy and Dental workforce in Wales, a multi-professional CPD strategy, the Y Ty Dysgu Education Delivery System (EDS), actions to support workforce and workplace wellbeing and colleague experience, improvement with regard to recruitment and careers, developing our workforce intelligence functions, providing education and training and provide workforce planning expertise and advice to improve the quality of workforce planning.</p> <p>The Equality and Human Rights Commission (EHRC) 'Is Wales Fairer?' (2018) report identified that the employment rate for non-disabled people (73.4%) was more than twice the rate for disabled people (34.6%) in 2016/17. Other UK-wide research indicates that employment rates for disabled people vary considerably according to the type of disability or health condition, and that people with mental health conditions and those with learning difficulties have the lowest employment rates. A report by Citizens Advice Cymru (2017) found that its clients who were disabled or had a health condition encountered bad practice and discrimination by employers. Moreover, people with a disability or health condition who sought help on an employment-related problem were more likely to require support on an issue relating to pay and entitlements or dismissal. Issues relating to sick leave, sick pay and unfair dismissal were more common among this group.</p> <p>The EHRC 'Is Wales Fairer?' report (2018) highlights that non-disabled people in Wales are twice as likely as disabled people to be employed and that the disability employment gap has widened in recent years. The report also highlighted the pay gaps between disabled and non-disabled people; the median hourly earnings were higher for non-disabled than for disabled employees, creating a disability pay gap of 8.9%. The report also highlighted that raising the participation of disabled people in organisations could reduce the annual cost of people being out of work by £100 billion.</p>

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<p>English Catherine 03/29/2022 15:48:21</p>		<p>The report also highlighted that the most significant workplace barriers that people with disabilities face relate to recruitment, promotion and the ability to stay within the workforce. We have considered flexible career opportunities and work-life balance to ensure that staff at all levels feel able and supported to access these opportunities and are vital to attracting and retaining people including disabled people. We will also take into account the concerns of people about accessing occupational health including their fears of being reassigned to a role staff do not wish to do; colleagues not understanding reasonable adjustments; the stigma relating to mental ill health; and fears around fitness to practice.</p> <p>From the Workforce Strategy EIA, the NHS Wales Confederation policy forum subgroup on long-term conditions and mental health aimed to drive forward the vision of 'A Healthier Wales' to develop holistic models of care that recognise the links between physical and mental health, with a focus on the mental health of people living with long-term conditions. This will ensure that care for long term conditions are holistic, co-ordinated and delivered predominantly in the community, by a multidisciplinary team, including psychology services.</p> <p>We will ensure that our plans under Strategic Aim 2, which focus on the quality and accessibility of education and training for all healthcare staff, do not discriminate (directly or indirectly) on the basis of age but rather advance equality of opportunity between people and foster good relations. Our Senior responsible officers are cognisant of the Welsh Government publication 'Disability action plan for apprenticeships' (2018) which aims to increase the very low proportion of disabled people on apprenticeships and will take the opportunity to explore how widening access can be improved for people with disabilities in apprenticeships.</p> <p>Our Leadership Team have considered how all of its activities under Strategic Aim 3 will impact upon people with a disability as identified under the Equality Act 2010.</p> <p>An important factor for consideration, as evidenced by the Office of National Statistics, is that the employment rate for disabled people in 2021 stands at 52.7% compared to 75.4% for non-disabled people. Disability Rights UK (2010) made a clear distinction between simply accommodating impairment by providing reasonable adjustments and developing talent. The report claimed that disabled people are far less likely to obtain fit for purpose career development support and are therefore restricted in obtaining managerial roles and climbing the leadership ladder. The EHRC 'Is Wales Fairer?' (2018) report also showed that disabled people were less likely than non-disabled people to work in managerial or professional occupations that tend to offer higher pay.</p>
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			<p>In developing our plans under Strategic Aim 4 (i.e. support for Anaesthesia Associates, the development of an assurance framework for multi-professional Advanced Practice and Consultant Practice, addressing clinical placement quality and availability, securing the provision of services delivered by WIMAT, developing and implementing multi-professional workforce models for primary and community care, developing a mental health workforce model and plan, collaborative and strategic national programmes), we will work in partnership with others to ensure that plans do not discriminate (directly or indirectly) on the basis of disability and advance equality of opportunity between people and continue to foster good relations.</p> <p>In order to deliver Strategic Aims 5 and 6, we have already undertaken positive action in regard to disability having signed up to the Disability Confident Scheme, the Time To Change pledge, unconscious bias training and adoption of a compassionate inclusive leadership model. We will also ensure that potential disability discrimination is acknowledged and addressed, through recruitment, training and the development of policies and practice.</p>
Gender Identity			
<p>A person's sex, including intersex people; internal sense of their own gender and gender expression, whether male, female or something else (for example non-binary people), which may or may not correspond to the sex assigned at birth; and</p>	✓		<p>This section explains how our IMTP could impact upon people because of the way they identify their gender (as identified under the Equality Act 2010) and what we plan to do to perform our Public Sector Duty and how this will achieve more equality for people whatever gender they identify with.</p> <p>Our plans outlined under Strategic Aim 1 are designed to build a sustainable workforce. We continue to consider how all employees can be assured of an adequate standard of living, safe and healthy working conditions, fair wages, time to rest, and the opportunity to take part in public life regardless of their gender identity.</p> <p>The EHRC 'Is Wales Fairer?' (2018) report highlighted the gender pay gap for full-time employees, and although it is narrower in Wales than in England and Scotland, women are more likely than men to work in low-pay occupations. The requirement in the Equality Act 2010 (Gender Pay Gap Regulations 2017 and the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 for employers with 250 or more employees requires them to report on the gender pay gaps and this will be actioned by us in 2022.</p> <p>The EHRC 'Is Wales Fairer?' (2018) report found that women reported high levels of sexual harassment in the workplace across Wales. In creating our plans, we will ensure that employees do not face unintentional or intentional harassment or victimisation in the workplace as a consequence of gender.</p>

<p>aspects of how an individual expresses gender, including clothing, mannerisms and other aspects of expression.</p>			<p>The report also identified that the most significant workplace barriers that women face relate to harassment, recruitment, promotion and the ability to stay within the workforce. Therefore, we will present clear direction in our plans as to how these barriers will be overcome and how we will advise, help and guide others to ensure that the workforce can work proactively with colleagues across care pathways to deliver seamless care, without losing their ability to maintain their professional specialisms and identities and unique value.</p> <p>Stonewall's 'LGBT in Britain – Work' (2018) report found that one in eight trans people (12%) have been physically attacked by customers or colleagues in the last year because of being trans. Almost a third of non-binary people (31%) and one in five trans people (18%) did not feel able to wear work attire representing their gender expression.</p> <p>The Stonewall 'LGBT in Britain – Work' report (2018) states that only three in five LGBT staff (61%) agree that their workplace has equalities policies that protect lesbian, gay and bisexual people at work. The number decreases for LGBT staff living in a rural area to 54% compared to 62% of LGBT staff in urban areas. We will take active steps towards establishing inclusive work policies, showing visible commitment to LGBT equality and showcasing best practice.</p> <p>The EHRC reported that in 2016/17, there were only 360 female apprentices on construction and engineering programmes, compared with 8,330 male apprentices. In contrast, in healthcare and public services, there were 15,120 female and 2,825 male apprentices (Welsh Government, 2018).</p> <p>Our plans under Strategic Aim 2 about excellent education and training have considered the impact on gender identity. In developing plans to achieve capacity and capability to lead under Strategic Aim 3, we will ensure that the Leadership programmes and leadership resources are fully accessible and ensure that all policies and procedures do not directly or indirectly discriminate anyone on the basis of gender identity. The plans that fall under Strategic Aim 4 have been designed to support the delivery of national service priorities and high-quality patient care and could therefore potentially impact on groups of people as a result of their gender identity as identified under the Equality Act 2010. We will assess the equality impact of the plans under Strategic Aim 5, designed make us an exemplar employer and a great place to work. As a listed body in Wales, we will comply with the duty set out in the Equality Act 2010 to consider gender pay and publish an equality objective to address any gender pay difference identified or the reason why we have not done so and an action plan and policy to address any differences found.</p>
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			Our plans under Strategic Aim 6 aim to help us be recognised as an excellent partner, influencer and leader and we have given careful consideration at the planning stage to ensure that people with this protected characteristic are given equal opportunity and not discriminated against (either directly or indirectly) on the basis of their gender identity.
Marriage or civil Partnership			
	✓		The Equality Act 2010 makes it unlawful to discriminate against or treat someone unfairly because they are married or in a civil partnership. The EHRC 'Is Wales Fairer' (2018) report highlighted that single people (62.5%) were more likely to be employed than married people (58.3%) or those formerly married (38.5%), and the employment rate of single people had risen by 4.9 percentage points since 2010-11. Our IMTP addresses many of the actions outlined in the <i>Workforce Strategy for Health and Social Care</i> (2020) and is about building an inclusive culture. We will ensure that our selection processes offer equal opportunity to all and do not discriminate people on the grounds that an individual is married or in a civil partnership.
Pregnancy and maternity			
	✓		<p>The Equality Act (2010) legislation prohibits pregnancy and maternity discrimination but the evidence shows that many women are experiencing negative or possibly discriminatory experience during pregnancy, maternity leave and return from maternity leave.</p> <p>The EHRC 'Is Wales Fairer?' (2018) report highlighted that the majority of mothers had a negative or possibly discriminatory experience during pregnancy or maternity leave, or on their return from maternity leave. In the Workforce Strategy for Health and Social Care EIA, the Department for Business, Innovation and Skills (2016) found that 71% of mothers in Wales had reported having had a negative or possibly discriminatory experience during pregnancy, maternity leave or on their return from maternity leave, although this was a lower proportion than for Britain overall (77%). Nearly half of mothers in Wales (48%) reported a negative impact on opportunity, status or job security as a result of their experiences.</p> <p>The EHRC report also found that male and female graduate entry into the workplace is relatively equal, and this equality is maintained at junior management positions, but suffers a significant decline in senior positions. Therefore, organisations investing in talented women, only to lose them before they reach senior management levels. One prevalent issue causing this talent gap is maternity leave discrimination, which causes up to 30,000 women to lose their jobs each year. Once women reach childbearing age they are perceived by some employers as a risk and a potentially costly choice to promote as they may fall pregnant and take paid time off work. They subsequently made six recommendations to tackle pregnancy and maternity discrimination:</p>

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			<ul style="list-style-type: none"> • Leadership for change • Improving employer practice • Improving access to information and advice • Improving health and safety management in the workplace • Improving access to justice • Monitoring progress <p>The EHRC report also called on the Welsh Government and other employers in Wales to implement these six areas of action to address pregnancy and maternity discrimination in the workplace and to facilitate equal opportunity for all.</p> <p>Our plans contained within Strategic Aim 1 are designed to build a sustainable workforce in Wales and the planning for the education and training under Strategic Aim 2, in particular, will require us to carefully consider the impact of our plans on people who are pregnant or on maternity leave and offer flexible working practices that can both enhance retention but also offer more favourable opportunities to access to education and learning.</p>
Race			
Race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers.	✓		<p>The following section explains how the IMTP could impact upon people because of race as identified under the Equality Act 2010 and what HEIW plans to do to perform its Public Sector Duty and how it will achieve more equality for people on the basis of race.</p> <p>The Equality Act (2010) legislation requires that people of different races should be treated equally yet the evidence in the literature shows that this is not the case. The EHRC 'Is Wales Fairer?' (2018) report highlighted the pay gaps between individuals of different ethnic backgrounds in 2016/17. Indian people had higher median hourly earnings (£14.43) than White British people (£10.60) but Black people had lower median hourly earnings (£8.71) compared with White British people. Further analysis of the impact of pay gaps is required to truly understand their causes and identify the solutions to address them.</p> <p>The UK Government 'Race in the workplace: The McGregor Smith Review' (2017) revealed that BME individuals in the UK are both less likely to participate in and then less likely to progress through the workplace, when compared with white individuals. Barriers exist, from entry through to board level, that prevent these individuals from reaching their full potential. This is not only unjust for them, but the 'lost' productivity and potential represents a missed opportunity for businesses and impacts the economy as</p>

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<p>English Catherine 03/29/2022 15:48:21</p>		<p>a whole. In 2015, 1 in 8 of the working age population were from a BME background, yet BME individuals only make up 10% of the workforce and only hold 6% of top management positions.</p> <p>Stonewall's 'LGBT in Britain – Work Report' (2018) stated that one in ten black, Asian and minority ethnic LGBT staff (10%) had similarly been physically attacked because of their sexual orientation and/or gender identity, compared to 3% of white LGBT staff. One in eight black, Asian and minority ethnic LGBT employees (12%) had lost a job in the last year because of being LGBT, compared to 4% of white LGBT staff.</p> <p>Our plans that fall under Strategic Aim 1 concerned with building a sustainable workforce in Wales require us to carefully consider the workplace barriers that ethnic minorities face relating to recruitment, promotion and the ability to stay within the workforce.</p> <p>The GMC's report (2018) 'Differential Attainment: evaluating the impact of interventions aimed at addressing variation in progression associated with protected characteristics known as 'Differential Attainment' explains that differential attainment refers to 'systematic differences in outcomes when grouping cohorts by protected characteristics and socio-economic background.' The biggest gaps in attainment during medical training were linked to race and both UK and international BME medical graduates were affected. A significant piece of work on differential attainment has been reviewed by the Education Quality Committee and in recognition of the importance of this, further change is needed and is outlined in the IMTP as a specific objective relating to addressing differential attainment across the sector under Strategic Aim 2.</p> <p>The EHRC 'Is Wales Fairer' report (2018) showed that over the past five years there has been a fall of almost 50% in the numbers of people from black or minority ethnic backgrounds completing apprenticeships. In 2016/17 the great majority of people on apprenticeship programmes (97.3%) self-identified as white and only 485 people (1.1%) identified as Indian, 330 (0.7%) as of mixed ethnicity and 260 (0.6%) as black. Consideration will be given to this by the team with responsibility for delivering the objective relating to work based learning and apprenticeships also under Strategic Aim 2.</p> <p>In the UK in 2015, one in 10 employed people were BAME, yet only one in 16 of top management positions and 1 in 13 management positions were held by BAME people. By 2051, it is estimated that one in five people in the UK will be from an ethnic minority background, representing a scale of consumer spending and political voting power that business and government alike cannot afford to ignore (Race at</p>
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			<p>the Top: a review of BAME leadership in the UK (2015)). The objectives under Strategic Aim 3 require HEIW to specifically consider this in the light of the leadership strategy and any new leadership resources and programmes being developed.</p> <p>Our plans under Strategic Aim 5 set out how we will become an exemplar employer and a great place to work and the implementation and embedding of our Strategic Equality Plan and delivery of the external element of the Race Equality Action Plan (REAP) will help address this.</p>
Religion or Belief			
<p>Religion includes any religion as well as lack of religion. Belief means any religious or philosophical belief.</p>	✓		<p>The following section explains how our IMTP could impact upon people with different religions or beliefs or with no religion or belief as identified under the Equality Act 2010 and what we plan to do to perform our Public Sector Duty and how this will achieve more equality for people with these protected characteristics.</p> <p>The EHRC 'Is Wales Fairer?' report (2018) observed that there was a lack of data on religion or belief, so our ability to evidence progress on religion and and/or beliefs equality as part of the workforce working together to deliver seamless, person centred care, in line with 'A Healthier Wales' principles of prudent health and social care. This means that the true scale of adverse outcomes or under-representation across many aspects of working life are limited for different religions and/or beliefs. There is limited evidence available to examine how Welsh Government policies have affected particular groups, as very few robust evaluations of policies have been carried out in the period under review. For example, there is a lack of disaggregated data across all areas of health, which means we do not truly know the religion and beliefs, and potential barriers in the health and social care workforce for specific protected characteristics. Combined with inconsistent monitoring, it makes it difficult to assess the true level of equality in this area.</p> <p>Gathering and analysing data specifically in respect of religion and beliefs remains a challenge for local authorities across Wales as well as HEIW. However, we need to improve our monitoring, analysing and reporting on religion and belief to ensure that when we undertake workforce planning, the NHS workforce is more reflective of its patient populations. The implementation and embedding of HEIW's Strategic Equality Plan under Strategic Aim 5, will help to address the absence of such data.</p>
Sexual Orientation			
<p>A person's orientation towards people of</p>	✓		<p>The following section explains how our IMTP could impact upon people's sexual orientation as identified under the Equality Act 2010 and what HEIW plans to do to perform its Public Sector Duty and how it will achieve more equality for people with this protected characteristic.</p>

the same sex, the opposite sex or more than one gender.			<p>The Employment Equality (Sexual Orientation) Regulations 2003 make it unlawful to treat someone less favourably due to their sexual orientation, their perceived sexual orientation, or the sexual orientation of those they associate with. The law covers direct and indirect discrimination as well as harassment and victimisation.</p> <p>The literature shows significant evidence of sexual discrimination at work. Stonewall's '<i>LGBT in Britain – Work Report</i>' (2018) showed that almost one in five LGBT staff (18%) were the target of negative comments or conduct from work colleagues because they were LGBT. In the previous 12 months, one in ten black, Asian and minority ethnic LGBT staff (10%) had been physically attacked because of their sexual orientation and/or gender identity, compared to 3% of white LGBT staff. Almost one in five LGBT people (18%) who were looking for work said they were discriminated against because of their sexual orientation and/or gender identity while trying to get a job. One in eight black, Asian and minority ethnic LGBT employees (12%) had lost a job because of being LGBT, compared to 4% of white LGBT staff. More than a third of LGBT staff (35%) had hidden or disguised that they were LGBT at work because they were afraid of discrimination. One in eight lesbian, gay and bi people (12%) did not feel confident reporting any homophobic or biphobia bullying to their employer and one in five trans people (21%) would not report transphobic bullying in the workplace.</p> <p>To avoid discrimination and to facilitate equal opportunities, we will take a closer look at different areas of work e.g. how employees are recruited, employment rules and contracts, workplace promotions, training and dismissal procedures. We have also signed up to Stonewall Diversity Champion scheme providing assistance in development of policies and practice.</p>
Carers			
A carer is anyone, including children and adults who looks after a family member, partner or friend who needs help because of health condition, physical, sensory,	✓		<p>The following section explains how our IMTP could impact upon carers as identified under the Equality Act 2010 and what HEIW intends to do to perform its Public Sector Duty and how it will achieve more equality for people with this protected characteristic.</p> <p>The Carers Wales website shows that there are at least 370,000 carers in Wales, many of whom provide more than 50 hours of care a week. Census records also tell us that there are over 30,000 carers under the age of 25 in Wales, 7,500 of whom are under the age of 16. Wales has the largest number of carers in the UK and this is probably because it has an ageing population with people living longer, resulting in many employees finding themselves part of the 'sandwich generation' – balancing working commitment with caring for older family members and looking after their own children. Carers living in remote or rural communities in Wales where social isolation, poverty, deprivation, lack of transport and having to travel</p>

cognitive, learning, or mental health impairment and cannot cope without their support. The care they give is unpaid.				<p>long distances to access health and care services mean that rural carers face additional challenges in accessing services.</p> <p>Our plans under Strategic Aim 1 are concerned with building a sustainable workforce and our workforce planning teams have considered those with caring responsibilities as they have drawn up plans to attract and retain staff and develop their skills and capabilities. In an effort to support unpaid carers and families we help to provide and deliver initiatives with new partners that deliver more accessible services through information or assistive technologies or the creation of new whole system models. Our plans under Strategic Aim 2 aim to improve access to education and training for the workforce and therefore consider accessibility for carers living in rural or remote communities to this education and training. One of the key aims of Strategic Aim 5 is the implementation and embedding of our Strategic Equality Plan and continuing partnership working across the public sector.</p>
Welsh Language				
<p>Opportunities for persons to use the Welsh Language.</p> <p>Treating the Welsh language no less favourably than the English language.</p>	P O S I T I V E	N E G A T I V E	N E G A T I V E	<p>Welsh Language - In Wales, the Welsh and English languages will be treated on a basis of equality</p> <p>Any new policy must include a comprehensive impact assessment on the Welsh language. Wherever possible, any new policy ought to have at worst a neutral effect on the Welsh language.</p> <p>Opportunities to create more favourable conditions for the Welsh language to flourish ought to be sought when creating policies.</p> <p>Any new policies should be discussed with the Welsh Language Services Manager with regards to positive and negative impacts on the Welsh language.</p>
	✓			<p>The literature recognises the significant challenges of securing staff in the right places across health and social care and that the Welsh language is not applied consistently and needs to provide services for people who speak Welsh to ensure the needs of service users and staff who speak Welsh are met.</p> <p>The Welsh Language Commissioner has highlighted the following actions:</p> <ul style="list-style-type: none"> Develop targeted campaigns to attract Welsh speakers to health and care professions, particularly in sectors where there is a shortage of workers and where there is priority, e.g. children, older people and people with mental health problems. This includes ensuring that the importance of Welsh language skills in providing care is an integral part of campaigns targeted at primary and secondary pupils, college and university students and the existing workforce.

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			<ul style="list-style-type: none"> • Ensure that Welsh language knowledge and linguistic awareness are part of national and international recruitment campaigns. There are examples of international workers in the sector learning Welsh because they see it as a clinical need. Welsh language and multilingualism must be used in a positive way to attract workers to NHS Wales. <p>The 'Parliamentary Review of Health and Social Care in Wales' (2018) recognised the vision for health and social care should aim to deliver against four mutually supportive goals called The Quadruple Aims:</p> <ul style="list-style-type: none"> • Improve population health and wellbeing through a focus on prevention. • Improve the experience and quality of care for individuals and families. • Enrich the wellbeing, capability and engagement of the health and social care workforce. • Increase the value achieved from funding of health and care through improvement, innovation, use of best practice, and eliminating waste. <p>New models of care must have a particular focus on Welsh language provision, building on the standards of Welsh Government's framework 'More than Just Words' (2016) so that more people can communicate in their language of choice.</p> <p>The future configuration of the workforce in delivering new innovative service models needs to adhere to the importance of the Welsh language in care that is factored into workforce planning with a focus on professions that use language-based tests and therapies such as speech therapists, school nurses, psychologists and clinical staff likely to be in contact with children, older people, people suffering from dementia and those with mental health problems.</p> <p>As such we have included a strategic objective under Strategic Aim 5 to implement and embed our Welsh Language Scheme. As such, we undertake bilingual recruitment and adverts and bilingual social media. Our internal documents and policies are produced bilingually and our staff make bilingual phone greetings and are given access to Welsh language and culture awareness training and Welsh language courses.</p>
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5. Please describe and provide evidence of potential impacts on different socioeconomic groups

We recognise, as the system leader for the NHS Workforce in Wales, with a clear purpose to integrate and grow expertise and capability in planning, developing, shaping, and supporting the healthcare workforce to ensure we have the right staff, with the right skills, to deliver world-class health and care to the people of Wales. We have a significant role in deciding how our strategic decisions within our IMTP can help to reduce the inequalities of outcome associated with socio-economic disadvantage in both places and communities of interest in Wales. Therefore, we will expect that due regard to addressing socio-economic will be undertaken as part of the development and delivery of each of our 6 strategic aims:

- 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'
- Strategic Aim 2: To transform healthcare education and training to improve opportunity, access and population health
- Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
- Strategic Aim 4: To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care.
- Strategic Aim 5: To be an exemplar employer and a great place to work
- Strategic Aim 6: To be recognised as an excellent partner, influencer and leader.

What do we mean by inequalities of outcome?

As defined by Welsh Government inequality of outcome relates to any measurable differences in outcome between those who have experienced socio-economic disadvantage and the rest of the population.

What do we mean by socio-economic disadvantage?

"Living in less favourable social and economic circumstances than others in the same society". Socio-economic disadvantage can be disproportionate in both communities of interest and communities of place, leading to further inequality of outcome, which can be further exasperated when considering intersectionality.

What is meant by communities of interest and communities of place?

- Communities of interest – those who share one or more of the protected characteristics listed in the Equality Act 2010 can be considered communities of interest.
- Communities of place refers to people who are linked together because of where they reside, work, visit or otherwise spend a substantial portion of their time.

As highlighted in 'Is Wales Fairer' (2018), deepening poverty in Wales is leading to an even starker gap in the experiences and opportunities of people born into different socio-economic backgrounds. Key findings from the report shows that this gap has widened in particular for women, disabled people, and ethnic minority groups. Disabled people and those from ethnic backgrounds are experiencing education attainment gaps, alongside high levels of discrimination and racism. These findings are backed up by our findings in section 4 of this report when looking at age through an intersectional lens. We are able to see evidence of stronger gender segregation in the take up of apprenticeships and a clear under-representation of ethnic minorities and disabled people. This evidence helps inform individual planning within our Careers and Widening Access through potential positive action schemes.

The 'Is Wales Fairer' (2018) report continues to highlight the knock-on effect that socio-economic disadvantage is having on education and health outcomes, with children from lower income backgrounds being recorded as being left behind and children eligible for free school meals also have higher exclusion rates than others. Our education and commissioning function has the ability to take steps in this area by exploring how Higher Education institutions not only recruit but support individuals from lower income backgrounds. When looking through the lens of socio-economic disadvantage similar inequalities can be seen, and as recorded in section 4 of this assessment with disabled people and ethnic minorities, are not limited to the young. Therefore our Careers and Widening Access function will need to evidence how we have not only reached out to children and young people from low income backgrounds but what actions we have taken to address inequalities for communities of interest i.e. children and young people; disabled people and those from ethnic minorities.

In addition to the findings of 'Is Wales Fairer' (2018) the 'Welsh Index of Multiple Deprivation' (WIMD) 2019 report highlights eight types of deprivation including: income, employment, health, education, access to services, housing, community safety and physical environment depending on where they live in Wales. WIMD is the official measure of relative deprivation for small areas in Wales. Whilst socio-economic disadvantage is more than just poverty findings from the National Survey for Wales 2017-18 Poverty and Deprivation highlights the link between poverty and material deprivation most notably that:

- 16% of adults in Wales are materially deprived.
- 39% of parents with three or more children are materially deprived.
- 49% of single parents are materially deprived.
- 4% of adults had gone at least one day without a substantial meal during the last fortnight, and 2% cannot afford to eat meat (or equivalent) at least every other day.
- People who provide care for family members or friends are more likely to be materially deprived.

<https://gov.wales/sites/default/files/publications/2020-07/preparing-for-the-commencement-of-the-socio-economic-duty.pdf>

<https://gov.wales/sites/default/files/statistics-and-research/2019-11/welsh-index-multiple-deprivation-2019-results-report-024.pdf>

<https://gov.wales/sites/default/files/statistics-and-research/2019-02/national-survey-wales-2017-18-poverty-deprivation.pdf>

List of significant factors linked with being in material deprivation:

- | | |
|---|--|
| • Age between 25 and 44 | • Feeling anxious |
| • Being female | • Having low life satisfaction |
| • Being separated or divorced | • Being dissatisfied with accommodation |
| • Being in poor general health | • Living in rural areas |
| • Having low-level or no qualifications | • Living in the 20% most deprived areas of Wales |

- Being unemployed
- No-one working in household
- Children in the household
- Living in social housing
- Not having use of the internet
- Not having use of a car
- Being a carer
- Feeling lonely
- Living in a particular authority: for example, Wrexham or Conwy rather than Isle of Anglesey or Newport
- Disagreeing that local people are asked before their local authority sets its budget
- Not participating in sporting activity 3 or more times a week
- Not attending arts events three or more times a year

The Topol Report (2019) highlighted the need to create a digital ready workforce and it will be important to also consider the digital divide that can be present between places and communities of interest. Estimates from the Office for National Statistics published in 'Exploring the UK's digital Divide' (2019) need to be taken into account. It estimates that the number of people in the UK lacking basic digital skills is declining, but in 2018, 8% of people in the UK (4.3 million people) were estimated to have zero basic digital skills. A further 12% (6.4 million adults) were estimated to only have limited abilities online (missing at least one of the basic digital skills). Although there is a pattern of declining numbers of people lacking digital skills over time, in 2015, it was estimated that 7.9 million people will still lack digital skills in 2025. Across the UK regions, Wales has the lowest proportion of population with the five basic digital skills, 65% (UK average= 78%) and the highest proportion of population with zero basic digital skills, 18.5% (UK average = 9%).

As the system leader for the NHS Workforce, we are well placed to have a direct impact on addressing inequalities of outcome for places and communities of interest through our IMTP. Our key function areas who can have the biggest impact on addressing inequalities of outcomes will be our:

- People, Inclusion and OD
- Education Commissioning and Delivery
- Careers and Widening Access
- Leadership Development and Succession Planning
- Workforce Transformation and Improvement
- Workforce Intelligence

There will be a clear expectation that the plans being delivered by these functions will demonstrate due regard to socio-economic disadvantage including:

- effective engagement with people who share protected characteristics and communities of interest to inform plans
- clear actions to address inequalities of outcome.



6. Please provide a summary of key impact findings on the organisations ability to perform Public Sector Equality Duty. Please include both negative impacts and opportunities to maximise positive impacts.




In summary, due regard has been given to the evidence provided in section 4 of this Integrated Equality Impact Assessment (EIA). To ensure that we perform our public sector equality duties positively, there are a number of actions and opportunities we can take forward (see section 10). There are some common themes in relation to potential impacts across the 'protected characteristics' which highlight the need for us to:

- Introduce a standardised minimum data set across health and social care with investment in data analytics and workforce business intelligence. To establish a baseline and enable increasing sophistication with workforce modelling and scenario planning across the public, private and third sectors. This should include improving our understanding of impact and implications of the decision's organisations make on people who share protected characteristics and those who do not.
- Report and fully explore the reasons for pay gaps across the protected characteristics.
- Review practices across the organisation to transform recruitment to be fair for all, fully bi-lingual and promote diversity in the workforce. We should place a strong emphasis on values-based recruitment as one key element of the selection process.
- Attain true seamless working underpinned by fair, equitable and inclusive working conditions which enable all people to play their full role in supporting patients and service users.
- Ensure that our plans should address the skills required to lead and manage change at both a whole system and local level with clear routes for people who share characteristics and those who do not.
- Develop a common leadership framework with clear progression, mentoring and coaching routes for people who share characteristics and under-represented groups.
- Design workforce plans such that under-represented groups have the tools they need to self-serve, collaborate and work efficiently.
- Engage with citizens, service users, staff and trade unions to provide evidence on which to base ongoing development of implementation plans.
- Consider the socio-economic impacts giving due regard to the needs of people and places (e.g. not only the divide in Wales between rural and urban settings) and also the impact of inequitable work practices, the impact of digitalisation and political drivers such as Universal Credit when devising workforce plans.

7. How does the policy/procedure, strategy, e-learning, guidance etc. embed, prioritise the Well-being Goals and Sustainability Development Principle of the [Wellbeing of Future Generations \(Wales\) Act 2015](#).

Please describe and provide evidence below of how the 5 ways of working have been met, inclusive of the 7 well-being goals, to maximise the social, economic, environmental and cultural wellbeing of people and communities in Wales.

<p>Long Term</p>  <p>Balancing short term with long term needs</p>	<p>A number of our objectives demonstrate our commitment to developing a more sustainable workforce that meets the needs of future service models. At the same time reducing the over reliance on short term, expensive solutions which often have a negative impact on the wellbeing of staff. Education, training and workforce development are critical to this. This will involve the acquisition of new skills and ensure that the pipeline into health careers is as wide as possible. The NHS is a significant employer for many local communities and widening access into training and employment opportunities can support the development of health and prosperity in these areas.</p> <p>Our strategic objective to develop workforce plan for nursing aligns with the long term principle by leading developments to achieve a sustainable workforce to meet the increasing service demands of the people of Wales. In addition, our plans to lead, develop and embed a range of actions to support workforce and workplace wellbeing and colleague experience link to all five ways of working, i.e. long term, prevention, integration, collaboration and involvement. We intend to develop our workforce intelligence functions to improve the quality of workforce data, planning and modelling for NHS Wales. This demonstrates that we are working towards the longer-term vision of bringing together workforce data for the health and social care to help make evidence based decisions relating to workforce planning in both the long and the short term.</p> <p>The development and implementation of a digital capability framework for the healthcare workforce meets the Wellbeing of Future Generations Act 5 ways of working in terms of achieving higher value by improving the quality of patient care and extending the boundaries of what can be delivered for people through digital capability. We will improve opportunities for trainees and students to undertake education and training through the medium of Welsh aligns with The Wellbeing of Future Generations Act, and with A Healthier Wales through strengthening the provision of Welsh language services. The objectives relating to the Welsh Language enables us to support the Wellbeing of Future Generations Act's goal of ensuring a future for Wales with a vibrant culture and thriving Welsh language.</p>
<p>Collaboration</p>  <p>Working together to deliver objectives</p>	<p>The strategic objective to improve access to careers in the health and care sector in partnership with Social Care Wales aligns with the Future Generations Act through the development of national and local approaches to careers and widening access to health and care for all ages. Our objective to provide workforce planning training will help achieve higher value from system-wide workforce planning expertise and capability. There is a requirement within the Wellbeing of Future Generations Act for HEIW to be a globally responsible organisation. To this end, we have begun to consider an ambition which would see international recruitment as part of a wider global engagement strategy in the longer term.</p>

<p>Involvement</p>  <p>Involving those with an interest and seeking their views</p>	<p>We are currently progressing a number of organisational approaches to combat climate change and reduce our environmental impact in line with the Wellbeing of Future Generations (Wales) Act 2015.</p>
<p>Prevention</p>  <p>Putting resources into preventing problems occurring or getting worse</p>	<p>The development of a multi-professional Continuous Professional Development (CPD) strategy will help ensure that the NHS Wales workforce has the correct skills and capabilities required for the future. This upskilling of the workforce links to prevention by reducing the risks to the safety and care of patients.</p> <p>The development of a Simulation strategy meets the Wellbeing of Future Generations 5 ways of working in that this demonstrates long term planning for simulation based education and prevention by means of improving patient safety by training the workforce effectively and collaboration in terms of working with multiple partners and stakeholders to inform the strategy.</p>
<p>Integration</p>  <p>Considering impact on all wellbeing goals together and on other bodies</p>	<p>All of the objectives and deliverables under Strategic Aim 3, relating to the development of compassionate and collective leadership capacity provides an opportunity to influence cultural change within NHS Wales by building a collective and compassionate culture, with significant benefits for staff wellbeing. It also links to the Future Generations Act in all five ways of working, i.e. long term, prevention, integration, collaboration and involvement.</p> <p>We are also driving the implementation and embedding of the HEIW Strategic Equality Plan and further developing the equality and inclusion agenda including partnership working across the public sector.</p>

<p>8. If the policy, procedure, strategy and or decision is intended to increase equality of opportunity through positive action, does it appear to be lawful? (EHRC Positive Action in the Workplace)</p> <p><i>Briefly explain the reason for the answer, making reference to any relevant evidence</i></p> <p>No not specific positive action.</p>
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9. Human Rights

Is the policy, procedure, strategy, e-learning etc. likely to restrict or represent a missed opportunity to support Human Rights Act ([The Human Rights Act - EHRC](#)), [UN Convention on the Rights of the Child \(UNCRC\)](#) [Rights of Children and Young Persons \(Wales\) Measure 2011](#) ?

- If yes, please state which rights and briefly explain the reason for your answer, making reference to any relevant evidence.

No

Please be advised that any restriction unless permitted by the Convention will make the policy, procedure, strategy or decision unlawful and therefore must not be implemented.

10. Action Planning

Actions to be taken across all protected characteristics to address negative impacts and maximise positive impacts	Potential Outcomes	Lead	Timescales
<ul style="list-style-type: none"> • Explore and report on pay gaps across 'protected characteristics'. • Introduce a standardised minimum data set across health and social care and invest in data analytics and workforce business intelligence. • Review recruitment practices place a strong emphasis on values-based recruitment as part of the selection process. • Underpin seamless working by securing fair, equitable and inclusive working conditions. • Develop a leadership framework with clear progression, mentoring and coaching routes for people who share characteristics and those who do not. • Ensure that service planning at a local level is undertaken using co-productive approach with 	<ul style="list-style-type: none"> • Evidence gathered on pay gaps across the protected characteristics to support the case for change. • Standardised data set across health and social care used to establish a baseline and enable increasing sophistication with workforce modelling and scenario planning to improve our understanding of the impact and implications of the decisions HEIW makes on people who share protected characteristics and those who do not. • Transform recruitment to be fair for all, fully bi-lingual and promote diversity in the workforce. • Enable all people to play their full role in supporting patients and service users. 	Workforce & OD	

<p>people who share protected characteristics and those who don't.</p> <ul style="list-style-type: none"> • Create opportunities, support, and specific and targeted campaigns to recruit under-represented groups and people with protected characteristics. <p>Age</p> <ul style="list-style-type: none"> • Undertake further work to attract young people to work and qualify to practice (particularly young people in rural areas). • Support older people enter health and social care professions including expectation of reasonable adjustments to be made i.e. flexible working. • Promote the benefits of intergenerational working especially in light of growing population in Wales with complex needs. • Work with the education sector to widen access to education and learning for all of our people and encourage greater diversity in our workforce and to work with education and CPD providers to ensure that learning and education helps people build flexible skills and portfolios. • Emphasise the importance of fair, equal, diverse and bi-lingual practice and address the skills required to lead and manage change at both a whole system and local level and develop a range of leadership resources for people at all levels. • Set out how to support the workforce become digitally literate. • Work with the education sector to widen access to education and learning for all of our people. To include developing new and innovative routes into pre-qualification education recognising experience and skills acquired through non-traditional routes. 	<ul style="list-style-type: none"> • Clarifies arrangements for progression, mentoring and coaching routes. • Well informed planning that offers equal opportunity for all. • Fairness and equality for all. <ul style="list-style-type: none"> • Create opportunities for younger people especially those living in rural areas. • Create opportunities for older people, acknowledging the demand for flexible working arrangements. • Create a sustainable workforce. • Create equal learning opportunities for all and generate a more diverse workforce able to take on a range of roles throughout their career. • Create a fair, equal, diverse and bilingual workforce that have the capacity and capability to lead and manage change. • Create a digitally literate workforce. • Widening access to encourage greater diversity and capability in our workforce. • All staff are able to access leadership resources. • Create a digitally literate workforce. 		
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- *What are the plans to monitor the actual and/or final impact? (The EIA will help anticipate likely effect but final impact may only be known after implementation).*
- *What are the proposals for reviewing and reporting actual impact?*

The EIA will be held on the EIA accountability database and will be monitored and supported by HEIW's Inclusion Lead with ultimate sign off by the Executive Team or Board as appropriate.

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Appendix 1

HEIW Diversity Detail @ 31 December 2021 (Exc Chair & Non Executive Directors)		
Gender	Headcount	
Female	364	
Male	159	
Grand Total	523	
Disability	Headcount	
No	288	
Not Declared	1	
Prefer Not To Answer	3	
Unspecified	208	Unspecified - detail not held in ESR
Yes	23	
Grand Total	523	
Ethnic Origin	Headcount	
A White - British	256	
B White - Irish	1	
C White - Any other White background	9	
CA White English	1	
CC White Welsh	25	
D Mixed - White & Black Caribbean	1	
E Mixed - White & Black African	1	
F Mixed - White & Asian	1	
G Mixed - Any other mixed background	2	
H Asian or Asian British - Indian	9	
LB Asian Punjabi	1	
R Chinese	1	
Unspecified	215	Unspecified - detail not held in ESR

Grand Total	523	
Religious Belief	Headcount	
Atheism	80	
Buddhism	2	
Christianity	152	
Hinduism	6	
I do not wish to disclose my religion/belief	48	
Jainism	1	
Other	27	
Unspecified	207	Unspecified - detail not held in ESR
Grand Total	523	
Sexual Orientation	Headcount	
Bisexual	4	
Gay or Lesbian	11	
Heterosexual or Straight	290	
Not stated (person asked but declined to provide a response)	12	
Undecided	2	
Unspecified	204	Unspecified - detail not held in ESR
Grand Total	523	
Marital Status	Headcount	
Civil Partnership	6	
Divorced	20	
Legally Separated	1	
Married	203	
Single	98	
Unknown	17	
Widowed	2	
(blank)	176	(blank) - detail not held in ESR
Grand Total	523	

Nationality	Headcount	
Australian	1	
Beninese	1	
British	229	
Dutch	1	
English	1	
Hungarian	1	
Irish	2	
Italian	1	
Portuguese	1	
Scottish	1	
Welsh	53	
(blank)	231	(blank) - detail not held in ESR
Grand Total	523	
Age Band	Headcount	
21-25	24	
26-30	33	
31-35	40	
36-40	63	
41-45	87	
46-50	82	
51-55	70	
56-60	75	
61-65	35	
66-70	12	
>=71 Years	2	
Grand Total	523	
Location - based on position detail	Headcount	
082 2 Capital Quarter (PHW)	1	
082 4-5 Charnwood Court (NWSSP)	1	

082 Bronllys Hospital	1	
082 Bryn-y-Neuadd Hospital (BCUHB)	1	
082 Dewi Sant Hospital	1	
082 Glan Clwyd Hospital	2	
082 HEIW Ty Dysgu	330	
082 Morriston Hospital	2	
082 Off Site	166	
082 Preswylfa (BCUHB)	1	
082 Prince Charles Hospital (CTMUHB)	1	
082 Princess of Wales Hospital (CTMUHB)	1	
082 Royal Glamorgan Hospital (CTMUHB)	2	
082 Royal Gwent Hospital	1	
082 St Cadoc's Hospital (AB)	2	
082 Ty Glan-yr-Afon (DHCW)	1	
082 University Hospital of Wales (C&V)	4	
082 Vantage Point House (WAST)	2	
082 Velindre University NHS Trust	1	
082 Wrexham Maelor Hospital	1	
082 Ystwyth Building (HDUHB)	1	
Grand Total	523	
<i>Data Source: ESR BI - Staff in Post Detail</i>		

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Appendix 2

NHS Wales Diversity Detail @ 30 November 2021

Gender	Headcount	
Female	78790	
Male	24143	
Total	102933	
Disability	Headcount	
No	72085	
Not Declared	4114	
Yes	3343	
(blank)	23391	(blank) - detail not held in DW
Total	102933	
Ethnic Origin	Headcount	
A White - British	64710	
B White - Irish	605	
C White - Any other White background	4077	
C2 White Northern Irish	42	
C3 White Unspecified	2755	
CA White English	967	
CB White Scottish	148	
CC White Welsh	10003	
CD White Cornish	18	
CE White Cypriot (non specific)	3	
CF White Greek	21	
CF White Greek	3	
CG White Greek Cypriot	2	
CH White Turkish	8	
CJ White Turkish Cypriot	1	

CK White Italian	33	
CL White Irish Traveller	4	
CM White Traveller	1	
CN White Gypsy/Romany	2	
CP White Polish	66	
CQ White ex-USSR	8	
CU White Croatian	1	
CV White Serbian	2	
CW White Other Ex-Yugoslav	3	
CX White Mixed	48	
CY White Other European	169	
D Mixed - White & Black Caribbean	198	
E Mixed - White & Black African	129	
F Mixed - White & Asian	265	
G Mixed - Any other mixed background	253	
GA Mixed - Black & Asian	4	
GB Mixed - Black & Chinese	1	
GC Mixed - Black & White	9	
GD Mixed - Chinese & White	7	
GE Mixed - Asian & Chinese	13	
GF Mixed - Other/Unspecified	19	
H Asian or Asian British - Indian	2223	
J Asian or Asian British - Pakistani	511	
K Asian or Asian British - Bangladeshi	199	
L Asian or Asian British - Any other Asian background	811	
LA Asian Mixed	14	
LB Asian Punjabi	5	
LC Asian Kashmiri	3	
LD Asian East African	4	
LE Asian Sri Lankan	46	
LF Asian Tamil	16	
LG Asian Sinhalese	7	

LH Asian British	36	
LJ Asian Caribbean	1	
LK Asian Unspecified	57	
M Black or Black British - Caribbean	148	
N Black or Black British - African	719	
P Black or Black British - Any other Black background	53	
PA Black Somali	7	
PB Black Mixed	5	
PC Black Nigerian	60	
PD Black British	20	
PE Black Unspecified	8	
R Chinese	190	
S Any Other Ethnic Group	591	
SA Vietnamese	4	
SB Japanese	5	
SC Filipino	431	
SD Malaysian	22	
SE Other Specified	67	
Z Not Stated	4924	
(blank)	7148	(blank) - detail not held in DW
Total	102933	
Religious Belief	Headcount	
Atheism	15138	
Buddhism	379	
Christianity	41208	
Hinduism	805	
I do not wish to disclose my religion/belief	12856	
Islam	1336	
Jainism	17	
Judaism	34	
Other	9896	

Sikhism	82	
(blank)	21182	(blank) - detail not held in DW
Total	102933	
Sexual Orientation	Headcount	
Bisexual	726	
Gay or Lesbian	1578	
Heterosexual or Straight	72591	
Not stated (person asked but declined to provide a response)	6495	
Other sexual orientation not listed	71	
Undecided	82	
(blank)	21390	(blank) - detail not held in DW
Total	102933	
Nationality	Headcount	
Afghan	12	
Albanian	1	
Algerian	3	
American	64	
Argentine	2	
Armenian	1	
Australian	46	
Austrian	6	
Bahraini	3	
Bangladeshi	49	
Barbadian	3	
Barbudan	1	
Belarusian	5	
Belgian	14	
Beninese	3	
Bolivian	1	
Brazilian	21	

British	72056	
British Virgin Islander	2	
Bruneian	1	
Bulgarian	29	
Burmese	42	
Burundi	1	
Cameroonian	3	
Canadian	53	
Central African	4	
Chadian	1	
Chilean	2	
Chinese	26	
Colombian	4	
Congolese	1	
Croatian	10	
Cypriot	12	
Czech	37	
Danish	17	
Dutch	69	
Ecuadorian	2	
Egyptian	205	
English	433	
Eritrean	2	
Estonian	7	
Filipino	616	
Finnish	12	
French	50	
Gabonese	1	
Gambian	7	
German	115	
Ghanaian	38	
Gibraltar	2	

Greek	93	
Grenadian	1	
Guadeloupian	1	
Guinean	1	
Guyanese	3	
Hong Kong (British/Chinese)	6	
Hungarian	54	
Icelandic	4	
Indian	1363	
Indonesian	5	
Iranian	11	
Iraqi	28	
Irish	565	
Israeli	1	
Italian	150	
Ivorian	1	
Jamaican	11	
Japanese	11	
Jordanian	16	
Kenyan	26	
Korean	2	
Kuwaiti	2	
Latvian	19	
Lebanese	5	
Liberian	2	
Libyan	30	
Lithuanian	32	
Malawian	6	
Malaysian	124	
Maldivian	3	
Maltese	20	
Manx	1	

Mauritian	10	
Mexican	7	
Mongolian	1	
Moroccan	1	
Motswana	5	
Nepalese	33	
New Zealander	23	
Nigerian	277	
Nigerien	8	
Ni-Vanuatu	1	
Northern Irish	33	
Norwegian	13	
Omani	2	
Pakistani	229	
Palauan	1	
Palestinian	4	
Peruvian	1	
Polish	353	
Portuguese	138	
Romanian	116	
Russian	17	
Saint Lucian	2	
Saint Vincentian	1	
Saudi Arabian	6	
Scottish	69	
Serbian	1	
Sierra Leonean	2	
Singaporean	17	
Slovak	31	
Slovenian	5	
Somali	4	
South African	53	

South Korean	3	
Spanish	119	
Sri Lankan	88	
Sudanese	45	
Swedish	15	
Swiss	4	
Syrian	19	
Taiwanese	1	
Tanzanian	3	
Thai	19	
Tobagonian	1	
Trinidadian	14	
Tunisian	3	
Turkish	8	
Ugandan	4	
Ukrainian	9	
Uzbekistani	1	
Venezuelan	1	
Vietnamese	3	
Welsh	7835	
Yemeni	3	
Yugoslavian	1	
Zambian	7	
Zimbabwean	69	
(blank)	16502	(blank) - detail not held in DW
Total	102933	
Age Band	Headcount	
25 - 29	10302	
30 - 34	12549	
35 - 39	11928	
40 - 44	11548	

45 - 49	12392	
50 - 54	14430	
55 - 60	15792	
Over 60	8878	
Under 25	5114	
Total	102933	
<i>Data Source: Data Warehouse - Motherload</i>		

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

Meeting Date	31 March 2022	Agenda Item	3.2
Report Title	Report on the 2022/23 Revenue Allocation		
Report Author	Joe Draper-Orr		
Report Sponsor	Rhiannon Beckett		
Presented by	Rhiannon Beckett		
Freedom of Information			
Purpose of the Report	To provide the HEIW Board with an update on the Revenue Allocation and Financial Plan for 2022-23.		
Key Issues	HEIW has a statutory duty to break even at the 31 st of March each year. This report should assist the Board and Executives in understanding the core revenue allocation for 2022-23 and reconciliation of the allocation with the Financial Plan in the 2022-25 IMTP.		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	✓		
Recommendations	1. The Board is asked to note the anticipated Core Allocation for 2022-23 for HEIW, the reconciliation to the Financial Plan for 2022-23 and the mitigating actions to bridge the gap arising from any unfunded commitments that are to be taken forward whilst funding discussions are ongoing with WG.		

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REPORT ON THE 2022/23 REVENUE ALLOCATION

1. INTRODUCTION

The report provides an update on the draft Revenue Allocation for 2022-23 received from Welsh Government and reconciles the allocation to the 2022-23 budget requirement submitted as part of the 5 year Financial Plan in the IMTP prepared for 2022-2025.

2. BACKGROUND

During development of the 2022-23 Annual Plan and the 5 year Financial Plan, a series of meetings has been held with Welsh Government Finance colleagues to establish the core recurrent revenue baseline for 2022-2023. This report provides detail on the Revenue Allocation for 2022-2023 and a detailed reconciliation between the anticipated Core Allocation and the IMTP Financial Plan.

3. GOVERNANCE AND RISK ISSUES

HEIW has a statutory financial duty to break even at year end and Welsh Government will monitor the reported position in terms of this duty and also against the financial plan submitted for 2022 to 2025.

4. DRAFT ALLOCATION

4.1 Revenue Allocation

The Finance Plan requirement for 2022-23 was £307.514m and the Core Funding Allocation for 2022-23 to be provided by Welsh Government is £304.246m, which is set out in Table 1 below.

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HEIW Core Allocation and Additional 2022-23 Income	
	£m
Core Allocation 2021-22 - Fiscal Resource	269.573
Core Allocation 2021-22 - Non Fiscal Resource	0.520
Total Core Revenue Allocation 2021-22	270.093
Funding for 9 Dental Foundation Trainees (Intake up to 74)	1.315
Transfer of E-Library SLA from HEIW to DHCW	-2.988
NHS Wales Leadership Programme ®	0.800
HEIW Infrastructure Capacity Investment ®	1.183
2021-22 NHS Pay Mapping Assessment	2.489
2022-23 Education & Training Commissioning Plan - Non Medical Education & Training	20.654
2022-23 Education & Training Commissioning Plan - Pharmacy	0.629
2022-23 Education & Training Commissioning Plan - GP Trainees	5.691
2022-23 Education & Training Commissioning Plan - Junior Doctors (TGS)	2.391
Care Home Educator Facilitator Network (Year 2 of 3 year Pilot)	0.196
DEL Depreciation Baseline Funding Adjustment	0.031
Core Allocation 2022-23 - Fiscal Resource (as per draft budget)	301.933
Core Allocation 2022-23 - Non Fiscal Resource (as per draft budget)	0.551
Total Core Revenue Allocation 2022-23 (as per draft budget)	302.484
Care Home Educator Facilitator Network (Year 2 of 3 year Pilot)	-0.196
F1 / F2 Expansion Programme (Year 3)	1.069
Pay Mapping Duplication iro DFT	-0.165
Inflationary Increase on Non-Commissioning Budgets (2.8%)	1.085
DEL Depreciation Baseline Funding Adjustment	-0.031
Core Allocation 2022-23 - Fiscal Resource	303.726
Core Allocation 2022-23 - Non Fiscal Resource	0.520
Total Core Revenue Allocation 2022-23	304.246

The difference between the IMTP requirement and the Welsh Government revenue allocation of £3.268m is made up of business cases that are known but subject to further discussion or non-recurrent funding elements that will be added to the core allocation in year.

	£'000	Notes
Core Allocation	303,726	
Depreciation-Non Fiscal resource	520	
Total	304,246	
Primary care	1,800	In year allocation
Critical Care	105	
AHP	180	
Nurse staffing act	64	
WIMAT	242	
CNO	197	
Single cancer pathway	85	
SLE case	260	
MH project co-ordinator	87	
CHEF pilot	196	
Depreciation adjustment	31	
Revised IMTP Financial Plan 2022-23	307,514	
Remaining difference	21	

1. A business case has been submitted to Welsh Government requesting support for the Primary Care Education and Training Framework covering set up costs, the Multi professional school and multi professional academies. The request is acknowledged but the funding has not been included in the core allocation and is subject to further discussion in year.
2. Critical Care; funding for workforce development in support of the service need. Agreed funding stream with WG, will be subject to in year allocation adjustment.
3. Allied Health Professional framework is an agreed funding stream but is not recurrently allocated in year based on actuals.
4. Staffing changes in the Nurse staffing act team resulting in £64k of additional pay cost have been acknowledged by Welsh Government and will be subject to further discussion and potentially additional non recurrent allocation in year.
5. Agreed funding for a two-year period to support WIMAT will be an in year allocation adjustment.
6. HEIW will host the Chief Nursing Officer post and so the salary cost will be recharged to Welsh Government in year.
7. Funding agreed and provided by the Cancer Network will be recharged in year.
8. A joint bid between HEIW and NWSSP to support infrastructure at NWSSP required as a result of additional numbers of trainees in the single lead employer arrangement.
9. MH project co-ordinator, funding is agreed and provided for the work on the mental health workforce plan and will be provided as an in-year allocation adjustment,
10. Year 2 and 3 of the care home educational facilitator scheme is agreed and will be funded through an in-year allocation adjustment
11. A small adjustment to the allocation may be required to offset the depreciation charges in 2022-23. This will be resolved in year.
12. There are a number of in-year opportunities that can be considered to mitigate or offset the risk of the apparent funding gap, whilst the in-year discussions for further funding are concluded.
 - A review of agreed posts and vacancies within the budgeted establishment has the potential to release resource to support other required commitments.
 - The number of self-funding students identified during 2021-22 within commissioning budgets was 441 in the Autumn co-hort and 50 in the Spring co-hort. The financial plan for 2022-23 assumes that 370 students would be self-funding. Utilising a higher assumption of self-funding students would reduce any apparent funding gap.

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- It is likely that there will be other in-year opportunities that will provide some offset to unfunded commitments that must be taken forward in 2022-23.

5. RECOMMENDATION

The Board is asked to note the anticipated Core Allocation for 2022-23 for HEIW, the reconciliation to the Financial Plan for 2022-23 and the mitigating actions to bridge the gap arising from any unfunded commitments that are to be taken forward whilst funding discussions are ongoing with WG.

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	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'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	R	R	R
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
	R	R	R
Quality, Safety and Patient Experience			
There are no implications for Quality, Safety and Patient Experience			
Financial Implications			
The financial implications are set out above in the body of the report.			
Legal Implications (including equality and diversity assessment)			
HEIW has a statutory responsibility to break even at year end the report sets out the core allocation for 2022-23. There are no equality and diversity implications of this report.			
Staffing Implications			
There are no staffing implications of this report.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
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.			
Report History	The report references and updates the previous finance update shared with the HEIW Board in April 2021.		
Appendices			

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

Meeting Date	31 March	Agenda Item	4.1
Report Title	Report of the Director of Finance		
Report Author	Joe Draper-Orr		
Report Sponsor	Rhiannon Beckett, Interim Director of Finance and Corporate Services		
Presented by	Rhiannon Beckett, Interim Director of Finance and Corporate Services		
Freedom of Information	Open		
Purpose of the Report	To provide the HEIW Board with a report on the financial position for February 2022 (Month 11).		
Key Issues	HEIW has a statutory duty to break even at year end. This report should assist the Board, Executives and Budget Holders in understanding the financial position reported for Month 11 of the 2021-22 financial year and any actions needed to be taken in order to be in balance at year end.		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	✓		
Recommendations	1. The Board is asked to note: <ul style="list-style-type: none"> the underspent financial position reported for HEIW at month 11 and actions being progressed to be in balance at year end, the summarised explanation of key variations by Directorate, the Capital allocation and spend to date, and the the Balance Sheet position 		

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Report of the Director of Finance

1. INTRODUCTION

The report sets out the financial position as at the end of February 2022, reported against updated budgets. The delegated budgets have been derived from the 2021-22 Resource Plan which was drawn from the 2021-22 Annual Plan approved by the HEIW Board and the Resource Allocation letter received from Welsh Government (WG). The reported financial position of HEIW as at Month 11 is £336,352 underspent and this position was reported to WG in accordance with the requirements of the monitoring return submission.

2. BACKGROUND

This report provides an update on the financial position for the period to the 28th February 2022, and the report identifies the reasons for any financial variation against the budgets set. Updates to the current year financial plan have been discussed and agreed with the Executive Team and Board as part of the Resource Plan and have been reflected in the reported position since month 2. These include the re-apportionment of funding to balance financial plan commitments. The Director of Finance and her team have undertaken '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 11 and consider the summarised explanations of the key variations described for each Directorate, also the actions being progressed in order to be in balance at year end.

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 also against the current year financial plan submitted within the 2021-22 Annual Plan.

5. FINANCIAL IMPLICATIONS

5.1 Revenue Financial Position as at Month 11


HEIW is reporting an underspend of £336,352 against profiled budgets as at 28th February 2022. The underspend position in Pay budgets is due to vacant posts within the establishment, it should be noted that some re-alignment of budgets to balance the financial plan was undertaken at the commencement of the year. The financial plan included anticipated allocations from WG, as set out in the Resource Plan. All remaining funding allocations have been discussed and will be resolved before year end. During the financial year an underspend of £8.65m has been notified to WG, as part of this a final hand back of £3.650m has been actioned in month 11.

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The underspends in non-Pay budgets are due to reduced face to face training and education activity arising from COVID-19 lockdown restrictions. The underspend on Commissioning budgets is due to under recruitment of students to Healthcare Professional courses and under recruitment of trainees into programmes in Pharmacy, Dental, Junior Doctor Foundation training and the Medical training grades. The underspend is partly offset by a catch up of travel and subsistence claims from Healthcare Professional Students, an increase in Disability Support Allowance payments and an increase in spend on GP training costs related to extensions and protected salaries.

The month 11 financial position was reported to WG on day 5 and through the monitoring return submitted on day 9, 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 28th February 2022					
	Year to Date			Previous Month	
	Budget	Actual	Variance to Date	Variance to Date	Movement
	£	£	£	£	
INCOME:					
Welsh Government	(239,220,093)	(239,220,093)	0	0	0
Other Income	(488,833)	(397,194)	91,639	78,072	13,567
Total Income	(239,708,926)	(239,617,287)	91,639	78,072	13,567
Expenditure					
Board & Executive	2,112,315	2,125,026	12,711	85,616	(72,905)
Finance & Corporate Services	2,418,587	2,279,201	(139,386)	(127,195)	(12,191)
Planning & Performance	387,094	306,132	(80,962)	(65,376)	(15,586)
Digital and IT	5,115,308	5,103,175	(12,133)	(18,303)	6,170
Medical & Pharmacy	116,619,715	116,465,180	(154,535)	166,197	(320,732)
Nursing	109,495,221	109,494,960	(261)	(401,222)	400,961
Workforce and Organisation Development	3,560,686	3,507,261	(53,425)	(66,016)	12,591
Sub-Total Expenditure	239,708,926	239,280,935	(427,991)	(426,299)	(1,692)
Total Board & Executive	0	(336,352)	(336,352)	(348,227)	11,875

The following table provides a further breakdown of the financial variance by expenditure category.

	Income	Expenditure			Total
		Pay	Non Pay	Commissioning	
Directorate	£	£	£	£	£
Board and Executive		(28,714)	41,424		12,711
Chief Executive Reserve					0
Finance and Corporate Services		(115,573)	(23,813)		(139,386)
Planning and Performance		(68,841)	(12,121)		(80,962)
Digital and IT		(89,441)	77,308		(12,133)
Medical & Pharmacy	91,639	29,098	(719,450)	535,817	(62,897)
Nursing and Health Professional Education		1,048	28,506	(29,814)	(261)
Human Resources and Organisation Development		(20,356)	(33,069)		(53,425)
Total	91,639	(292,778)	(641,216)	506,003	(336,352)

The analysis attached as Appendix 1, provides the key reasons for the variation by Directorate. The key reasons for the underspend variances are vacancies in year against budgeted staffing levels for pay budgets, lower costs in education and training support activity and lower staff travelling expense costs in Non-Pay budgets.

It is expected that HEIW will manage to ensure that an overall balanced financial position is achieved at year end by progressing the actions previously described.

The process of offering contracting Universities the opportunity to access supplementary funding has been followed and the approval of bids communicated. It is anticipated that spend will match the level of approved bids which in total is £1.7m.

The same opportunity was also afforded to the Welsh Institute of Minimal Access Therapy, (WIMAT) who submitted a request that was subsequently approved by the Executive Team for £137k of non recurrent funding to purchase items that will enhance the training that they will be able to provide.

Through ongoing regular dialogue with WG Finance colleagues, awareness of the forecast position and plans has been maintained and unutilised resource has been offered to and returned to WG to ensure the best use of resources is achieved for NHS Wales.

5.2 Balance Sheet

The balance sheet as of 28th February 2022 is shown below:

	2021/22 Opening Balance £000s	28th Feb 2022 £000s	Movement £000s
Non-Current Assets:			
Fixed Assets	2,179	1,796	(383)
Current Assets:			
Trade and other receivables	1,293	1,341	48
Cash & bank	6,148	4,505	(1,643)
Total Assets	9,620	7,642	(1,978)
Liabilities:			
Trade and other payables	(7,337)	(18,750)	(11,413)
Provisions	(7)	0	7
Total Liabilities	(7,344)	(18,750)	(11,406)
	2,276	(11,108)	(13,384)
Financed by:			
General Fund	2,276	(11,108)	(13,384)
Total Funding	2,276	(11,108)	(13,384)

- The movement on non-current assets reflects depreciation charged and assets purchased during the year.
- At the start of 2021/22 HEIW held a provision of £7k in relation to the probable payment of overtime on holiday pay pending a legal appeal within NHS England. The case has now been settled and the required payments have been made to the relevant employees within HEIW. These costs have been fully funded by WG.
- Trade and Other Receivables stand at £1.1m as of 28th February 2022.
- Trade and other Payables total £18.8m as at 28th February. The main balances include:
 - £1.3m of invoices on the accounts payable system awaiting payment in line with the 30 day payment policy.
 - £7.8m in respect of other NHS Wales organisations, of which £6.7m are estimated accruals.
 - £8.2m payable to non-NHS creditors, of which £6.4m are estimated accruals. This is primarily for payment to universities awaiting agreement of student numbers for the new academic year.

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- £0.5m relates to technical accounting accruals such as the annual leave provision and rent equalisation account.
- £0.6m of HMRC and pension creditors due in the month following the payroll period.

The cash balance as at the end of the month was £4.5m. We are liaising with the commissioned organisations to request they raise their final invoices as soon as possible allowing us to manage the cash position over year-end.

Capital Expenditure

HEIW has a discretionary capital allocation of £100k for 2021/22 and a further £183k was awarded in February 2022 for two specific projects that were approved by the Executive Team.

Capital payments totalling £92k were made by the end of February 2022, with the balance due to be made following receipt of the remaining items in March.

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). For the period April 2021 to February 2022 HEIW cumulatively paid 96.55% of non-NHS invoices and 83.92% of NHS invoices within 30 days.

Non-NHS Invoices

Month	By Number			By Value		
	Number Passed	Number Failed	% Passed	Value Passed £	Value Failed £	% Passed
April	291	4	98.64	6,952,151	3,096	99.96
May	522	2	99.62	8,785,299	2,641	99.97
June	327	2	99.39	8,202,880	4,515	99.94
Q1 Total	1,140	8	99.30	23,940,330	10,252	99.96
July	315	21	93.75	7,323,833	18,430	99.75
August	524	49	91.45	10,092,777	54,610	99.46
September	353	3	99.16	8,420,732	2,467	99.97
Q2 Total	1,192	73	94.23	25,837,342	75,507	99.71
October	330	4	98.80	7,991,536	2,377	99.97
November	428	20	95.54	7,867,811	26,884	99.66
December	407	19	95.54	7,260,359	148,655	97.99
Q3 Total	1,165	43	96.44	23,119,706	177,916	99.24
January	426	17	96.16	11,582,486	75,317	99.35
February	442	15	96.72	10,201,321	102,417	99.01
Q4 Total (To Feb)	868	32	96.44	21,783,807	177,734	99.19

Cumulative to February 2022	4,365	156	96.55	94,681,185	441,409	99.54
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NHS Invoices

	By Number			By Value		
Month	Number Passed	Number Failed	% Passed	Value Passed £	Value Failed £	% Passed
April	236	0	100.00	7,197,535	0	100.00
May	90	6	93.75	9,214,895	70,109	99.24
June	79	3	96.34	5,948,534	46,929	99.22
Q1 Total	405	9	97.83	22,360,964	117,038	99.48
July	139	16	89.68	9,607,464	145,577	98.51
August	104	42	71.23	6,821,269	176,619	97.48
September	120	36	76.92	9,416,152	154,822	98.38
Q2 Total	363	94	79.43	25,844,885	477,018	98.19
October	142	25	85.03	6,486,499	197,828	97.04
November	168	55	75.34	8,862,621	495,471	94.71
December	149	17	89.76	8,001,891	48,286	99.40
Q3 Total	459	97	82.55	23,351,011	741,585	96.92
January	146	32	82.02	7,288,134	361,901	95.27
February	120	54	68.97	7,399,581	583,300	92.69
Q4 Total (To Feb)	266	86	75.57	14,687,715	945,201	93.95
Cumulative to February 2022	1,493	286	83.92	86,244,575	2,280,842	97.42

6. RECOMMENDATION

The Board is asked to note:

- the underspent financial position reported for HEIW at month 11 and actions being progressed to be in balance at year end,
- the summarised explanation of key variations by Directorate,
- the Capital allocation and spend to date, and the
- the Balance Sheet position.

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Governance and Assurance			
Link to IMTP strategic aims <i>(please ✓)</i>	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'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	⌂	⌂	⌂
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
	⌂	⌂	⌂
Quality, Safety and Patient Experience			
There are no implications for Quality, Safety and Patient Experience			
Financial Implications			
The financial implications are set out above in the body of the report.			
Legal Implications (including equality and diversity assessment)			
HEIW has a statutory responsibility to break even at year end the report sets out the financial position for February 2022. There are no equality and diversity implications of this report.			
Staffing Implications			
There are no staffing implications of this report.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
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.			
Report History	The report references and updates the previous finance update shared with the HEIW Board in February 2022.		
Appendices	Further detail is included in Appendix 1. The Monitoring return is included as Appendix 2.		

REPORT OF THE DIRECTOR OF FINANCE

The variances for each of the directorates are explained below:

Board & Executive

There is a year to date underspend of £29k on pay is because of a vacant Independent Board Member post, and other vacancies within the team in year. These have been partially offset through the use of agency staff and additional resource provided in support of the team.

There is currently an overspend in non-pay of £41k which is mostly in relation to overspend on translation services year to date. This has been offset by reduced travel costs, reduced audit fees to date and an underspend as a result of fewer Legal & Risk costs than budgeted.

Finance & Corporate Services

The current underspend within finance for Pay is £116k against budget to date. This is made up of a number of vacancies contributing to the underspend which is offset by additional cost due to acting up arrangements for the Deputy Director of Finance Roles and the use of agency staff to support the team.

The non-pay position for finance is currently £24k underspent which has come about from a range of areas, predominantly as a result of reduced activity due to the current pandemic and the working from home model. The underspend is offset in part by additional works undertaken to meeting rooms during the year.

Planning & Performance

Within Planning and Performance pay budgets, there is currently an underspend of £69k which is due to delays in the start dates of new members of staff. This underspend is offset by agency staff usage totalling £28k year to date.

There is currently an underspend of £12k in non pay budgets, the vast majority of which, £11k, relates to savings gained from the current supplier in relation to software licences.

Digital & IT

There is an £89k underspend as at the end of February which relates to a range of vacancies, offset by spend on agency staff in support of the team.

An overspend is reported for non pay budgets, this is mostly made up of additional Azure implementation consultancy costs and increased costs above budget within the DHCW sla. The overspends are offset to some extent by the delay in Y Ty Dysgu implementation and corresponding decrease in cost.

Medical, Dental & Pharmacy

As of the 28th of February, there is a small overspend of £29k against pay budgets within Medical & Pharmacy. The main variances in this area are an agreed increase in posts within the Dental team, additional posts within Pharmacy team to support the Foundation and Technician programmes utilising re-purposed underspend on commissioning budgets and medical excellence award payments that would be funded by WG, but it has been agreed to fund out of existing resources non recurrently as part of the plan to break even at year end. The overspends are offset to some extent by underspends due to leavers and delays in recruitment in year.

There is a non-pay underspend of £719k which is as a result of underspends in a wide range of areas. The detail below provides some information on the main areas of underspend and offsetting overspends:

- An underspend of £43k in relation to the cost of Lay Reps as a result of a reduced requirement due to the pandemic.
- An underspend of £425k to date in relation to Training, Conferences and associated costs such as catering and printing. This underspend is as a result of cancelled or deferred activity due to the pandemic.
- Savings in Pharmacy and some secondary school budgets in relation to software has resulted in an underspend of £16k to date in this area.
- £133k underspend across all areas of this directorate for Travel & Subsistence as a result of reduced activity due to the current pandemic.
- Overspend of £48k in relation to payments for GP Training grants to GP Practices as a result of additional trainees being recruited.
- An overspend of £84k in relation to the costs for a contract to provide psychological support to trainees as a result of additional trainees needing this service.

The position as at the end of February 22 is an adverse variance of £536k for commissioning budgets.

This is broken down into an overspend of £1.360m against the GP Registrars budget because of additional numbers in the programme, extensions granted to training and the costs of protected salaries and higher increments. An overspend against the Secondary Care Relocation Expenses budget due to higher costs being incurred during the year, a pattern that is likely to continue up to and beyond year end and is offset against underspends in the rest of the commissioning budgets within Medical, Dental and Pharmacy.

Nursing & Health Professional Education

There is currently a breakeven position within Nursing & Health Professional Education pay budgets however, this is a result of the removal of budget totalling £197k during M11 related to the return of allocation to Welsh Government.

Although the position is breakeven, prior to the removal of this budget, there was an underspend of £197k, the reasons for which are outlined below.

- Within the admin team, budget is for 12 staff with 6 staff currently in post with 3 wte agency staff working within the directorate. This accounts for £43k of staff underspend.
- Within the commissioning team, there was a delay in appointment for the Head of Placement and, Professional Standards roles being appointed.
- The Education and Improvement Project Manager post was vacant in year, there is one vacancy currently being covered by agency this has now been appointed to and the permanent post holder will commence mid-March 2022.
- Within the team, there are a number of other vacancies including in the Science Team and the AHP team due to retirement.

The non-pay position is currently £29k overspend as at the end of February 22. The non pay budgets are limited in value and are predominantly provided to support the travel and subsistence requirements of the team.

It should be noted that the Commissioning budget is based on the existing student cohort in the system and the commissioned student numbers for 21/22. An underspend position of £29,814 is reported at month 11 related to the following factors:

- The spend on contracts with HEIs has been updated for the latest information for the new academic year and any variation from the planning assumptions in respect of attrition is reflected in the position. The full impact of the new academic year in terms of recruitment is now known alongside information on bursary take up levels. This has generated additional underspends as the numbers of self-funding students has increased. Additional underspends as a result of lower uptake of WAST refresher training, lower uptake of community modules, less advanced practice and non-medical prescribing are also included in the position.
- During the financial year the budget in this area has been reduced by £1.5m in month 8, £2m in month 10 and a further £1m in month 11 as part of the plan to achieve a break even position at year end.
- Disability support allowance costs and student travel costs remain high due in part to extensions agreed as a result of delays in placement activity due to COVID 19.
- In respect of student bursary extensions have been agreed for some HEIs to meet requirements for additional time to complete courses but numbers taking the bursary have decreased creating an underspend.

Workforce and Organisational Development

There is currently an underspend of £20k which relates to a number of vacancies across the Directorate. Some of these underspends have been offset by agency pay totalling £70k in the year to date.

Non-Pay budgets are currently underspent by £33k this is due to a number of factors including limited travel and inability to hold in person conferences due to pandemic, Reduced training opportunities available for Fellows and VAT savings on Gwella software.

These underspends have been partially offset against costs where additional plans have been identified in Leadership and central Training & Development budgets that can go ahead appropriately before year end.

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Feb 22	HEIW	Table A - Movement of Opening I	1
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Feb 22	HEIW	Table A - Movement of Opening I	3
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Feb 22	HEIW	Table B3 - COVID-19 Analysis	75
Feb 22	HEIW	Table B3 - COVID-19 Analysis	76
Feb 22	HEIW	Table B3 - COVID-19 Analysis	77
Feb 22	HEIW	Table B3 - COVID-19 Analysis	78
Feb 22	HEIW	Table B3 - COVID-19 Analysis	79
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Feb 22	HEIW	Table B3 - COVID-19 Analysis	81
Feb 22	HEIW	Table B3 - COVID-19 Analysis	82
Feb 22	HEIW	Table B3 - COVID-19 Analysis	83
Feb 22	HEIW	Table B3 - COVID-19 Analysis	84
Feb 22	HEIW	Table B3 - COVID-19 Analysis	85
Feb 22	HEIW	Table B3 - COVID-19 Analysis	86
Feb 22	HEIW	Table B3 - COVID-19 Analysis	87
Feb 22	HEIW	Table B3 - COVID-19 Analysis	88
Feb 22	HEIW	Table B3 - COVID-19 Analysis	89
Feb 22	HEIW	Table B3 - COVID-19 Analysis	90
Feb 22	HEIW	Table B3 - COVID-19 Analysis	91
Feb 22	HEIW	Table B3 - COVID-19 Analysis	92
Feb 22	HEIW	Table B3 - COVID-19 Analysis	93
Feb 22	HEIW	Table B3 - COVID-19 Analysis	94
Feb 22	HEIW	Table B3 - COVID-19 Analysis	95
Feb 22	HEIW	Table B3 - COVID-19 Analysis	96
Feb 22	HEIW	Table B3 - COVID-19 Analysis	97
Feb 22	HEIW	Table B3 - COVID-19 Analysis	98
Feb 22	HEIW	Table B3 - COVID-19 Analysis	99
Feb 22	HEIW	Table B3 - COVID-19 Analysis	100
Feb 22	HEIW	Table B3 - COVID-19 Analysis	101
Feb 22	HEIW	Table B3 - COVID-19 Analysis	102
Feb 22	HEIW	Table B3 - COVID-19 Analysis	103
Feb 22	HEIW	Table B3 - COVID-19 Analysis	104
Feb 22	HEIW	Table B3 - COVID-19 Analysis	105
Feb 22	HEIW	Table B3 - COVID-19 Analysis	106
Feb 22	HEIW	Table B3 - COVID-19 Analysis	107
Feb 22	HEIW	Table B3 - COVID-19 Analysis	108
Feb 22	HEIW	Table B3 - COVID-19 Analysis	109
Feb 22	HEIW	Table B3 - COVID-19 Analysis	110
Feb 22	HEIW	Table B3 - COVID-19 Analysis	111
Feb 22	HEIW	Table B3 - COVID-19 Analysis	112

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Feb 22	HEIW	Table B3 - COVID-19 Analysis	212
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Feb 22	HEIW	Table B3 - COVID-19 Analysis	224
Feb 22	HEIW	Table B3 - COVID-19 Analysis	225
Feb 22	HEIW	Table B3 - COVID-19 Analysis	226
Feb 22	HEIW	Table B3 - COVID-19 Analysis	227
Feb 22	HEIW	Table B3 - COVID-19 Analysis	228
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Feb 22	HEIW	Table B3 - COVID-19 Analysis	231
Feb 22	HEIW	Table B3 - COVID-19 Analysis	232
Feb 22	HEIW	Table B3 - COVID-19 Analysis	233
Feb 22	HEIW	Table B3 - COVID-19 Analysis	234
Feb 22	HEIW	Table B3 - COVID-19 Analysis	235
Feb 22	HEIW	Table B3 - COVID-19 Analysis	236
Feb 22	HEIW	Table B3 - COVID-19 Analysis	237
Feb 22	HEIW	Table B3 - COVID-19 Analysis	238
Feb 22	HEIW	Table B3 - COVID-19 Analysis	239
Feb 22	HEIW	Table B3 - COVID-19 Analysis	240
Feb 22	HEIW	Table B3 - COVID-19 Analysis	241
Feb 22	HEIW	Table B3 - COVID-19 Analysis	242
Feb 22	HEIW	Table B3 - COVID-19 Analysis	243
Feb 22	HEIW	Table B3 - COVID-19 Analysis	244
Feb 22	HEIW	Table C - Identified Expenditure \$	1
Feb 22	HEIW	Table C - Identified Expenditure \$	2
Feb 22	HEIW	Table C - Identified Expenditure \$	3
Feb 22	HEIW	Table C - Identified Expenditure \$	4
Feb 22	HEIW	Table C - Identified Expenditure \$	5
Feb 22	HEIW	Table C - Identified Expenditure \$	6
Feb 22	HEIW	Table C - Identified Expenditure \$	7
Feb 22	HEIW	Table C - Identified Expenditure \$	8
Feb 22	HEIW	Table C - Identified Expenditure \$	9
Feb 22	HEIW	Table C - Identified Expenditure \$	10
Feb 22	HEIW	Table C - Identified Expenditure \$	11
Feb 22	HEIW	Table C - Identified Expenditure \$	12
Feb 22	HEIW	Table C - Identified Expenditure \$	13

Feb 22	HEIW	Table C - Identified Expenditure \$	14
Feb 22	HEIW	Table C - Identified Expenditure \$	15
Feb 22	HEIW	Table C - Identified Expenditure \$	16
Feb 22	HEIW	Table C - Identified Expenditure \$	17
Feb 22	HEIW	Table C - Identified Expenditure \$	18
Feb 22	HEIW	Table C - Identified Expenditure \$	19
Feb 22	HEIW	Table C - Identified Expenditure \$	20
Feb 22	HEIW	Table C - Identified Expenditure \$	21
Feb 22	HEIW	Table C1- Savings Schemes Pay	1
Feb 22	HEIW	Table C1- Savings Schemes Pay	2
Feb 22	HEIW	Table C1- Savings Schemes Pay	3
Feb 22	HEIW	Table C1- Savings Schemes Pay	4
Feb 22	HEIW	Table C1- Savings Schemes Pay	5
Feb 22	HEIW	Table C1- Savings Schemes Pay	6
Feb 22	HEIW	Table C1- Savings Schemes Pay	7
Feb 22	HEIW	Table C1- Savings Schemes Pay	8
Feb 22	HEIW	Table C1- Savings Schemes Pay	9
Feb 22	HEIW	Table C1- Savings Schemes Pay	10
Feb 22	HEIW	Table C1- Savings Schemes Pay	11
Feb 22	HEIW	Table C1- Savings Schemes Pay	12
Feb 22	HEIW	Table C1- Savings Schemes Pay	13
Feb 22	HEIW	Table C1- Savings Schemes Pay	14
Feb 22	HEIW	Table C1- Savings Schemes Pay	15
Feb 22	HEIW	Table C1- Savings Schemes Pay	16
Feb 22	HEIW	Table C1- Savings Schemes Pay	17
Feb 22	HEIW	Table C1- Savings Schemes Pay	18
Feb 22	HEIW	Table C1- Savings Schemes Pay	19
Feb 22	HEIW	Table C1- Savings Schemes Pay	20
Feb 22	HEIW	Table C1- Savings Schemes Pay	21
Feb 22	HEIW	Table C2- Savings Schemes Age	1
Feb 22	HEIW	Table C2- Savings Schemes Age	2
Feb 22	HEIW	Table C2- Savings Schemes Age	3
Feb 22	HEIW	Table C2- Savings Schemes Age	4
Feb 22	HEIW	Table C2- Savings Schemes Age	5
Feb 22	HEIW	Table C2- Savings Schemes Age	6
Feb 22	HEIW	Table C2- Savings Schemes Age	7
Feb 22	HEIW	Table C2- Savings Schemes Age	8
Feb 22	HEIW	Table C2- Savings Schemes Age	9
Feb 22	HEIW	Table C2- Savings Schemes Age	10
Feb 22	HEIW	Table C2- Savings Schemes Age	11
Feb 22	HEIW	Table C2- Savings Schemes Age	12
Feb 22	HEIW	Table C2- Savings Schemes Age	13
Feb 22	HEIW	Table C2- Savings Schemes Age	14
Feb 22	HEIW	Table C2- Savings Schemes Age	15
Feb 22	HEIW	Table C3 - Tracker	
Feb 22	HEIW	Table C3 - Tracker	
Feb 22	HEIW	Table C3 - Tracker	
Feb 22	HEIW	Table C3 - Tracker	

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Feb 22	HEIW	Table C3 - Tracker	
Feb 22	HEIW	Table C3 - Tracker	
Feb 22	HEIW	Table C3 - Tracker	
Feb 22	HEIW	Table D - Income/Expenditure As	1
Feb 22	HEIW	Table D - Income/Expenditure As	2
Feb 22	HEIW	Table D - Income/Expenditure As	3
Feb 22	HEIW	Table D - Income/Expenditure As	4
Feb 22	HEIW	Table D - Income/Expenditure As	5
Feb 22	HEIW	Table D - Income/Expenditure As	6
Feb 22	HEIW	Table D - Income/Expenditure As	7
Feb 22	HEIW	Table D - Income/Expenditure As	8
Feb 22	HEIW	Table D - Income/Expenditure As	9
Feb 22	HEIW	Table D - Income/Expenditure As	10
Feb 22	HEIW	Table D - Income/Expenditure As	11
Feb 22	HEIW	Table D - Income/Expenditure As	12
Feb 22	HEIW	Table D - Income/Expenditure As	13
Feb 22	HEIW	Table D - Income/Expenditure As	14
Feb 22	HEIW	Table D - Income/Expenditure As	15
Feb 22	HEIW	Table D - Income/Expenditure As	16
Feb 22	HEIW	Table D - Income/Expenditure As	17
Feb 22	HEIW	Table D - Income/Expenditure As	1
Feb 22	HEIW	Table D - Income/Expenditure As	2
Feb 22	HEIW	Table D - Income/Expenditure As	3
Feb 22	HEIW	Table D - Income/Expenditure As	4
Feb 22	HEIW	Table D - Income/Expenditure As	5

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Feb 22	HEIW	Table D - Income/Expenditure As	11
Feb 22	HEIW	Table D - Income/Expenditure As	12
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Feb 22	HEIW	Table D - Income/Expenditure As	14
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Feb 22	HEIW	Table D - Income/Expenditure As	16
Feb 22	HEIW	Table D - Income/Expenditure As	17
Feb 22	HEIW	Table E - Resource Limits	57
Feb 22	HEIW	Table E - Resource Limits	58
Feb 22	HEIW	Table E - Resource Limits	59
Feb 22	HEIW	Table E - Resource Limits	57
Feb 22	HEIW	Table E - Resource Limits	58
Feb 22	HEIW	Table E - Resource Limits	59
Feb 22	HEIW	Table E - Resource Limits	57
Feb 22	HEIW	Table E - Resource Limits	58
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Feb 22	HEIW	Table E - Resource Limits	58
Feb 22	HEIW	Table E - Resource Limits	59
Feb 22	HEIW	Table E - Resource Limits	3
Feb 22	HEIW	Table E - Resource Limits	4
Feb 22	HEIW	Table E - Resource Limits	5
Feb 22	HEIW	Table E - Resource Limits	6
Feb 22	HEIW	Table E - Resource Limits	7
Feb 22	HEIW	Table E - Resource Limits	8
Feb 22	HEIW	Table E - Resource Limits	9
Feb 22	HEIW	Table E - Resource Limits	10
Feb 22	HEIW	Table E - Resource Limits	11
Feb 22	HEIW	Table E - Resource Limits	12
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Feb 22	HEIW	Table E - Resource Limits	14

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Feb 22	HEIW	Table E - Resource Limits	25
Feb 22	HEIW	Table E - Resource Limits	26
Feb 22	HEIW	Table E - Resource Limits	27
Feb 22	HEIW	Table E - Resource Limits	28
Feb 22	HEIW	Table E - Resource Limits	29
Feb 22	HEIW	Table E - Resource Limits	30
Feb 22	HEIW	Table E - Resource Limits	31
Feb 22	HEIW	Table E - Resource Limits	32
Feb 22	HEIW	Table E - Resource Limits	33
Feb 22	HEIW	Table E - Resource Limits	34
Feb 22	HEIW	Table E - Resource Limits	35
Feb 22	HEIW	Table E - Resource Limits	36
Feb 22	HEIW	Table E - Resource Limits	37
Feb 22	HEIW	Table E - Resource Limits	38
Feb 22	HEIW	Table E - Resource Limits	39
Feb 22	HEIW	Table E - Resource Limits	40
Feb 22	HEIW	Table E - Resource Limits	41
Feb 22	HEIW	Table E - Resource Limits	42
Feb 22	HEIW	Table E - Resource Limits	43
Feb 22	HEIW	Table E - Resource Limits	44
Feb 22	HEIW	Table E - Resource Limits	45
Feb 22	HEIW	Table E - Resource Limits	46
Feb 22	HEIW	Table E - Resource Limits	47
Feb 22	HEIW	Table E - Resource Limits	48
Feb 22	HEIW	Table E - Resource Limits	49
Feb 22	HEIW	Table E - Resource Limits	50
Feb 22	HEIW	Table E - Resource Limits	51
Feb 22	HEIW	Table E - Resource Limits	52
Feb 22	HEIW	Table E - Resource Limits	53
Feb 22	HEIW	Table E - Resource Limits	54
Feb 22	HEIW	Table E - Resource Limits	55
Feb 22	HEIW	Table E - Resource Limits	60
Feb 22	HEIW	Table E - Resource Limits	61
Feb 22	HEIW	Table E - Resource Limits	62
Feb 22	HEIW	Table E - Resource Limits	63
Feb 22	HEIW	Table E - Resource Limits	64
Feb 22	HEIW	Table E - Resource Limits	65
Feb 22	HEIW	Table E - Resource Limits	66

Feb 22	HEIW	Table E - Resource Limits	67
Feb 22	HEIW	Table E - Resource Limits	68
Feb 22	HEIW	Table E - Resource Limits	69
Feb 22	HEIW	Table E - Resource Limits	70
Feb 22	HEIW	Table E - Resource Limits	71
Feb 22	HEIW	Table E - Resource Limits	72
Feb 22	HEIW	Table E - Resource Limits	73
Feb 22	HEIW	Table E - Resource Limits	74
Feb 22	HEIW	Table E - Resource Limits	75
Feb 22	HEIW	Table E - Resource Limits	76
Feb 22	HEIW	Table E - Resource Limits	77
Feb 22	HEIW	Table E - Resource Limits	78
Feb 22	HEIW	Table E - Resource Limits	79
Feb 22	HEIW	Table E - Resource Limits	80
Feb 22	HEIW	Table E - Resource Limits	81
Feb 22	HEIW	Table E - Resource Limits	82
Feb 22	HEIW	Table E - Resource Limits	83
Feb 22	HEIW	Table E - Resource Limits	84
Feb 22	HEIW	Table E - Resource Limits	85
Feb 22	HEIW	Table E - Resource Limits	86
Feb 22	HEIW	Table E - Resource Limits	87
Feb 22	HEIW	Table E - Resource Limits	88
Feb 22	HEIW	Table E - Resource Limits	89
Feb 22	HEIW	Table E - Resource Limits	90
Feb 22	HEIW	Table E1 - Invoiced Income Stre	1
Feb 22	HEIW	Table E1 - Invoiced Income Stre	2
Feb 22	HEIW	Table E1 - Invoiced Income Stre	3
Feb 22	HEIW	Table E1 - Invoiced Income Stre	4
Feb 22	HEIW	Table E1 - Invoiced Income Stre	5
Feb 22	HEIW	Table E1 - Invoiced Income Stre	6
Feb 22	HEIW	Table E1 - Invoiced Income Stre	7
Feb 22	HEIW	Table E1 - Invoiced Income Stre	8
Feb 22	HEIW	Table E1 - Invoiced Income Stre	9
Feb 22	HEIW	Table E1 - Invoiced Income Stre	10
Feb 22	HEIW	Table E1 - Invoiced Income Stre	11
Feb 22	HEIW	Table E1 - Invoiced Income Stre	12
Feb 22	HEIW	Table E1 - Invoiced Income Stre	13
Feb 22	HEIW	Table E1 - Invoiced Income Stre	14
Feb 22	HEIW	Table E1 - Invoiced Income Stre	15
Feb 22	HEIW	Table E1 - Invoiced Income Stre	16
Feb 22	HEIW	Table E1 - Invoiced Income Stre	17
Feb 22	HEIW	Table E1 - Invoiced Income Stre	18
Feb 22	HEIW	Table E1 - Invoiced Income Stre	19
Feb 22	HEIW	Table E1 - Invoiced Income Stre	20
Feb 22	HEIW	Table E1 - Invoiced Income Stre	21
Feb 22	HEIW	Table E1 - Invoiced Income Stre	22
Feb 22	HEIW	Table E1 - Invoiced Income Stre	23
Feb 22	HEIW	Table E1 - Invoiced Income Stre	24

Feb 22	HEIW	Table E1 - Invoiced Income Stre	25
Feb 22	HEIW	Table E1 - Invoiced Income Stre	26
Feb 22	HEIW	Table E1 - Invoiced Income Stre	27
Feb 22	HEIW	Table E1 - Invoiced Income Stre	28
Feb 22	HEIW	Table E1 - Invoiced Income Stre	29
Feb 22	HEIW	Table E1 - Invoiced Income Stre	30
Feb 22	HEIW	Table E1 - Invoiced Income Stre	31
Feb 22	HEIW	Table E1 - Invoiced Income Stre	32
Feb 22	HEIW	Table E1 - Invoiced Income Stre	33
Feb 22	HEIW	Table E1 - Invoiced Income Stre	34
Feb 22	HEIW	Table E1 - Invoiced Income Stre	35
Feb 22	HEIW	Table E1 - Invoiced Income Stre	36
Feb 22	HEIW	Table E1 - Invoiced Income Stre	37
Feb 22	HEIW	Table E1 - Invoiced Income Stre	38
Feb 22	HEIW	Table E1 - Invoiced Income Stre	39
Feb 22	HEIW	Table E1 - Invoiced Income Stre	40
Feb 22	HEIW	Table E1 - Invoiced Income Stre	41
Feb 22	HEIW	Table E1 - Invoiced Income Stre	42
Feb 22	HEIW	Table E1 - Invoiced Income Stre	43
Feb 22	HEIW	Table E1 - Invoiced Income Stre	44
Feb 22	HEIW	Table E1 - Invoiced Income Stre	45
Feb 22	HEIW	Table E1 - Invoiced Income Stre	46
Feb 22	HEIW	Table E1 - Invoiced Income Stre	47
Feb 22	HEIW	Table E1 - Invoiced Income Stre	48
Feb 22	HEIW	Table E1 - Invoiced Income Stre	49
Feb 22	HEIW	Table E1 - Invoiced Income Stre	50
Feb 22	HEIW	Table E1 - Invoiced Income Stre	51
Feb 22	HEIW	Table E1 - Invoiced Income Stre	52
Feb 22	HEIW	Table E1 - Invoiced Income Stre	53
Feb 22	HEIW	Table E1 - Invoiced Income Stre	54
Feb 22	HEIW	Table E1 - Invoiced Income Stre	55
Feb 22	HEIW	Table E1 - Invoiced Income Stre	56
Feb 22	HEIW	Table E1 - Invoiced Income Stre	57
Feb 22	HEIW	Table E1 - Invoiced Income Stre	58
Feb 22	HEIW	Table E1 - Invoiced Income Stre	59
Feb 22	HEIW	Table E1 - Invoiced Income Stre	60
Feb 22	HEIW	Table E1 - Invoiced Income Stre	61
Feb 22	HEIW	Table E1 - Invoiced Income Stre	62
Feb 22	HEIW	Table E1 - Invoiced Income Stre	63
Feb 22	HEIW	Table E1 - Invoiced Income Stre	64
Feb 22	HEIW	Table E1 - Invoiced Income Stre	65
Feb 22	HEIW	Table E1 - Invoiced Income Stre	66
Feb 22	HEIW	Table F - Statement of Financial I	1
Feb 22	HEIW	Table F - Statement of Financial I	2
Feb 22	HEIW	Table F - Statement of Financial I	3
Feb 22	HEIW	Table F - Statement of Financial I	4
Feb 22	HEIW	Table F - Statement of Financial I	5
Feb 22	HEIW	Table F - Statement of Financial I	6

Feb 22	HEIW	Table F - Statement of Financial I	9
Feb 22	HEIW	Table F - Statement of Financial I	10
Feb 22	HEIW	Table F - Statement of Financial I	11
Feb 22	HEIW	Table F - Statement of Financial I	12
Feb 22	HEIW	Table F - Statement of Financial I	13
Feb 22	HEIW	Table F - Statement of Financial I	14
Feb 22	HEIW	Table F - Statement of Financial I	15
Feb 22	HEIW	Table F - Statement of Financial I	16
Feb 22	HEIW	Table F - Statement of Financial I	17
Feb 22	HEIW	Table F - Statement of Financial I	18
Feb 22	HEIW	Table F - Statement of Financial I	19
Feb 22	HEIW	Table F - Statement of Financial I	20
Feb 22	HEIW	Table F - Statement of Financial I	21
Feb 22	HEIW	Table F - Statement of Financial I	22
Feb 22	HEIW	Table F - Statement of Financial I	23
Feb 22	HEIW	Table F - Statement of Financial I	24
Feb 22	HEIW	Table F - Statement of Financial I	25
Feb 22	HEIW	Table F - Statement of Financial I	26
Feb 22	HEIW	Table F - Statement of Financial I	27
Feb 22	HEIW	Table F - Statement of Financial I	28
Feb 22	HEIW	Table F - Statement of Financial I	29
Feb 22	HEIW	Table F - Statement of Financial I	30
Feb 22	HEIW	Table F - Statement of Financial I	31
Feb 22	HEIW	Table F - Statement of Financial I	32
Feb 22	HEIW	Table F - Statement of Financial I	33
Feb 22	HEIW	Table F - Statement of Financial I	34
Feb 22	HEIW	Table F - Statement of Financial I	35
Feb 22	HEIW	Table F - Statement of Financial I	36
Feb 22	HEIW	Table F - Statement of Financial I	37
Feb 22	HEIW	Table F - Statement of Financial I	38
Feb 22	HEIW	Table F - Statement of Financial I	39
Feb 22	HEIW	Table F - Statement of Financial I	40
Feb 22	HEIW	Table F - Statement of Financial I	41
Feb 22	HEIW	Table F - Statement of Financial I	42
Feb 22	HEIW	Table F - Statement of Financial I	43
Feb 22	HEIW	Table F - Statement of Financial I	44
Feb 22	HEIW	Table F - Statement of Financial I	45
Feb 22	HEIW	Table F - Statement of Financial I	46
Feb 22	HEIW	Table F - Statement of Financial I	47
Feb 22	HEIW	Table G - Monthly Cashflow Fore	1
Feb 22	HEIW	Table G - Monthly Cashflow Fore	2
Feb 22	HEIW	Table G - Monthly Cashflow Fore	3
Feb 22	HEIW	Table G - Monthly Cashflow Fore	4
Feb 22	HEIW	Table G - Monthly Cashflow Fore	5
Feb 22	HEIW	Table G - Monthly Cashflow Fore	6
Feb 22	HEIW	Table G - Monthly Cashflow Fore	7
Feb 22	HEIW	Table G - Monthly Cashflow Fore	8
Feb 22	HEIW	Table G - Monthly Cashflow Fore	9

Feb 22	HEIW	Table G - Monthly Cashflow Fore	10
Feb 22	HEIW	Table G - Monthly Cashflow Fore	11
Feb 22	HEIW	Table G - Monthly Cashflow Fore	12
Feb 22	HEIW	Table G - Monthly Cashflow Fore	13
Feb 22	HEIW	Table G - Monthly Cashflow Fore	14
Feb 22	HEIW	Table G - Monthly Cashflow Fore	15
Feb 22	HEIW	Table G - Monthly Cashflow Fore	16
Feb 22	HEIW	Table G - Monthly Cashflow Fore	17
Feb 22	HEIW	Table G - Monthly Cashflow Fore	18
Feb 22	HEIW	Table G - Monthly Cashflow Fore	19
Feb 22	HEIW	Table G - Monthly Cashflow Fore	20
Feb 22	HEIW	Table G - Monthly Cashflow Fore	21
Feb 22	HEIW	Table G - Monthly Cashflow Fore	22
Feb 22	HEIW	Table G - Monthly Cashflow Fore	23
Feb 22	HEIW	Table G - Monthly Cashflow Fore	24
Feb 22	HEIW	Table G - Monthly Cashflow Fore	25
Feb 22	HEIW	Table G - Monthly Cashflow Fore	26

Description 1	Description 2	Month 1
In Year Effect	Underlying Position b/fwd from Previous Year	0
In Year Effect	Planned New Expenditure (Non Covid-19)	-2,587
In Year Effect	Planned Expenditure For Covid-19 (Negative Value)	0
In Year Effect	Planned Welsh Government Funding (Non Covid-19)	2,587
In Year Effect	Planned Welsh Government Funding for Covid-19	0
In Year Effect	Planned Provider Income (Positive Value)	0
In Year Effect	RRL Profile - phasing only (In Year Effect)	0
In Year Effect	Planned (Finalised) Savings Plan	0
In Year Effect	Planned (Finalised) Net Income Generated	0
In Year Effect	Planned Profit / (Loss) on Disposal of Assets	0
In Year Effect	Planned Release of Uncommitted Commitments	0
In Year Effect		0
In Year Effect	Planning Assumptions still to be finalised	0
In Year Effect	Opening IMTP / Annual Operating Plan	0
In Year Effect	Reversal of Planning Assumptions still to be finalised	0
In Year Effect	Additional In Year & Movement from Planning Assumptions	0
In Year Effect	Additional In Year & Movement from Planning Assumptions	0
In Year Effect	Underachievement of Month 1 Finalised	0
In Year Effect	Other Movement in Month 1 Planned & Finalised	0
In Year Effect	Underachievement of Month 1 Finalised	0
In Year Effect	Other Movement in Month 1 Planned & Finalised	0
In Year Effect	Additional In Year Identified Savings - Identified	0
In Year Effect	Variance to Planned RRL & Other Income	0
In Year Effect	Additional In Year & Movement in Plan	0
In Year Effect	Additional In Year & Movement in Plan	0
In Year Effect	Additional In Year & Movement Expenditure	0
In Year Effect	In Year Expenditure Cost Reduction Discretionary	0
In Year Effect	In Year Slippage on Investments/Reputation	0
In Year Effect	In Year Accountancy Gains (Positive Value)	0
In Year Effect	Net In Year Operational Variance to IMTP	91
In Year Effect		0
In Year Effect		0
In Year Effect		0
In Year Effect		0
In Year Effect		0
In Year Effect		0
In Year Effect		0
In Year Effect		0
In Year Effect		0
In Year Effect	Forecast Outturn (- Deficit / + Surplus)	91
In Year Effect	Covid-19 - Forecast Outturn (- Deficit / + Surplus)	0
In Year Effect	Operational - Forecast Outturn (- Deficit / + Surplus)	91
Non Recurring	Underlying Position b/fwd from Previous Year - m	
Non Recurring	Planned New Expenditure (Non Covid-19) (Negative Value)	
Non Recurring	Planned Expenditure For Covid-19 (Negative Value)	
Non Recurring	Planned Welsh Government Funding (Non Covid-19)	
Non Recurring	Planned Welsh Government Funding for Covid-19	

Non Recurring	Planned Provider Income (Positive Value)
Non Recurring	RRL Profile - phasing only (In Year Effect / Column)
Non Recurring	Planned (Finalised) Savings Plan
Non Recurring	Planned (Finalised) Net Income Generation
Non Recurring	Planned Profit / (Loss) on Disposal of Assets
Non Recurring	Planned Release of Uncommitted Contingencies £
Non Recurring	0
Non Recurring	Planning Assumptions still to be finalised at Month
Non Recurring	Opening IMTP / Annual Operating Plan
Non Recurring	Reversal of Planning Assumptions still to be finalised
Non Recurring	Additional In Year & Movement from Planned Release
Non Recurring	Additional In Year & Movement from Planned Profit
Non Recurring	Underachievement of Month 1 Finalised Income Generation
Non Recurring	Other Movement in Month 1 Planned & In Year Net
Non Recurring	Underachievement of Month 1 Finalised Savings [
Non Recurring	Other Movement in Month 1 Planned Savings - (U
Non Recurring	Additional In Year Identified Savings - Forecast
Non Recurring	Variance to Planned RRL & Other Income
Non Recurring	Additional In Year & Movement in Planned Welsh
Non Recurring	Additional In Year & Movement in Planned Welsh
Non Recurring	Additional In Year & Movement Expenditure for Covid
Non Recurring	In Year Expenditure Cost Reduction Due To Covid
Non Recurring	In Year Slippage on Investments/Repurposing of [
Non Recurring	In Year Accountancy Gains (Positive Value)
Non Recurring	Net In Year Operational Variance to IMTP/AOP (m
Non Recurring	0
Non Recurring	0
Non Recurring	0
Non Recurring	0
Non Recurring	0
Non Recurring	0
Non Recurring	0
Non Recurring	0
Non Recurring	0
Non Recurring	0
Non Recurring	Forecast Outturn (- Deficit / + Surplus)
Recurring	Underlying Position b/fwd from Previous Year - m
Recurring	Planned New Expenditure (Non Covid-19) (Negative)
Recurring	Planned Expenditure For Covid-19 (Negative Value)
Recurring	Planned Welsh Government Funding (Non Covid-
Recurring	Planned Welsh Government Funding for Covid-19
Recurring	Planned Provider Income (Positive Value)
Recurring	RRL Profile - phasing only (In Year Effect / Column)
Recurring	Planned (Finalised) Savings Plan
Recurring	Planned (Finalised) Net Income Generation
Recurring	Planned Profit / (Loss) on Disposal of Assets
Recurring	Planned Release of Uncommitted Contingencies £
Recurring	0
Recurring	Planning Assumptions still to be finalised at Month

Recurring	Opening IMTP / Annual Operating Plan
Recurring	Reversal of Planning Assumptions still to be finalis
Recurring	Additional In Year & Movement from Planned Rele
Recurring	Additional In Year & Movement from Planned Prof
Recurring	Underachievement of Month 1 Finalised Income G
Recurring	Other Movement in Month 1 Planned & In Year Ne
Recurring	Underachievement of Month 1 Finalised Savings I
Recurring	Other Movement in Month 1 Planned Savings - (U
Recurring	Additional In Year Identified Savings - Forecast
Recurring	Variance to Planned RRL & Other Income
Recurring	Additional In Year & Movement in Planned Welsh
Recurring	Additional In Year & Movement in Planned Welsh
Recurring	Additional In Year & Movement Expenditure for Co
Recurring	In Year Expenditure Cost Reduction Due To Covic
Recurring	In Year Slippage on Investments/Repurposing of I
Recurring	In Year Accountancy Gains (Positive Value)
Recurring	Net In Year Operational Variance to IMTP/AOP (m
Recurring	0
Recurring	0
Recurring	0
Recurring	0
Recurring	0
Recurring	0
Recurring	0
Recurring	0
Recurring	0
Recurring	0
Recurring	Forecast Outturn (- Deficit / + Surplus)
FYE of Recurring	Underlying Position b/fwd from Previous Year - m
FYE of Recurring	Planned New Expenditure (Non Covid-19) (Negati
FYE of Recurring	Planned Expenditure For Covid-19 (Negative Val
FYE of Recurring	Planned Welsh Government Funding (Non Covid-
FYE of Recurring	Planned Welsh Government Funding for Covid-19
FYE of Recurring	Planned Provider Income (Positive Value)
FYE of Recurring	RRL Profile - phasing only (In Year Effect / Colum
FYE of Recurring	Planned (Finalised) Savings Plan
FYE of Recurring	Planned (Finalised) Net Income Generation
FYE of Recurring	Planned Profit / (Loss) on Disposal of Assets
FYE of Recurring	Planned Release of Uncommitted Contingencies &
FYE of Recurring	0
FYE of Recurring	Planning Assumptions still to be finalised at Month
FYE of Recurring	Opening IMTP / Annual Operating Plan
FYE of Recurring	Reversal of Planning Assumptions still to be finalis
FYE of Recurring	Additional In Year & Movement from Planned Rele
FYE of Recurring	Additional In Year & Movement from Planned Prof
FYE of Recurring	Underachievement of Month 1 Finalised Income G
FYE of Recurring	Other Movement in Month 1 Planned & In Year Ne
FYE of Recurring	Underachievement of Month 1 Finalised Savings I
FYE of Recurring	Other Movement in Month 1 Planned Savings - (U

FYE of Recurring	Additional In Year Identified Savings - Forecast
FYE of Recurring	Variance to Planned RRL & Other Income
FYE of Recurring	Additional In Year & Movement in Planned Welsh
FYE of Recurring	Additional In Year & Movement in Planned Welsh
FYE of Recurring	Additional In Year & Movement Expenditure for Co
FYE of Recurring	In Year Expenditure Cost Reduction Due To Covic
FYE of Recurring	In Year Slippage on Investments/Repurposing of I
FYE of Recurring	In Year Accountancy Gains (Positive Value)
FYE of Recurring	Net In Year Operational Variance to IMTP/AOP (n
FYE of Recurring	0
FYE of Recurring	0
FYE of Recurring	0
FYE of Recurring	0
FYE of Recurring	0
FYE of Recurring	0
FYE of Recurring	0
FYE of Recurring	0
FYE of Recurring	0
FYE of Recurring	Forecast Outturn (- Deficit / + Surplus)
Underlying Position b/f	Pay - Administrative, Clerical & Board Members
Underlying Position b/f	Pay - Medical & Dental
Underlying Position b/f	Pay - Nursing & Midwifery Registered
Underlying Position b/f	Pay - Prof Scientific & Technical
Underlying Position b/f	Pay - Additional Clinical Services
Underlying Position b/f	Pay - Allied Health Professionals
Underlying Position b/f	Pay - Healthcare Scientists
Underlying Position b/f	Pay - Estates & Ancillary
Underlying Position b/f	Pay - Students
Underlying Position b/f	Non Pay - Supplies and services - clinical
Underlying Position b/f	Non Pay - Supplies and services - general
Underlying Position b/f	Non Pay - Consultancy Services
Underlying Position b/f	Non Pay - Establishment
Underlying Position b/f	Non Pay - Transport
Underlying Position b/f	Non Pay - Premises
Underlying Position b/f	Non Pay - External Contractors
Underlying Position b/f	Health Care Provided by other Orgs – Welsh LHB
Underlying Position b/f	Health Care Provided by other Orgs – Welsh Trus
Underlying Position b/f	Health Care Provided by other Orgs – WHSSC
Underlying Position b/f	Health Care Provided by other Orgs – English
Underlying Position b/f	Health Care Provided by other Orgs – Private / Ot
Underlying Position b/f	Total
Underlying Position c/f	Pay - Administrative, Clerical & Board Members
Underlying Position c/f	Pay - Medical & Dental
Underlying Position c/f	Pay - Nursing & Midwifery Registered
Underlying Position c/f	Pay - Prof Scientific & Technical
Underlying Position c/f	Pay - Additional Clinical Services
Underlying Position c/f	Pay - Allied Health Professionals
Underlying Position c/f	Pay - Healthcare Scientists

Underlying Position c/f	Pay - Estates & Ancillary
Underlying Position c/f	Pay - Students
Underlying Position c/f	Non Pay - Supplies and services - clinical
Underlying Position c/f	Non Pay - Supplies and services - general
Underlying Position c/f	Non Pay - Consultancy Services
Underlying Position c/f	Non Pay - Establishment
Underlying Position c/f	Non Pay - Transport
Underlying Position c/f	Non Pay - Premises
Underlying Position c/f	Non Pay - External Contractors
Underlying Position c/f	Health Care Provided by other Orgs – Welsh LHB
Underlying Position c/f	Health Care Provided by other Orgs – Welsh Trus
Underlying Position c/f	Health Care Provided by other Orgs – WHSSC
Underlying Position c/f	Health Care Provided by other Orgs – English
Underlying Position c/f	Health Care Provided by other Orgs – Private / Ot
Underlying Position c/f	Total
Underlying Position b/f	Primary Care
Underlying Position b/f	Mental Health
Underlying Position b/f	Continuing HealthCare
Underlying Position b/f	Commissioned Services
Underlying Position b/f	Scheduled Care
Underlying Position b/f	Unscheduled Care
Underlying Position b/f	Children & Women's
Underlying Position b/f	Community Services
Underlying Position b/f	Specialised Services
Underlying Position b/f	Executive / Corporate Areas
Underlying Position b/f	Support Services (inc. Estates & Facilities)
Underlying Position b/f	Total
Underlying Position c/f	Primary Care
Underlying Position c/f	Mental Health
Underlying Position c/f	Continuing HealthCare
Underlying Position c/f	Commissioned Services
Underlying Position c/f	Scheduled Care
Underlying Position c/f	Unscheduled Care
Underlying Position c/f	Children & Women's
Underlying Position c/f	Community Services
Underlying Position c/f	Specialised Services
Underlying Position c/f	Executive / Corporate Areas
Underlying Position c/f	Support Services (inc. Estates & Facilities)
Underlying Position c/f	Total
	0 Red Pipeline schemes (inc AG & IG)
	0 Potential Cost Reduction
	0 Total Opportunities to achieve IMTP/AOP
	0 Risks (negative values)
	0 Under delivery of Amber Schemes included in Out
	0 Continuing Healthcare
	0 Prescribing
	0 Pharmacy Contract
	0 WHSSC Performance

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	0 Other Contract Performance	
	0 GMS Ring Fenced Allocation Underspend Potential	
	0 Dental Ring Fenced Allocation Underspend Potential	
	0 0	
	0 0	
	0 0	
	0 0	
	0 0	
	0 0	
	0 0	
	0 0	
	0 0	
	0 0	
	0 0	
	0 0	
	0 0	
	0 Total Risks	
	0 0	
	0 0	
	0 0	
	0 0	
	0 0	
	0 0	
	0 0	
	Total Further Opportunities	
	0 Current Reported Forecast Outturn	
	0 IMTP / AOP Outturn Scenario	
	0 Worst Case Outturn Scenario	
	0 Best Case Outturn Scenario	
Revenue Resource Limit	Actual/F'cast	19965
Capital Donation / Government Grant	Actual/F'cast	0
Welsh NHS Local Health Boards & Trusts	Actual/F'cast	0
WHSSC Income	Actual/F'cast	0
Welsh Government Income (Non RRI)	Actual/F'cast	0
Other Income	Actual/F'cast	55
Income Total	Actual/F'cast	20020
Primary Care Contractor (excluding dental services)	Actual/F'cast	0
Primary Care - Drugs & Appliances	Actual/F'cast	0
Provided Services - Pay	Actual/F'cast	1491
Provider Services - Non Pay (excluding dental services)	Actual/F'cast	899
Secondary Care - Drugs	Actual/F'cast	0
Healthcare Services Provided by Other Providers	Actual/F'cast	0
Non Healthcare Services Provided by Other Providers	Actual/F'cast	0
Continuing Care and Funded Nursing Homes	Actual/F'cast	0
Other Private & Voluntary Sector	Actual/F'cast	17496
Joint Financing and Other	Actual/F'cast	0
Losses, Special Payments and Irrecoverable Debt	Actual/F'cast	0

	0 Forecast Only	0
	0 Forecast Only	0
	0 Forecast Only	0
	0 Forecast Only	0
	0 Forecast Only	0
	0 Forecast Only	0
	0 Forecast Only	0
	0 Forecast Only	0
Total		0
Pay - Expenditure Profiles	Gross Pay Expenditure - Non Covid-19	0
Pay - Expenditure Profiles	Gross Pay Expenditure - Covid-19 - Cu	0
Pay - Expenditure Profiles	Planning Assumptions still to be finalise	0
Pay - Expenditure Profiles	Total Gross Pay Expenditure - Current	0
Pay - Expenditure Profiles	Gross Pay - Actual/Forecast	0
Pay - Expenditure Profiles	Additional Pay Costs due to Covid-19 -	0
Pay - Expenditure Profiles	Committed Reserves - Pay - Forecast	0
Pay - Expenditure Profiles	Other Pay - Actual/Forecast Gross	0
Pay - Expenditure Profiles	Total Gross Pay Expenditure - Actual/F	0
Pay - Expenditure Profiles	Gross Pay Expenditure Movement	0
Pay - Expenditure Profiles	Total Workforce Savings - Current Plan	0
Pay - Expenditure Profiles	Total Workforce Savings - Actual/Forec	0
Pay - Expenditure Profiles	Non Delivery of Finalised (M1) Workfor	0
Pay - Expenditure Profiles	Pay Savings Movement Not due to Co	0
Pay - Expenditure Profiles	Pay Accountancy Gains - Actual/Forec	0
Pay - Expenditure Profiles	In Year Operational Pay Expenditure C	0
Pay - Expenditure Profiles	In Year Slippage on Current Planned F	0
Pay - Expenditure Profiles	Net Pay Expenditure - Current Plan	0
Pay - Expenditure Profiles	Net Pay Expenditure - Actual/Forecast	0
Pay - Expenditure Profiles	Net Pay Expenditure - Movement	0
Pay - Expenditure Profiles	Net Pay Expenditure - Movement due t	0
Pay - Expenditure Profiles	Net Pay Expenditure - Movement Othe	0
Non Pay - Expenditure Profiles	Gross Non Pay Expenditure - Non Cov	0
Non Pay - Expenditure Profiles	Gross Non Pay Expenditure - Covid-19	0
Non Pay - Expenditure Profiles	Planning Assumptions still to be finalise	0
Non Pay - Expenditure Profiles	Total Gross Non Pay Expenditure - Cu	0
Non Pay - Expenditure Profiles	Gross Non Pay - Actual/Forecast	0
Non Pay - Expenditure Profiles	Additional Non Pay Costs due to Covid	0
Non Pay - Expenditure Profiles	Committed Reserves - Non Pay - Fore	0
Non Pay - Expenditure Profiles	Other Non Pay - Actual/Forecast Gross	0
Non Pay - Expenditure Profiles	Total Gross Non Pay Expenditure - Act	0
Non Pay - Expenditure Profiles	Gross Non Pay Expenditure Movemen	0
Non Pay - Expenditure Profiles	Total Non Pay Savings - Current Plan	0
Non Pay - Expenditure Profiles	Non Pay Savings - Actual/Forecast	0
Non Pay - Expenditure Profiles	Non Delivery of Finalised (M1) Non Pa	0
Non Pay - Expenditure Profiles	Non Pay Savings Movement Not due to	0
Non Pay - Expenditure Profiles	Non Pay Accountancy Gains - Actual/F	0
Non Pay - Expenditure Profiles	In Year Operational Non Pay Expendit	0
Non Pay - Expenditure Profiles	In Year Slippage on Current Planned N	0
Non Pay - Expenditure Profiles	Net Non Pay Expenditure - Current Pla	0

Non Pay - Expenditure Profiles	Net Non Pay Expenditure - Actual/Forecast	0
Non Pay - Expenditure Profiles	Net Non Pay Expenditure - Movement	0
Non Pay - Expenditure Profiles	Net Non Pay Expenditure - Movement	0
Non Pay - Expenditure Profiles	Net Non Pay Expenditure - Movement	0
Drugs/Medicines Management - Expenditure	Gross Drugs Expenditure - Non Covid-19	0
Drugs/Medicines Management - Expenditure	Gross Drugs Expenditure - Covid-19	0
Drugs/Medicines Management - Expenditure	Planning Assumptions still to be finalised	0
Drugs/Medicines Management - Expenditure	Total Gross Drugs Expenditure - Current Plan	0
Drugs/Medicines Management - Expenditure	Gross Primary Care Drugs - Actual/Forecast	0
Drugs/Medicines Management - Expenditure	Gross Secondary Care Drugs - Actual/Forecast	0
Drugs/Medicines Management - Expenditure	Additional Drugs Costs due to Covid-19	0
Drugs/Medicines Management - Expenditure	Committed Reserves - Drugs - Forecast	0
Drugs/Medicines Management - Expenditure	Total Drugs Expenditure - Actual/Forecast	0
Drugs/Medicines Management - Expenditure	Drugs Expenditure Movement	0
Drugs/Medicines Management - Expenditure	Total Medicines Management Savings	0
Drugs/Medicines Management - Expenditure	Medicines Management Savings - Actual/Forecast	0
Drugs/Medicines Management - Expenditure	Non Delivery of Finalised (M1) Medicines	0
Drugs/Medicines Management - Expenditure	Medicines Management Savings Movement	0
Drugs/Medicines Management - Expenditure	Drugs Accountancy Gains - Actual/Forecast	0
Drugs/Medicines Management - Expenditure	In Year Operational Drugs Expenditure	0
Drugs/Medicines Management - Expenditure	In Year Slippage on Current Planned Expenditure	0
Drugs/Medicines Management - Expenditure	Net Drugs Expenditure - Current Plan	0
Drugs/Medicines Management - Expenditure	Net Drugs Expenditure - Actual/Forecast	0
Drugs/Medicines Management - Expenditure	Net Drugs Expenditure - Movement	0
Drugs/Medicines Management - Expenditure	Net Drugs Expenditure - Movement due to Covid-19	0
Drugs/Medicines Management - Expenditure	Net Drugs Expenditure - Movement Other	0
Primary Care Contractor - Expenditure	Gross Primary Care Expenditure - Non Covid-19	0
Primary Care Contractor - Expenditure	Gross Primary Care Expenditure - Covid-19	0
Primary Care Contractor - Expenditure	Planning Assumptions still to be finalised	0
Primary Care Contractor - Expenditure	Total Gross Primary Care Contractor Expenditure	0
Primary Care Contractor - Expenditure	Primary Care Contractor Expenditure - Forecast	0
Primary Care Contractor - Expenditure	Primary Care - Agency/Locum Paid at Current Rates	0
Primary Care Contractor - Expenditure	Additional Primary Care Costs due to Covid-19	0
Primary Care Contractor - Expenditure	Committed Reserves - Primary Care - Forecast	0
Primary Care Contractor - Expenditure	Total Gross Primary Care Contractor Expenditure	0
Primary Care Contractor - Expenditure	Gross Primary Care Expenditure Movement	0
Primary Care Contractor - Expenditure	Total Primary Care Savings - Current Forecast	0
Primary Care Contractor - Expenditure	Primary Care Savings - Actual/Forecast	0
Primary Care Contractor - Expenditure	Non Delivery of Finalised (M1) Primary Care	0
Primary Care Contractor - Expenditure	Primary Care Savings Movement Not Captured	0
Primary Care Contractor - Expenditure	Primary Care Accountancy Gains - Actual/Forecast	0
Primary Care Contractor - Expenditure	In Year Operational Primary Care Expenditure	0
Primary Care Contractor - Expenditure	In Year Slippage on Current Planned Expenditure	0
Primary Care Contractor - Expenditure	Net Primary Care Expenditure - Current Plan	0
Primary Care Contractor - Expenditure	Net Primary Care Expenditure - Actual/Forecast	0
Primary Care Contractor - Expenditure	Net Primary Care Expenditure - Movement	0
Primary Care Contractor - Expenditure	Net Primary Care Expenditure - Movement	0
Primary Care Contractor - Expenditure	Net Primary Care Expenditure - Movement	0

Continuing Healthcare / Funded Nurs Gross CHC / FNC Expenditure - Non C	0
Continuing Healthcare / Funded Nurs Gross CHC / FNC Expenditure - Covid	0
Continuing Healthcare / Funded Nurs Planning Assumptions still to be finalise	0
Continuing Healthcare / Funded Nurs Total CHC / FNC Gross Expenditure - (	0
Continuing Healthcare / Funded Nurs CHC / FNC - Actual/Forecast Gross	0
Continuing Healthcare / Funded Nurs Additional CHC / FNC Costs due to Co	0
Continuing Healthcare / Funded Nurs Committed Reserves - CHC/FNC - For	0
Continuing Healthcare / Funded Nurs Total Gross CHC / FNC Expenditure - ,	0
Continuing Healthcare / Funded Nurs Gross CHC / FNC Expenditure Movem	0
Continuing Healthcare / Funded Nurs Total CHC / FNC Savings - Current Pla	0
Continuing Healthcare / Funded Nurs CHC / FNC Savings - Actual/Forecast	0
Continuing Healthcare / Funded Nurs Non Delivery of Finalised (M1) CHC / F	0
Continuing Healthcare / Funded Nurs CHC / FNC Savings Movement Not du	0
Continuing Healthcare / Funded Nurs CHC / FNC Accountancy Gains - Actua	0
Continuing Healthcare / Funded Nurs In Year Operational CHC / FNC Expen	0
Continuing Healthcare / Funded Nurs In Year Slippage on Current Planned C	0
Continuing Healthcare / Funded Nurs	0
Continuing Healthcare / Funded Nurs Net CHC / FNC Expenditure - Current |	0
Continuing Healthcare / Funded Nurs Net CHC / FNC Expenditure - Actual/F	0
Continuing Healthcare / Funded Nurs Net CHC / FNC Expenditure - Moveme	0
Continuing Healthcare / Funded Nurs Net CHC / FNC Expenditure - Moveme	0
Continuing Healthcare / Funded Nurs Net CHC / FNC Expenditure - Moveme	0
Commissioned Services - ExpenditurGross Commissioned Services Expenc	0
Commissioned Services - ExpenditurGross Commissioned Services Expenc	0
Commissioned Services - ExpenditurPlanning Assumptions still to be finalise	0
Commissioned Services - ExpenditurTotal Gross Commissioned Services E	0
Commissioned Services - ExpenditurHealthCare Services Provided by Othe	0
Commissioned Services - ExpenditurNon HealthCare Services Provided by	0
Commissioned Services - ExpenditurOther Private & Voluntary - Actual/Fore	0
Commissioned Services - ExpenditurJoint Financing & Other - Actual/Forec	0
Commissioned Services - ExpenditurAdditional Other Costs due to Covid-19	0
Commissioned Services - ExpenditurCommitted Reserves - Other - Forecas	0
Commissioned Services - ExpenditurTotal Gross Commissioned Services E	0
Commissioned Services - ExpenditurGross Commissioned Services Expenc	0
Commissioned Services - ExpenditurTotal Commissioned Services - Curren	0
Commissioned Services - ExpenditurCommissioned Services Savings - Act	0
Commissioned Services - ExpenditurNon Delivery of Finalised (M1) Commis	0
Commissioned Services - ExpenditurCommissioned Services Savings Move	0
Commissioned Services - ExpenditurCommissioned Services Accountancy (	0
Commissioned Services - ExpenditurIn Year Operational Commissioned Se	0
Commissioned Services - ExpenditurIn Year Slippage on Current Planned C	0
Commissioned Services - ExpenditurNet Commissioned Services Expenditu	0
Commissioned Services - ExpenditurNet Commissioned Services Expenditu	0
Commissioned Services - ExpenditurNet Commissioned Services Expenditu	0
Commissioned Services - ExpenditurNet Commissioned Services Expenditu	0
Commissioned Services - ExpenditurNet Commissioned Services Expenditu	0
Total Net Expenditure Profiles	Gross Expenditure - Non Covid-19 - Cu
Total Net Expenditure Profiles	Gross Expenditure - Covid-19 - Curren

Total Net Expenditure Profiles	Planning Assumptions still to be finalise	0
Total Net Expenditure Profiles	Total Gross Expenditure - Current Plan	0
Total Net Expenditure Profiles	Total Expenditure - Actual/Forecast Gr	0
Total Net Expenditure Profiles	Total Additional Costs due to Covid-19	0
Total Net Expenditure Profiles	Total Committed Reserves - Forecast	0
Total Net Expenditure Profiles	Total Gross Expenditure - Actual/Forec	0
Total Net Expenditure Profiles	Gross Expenditure Movement	0
Total Net Expenditure Profiles	Total Savings - Current Plan	0
Total Net Expenditure Profiles	Total Savings - Actual/Forecast	0
Total Net Expenditure Profiles	Total Non Delivery of Finalised (M1) S	0
Total Net Expenditure Profiles	Total Savings Movement Not due to Co	0
Total Net Expenditure Profiles	Total Accountancy Gains - Actual/Fore	0
Total Net Expenditure Profiles	Total In Year Operational Expenditure	0
Total Net Expenditure Profiles	Total In Year Slippage on Current Plan	0
Total Net Expenditure Profiles	Net Expenditure analysed above (Sect	0
Total Net Expenditure Profiles	Net Expenditure not analysed above (F	0
Total Net Expenditure Profiles	Total Net Expenditure - Current Plan	0
Total Net Expenditure Profiles	Net Expenditure analysed above (Sect	0
Total Net Expenditure Profiles	Net Expenditure not analysed above (F	0
Total Net Expenditure Profiles	Total Net Expenditure - Actual/Forecas	0
Total Net Expenditure Profiles	Total Net Expenditure - Movement	0
Total Net Expenditure Profiles	Net Commissioned Services Expenditu	0
Total Net Expenditure Profiles	Net Commissioned Services Expenditu	0
Total Net Expenditure Profiles	Total Non Cash Expenditure (DEL & Al	43
Total Income Profiles	Revenue Resource Limit (Inc Non Cas	0
Total Income Profiles	Revenue Resource Limit / Income for C	0
Total Income Profiles	Other Income - Current Plan	0
Total Income Profiles	Net Income Generation Schemes - Cui	0
Total Income Profiles	Total Income - Current Plan	0
Total Income Profiles	Revenue Resource Limit (Inc Non Cas	19965
Total Income Profiles	Revenue Resource Limit / Income for C	0
Total Income Profiles	Other Income - Actual/Forecast (as per	55
Total Income Profiles	Net Income Generation Schemes- Actu	0
Total Income Profiles	Total Income - Actual/Forecast (as per	20020
Total Income Profiles	Total Income - Movement	20020
Total Income Profiles	Total Income - Movement due to Covid	0
Total Income Profiles	Total Income - Movement Other	20020
Total Income Profiles	Net Surplus/(Deficit) - Current Plan	-43
Total Income Profiles	Net Surplus/(Deficit) - Actual/Forecast	19977
Total Income Profiles	Net Surplus/(Deficit) - Movement	20020
Total Income Profiles	Net Surplus/(Deficit) - Movement due t	0
Total Income Profiles	Net Surplus/(Deficit) - Movement Other	20020
A - Pay Expenditure	Administrative, Clerical & Board Memb	898
A - Pay Expenditure	Medical & Dental	440
A - Pay Expenditure	Nursing & Midwifery Registered	21
A - Pay Expenditure	Prof Scientific & Technical	110
A - Pay Expenditure	Additional Clinical Services	9
A - Pay Expenditure	Allied Health Professionals	12

A - Pay Expenditure	Healthcare Scientists	0
A - Pay Expenditure	Estates & Ancillary	0
A - Pay Expenditure	Students	0
A - Pay Expenditure	TOTAL PAY EXPENDITURE	1490
A - Pay Expenditure	LHB Provided Services - Pay	1491
A - Pay Expenditure	Other Services (incl. Primary Care) - P	0
A - Pay Expenditure	Total - Pay	1491
B - Agency / Locum (premium) Expen	Administrative, Clerical & Board Memb	32
B - Agency / Locum (premium) Expen	Medical & Dental	0
B - Agency / Locum (premium) Expen	Nursing & Midwifery Registered	0
B - Agency / Locum (premium) Expen	Prof Scientific & Technical	0
B - Agency / Locum (premium) Expen	Additional Clinical Services	0
B - Agency / Locum (premium) Expen	Allied Health Professionals	0
B - Agency / Locum (premium) Expen	Healthcare Scientists	0
B - Agency / Locum (premium) Expen	Estates & Ancillary	0
B - Agency / Locum (premium) Expen	Students	0
B - Agency / Locum (premium) Expen	TOTAL AGENCY/LOCUM (PREMIUM)	32
B - Agency / Locum (premium) Expen	Agency/Locum (premium) % of pay	0.021477
C - Agency / Locum (premium) Exper	Vacancy	32
C - Agency / Locum (premium) Exper	Maternity/Paternity/Adoption Leave	0
C - Agency / Locum (premium) Exper	Special Leave (Paid) – inc. compassion	0
C - Agency / Locum (premium) Exper	Special Leave (Unpaid)	0
C - Agency / Locum (premium) Exper	Study Leave/Examinations	0
C - Agency / Locum (premium) Exper	Additional Activity (Winter Pressures/S	0
C - Agency / Locum (premium) Exper	Annual Leave	0
C - Agency / Locum (premium) Exper	Sickness	0
C - Agency / Locum (premium) Exper	Restricted Duties	0
C - Agency / Locum (premium) Exper	Jury Service	0
C - Agency / Locum (premium) Exper	WLI	0
C - Agency / Locum (premium) Exper	Exclusion (Suspension)	0
C - Agency / Locum (premium) Exper	COVID-19	0
C - Agency / Locum (premium) Exper	TOTAL AGENCY/LOCUM (PREMIUM)	32
A - Additional Expenditure - A1	Testing (Additional costs due to C19) e	
A - Additional Expenditure - A1	Provider Pay (Establishment, Temp & ,	0
A - Additional Expenditure - A1	Administrative, Clerical & Board Memb	0
A - Additional Expenditure - A1	Medical & Dental	0
A - Additional Expenditure - A1	Nursing & Midwifery Registered	0
A - Additional Expenditure - A1	Prof Scientific & Technical	0
A - Additional Expenditure - A1	Additional Clinical Services	0
A - Additional Expenditure - A1	Allied Health Professionals	0
A - Additional Expenditure - A1	Healthcare Scientists	0
A - Additional Expenditure - A1	Estates & Ancillary	0
A - Additional Expenditure - A1	Students	0
A - Additional Expenditure - A1	Sub total Testing Provider Pay	0
A - Additional Expenditure - A1	Primary Care Contractor (excluding dru	0
A - Additional Expenditure - A1	Primary Care - Drugs	0
A - Additional Expenditure - A1	Secondary Care - Drugs	0
A - Additional Expenditure - A1	Provider - Non Pay (Clinical & General	0

A - Additional Expenditure - A1	Healthcare Services Provided by Other	0
A - Additional Expenditure - A1	Non Healthcare Services Provided by (	0
A - Additional Expenditure - A1	Continuing Care and Funded Nursing (	0
A - Additional Expenditure - A1	Other Private & Voluntary Sector	0
A - Additional Expenditure - A1	Joint Financing and Other (includes Lo	0
A - Additional Expenditure - A1	Other (only use with WG agreement &	0
A - Additional Expenditure - A1	0	0
A - Additional Expenditure - A1	0	0
A - Additional Expenditure - A1	0	0
A - Additional Expenditure - A1	Sub total Testing Non Pay	0
A - Additional Expenditure - A1	TOTAL TESTING EXPENDITURE	0
A - Additional Expenditure - A1	PLANNED TESTING EXPENDITURE (	0
A - Additional Expenditure - A1	MOVEMENT FROM OPENING PLANN	0
A - Additional Expenditure - A2	Provider Pay (Establishment, Temp & ,	0
A - Additional Expenditure - A2	Administrative, Clerical & Board Memb	0
A - Additional Expenditure - A2	Medical & Dental	0
A - Additional Expenditure - A2	Nursing & Midwifery Registered	0
A - Additional Expenditure - A2	Prof Scientific & Technical	0
A - Additional Expenditure - A2	Additional Clinical Services	0
A - Additional Expenditure - A2	Allied Health Professionals	0
A - Additional Expenditure - A2	Healthcare Scientists	0
A - Additional Expenditure - A2	Estates & Ancillary	0
A - Additional Expenditure - A2	Students	0
A - Additional Expenditure - A2	Sub total Tracing Provider Pay	0
A - Additional Expenditure - A2	Primary Care Contractor (excluding dru	0
A - Additional Expenditure - A2	Primary Care - Drugs	0
A - Additional Expenditure - A2	Secondary Care - Drugs	0
A - Additional Expenditure - A2	Provider - Non Pay (Clinical & General	0
A - Additional Expenditure - A2	Healthcare Services Provided by Other	0
A - Additional Expenditure - A2	Non Healthcare Services Provided by (	0
A - Additional Expenditure - A2	Continuing Care and Funded Nursing (	0
A - Additional Expenditure - A2	Other Private & Voluntary Sector	0
A - Additional Expenditure - A2	Joint Financing and Other (includes Lo	0
A - Additional Expenditure - A2	Other (only use with WG agreement &	0
A - Additional Expenditure - A2	0	0
A - Additional Expenditure - A2	0	0
A - Additional Expenditure - A2	0	0
A - Additional Expenditure - A2	Sub total Tracing Non Pay	0
A - Additional Expenditure - A2	TOTAL TRACING EXPENDITURE	0
A - Additional Expenditure - A2	PLANNED TRACING EXPENDITURE	0
A - Additional Expenditure - A2	MOVEMENT FROM OPENING PLANN	0
A - Additional Expenditure - A3	Provider Pay (Establishment, Temp & ,	0
A - Additional Expenditure - A3	Administrative, Clerical & Board Memb	0
A - Additional Expenditure - A3	Medical & Dental	0
A - Additional Expenditure - A3	Nursing & Midwifery Registered	0
A - Additional Expenditure - A3	Prof Scientific & Technical	0
A - Additional Expenditure - A3	Additional Clinical Services	0
A - Additional Expenditure - A3	Allied Health Professionals	0

A - Additional Expenditure - A3	Healthcare Scientists	0
A - Additional Expenditure - A3	Estates & Ancillary	0
A - Additional Expenditure - A3	Students	0
A - Additional Expenditure - A3	Sub total Mass COVID-19 Vaccination	0
A - Additional Expenditure - A3	Primary Care Contractor (excluding dr	0
A - Additional Expenditure - A3	Primary Care - Drugs	0
A - Additional Expenditure - A3	Secondary Care - Drugs	0
A - Additional Expenditure - A3	Provider - Non Pay (Clinical & General	0
A - Additional Expenditure - A3	Healthcare Services Provided by Other	0
A - Additional Expenditure - A3	Non Healthcare Services Provided by (	0
A - Additional Expenditure - A3	Continuing Care and Funded Nursing (	0
A - Additional Expenditure - A3	Other Private & Voluntary Sector	0
A - Additional Expenditure - A3	Joint Financing and Other (includes Lo	0
A - Additional Expenditure - A3	Other (only use with WG agreement &	0
A - Additional Expenditure - A3	0	0
A - Additional Expenditure - A3	0	0
A - Additional Expenditure - A3	0	0
A - Additional Expenditure - A3	Sub total Mass COVID-19 Vaccination	0
A - Additional Expenditure - A3	TOTAL MASS COVID-19 VACC EXPE	0
A - Additional Expenditure - A3	PLANNED MASS COVID-19 VACC EX	0
A - Additional Expenditure - A3	MOVEMENT FROM OPENING PLANN	0
A - Additional Expenditure - A4	Provider Pay (Establishment, Temp & /	0
A - Additional Expenditure - A4	Administrative, Clerical & Board Memb	0
A - Additional Expenditure - A4	Medical & Dental	0
A - Additional Expenditure - A4	Nursing & Midwifery Registered	0
A - Additional Expenditure - A4	Prof Scientific & Technical	0
A - Additional Expenditure - A4	Additional Clinical Services	0
A - Additional Expenditure - A4	Allied Health Professionals	0
A - Additional Expenditure - A4	Healthcare Scientists	0
A - Additional Expenditure - A4	Estates & Ancillary	0
A - Additional Expenditure - A4	Students	0
A - Additional Expenditure - A4	Sub total Extended Flu Vaccination Pro	0
A - Additional Expenditure - A4	Primary Care Contractor (excluding dr	0
A - Additional Expenditure - A4	Primary Care - Drugs	0
A - Additional Expenditure - A4	Secondary Care - Drugs	0
A - Additional Expenditure - A4	Provider - Non Pay (Clinical & General	0
A - Additional Expenditure - A4	Healthcare Services Provided by Other	0
A - Additional Expenditure - A4	Non Healthcare Services Provided by (	0
A - Additional Expenditure - A4	Continuing Care and Funded Nursing (	0
A - Additional Expenditure - A4	Other Private & Voluntary Sector	0
A - Additional Expenditure - A4	Joint Financing and Other (includes Lo	0
A - Additional Expenditure - A4	Other (only use with WG agreement &	0
A - Additional Expenditure - A4	0	0
A - Additional Expenditure - A4	0	0
A - Additional Expenditure - A4	0	0
A - Additional Expenditure - A4	Sub total Extended Flu Vaccination No	0
A - Additional Expenditure - A4	TOTAL EXTENDED FLU VACC EXPE	0
A - Additional Expenditure - A4	PLANNED EXTENDED FLU VACC EX	0

A - Additional Expenditure - A4	MOVEMENT FROM OPENING PLAN	0
A - Additional Expenditure - A5	Provider Pay (Establishment, Temp & /	0
A - Additional Expenditure - A5	Administrative, Clerical & Board Memb	0
A - Additional Expenditure - A5	Medical & Dental	0
A - Additional Expenditure - A5	Nursing & Midwifery Registered	0
A - Additional Expenditure - A5	Prof Scientific & Technical	0
A - Additional Expenditure - A5	Additional Clinical Services	0
A - Additional Expenditure - A5	Allied Health Professionals	0
A - Additional Expenditure - A5	Healthcare Scientists	0
A - Additional Expenditure - A5	Estates & Ancillary	0
A - Additional Expenditure - A5	Students	0
A - Additional Expenditure - A5	Sub total Field Hospital / Surge Provide	0
A - Additional Expenditure - A5	Primary Care Contractor (excluding dru	0
A - Additional Expenditure - A5	Primary Care - Drugs	0
A - Additional Expenditure - A5	Secondary Care - Drugs	0
A - Additional Expenditure - A5	Provider - Non Pay (Clinical & General	0
A - Additional Expenditure - A5	Provider - Non Pay (Decommissioning	0
A - Additional Expenditure - A5	Healthcare Services Provided by Other	0
A - Additional Expenditure - A5	Non Healthcare Services Provided by (	0
A - Additional Expenditure - A5	Continuing Care and Funded Nursing (	0
A - Additional Expenditure - A5	Other Private & Voluntary Sector	0
A - Additional Expenditure - A5	Joint Financing and Other (includes Lo	0
A - Additional Expenditure - A5	Joint Financing and Other - (Compensa	0
A - Additional Expenditure - A5	Other (only use with WG agreement &	0
A - Additional Expenditure - A5	0	0
A - Additional Expenditure - A5	0	0
A - Additional Expenditure - A5	0	0
A - Additional Expenditure - A5	Sub total Field Hospital / Surge Non Pa	0
A - Additional Expenditure - A5	TOTAL FIELD HOSPITAL / SURGE E	0
A - Additional Expenditure - A5	PLANNED FIELD HOSPITAL / SURGE	0
A - Additional Expenditure - A5	MOVEMENT FROM OPENING PLAN	0
A - Additional Expenditure - A6	Provider Pay (Establishment, Temp & /	0
A - Additional Expenditure - A6	Administrative, Clerical & Board Memb	0
A - Additional Expenditure - A6	Medical & Dental	0
A - Additional Expenditure - A6	Nursing & Midwifery Registered	0
A - Additional Expenditure - A6	Prof Scientific & Technical	0
A - Additional Expenditure - A6	Additional Clinical Services	0
A - Additional Expenditure - A6	Allied Health Professionals	0
A - Additional Expenditure - A6	Healthcare Scientists	0
A - Additional Expenditure - A6	Estates & Ancillary	0
A - Additional Expenditure - A6	Students	0
A - Additional Expenditure - A6	Sub total Cleaning Standards Provider	0
A - Additional Expenditure - A6	Primary Care Contractor (excluding dru	0
A - Additional Expenditure - A6	Primary Care - Drugs	0
A - Additional Expenditure - A6	Secondary Care - Drugs	0
A - Additional Expenditure - A6	Provider - Non Pay (Clinical & General	0
A - Additional Expenditure - A6	Healthcare Services Provided by Other	0
A - Additional Expenditure - A6	Non Healthcare Services Provided by (	0

A - Additional Expenditure - A6	Continuing Care and Funded Nursing (	0
A - Additional Expenditure - A6	Other Private & Voluntary Sector	0
A - Additional Expenditure - A6	Joint Financing and Other (includes Lo	0
A - Additional Expenditure - A6	Other (only use with WG agreement &	0
A - Additional Expenditure - A6	0	0
A - Additional Expenditure - A6	0	0
A - Additional Expenditure - A6	0	0
A - Additional Expenditure - A6	Sub total Cleaning Standards Non Pay	0
A - Additional Expenditure - A6	TOTAL CLEANING STANDARDS EXP	0
A - Additional Expenditure - A6	PLANNED CLEANING STANDARDS E	0
A - Additional Expenditure - A6	MOVEMENT FROM OPENING PLANN	0
A - Additional Expenditure - A7	Provider Pay (Establishment, Temp & ,	0
A - Additional Expenditure - A7	Administrative, Clerical & Board Memb	0
A - Additional Expenditure - A7	Medical & Dental	0
A - Additional Expenditure - A7	Nursing & Midwifery Registered	0
A - Additional Expenditure - A7	Prof Scientific & Technical	0
A - Additional Expenditure - A7	Additional Clinical Services	0
A - Additional Expenditure - A7	Allied Health Professionals	0
A - Additional Expenditure - A7	Healthcare Scientists	0
A - Additional Expenditure - A7	Estates & Ancillary	0
A - Additional Expenditure - A7	Students	0
A - Additional Expenditure - A7	Other (only use with WG Agreement &	0
A - Additional Expenditure - A7	Recovery of unused COVID bonus allo	0
A - Additional Expenditure - A7	Increase in annual leave accrual 2021/	0
A - Additional Expenditure - A7	0	0
A - Additional Expenditure - A7	Sub total Other C-19 Provider Pay	0
A - Additional Expenditure - A7	Primary Care Contractor (excluding dru	0
A - Additional Expenditure - A7	Primary Care Contractor (excluding dru	0
A - Additional Expenditure - A7	Primary Care - Drugs	0
A - Additional Expenditure - A7	Secondary Care - Drugs	0
A - Additional Expenditure - A7	Provider - Non Pay (Clinical & General	0
A - Additional Expenditure - A7	Provider - Non Pay - PPE	0
A - Additional Expenditure - A7	Healthcare Services Provided by Other	0
A - Additional Expenditure - A7	Healthcare Services Provided by Other	0
A - Additional Expenditure - A7	Healthcare Services Provided by Other	0
A - Additional Expenditure - A7	Non Healthcare Services Provided by (	0
A - Additional Expenditure - A7	Continuing Care and Funded Nursing (	0
A - Additional Expenditure - A7	Other Private & Voluntary Sector	0
A - Additional Expenditure - A7	Other Private & Voluntary Sector - Priv	0
A - Additional Expenditure - A7	Joint Financing and Other (includes Lo	0
A - Additional Expenditure - A7	Other (only use with WG Agreement &	0
A - Additional Expenditure - A7	0	0
A - Additional Expenditure - A7	0	0
A - Additional Expenditure - A7	0	0
A - Additional Expenditure - A7	0	0
A - Additional Expenditure - A7	Sub total Other C-19 Non Pay	0
A - Additional Expenditure	TOTAL OTHER C-19 EXPENDITURE	0
A - Additional Expenditure	PLANNED OTHER C-19 EXPENDITUI	0

A - Additional Expenditure	MOVEMENT FROM OPENING PLAN	0
A - Additional Expenditure	TOTAL ADDITIONAL EXPENDITURE	0
A - Additional Expenditure	PLANNED ADDITIONAL EXPENDITURE	0
A - Additional Expenditure	MOVEMENT FROM OPENING PLAN	0
B - In Year Non Delivery of Savings / Non Delivery of Savings (due to C19) -		
B - In Year Non Delivery of Savings / Non Delivery of Finalised (M1) Savings		0
B - In Year Non Delivery of Savings / Non finalisation of Planning Assumptio		0
B - In Year Non Delivery of Savings / Non Delivery of Finalised (M1) Net Inco		0
B - In Year Non Delivery of Savings / TOTAL NON DELIVERY OF SAVINGS		0
C - In Year Operational Expenditure (Expenditure Reductions (due to C19) -		
C - In Year Operational Expenditure (Reduction of non pay costs due to redu		0
C - In Year Operational Expenditure (Reduction of outsourcing costs due to i		0
C - In Year Operational Expenditure (WHSSC C-19 Slippage (as advised by		0
C - In Year Operational Expenditure (Other (please specify):		0
C - In Year Operational Expenditure C		0
C - In Year Operational Expenditure C	0	0
C - In Year Operational Expenditure C	0	0
C - In Year Operational Expenditure C	0	0
C - In Year Operational Expenditure C		0
C - In Year Operational Expenditure (TOTAL EXPENDITURE REDUCTION		0
D - In Year Slippage on Planned Inve		0
D - In Year Slippage on Planned Inve	0	0
D - In Year Slippage on Planned Inve	0	0
D - In Year Slippage on Planned Inve	0	0
D - In Year Slippage on Planned Inve	0	0
D - In Year Slippage on Planned Inve	0	0
D - In Year Slippage on Planned Inve	0	0
D - In Year Slippage on Planned Inve	0	0
D - In Year Slippage on Planned Inve		0
D - In Year Slippage on Planned Inve	TOTAL RELEASE/REPURPOSING OF	0
	ACTUAL / FORECAST - EXPENDITURE	0
E - Additional Welsh Government Fur	PLANNED WG FUNDING FOR COVIC	0
E - Additional Welsh Government Fur	MOVEMENTS FROM OPENING PLAN	0
E - Additional Welsh Government Fur	TOTAL ACTUAL / FORECAST WG FL	0
	ACTUAL / FORECAST NET IMPACT C	0
CHC and Funded Nursing Care	Budget/Plan	0
CHC and Funded Nursing Care	Actual/F'cast	0
CHC and Funded Nursing Care	Variance	0
Commissioned Services	Budget/Plan	0
Commissioned Services	Actual/F'cast	0
Commissioned Services	Variance	0
Medicines Management (Primary & S	Budget/Plan	0
Medicines Management (Primary & S	Actual/F'cast	0
Medicines Management (Primary & S	Variance	0
Non Pay	Budget/Plan	0
Non Pay	Actual/F'cast	0
Non Pay	Variance	0
Pay	Budget/Plan	0

Pay	Actual/F'cast	0
Pay	Variance	0
Primary Care	Budget/Plan	0
Primary Care	Actual/F'cast	0
Primary Care	Variance	0
Total	Budget/Plan	0
Total	Actual/F'cast	0
Total	Variance	0
Changes in Staffing Establishment	Budget/Plan	0
Changes in Staffing Establishment	Actual/F'cast	0
Changes in Staffing Establishment	Variance	0
Variable Pay	Budget/Plan	0
Variable Pay	Actual/F'cast	0
Variable Pay	Variance	0
Locum	Budget/Plan	0
Locum	Actual/F'cast	0
Locum	Variance	0
Agency / Locum paid at a premium	Budget/Plan	0
Agency / Locum paid at a premium	Actual/F'cast	0
Agency / Locum paid at a premium	Variance	0
Changes in Bank Staff	Budget/Plan	0
Changes in Bank Staff	Actual/F'cast	0
Changes in Bank Staff	Variance	0
Other (Please Specify)	Budget/Plan	0
Other (Please Specify)	Actual/F'cast	0
Other (Please Specify)	Variance	0
Total	Budget/Plan	0
Total	Actual/F'cast	0
Total	Variance	0
Reduced usage of Agency/Locums p	Budget/Plan	0
Reduced usage of Agency/Locums p	Actual/F'cast	0
Reduced usage of Agency/Locums p	Variance	0
Non Medical 'off contract' to 'on contr	Budget/Plan	0
Non Medical 'off contract' to 'on contr	Actual/F'cast	0
Non Medical 'off contract' to 'on contr	Variance	0
Medical - Impact of Agency pay rate c	Budget/Plan	0
Medical - Impact of Agency pay rate c	Actual/F'cast	0
Medical - Impact of Agency pay rate c	Variance	0
Other (Please Specify)	Budget/Plan	0
Other (Please Specify)	Actual/F'cast	0
Other (Please Specify)	Variance	0
Total	Budget/Plan	0
Total	Actual/F'cast	0
Total	Variance	0
Savings (Cash Releasing & Cost Avo	Month 1 - Plan	0
Savings (Cash Releasing & Cost Avo	Month 1 - Actual/Forecast	0
Savings (Cash Releasing & Cost Avo	Variance	0
Savings (Cash Releasing & Cost Avo	In Year - Plan	0

Savings (Cash Releasing & Cost Avo In Year - Actual/Forecast	0
Savings (Cash Releasing & Cost Avo Variance	0
Savings (Cash Releasing & Cost Avo Total Plan	0
Savings (Cash Releasing & Cost Avo Total Actual/Forecast	0
Savings (Cash Releasing & Cost Avo Total Variance	0
Net Income Generation Month 1 - Plan	0
Net Income Generation Month 1 - Actual/Forecast	0
Net Income Generation Variance	0
Net Income Generation In Year - Plan	0
Net Income Generation In Year - Actual/Forecast	0
Net Income Generation Variance	0
Net Income Generation Total Plan	0
Net Income Generation Total Actual/Forecast	0
Net Income Generation Total Variance	0
Accountancy Gains In Year - Plan	0
Accountancy Gains In Year - Actual/Forecast	0
Accountancy Gains Variance	0
Total Month 1 - Plan	0
Total Month 1 - Actual/Forecast	0
Total Variance	0
Total In Year - Plan	0
Total In Year - Actual/Forecast	0
Total Variance	0
Total Total Plan	0
Total Total Actual/Forecast	0
Total Total Variance	0
Total Income Swansea Bay University	
Total Income Aneurin Bevan University	
Total Income Betsi Cadwaladr University	
Total Income Cardiff & Vale University	
Total Income Cwm Taf Morgannwg University	
Total Income Hywel Dda University	
Total Income Powys	
Total Income Public Health Wales	
Total Income Velindre	
Total Income NWSSP	
Total Income DHCW	
Total Income Wales Ambulance Services	
Total Income WHSSC	
Total Income EASC	
Total Income HEIW	
Total Income NHS Wales Executive	
Total Income Total	
Total Expenditure Swansea Bay University	
Total Expenditure Aneurin Bevan University	
Total Expenditure Betsi Cadwaladr University	
Total Expenditure Cardiff & Vale University	
Total Expenditure Cwm Taf Morgannwg University	

Total Expenditure	Hywel Dda University	
Total Expenditure	Powys	
Total Expenditure	Public Health Wales	
Total Expenditure	Velindre	
Total Expenditure	NWSSP	
Total Expenditure	DHCW	
Total Expenditure	Wales Ambulance Services	
Total Expenditure	WHSSC	
Total Expenditure	EASC	
Total Expenditure	HEIW	
Total Expenditure	NHS Wales Executive	
Total Expenditure	Total	
Confirmed Resources Per 1. above	HCHS	
Anticipated Resources Per 2. above	HCHS	
Total Resources	HCHS	
Confirmed Resources Per 1. above	Pharmacy	
Anticipated Resources Per 2. above	Pharmacy	
Total Resources	Pharmacy	
Confirmed Resources Per 1. above	Dental	
Anticipated Resources Per 2. above	Dental	
Total Resources	Dental	
Confirmed Resources Per 1. above	GMS	
Anticipated Resources Per 2. above	GMS	
Total Resources	GMS	
Confirmed Resources Per 1. above	Total Revenue	
Anticipated Resources Per 2. above	Total Revenue	
Total Resources	Total Revenue	
Confirmed Resources Per 1. above	Revenue Drawing	
Anticipated Resources Per 2. above	Revenue Drawing	
Total Resources	Revenue Drawing	
Confirmed Resources Per 1. above	Capital Resource	
Anticipated Resources Per 2. above	Capital Resource	
Total Resources	Capital Resource	
Confirmed Resources Per 1. above	Capital Drawing	
Anticipated Resources Per 2. above	Capital Drawing	
Total Resources	Capital Drawing	
DEL Non Cash Depreciation - Baselir		0
DEL Non Cash Depreciation - Strateg		0
DEL Non Cash Depreciation - Accele		0
DEL Non Cash Depreciation - Impairr		0
AME Non Cash Depreciation - Donat		0
AME Non Cash Depreciation - Impair		0
AME Non Cash Depreciation - Impair		0
Removal of Donated Assets / Govern		0
Total COVID-19 (see below analysis)		0
AHP	NR	
2021-22 Band 1-5 Pay Award Allocati	NR	
End of Year Funding - Equipment 21/		0

Total COVID-19
Total COVID-19
Total COVID-19
Total COVID-19
Total COVID-19
Total COVID-19
Total COVID-19

Testing (inc Community Testing)
Tracing
Mass COVID-19 Vaccination
Extended Flu Vaccination
Field Hospital / Surge
Cleaning Standards
PPE

0
0
0
0
0
0
0
0
0
0
0

Total Income

Total COVID-19

Total COVID-19

Total COVID-19

Total COVID-19

Total COVID-19

Total COVID-19

Total COVID-19

Total COVID-19

Total COVID-19

Total COVID-19

Total COVID-19

Total COVID-19

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Total COVID-19

Total COVID-19

Total COVID-19

Total COVID-19

Total COVID-19

Total COVID-19

Total COVID-19

Total COVID-19

Total COVID-19

Total COVID-19

Total COVID-19

Property, plant and equipment

Intangible assets

Trade and other receivables

Other financial assets

Non-Current Assets sub total

Inventories

Testing (inc Community Testing)

Tracing

Mass COVID-19 Vaccination

Extended Flu Vaccination

Field Hospital / Surge

Cleaning Standards

PPE

Private Providers

Urgent & Emergency Care

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

Total Funding

Opening Balance

Opening Balance

Opening Balance

Opening Balance

Opening Balance

Opening Balance

Trade and other receivables	Opening Balance
Other financial assets	Opening Balance
Cash and cash equivalents	Opening Balance
Non-current assets classified as held	Opening Balance
Current Assets sub total	Opening Balance
TOTAL ASSETS	Opening Balance
Trade and other payables	Opening Balance
Borrowings (Trust Only)	Opening Balance
Other financial liabilities	Opening Balance
Provisions	Opening Balance
Current Liabilities sub total	Opening Balance
NET ASSETS LESS CURRENT LIAB	Opening Balance
Trade and other payables	Opening Balance
Borrowings (Trust Only)	Opening Balance
Other financial liabilities	Opening Balance
Provisions	Opening Balance
Non-Current Liabilities sub total	Opening Balance
TOTAL ASSETS EMPLOYED	Opening Balance
General Fund	Opening Balance
Revaluation Reserve	Opening Balance
PDC (Trust only)	Opening Balance
Retained earnings (Trust Only)	Opening Balance
Other reserve	Opening Balance
Total Taxpayers' Equity	Opening Balance
Legal Case - Estimated costs of holid	Opening Balance
0	Opening Balance
0	Opening Balance
0	Opening Balance
0	Opening Balance
0	Opening Balance
0	Opening Balance
0	Opening Balance
0	Opening Balance
0	Opening Balance
Total Provisions	Opening Balance
Welsh NHS Receivables Aged 0 - 10	Opening Balance
Welsh NHS Receivables Aged 11 - 16	Opening Balance
Welsh NHS Receivables Aged 17 we	Opening Balance
Capital	Opening Balance
Revenue	Opening Balance
Capital	Opening Balance
Revenue	Opening Balance
Property, plant and equipment	Closing Balance
Intangible assets	Closing Balance
Trade and other receivables	Closing Balance
Other financial assets	Closing Balance
Non-Current Assets sub total	Closing Balance
Inventories	Closing Balance
Trade and other receivables	Closing Balance

Other financial assets	Closing Balance
Cash and cash equivalents	Closing Balance
Non-current assets classified as held	Closing Balance
Current Assets sub total	Closing Balance
TOTAL ASSETS	Closing Balance
Trade and other payables	Closing Balance
Borrowings (Trust Only)	Closing Balance
Other financial liabilities	Closing Balance
Provisions	Closing Balance
Current Liabilities sub total	Closing Balance
NET ASSETS LESS CURRENT LIAB	Closing Balance
Trade and other payables	Closing Balance
Borrowings (Trust Only)	Closing Balance
Other financial liabilities	Closing Balance
Provisions	Closing Balance
Non-Current Liabilities sub total	Closing Balance
TOTAL ASSETS EMPLOYED	Closing Balance
General Fund	Closing Balance
Revaluation Reserve	Closing Balance
PDC (Trust only)	Closing Balance
Retained earnings (Trust Only)	Closing Balance
Other reserve	Closing Balance
Total Taxpayers' Equity	Closing Balance
Legal Case - Estimated costs of holid	Closing Balance
0	Closing Balance
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0	Closing Balance
Total Provisions	Closing Balance
Welsh NHS Receivables Aged 0 - 10	Closing Balance
Welsh NHS Receivables Aged 11 - 16	Closing Balance
Welsh NHS Receivables Aged 17 we	Closing Balance
Capital	Closing Balance
Revenue	Closing Balance
Capital	Closing Balance
Revenue	Closing Balance
Property, plant and equipment	Forecast Closing Balance
Intangible assets	Forecast Closing Balance
Trade and other receivables	Forecast Closing Balance
Other financial assets	Forecast Closing Balance
Non-Current Assets sub total	Forecast Closing Balance
Inventories	Forecast Closing Balance
Trade and other receivables	Forecast Closing Balance
Other financial assets	Forecast Closing Balance

Cash and cash equivalents	Forecast Closing Balance	
Non-current assets classified as held	Forecast Closing Balance	
Current Assets sub total	Forecast Closing Balance	
TOTAL ASSETS	Forecast Closing Balance	
Trade and other payables	Forecast Closing Balance	
Borrowings (Trust Only)	Forecast Closing Balance	
Other financial liabilities	Forecast Closing Balance	
Provisions	Forecast Closing Balance	
Current Liabilities sub total	Forecast Closing Balance	
NET ASSETS LESS CURRENT LIAB	Forecast Closing Balance	
Trade and other payables	Forecast Closing Balance	
Borrowings (Trust Only)	Forecast Closing Balance	
Other financial liabilities	Forecast Closing Balance	
Provisions	Forecast Closing Balance	
Non-Current Liabilities sub total	Forecast Closing Balance	
TOTAL ASSETS EMPLOYED	Forecast Closing Balance	
General Fund	Forecast Closing Balance	
Revaluation Reserve	Forecast Closing Balance	
PDC (Trust only)	Forecast Closing Balance	
Retained earnings (Trust Only)	Forecast Closing Balance	
Other reserve	Forecast Closing Balance	
Total Taxpayers' Equity	Forecast Closing Balance	
Legal Case - Estimated costs of holid	Forecast Closing Balance	
0	Forecast Closing Balance	
0	Forecast Closing Balance	
0	Forecast Closing Balance	
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0	Forecast Closing Balance	
0	Forecast Closing Balance	
0	Forecast Closing Balance	
0	Forecast Closing Balance	
0	Forecast Closing Balance	
Total Provisions	Forecast Closing Balance	
Welsh NHS Receivables Aged 0 - 10	Forecast Closing Balance	
Welsh NHS Receivables Aged 11 - 16	Forecast Closing Balance	
Welsh NHS Receivables Aged 17 we	Forecast Closing Balance	
Capital	Forecast Closing Balance	
Revenue	Forecast Closing Balance	
Capital	Forecast Closing Balance	
Revenue	Forecast Closing Balance	
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only		12000
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only		0
WG Revenue Funding - Other (e.g. invoices)		0
WG Capital Funding - Cash Limit - LHB & SHA only		0
Income from other Welsh NHS Organisations		22
Short Term Loans - Trust only		0
PDC - Trust only		0
Interest Receivable - Trust only		0
Sale of Assets		0

Other - (Specify in narrative)	62
TOTAL RECEIPTS	12084
Primary Care Services : General Medical Services	0
Primary Care Services : Pharmacy Services	0
Primary Care Services : Prescribed Drugs & Appliances	0
Primary Care Services : General Dental Services	0
Non Cash Limited Payments	0
Salaries and Wages	1499
Non Pay Expenditure	14202
Short Term Loan Repayment - Trust only	0
PDC Repayment - Trust only	0
Capital Payment	0
Other items (Specify in narrative)	0
TOTAL PAYMENTS	15701
Net cash inflow/outflow	-3617
Balance b/f	6148
Balance c/f	2531

English Catherine
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20087	18779	20066	21115	23124	23543	23088	22701
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
48	20	20	45	33	36	36	31
20135	18799	20086	21160	23157	23579	23124	22732
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
1490	1560	1560	1584	1822	1743	1752	1774
854	975	1038	783	1015	1194	1009	1501
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0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
17642	16203	17387	18711	20194	20154	20247	19979
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0	0	0	0	0	0	0	0

English, Catherine
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0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
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20029	18781	20029	21121	23074	23134	23051	23297
106	18	57	39	83	445	73	-565

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20087	18779	20066	21115	23124	23567	23088	22701
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48	20	20	45	33	36	36	31
0	0	0	0	0	0	0	0
20135	18799	20086	21160	23157	23579	23124	22732
20135	18799	20086	21160	23157	23579	23124	22732
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20135	18799	20086	21160	23157	23603	23124	22732
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20092	18756	20042	21117	23114	23560	23081	22689
20135	18799	20086	21160	23157	23603	23124	22732
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917	925	937	943	1128	1064	1073	1096
437	442	449	452	473	453	483	463
21	30	28	32	36	36	32	34
93	141	124	132	164	170	143	160
10	10	10	11	14	13	14	14
12	12	12	14	8	7	7	7

English Cathay
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English Catherine
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22500	20500	15500	20000	22000	22000	24500	41500
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English, Catherine
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22551	20786	16629	20038	22041	22324	24537	41541
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18180	17024	19870	20029	21570	18083	20099	18693
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19830	18602	21472	21625	22999	19826	21825	20315
2721	2184	-4843	-1587	-958	2498	2712	21226
2531	5252	7436	2593	1006	48	2546	5258
5252	7436	2593	1006	48	2546	5258	26484

Month 10	Month 11	Month 12	Total MMR	Month 13	Total
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0	0	0	0		0
1	-12	-195	141		141
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0	0	0	0		0
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1	-12	-336	0		0
0	0	-141	-141		-141
1	-12	-195	141		141
			0		0
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English, Catherine
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-24	-24
0	0
-117	-117
0	0
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141	141
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-31,045	-31045
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31,045	31045
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English Catherine
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English Catherine
03/29/2022 15:48:21

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0	0	141	117	117
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0	0	141	117	117
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0	0	141	117	117
0	0	141	117	117
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43	44	45	520	520
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22181	24573	26859	266105	266105
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42	29	113	508	508
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22223	24602	26972	266589	266589
22223	24602	26972	266589	266589
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22223	24602	26972	532787	532787
-43	-44	-45	-520	-520
22180	24558	26786	265952	265952
22223	24602	26831	266472	266472
0	0	141	93	93
22223	24602	26690	266379	266379
1137	1116	1447	12681	12681
483	489	464	5528	5528
41	47	34	392	392
169	179	124	1709	1709
14	12	12	143	143
7	7	13	118	118

English, Catherine
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English Catherine
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8115	8115
692	692
1492	1492
46124	46124
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3585	3585
322	322
0	0
0	0
0	0
0	0
136719	136719
265878	265878
203	203
266081	266081
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0	0
0	0
265878	265878
203	203
266081	266081
265382	265382
203	203
265585	265585
100	100
183	183
283	283
100	100
183	183
283	283
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145	145
58	58
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English Catherine
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1765	1765
0	0
6148	6148
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7913	7913
10092	10092
7661	7661
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0	0
7	7
7668	7668
2424	2424
148	148
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148	148
2276	2276
2276	2276
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2276	2276
7	7
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7809	7809
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6148	6148
2179	2179
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1765	1765

English Catherine
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6148	6148
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7913	7913
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7668	7668
2424	2424
148	148
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148	148
2276	2276
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2276	2276
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7809	7809
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6148	6148
2179	2179
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2179	2179
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1765	1765
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English Catherine
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6148	6148
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7668	7668
2424	2424
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148	148
2276	2276
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2276	2276
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7809	7809
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6148	6148

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English Catherine
03/29/2022 15:46:21

45	17	29	1721	1721
67	25044	39847	267489	267489
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1854	1834	2461	20579	20579
22117	21208	39719	250794	250794
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77	0	191	283	283
0	0	0	0	0
24048	23042	42371	271656	271656
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26484	2503	4505	0	0
2503	4505	1981		0

HEW		Period 1	Period 2
This table is currently showing 6 months		Period 1	Period 2
Table 1: Summary of Financial Performance for Budget Period		Period 1	Period 2
Line Item	Description	Period 1	Period 2
1	Salaries and Wages	1000	1000
2	Travel	50	50
3	Telephone	25	25
4	Postage	10	10
5	Printing	15	15
6	Supplies	30	30
7	Utilities	40	40
8	Insurance	60	60
9	Depreciation	20	20
10	Interest	10	10
11	Other	10	10
12	Total	1200	1200
13	Revenue	1200	1200
14	Expenses	1200	1200
15	Net Income	0	0
16	Operating Income	0	0
17	Net Income Before Taxes	0	0
18	Income Tax Expense	0	0
19	Net Income After Taxes	0	0
20	Retained Earnings	0	0
21	Dividends	0	0
22	Total Assets	1200	1200
23	Total Liabilities	0	0
24	Total Equity	1200	1200
25	Total	1200	1200

HEW		Period 1	Period 2
This table is currently showing 6 months		Period 1	Period 2
Table 2: Summary of Financial Performance for Budget Period		Period 1	Period 2
Line Item	Description	Period 1	Period 2
1	Salaries and Wages	1000	1000
2	Travel	50	50
3	Telephone	25	25
4	Postage	10	10
5	Printing	15	15
6	Supplies	30	30
7	Utilities	40	40
8	Insurance	60	60
9	Depreciation	20	20
10	Interest	10	10
11	Other	10	10
12	Total	1200	1200
13	Revenue	1200	1200
14	Expenses	1200	1200
15	Net Income	0	0
16	Operating Income	0	0
17	Net Income Before Taxes	0	0
18	Income Tax Expense	0	0
19	Net Income After Taxes	0	0
20	Retained Earnings	0	0
21	Dividends	0	0
22	Total Assets	1200	1200
23	Total Liabilities	0	0
24	Total Equity	1200	1200
25	Total	1200	1200

HEW		Period 1	Period 2
This table is currently showing 6 months		Period 1	Period 2
Table 3: Summary of Financial Performance for Budget Period		Period 1	Period 2
Line Item	Description	Period 1	Period 2
1	Salaries and Wages	1000	1000
2	Travel	50	50
3	Telephone	25	25
4	Postage	10	10
5	Printing	15	15
6	Supplies	30	30
7	Utilities	40	40
8	Insurance	60	60
9	Depreciation	20	20
10	Interest	10	10
11	Other	10	10
12	Total	1200	1200
13	Revenue	1200	1200
14	Expenses	1200	1200
15	Net Income	0	0
16	Operating Income	0	0
17	Net Income Before Taxes	0	0
18	Income Tax Expense	0	0
19	Net Income After Taxes	0	0
20	Retained Earnings	0	0
21	Dividends	0	0
22	Total Assets	1200	1200
23	Total Liabilities	0	0
24	Total Equity	1200	1200
25	Total	1200	1200

HEW		Period 1	Period 2
This table is currently showing 6 months		Period 1	Period 2
Table 4: Summary of Financial Performance for Budget Period		Period 1	Period 2
Line Item	Description	Period 1	Period 2
1	Salaries and Wages	1000	1000
2	Travel	50	50
3	Telephone	25	25
4	Postage	10	10
5	Printing	15	15
6	Supplies	30	30
7	Utilities	40	40
8	Insurance	60	60
9	Depreciation	20	20
10	Interest	10	10
11	Other	10	10
12	Total	1200	1200
13	Revenue	1200	1200
14	Expenses	1200	1200
15	Net Income	0	0
16	Operating Income	0	0
17	Net Income Before Taxes	0	0
18	Income Tax Expense	0	0
19	Net Income After Taxes	0	0
20	Retained Earnings	0	0
21	Dividends	0	0
22	Total Assets	1200	1200
23	Total Liabilities	0	0
24	Total Equity	1200	1200
25	Total	1200	1200

HEW		Period 1	Period 2
This table is currently showing 6 months		Period 1	Period 2
Table 5: Summary of Financial Performance for Budget Period		Period 1	Period 2
Line Item	Description	Period 1	Period 2
1	Salaries and Wages	1000	1000
2	Travel	50	50
3	Telephone	25	25
4	Postage	10	10
5	Printing	15	15
6	Supplies	30	30
7	Utilities	40	40
8	Insurance	60	60
9	Depreciation	20	20
10	Interest	10	10
11	Other	10	10
12	Total	1200	1200
13	Revenue	1200	1200
14	Expenses	1200	1200
15	Net Income	0	0
16	Operating Income	0	0
17	Net Income Before Taxes	0	0
18	Income Tax Expense	0	0
19	Net Income After Taxes	0	0
20	Retained Earnings	0	0
21	Dividends	0	0
22	Total Assets	1200	1200
23	Total Liabilities	0	0
24	Total Equity	1200	1200
25	Total	1200	1200

HEW		Period 1	Period 2
This table is currently showing 6 months		Period 1	Period 2
Table 6: Summary of Financial Performance for Budget Period		Period 1	Period 2
Line Item	Description	Period 1	Period 2
1	Salaries and Wages	1000	1000
2	Travel	50	50
3	Telephone	25	25
4	Postage	10	10
5	Printing	15	15
6	Supplies	30	30
7	Utilities	40	40
8	Insurance	60	60
9	Depreciation	20	20
10	Interest	10	10
11	Other	10	10
12	Total	1200	1200
13	Revenue	1200	1200
14	Expenses	1200	1200
15	Net Income	0	0
16	Operating Income	0	0
17	Net Income Before Taxes	0	0
18	Income Tax Expense	0	0
19	Net Income After Taxes	0	0
20	Retained Earnings	0	0
21	Dividends	0	0
22	Total Assets	1200	1200
23	Total Liabilities	0	0
24	Total Equity	1200	1200
25	Total	1200	1200

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VALIDATION SUMMARY 2021-22

Your organisation is showing as :	HEIW
Period is showing :	FEB 22
TABLE A : MOVEMENT	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE A1 : UNDERLYING POSITION	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE A2: RISKS	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B : MONTHLY POSITIONS	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B2 : PAY & AGENCY/LOCUM	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B3 : COVID-19	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE C, C1 & C2 : SAVINGS SCHEMES	HEIW IS CURRENTLY SHOWING 1 ERRORS FOR THIS TABLE
TABLE C3 : TRACKER	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE E : RESOURCE LIMITS	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE E1 : INVOICED INCOME	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE F : STATEMENT OF FINANCIAL POSITION	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE G : MONTHLY CASHFLOW	HEIW IS CURRENTLY SHOWING 1 ERRORS FOR THIS TABLE
TABLE I : CAPITAL RESOURCE / EXPENDITURE LIMIT	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE J: CAPITAL IN YEAR SCHEMES	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE K : CAPITAL DISPOSALS	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TOTAL ERRORS FOR YOUR FEB 22 RETURN IS	2 ERRORS ON 2 DIFFERENT TABLE/S

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Summary Of Main Financial Performance

Revenue Performance

		Actual YTD £'000	Annual Forecast £'000
1	Under / (Over) Performance	336	0

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HEIW

Table A - Movement of Opening Financial Plan to Forecast Outturn

Period : Feb 22

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)	-31,045	0	-31,045	-31,045
3 Planned Expenditure For Covid-19 (Negative Value)	0	0		
4 Planned Welsh Government Funding (Non Covid-19) (Positive Value)	31,045	0	31,045	31,045
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 Underachievement of Month 1 Finalised Income Generation Due to Covid-19 (Negative Value)	0	0		
19 Other Movement in Month 1 Planned & In Year Net Income Generation	0	0	0	0
20 Underachievement of Month 1 Finalised Savings Due to Covid-19 (Negative Value)	0	0		
21 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	0	0	0	0
22 Additional In Year Identified Savings - Forecast	0	0	0	0
23 Variance to Planned RRL & Other Income	0	0		
24 Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 (Positive Value - additional)	-24	-24		
25 Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0	0		
26 Additional In Year & Movement Expenditure for Covid-19 (Positive Value - additional/Negative Value - reduction)	-117	-117		
27 In Year Expenditure Cost Reduction Due To Covid-19 (Positive Value)	0	0		
28 In Year Slippage on Investments/Repurposing of Developmental Initiatives Due To Covid-19 (Positive Value)	0	0		
29 In Year Accountancy Gains (Positive Value)	0	0	0	0
30 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	141	141		
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

	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	-2,587	-2,587	-2,587	-2,587	-2,587	-2,587	-2,587	-2,587	-2,587	-2,587	-2,587	-2,587	-28,458	-31,045
3	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	2,587	2,587	2,587	2,587	2,587	2,587	2,587	2,587	2,587	2,587	2,587	2,587	28,458	31,045
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	0	0	0	0	0	0	0	0	0	0	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	-24	0	0	0	0	0	-24	-24
25													0	0
26	0	0	0	0	0	0	24	0	0	0	0	-141	24	-117
27	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30	91	106	18	57	39	83	445	73	-565	1	-12	-195	336	141
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	91	106	18	57	39	83	445	73	-565	1	-12	-336	336	0

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This table needs completing monthly from Month: 1

This Table is currently showing 0 errors

Section A - By Spend Area		IMTP	Full Year Effect of Actions		Subtotal	New, Recurring, Full Year Effect of Unmitigated Pressures (-ve)	IMTP
		Underlying Position b/f	Recurring Savings (+ve)	Recurring Allocations / Income (+ve)		£'000	Underlying Position c/f
		£'000	£'000	£'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		Subtotal	New, Recurring, Full Year Effect of Unmitigated Pressures (-ve)	IMTP
		Underlying Position b/f	Recurring Savings (+ve)	Recurring Allocations / Income (+ve)		£'000	Underlying Position c/f
		£'000	£'000	£'000	£'000	£'000	£'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			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26	Total Risks	0	
	Further Opportunities (positive values)		
27			
28			
29			
30			
31			
32			
33			
34	Total Further Opportunities	0	
35	Current Reported Forecast Outturn	0	
36	IMTP / AOP Outturn Scenario	0	
37	Worst Case Outturn Scenario	0	
38	Best Case Outturn Scenario	0	

Table B - Monthly Positions

YTD Months to be completed from Month: 1
Forecast Months to be completed from Month: 1

Period : Feb 22

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	£'000	£'000	£'000	£'000
1	Revenue Resource Limit	Actual/F'cast	19,965	20,087	18,779	20,066	21,115	23,124	23,543	23,088	22,701	22,181	24,573	26,859	239,222	266,081
2	Capital Donation / Government Grant Income (Health Board only)	Actual/F'cast													0	0
3	Welsh NHS Local Health Boards & Trusts Income	Actual/F'cast													0	0
4	WHSSC Income	Actual/F'cast													0	0
5	Welsh Government Income (Non RRL)	Actual/F'cast													0	0
6	Other Income	Actual/F'cast	55	48	20	20	45	33	36	36	31	42	29	113	395	508
7	Income Total		20,020	20,135	18,799	20,086	21,160	23,157	23,579	23,124	22,732	22,223	24,602	26,972	239,617	266,589
8	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/F'cast													0	0
9	Primary Care - Drugs & Appliances	Actual/F'cast													0	0
10	Provided Services - Pay	Actual/F'cast	1,491	1,490	1,560	1,560	1,584	1,822	1,743	1,752	1,774	1,851	1,850	2,094	18,477	20,571
11	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	899	854	975	1,038	783	1,015	1,194	1,009	1,501	1,125	1,339	1,854	11,732	13,586
12	Secondary Care - Drugs	Actual/F'cast													0	0
13	Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
14	Non Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
15	Continuing Care and Funded Nursing Care	Actual/F'cast													0	0
16	Other Private & Voluntary Sector	Actual/F'cast	17,496	17,642	16,203	17,387	18,711	20,194	20,154	20,247	19,979	19,203	21,381	23,315	208,597	231,912
17	Joint Financing and Other	Actual/F'cast													0	0
18	Losses, Special Payments and Irrecoverable Debts	Actual/F'cast													0	0
19	Exceptional (Income) / Costs - (Trust Only)	Actual/F'cast													0	0
20	Total Interest Receivable - (Trust Only)	Actual/F'cast													0	0
21	Total Interest Payable - (Trust Only)	Actual/F'cast													0	0
22	DEL Depreciation/Accelerated Depreciation/Impairments	Actual/F'cast	43	43	43	44	43	43	43	43	43	43	44	45	475	520
23	AME Donated Depreciation/Impairments	Actual/F'cast													0	0
24	Uncommitted Reserves & Contingencies	Actual/F'cast													0	0
25	Profit/Loss Disposal of Assets	Actual/F'cast													0	0
26	Cost - Total	Actual/F'cast	19,929	20,029	18,781	20,029	21,121	23,074	23,134	23,051	23,297	22,222	24,614	27,308	239,281	266,589
27	Net surplus/ (deficit)	Actual/F'cast	91	106	18	57	39	83	445	73	(565)	1	(12)	(336)	336	0

B. Assessment of Financial Forecast Positions

Year-to-date (YTD)		£'000
28 . Actual YTD surplus/ (deficit)		336
29. Actual YTD surplus/ (deficit) last month		348
30. Current month actual surplus/ (deficit)		(12)
		Trend
31. Average monthly surplus/ (deficit) YTD		31
32. YTD /remaining months		336

Full-year surplus/ (deficit) scenarios		£'000
33. Extrapolated Scenario		324
34. Year to Date Trend Scenario		367

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C. 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		
35	DEL Baseline Provider Depreciation	43	43	43	44	43	43	43	43	43	43	44	45	475	520
36	Strategic Depreciation													0	0
37	Accelerated Depreciation													0	0
38	Impairments													0	0
39	Other (Specify in Narrative)													0	0
40	Total	43	43	43	44	43	43	43	43	43	43	44	45	475	520
AME															
41	Donated Asset Depreciation													0	0
42	Impairments													0	0
43	Other (Specify in Narrative)													0	0
44	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0

D. 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		
45	Accountancy Gains	0	0	0	0	0	0	0	0	0	0	0	0	0	0

E. 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		
46	List of all Committed Reserves & Contingencies inc above in Section A. Please specify Row number in description.														
46	Forecast Only													0	0
47	Forecast Only													0	0
48	Forecast Only													0	0
49	Forecast Only													0	0
50	Forecast Only													0	0
51	Forecast Only													0	0
52	Forecast Only													0	0
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	Total	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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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 year-end position
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	898	917	925	937	943	1,128	1,064	1,073	1,096	1,137	1,116	1,447	11,234	12,681
2	Medical & Dental	440	437	442	449	452	473	453	483	463	483	489	464	5,064	5,528
3	Nursing & Midwifery Registered	21	21	30	28	32	36	36	32	34	41	47	34	358	392
4	Prof Scientific & Technical	110	93	141	124	132	164	170	143	160	169	179	124	1,585	1,709
5	Additional Clinical Services	9	10	10	10	11	14	13	14	14	14	12	12	131	143
6	Allied Health Professionals	12	12	12	12	14	8	7	7	7	7	7	13	105	118
7	Healthcare Scientists													0	0
8	Estates & Ancillary													0	0
9	Students													0	0
10	TOTAL PAY EXPENDITURE	1,490	1,490	1,560	1,560	1,584	1,823	1,743	1,752	1,774	1,851	1,850	2,094	18,477	20,571
Analysis of Pay Expenditure															
11	LHB Provided Services - Pay	1,491	1,490	1,560	1,560	1,584	1,822	1,743	1,752	1,774	1,851	1,850	2,094	18,477	20,571
12	Other Services (incl. Primary Care) - Pay													0	0
13	Total - Pay	1,491	1,490	1,560	1,560	1,584	1,822	1,743	1,752	1,774	1,851	1,850	2,094	18,477	20,571
B - Agency / Locum (premium) Expenditure		0	0	0	0	0	0	0	0	0	0	0	0	0	0
- Analysed by Type of Staff		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	32	35	33	37	42	34	40	48	54	55	47	60	457	517
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	32	35	33	37	42	34	40	48	54	55	47	60	457	517
11	Agency/Locum (premium) % of pay	2.1%	2.3%	2.1%	2.4%	2.7%	1.9%	2.3%	2.7%	3.0%	3.0%	2.5%	2.9%	2.5%	2.5%
C - Agency / Locum (premium) Expenditure		0	0	0	0	0	0	0	0	0	0	0	0	0	0
- Analysed by Reason for Using Agency/Locum (premium)		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	REASON	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Vacancy	32	35	33	37	42	34	40	48	54	55	47	60	457	517
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	Agency Service													0	0
11	WLB													0	0
12	Exclusion (Suspension)													0	0
13	COVID-19													0	0
14	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	32	35	33	37	42	34	40	48	54	55	47	60	457	517

This Table is currently showing 0 errors

Table B3 - COVID-19 Analysis

A - Additional 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
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	year-end position £'000
A1	Enter as positive values													
1	Testing (Additional costs due to C19) enter as positive values - actual/forecast													
2	Provider Pay (Establishment, Temp & Agency)													
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 Testing Provider Pay	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 A7												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 Testing Non Pay	0	0	0	0	0	0	0	0	0	0	0	0	0
27	TOTAL TESTING EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0
28	PLANNED TESTING EXPENDITURE (In Opening Plan)												0	0
29	MOVEMENT FROM OPENING PLANNED TESTING EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0
A2	Tracing (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 Tracing Provider Pay	0	0	0	0	0	0	0	0	0	0	0	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 A7												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 Tracing Non Pay	0	0	0	0	0	0	0	0	0	0	0	0	0
55	TOTAL TRACING EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0
56	PLANNED TRACING EXPENDITURE (In Opening Plan)												0	0
57	MOVEMENT FROM OPENING PLANNED TRACING EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0

[illegible]

133	Other Private & Voluntary Sector															0	0
134	Joint Financing and Other (includes Local Authority)															0	0
135	Joint Financing and Other - (Compensation for Consequential Losses)															0	0
136	Other (only use with WG agreement & state SoCNE/I line ref)															0	0
137																0	0
138																0	0
139																0	0
140	Sub total Field Hospital / Surge Non Pay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
141	TOTAL FIELD HOSPITAL / SURGE EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
142	PLANNED FIELD HOSPITAL / SURGE EXPENDITURE (In Opening Plan)															0	0
143	MOVEMENT FROM OPENING PLANNED FIELD HOSPITAL / SURGE EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
A6	Cleaning Standards (Additional costs due to C19) enter as positive value - actual/forecast																
144	Provider Pay (Establishment, Temp & Agency)																
145	Administrative, Clerical & Board Members															0	0
146	Medical & Dental															0	0
147	Nursing & Midwifery Registered															0	0
148	Prof Scientific & Technical															0	0
149	Additional Clinical Services															0	0
150	Allied Health Professionals															0	0
151	Healthcare Scientists															0	0
152	Estates & Ancillary															0	0
153	Students															0	0
154	Sub total Cleaning Standards Provider Pay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
155	Primary Care Contractor (excluding drugs)															0	0
156	Primary Care - Drugs															0	0
157	Secondary Care - Drugs															0	0
158	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE - see A7															0	0
159	Healthcare Services Provided by Other NHS Bodies															0	0
160	Non Healthcare Services Provided by Other NHS Bodies															0	0
161	Continuing Care and Funded Nursing Care															0	0
162	Other Private & Voluntary Sector															0	0
163	Joint Financing and Other (includes Local Authority)															0	0
164	Other (only use with WG agreement & state SoCNE/I line ref)															0	0
165																0	0
166																0	0
167																0	0
168	Sub total Cleaning Standards Non Pay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
169	TOTAL CLEANING STANDARDS EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
170	PLANNED CLEANING STANDARDS EXPENDITURE (In Opening Plan)															0	0
171	MOVEMENT FROM OPENING PLANNED CLEANING STANDARDS EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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A7	Other (Additional costs due to C19) enter as positive value - actual/forecast																
172	Provider Pay (Establishment, Temp & Agency)																
173	Administrative, Clerical & Board Members															0	0
174	Medical & Dental															0	0
175	Nursing & Midwifery Registered															0	0
176	Prof Scientific & Technical															0	0
177	Additional Clinical Services															0	0
178	Allied Health Professionals															0	0
179	Healthcare Scientists															0	0
180	Estates & Ancillary															0	0
181	Students															0	0
182	Other (only use with WG Agreement & state SoCNE/I line ref)															0	0
183	Recovery of unused COVID bonus allocation								(24)							(24)	(24)
184	Increase in annual leave accrual 2021/22														141	0	141
185																0	0
186	Sub total Other C-19 Provider Pay	0	0	0	0	0	0	0	(24)	0	0	0	0	0	141	(24)	117
187	Primary Care Contractor (excluding drugs)															0	0
188	Primary Care Contractor (excluding drugs) - Costs as a result of lost GDS Income															0	0
189	Primary Care - Drugs															0	0
190	Secondary Care - Drugs															0	0
191	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE - see separate line															0	0
192	Provider - Non Pay - PPE															0	0
193	Healthcare Services Provided by Other NHS Bodies															0	0
194	Healthcare Services Provided by Other NHS Bodies - Additional Costs due to Block Contracts - Wales NHS															0	0
195	Healthcare Services Provided by Other NHS Bodies - Additional Costs due to Block Contracts - England NHS															0	0
196	Non Healthcare Services Provided by Other NHS Bodies															0	0
197	Continuing Care and Funded Nursing Care															0	0
198	Other Private & Voluntary Sector															0	0
199	Other Private & Voluntary Sector - Private Hospital Providers															0	0
200	Joint Financing and Other (includes Local Authority)															0	0
201	Other (only use with WG Agreement & state SoCNE/I line ref)															0	0
202																0	0
203																0	0
204																0	0
205																0	0
206	Sub total Other C-19 Non Pay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
207	TOTAL OTHER C-19 EXPENDITURE	0	0	0	0	0	0	0	(24)	0	0	0	0	0	141	(24)	117
208	PLANNED OTHER C-19 EXPENDITURE (In Opening Plan)															0	0
209	MOVEMENT FROM OPENING PLANNED OTHER C-19 EXPENDITURE	0	0	0	0	0	0	0	24	0	0	0	0	0	(141)	24	(117)
210	TOTAL ADDITIONAL EXPENDITURE DUE TO COVID	0	0	0	0	0	0	0	(24)	0	0	0	0	0	141	(24)	117
211	PLANNED ADDITIONAL EXPENDITURE DUE TO COVID (In Opening Plan)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
212	MOVEMENT FROM OPENING PLANNED ADDITIONAL COVID EXPENDITURE	0	0	0	0	0	0	0	24	0	0	0	0	0	(141)	24	(117)

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B - In Year Non Delivery of Savings / Net Income Generation Schemes 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 year-end position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
	<i>Enter as Positive values</i>													
213	Non Delivery of Savings (due to C19) - Actual/Forecast													
214	Non Delivery of Finalised (M1) Savings													0
215	Non finalisation of Planning Assumptions (savings) at M1													0
216	Non Delivery of Finalised (M1) Net Income Generation Schemes - Actual/Forecast													0
217	TOTAL NON DELIVERY OF SAVINGS/NET INCOME GENERATION DUE TO COVID													0

C - In Year Operational Expenditure Cost Reduction 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 year-end position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
	<i>Enter as Negative values</i>													
218	Expenditure Reductions (due to C19) - Actual/Forecast													
219	Reduction of non pay costs due to reduced elective activity													0
220	Reduction of outsourcing costs due to reduced planned activity													0
221	WHSSC C-19 Slippage (as advised by WHSSC)													0
222	Other (please specify):													0
223														0
224														0
225														0
226														0
227														0
228	TOTAL EXPENDITURE REDUCTION													0

0 0 0 0 0 0 0 0 0 0 0 0 0 0

D - In Year Slippage on Planned Investments/Repurposing of Developmental Initiatives 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 year-end position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
	<i>Enter as Negative values</i>													
229	Slippage on Planned Investments/Repurposing of Developmental Initiatives (due to C19) - Actual/Forecast													
230														0
231														0
232														0
233														0
234														0
235														0
236														0
237														0
238														0
239	TOTAL RELEASE/REPURPOSING OF PLANNED INVESTMENTS/DEVELOPMENT INITIATIVES													0
240	ACTUAL / FORECAST - EXPENDITURE IMPACT DUE TO COVID-19													0

E - Additional Welsh Government Funding for 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 year-end position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
	<i>Enter as Positive values</i>													
241	PLANNED WG FUNDING FOR COVID-19													0
242	MOVEMENTS FROM OPENING PLANNED WG FUNDING FOR COVID-19													0
243	TOTAL ACTUAL / FORECAST WG FUNDING FOR COVID-19													(24)
244	ACTUAL / FORECAST NET IMPACT ON OVERALL FINANCIAL POSITION DUE TO COVID-19													(24)

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Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

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	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			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	Green £'000	Amber £'000	non recurring £'000	recurring £'000	£'000
1	CHC and Funded Nursing Care	Budget/Plan	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
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
4	Commissioned Services	Budget/Plan	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
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
7	Medicines Management (Primary & Secondary Care)	Budget/Plan	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
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10	Non Pay	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	Pay	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			
16	Primary Care	Budget/Plan	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
18		Variance	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			
20		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			
22	Variance in month																					
23	In month achievement against FY forecast																					

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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	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	Changes in Staffing Establishment	Budget/Plan	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
3		Variance	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			
5		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	Locum	Budget/Plan	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
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10	Agency / Locum paid at a premium	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	Changes in Bank Staff	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			
16	Other (Please Specify)	Budget/Plan	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
18		Variance	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			
20		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			

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 Agency/Locums paid at a premium	Budget/Plan	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
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
4	Non Medical 'off contract to 'on contract'	Budget/Plan	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
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
7	Medical - Impact of Agency pay rate caps	Budget/Plan	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
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			

This Table is currently showing 0 errors

Table C3 - 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	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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Period : Feb 22

**Table D - Income/Expenditure Assumptions
Annual Forecast**

	LHB/Trust	Contracted Income £'000	Non Contracted Income £'000	Total Income £'000
1	Swansea Bay University		13	13
2	Aneurin Bevan University		25	25
3	Betsi Cadwaladr University		26	26
4	Cardiff & Vale University		76	76
5	Cwm Taf Morgannwg University		146	146
6	Hywel Dda University			0
7	Powys			0
8	Public Health Wales		156	156
9	Velindre		8	8
10	NWSSP			0
11	DHCW		9	9
12	Wales Ambulance Services		25	25
13	WHSSC		34	34
14	EASC			0
15	HEIW			0
16	NHS Wales Executive			0
17	Total	0	518	518

Contracted Expenditure £'000	Non Contracted Expenditure £'000	Total Expenditure £'000
	14,097	14,097
	11,045	11,045
	16,328	16,328
	22,860	22,860
	12,059	12,059
	8,115	8,115
	692	692
	1,492	1,492
	46,124	46,124
		0
	3,585	3,585
	322	322
		0
		0
		0
		0
0	136,719	136,719

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Table E - Resource Limits

1. BASE ALLOCATION

	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 LATEST ALLOCATION LETTER/SCHEDULE REF:	21									
2 Total Confirmed Funding	265,878				265,878		265,382	100	100	

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 AME Non Cash Depreciation - Donated Assets					0					
8 AME Non Cash Depreciation - Impairment					0					
9 AME Non Cash Depreciation - Impairment Reversals					0					
10 Removal of Donated Assets / Government Grant Receipts					0					
11 Total COVID-19 (see below analysis)	0	0	0	0	0					See below analysis
12 AHP	145				145	NR	145			Month 4 - Richard Dudley
13 2021-22 Band 1-5 Pay Award Allocation	58				58	NR	58			A Hughes (WG) e-mail - 02/02/22
14 End of Year Funding - Equipment 21/22.					0			183	183	As per letter from I Gunney 03/03/22
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					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 Total Anticipated Funding	203	0	0	0	203		203	183	183	

3. TOTAL RESOURCES & BUDGET RECONCILIATION

57 Confirmed Resources Per 1. above	265,878	0	0	0	265,878		265,382	100	100	
58 Anticipated Resources Per 2. above	203	0	0	0	203		203	183	183	
59 Total Resources	266,081	0	0	0	266,081		265,585	283	283	

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.
60 Testing (inc Community Testing)						0	
61 Tracing						0	
62 Mass COVID-19 Vaccination						0	
63 Extended Flu Vaccination						0	
64 Field Hospital / Surge						0	
65 Cleaning Standards						0	
66 PPE						0	
67 Private Providers						0	
68 Urgent & Emergency Care						0	
69 Recovery of unused COVID bonus allocation	(24)					(24)	Month 7 - Allocation letter 11
70						0	
71						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 Total Funding	(24)	0	0	0	0	(24)	

Table E1 - Invoiced Income Streams - TRUSTS ONLY

This Table is currently showing 0 errors

Ref		Swansea Bay ULHB £'000	Aneurin Bevan ULHB £'000	Betsi Cadwaladr ULHB £'000	Cardiff & Vale ULHB £'000	Cwm Taf Morgannwg ULHB £'000	Hywel Dda ULHB £'000	Powys LHB £'000	Public Health Wales NHS Trust £'000	Welsh Ambulance NHS Trust £'000	Velindre NHS Trust £'000	NWSSP £'000	DHCW £'000	HEIW £'000	WG £'000	EASC £'000	WHSSC £'000	Other (please specify) £'000	Total £'000	WG Contact, date item first entered into table and whether any invoice has been raised.
1	Agreed full year income																		0	
	Details of Anticipated Income																			
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	AME Non Cash Depreciation - Donated Assets																		0	
7	AME Non Cash Depreciation - Impairment																		0	
8	AME Non Cash Depreciation - Impairment Reversals																		0	
9	Total COVID-19 (see below analysis)														0				0	See below analysis
10																			0	
11																			0	
12																			0	
13																			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	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.															
36	Testing (inc Community Testing)			0																
37	Tracing			0																
38	Mass COVID-19 Vaccination			0																
39	Extended Flu Vaccination			0																
40	Fit to Hospital / Surge			0																
41	Cleaning Standards			0																
42	PPE			0																
43	Private Providers			0																
44	Urgent & Emergency Care			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	Total Funding	0	0	0

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Period : Feb 22

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 21 £'000	Closing Balance End of Feb 22 £'000	Forecast Closing Balance End of Mar 22 £'000
Non-Current Assets			
1 Property, plant and equipment	2,179	1,796	1,759
2 Intangible assets			
3 Trade and other receivables			
4 Other financial assets			
5 Non-Current Assets sub total	2,179	1,796	1,759
Current Assets			
6 Inventories			
7 Trade and other receivables	1,765	1,341	1,765
8 Other financial assets			
9 Cash and cash equivalents	6,148	4,505	1,981
10 Non-current assets classified as held for sale			
11 Current Assets sub total	7,913	5,846	3,746
12 TOTAL ASSETS	10,092	7,642	5,505
Current Liabilities			
13 Trade and other payables	7,661	18,602	4,993
14 Borrowings (Trust Only)			
15 Other financial liabilities			
16 Provisions	7	0	0
17 Current Liabilities sub total	7,668	18,602	4,993
18 NET ASSETS LESS CURRENT LIABILITIES	2,424	(10,960)	512
Non-Current Liabilities			
19 Trade and other payables	148	148	125
20 Borrowings (Trust Only)			
21 Other financial liabilities			
22 Provisions			
23 Non-Current Liabilities sub total	148	148	125
24 TOTAL ASSETS EMPLOYED	2,276	(11,108)	387
FINANCED BY: Taxpayers' Equity			
25 General Fund	2,276	(11,108)	387
26 Revaluation Reserve			
27 PDC (Trust only)			
28 Retained earnings (Trust Only)			
29 Other reserve			
30 Total Taxpayers' Equity	2,276	(11,108)	387

	Opening Balance Beginning of Apr 21	Closing Balance End of Feb 22	Closing Balance End of Mar 22
EXPLANATION OF ALL PROVISIONS			
31 Legal Case - Estimated costs of holiday pay due on overtime	7	0	0
32			
33			
34			
35			
36			
37			
38			
39			
40 Total Provisions	7	0	0

	£'000
41 Welsh NHS Receivables Aged 0 - 10 weeks	187
42 Welsh NHS Receivables Aged 11 - 16 weeks	0
43 Welsh NHS Receivables Aged 17 weeks and over	0

	£'000	£'000	£'000
ANALYSIS OF TRADE & OTHER PAYABLES (opening, current & closing)			
44 Capital	0	0	0
45 Revenue	7,809	18,750	5,118
ANALYSIS OF CASH (opening, current & closing)			
46 Capital	0	0	0
47 Revenue	6,148	4,505	1,981

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This Table is currently showing 1 errors

This table needs completing monthly from Month: 2

Period : Feb 22

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	12,000	22,500	20,500	15,500	20,000	22,000	22,000	24,500	41,500	0	25,000	39,500	265,000
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							15					268	283
5	Income from other Welsh NHS Organisations	22	11	259	29	1	7	55	1	1	22	27	50	485
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)	62	40	27	1,100	37	34	254	36	40	45	17	29	1,721
11	TOTAL RECEIPTS	12,084	22,551	20,786	16,629	20,038	22,041	22,324	24,537	41,541	67	25,044	39,847	267,489
	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	1,499	1,650	1,578	1,587	1,596	1,429	1,743	1,726	1,622	1,854	1,834	2,461	20,579
18	Non Pay Expenditure	14,202	18,180	17,024	19,870	20,029	21,570	18,083	20,099	18,693	22,117	21,208	39,719	250,794
19	Short Term Loan Repayment - Trust only													0
20	PDC Repayment - Trust only													0
21	Capital Payment				15						77		191	283
22	Other items (Specify in narrative)													0
23	TOTAL PAYMENTS	15,701	19,830	18,602	21,472	21,625	22,999	19,826	21,825	20,315	24,048	23,042	42,371	271,656
24	Net cash inflow/outflow	(3,617)	2,721	2,184	(4,843)	(1,587)	(958)	2,498	2,712	21,226	(23,981)	2,002	(2,524)	
25	Balance b/f	6,148	2,531	5,252	7,436	2,593	1,006	48	2,546	5,258	26,484	2,503	4,505	
26	Balance c/f	2,531	5,252	7,436	2,593	1,006	48	2,546	5,258	26,484	2,503	4,505	1,981	

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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%	99.5%	4.5%	98.2%	3.2%	97.0%	2.0%		-95.0%	98.2%	3.2%	97.0%	2.0%
2	% of NHS Invoices Paid Within 30 Days - By Number	95.0%	97.8%	2.8%	79.4%	-15.6%	82.6%	-12.4%		-95.0%	86.0%	-9.0%	90.0%	-5.0%
3	% of Non NHS Invoices Paid Within 30 Days - By Value	95.0%	100.0%	5.0%	99.7%	4.7%	99.2%	4.2%		-95.0%	99.6%	4.6%	98.0%	3.0%
4	% of Non NHS Invoices Paid Within 30 Days - By Number	95.0%	99.3%	4.3%	94.2%	-0.8%	96.4%	1.4%		-95.0%	96.6%	1.6%	96.0%	1.0%
10 DAY COMPLIANCE		ACTUAL Q1			ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
PROMPT PAYMENT OF INVOICE PERFORMANCE			Actual %		Actual %		Actual %		Actual %		Actual %		Actual %	
5	% of NHS Invoices Paid Within 10 Days - By Value		68.6%		40.6%		68.3%				58.4%		60.0%	
6	% of NHS Invoices Paid Within 10 Days - By Number		36.0%		14.0%		22.1%				23.6%		32.0%	
7	% of Non NHS Invoices Paid Within 10 Days - By Value		70.8%		66.4%		76.1%				70.9%		70.0%	
8	% of Non NHS Invoices Paid Within 10 Days - By Number		25.4%		25.4%		29.7%				26.8%		32.0%	

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Table I - 2021-22 Capital Resource / Expenditure Limit Management

£'000 100
Approved CRL / CEL issued at : 22/11/21

Ref:	Performance against CRL / CEL	Year To Date			Forecast		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	F'cast £'000	Variance £'000
	<i>Gross expenditure (accrued, to include capitalised finance leases)</i>						
	All Wales Capital Programme:						
	Schemes:						
1	End of year funding equipment 21/22.	0	0	0	183	183	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	183	183	0
	Discretionary:						
43	I.T.	92	92	0	96	96	0
44	Equipment			0			0
45	Statutory Compliance			0			0
46	Estates			0			0
47	Other	0	0	0	4	4	0
48	Sub Total	92	92	0	100	100	0

	Other 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	92	92	0	283	283	0
	Less:						
	Capital grants:						
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	92	92	0	283	283	0
93	PERFORMANCE AGAINST CRL / CEL (Under)/Over		(8)			183	

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Table J - In Year Capital Scheme Profiles

Ref:	All Wales Capital Programme: Schemes:	Project Manager	In Year Forecast		Capital Expenditure Monthly Profile												YTD £'000	Total £'000	Risk Level
			Min. £'000	Max. £'000	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	End of year funding equipment 21/22.	Martyn Pennell	183	183												183	0	183	Low
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	
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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		183	183	0	0	0	0	0	0	0	0	0	0	0	0	183	0	183
Discretionary:																			
35	I.T.	Jay Beavan	96	96				15						77		4	92	96	Low
36	Equipment	TBC															0	0	
37	Statutory Compliance	TBC															0	0	
38	Estates	TBC															0	0	
39	Other	TBC	4	4											0	4	0	4	Low
40	Sub Total		100	100	0	0	0	15	0	0	0	0	0	77	0	8	92	100	
Other Schemes:																			
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	
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51																	0	0	
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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		283	283	0	0	0	15	0	0	0	0	0	77	0	191	92	283	

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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 21)	MM/YY (text format, e.g. Apr 21)	MM/YY (text format, e.g. Feb 22)	£'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. Apr 22)	MM/YY (text format, e.g. Apr 22)	MM/YY (text format, e.g. Feb 23)	£'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	

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38							0	
	Total for future years				0	0	0	0

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HEIW

Period : Feb 22

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This table needs completing monthly from Month: 3

Table L: EXTERNAL FINANCING LIMIT

REF	NET FINANCIAL CHANGE	Full Year Per WG £'000	Full Year Per Trust £'000	Planning Variance £'000	Actual to date £'000
		A	B	C	D
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	APPLICATION OF FUNDS				
10	Capital Expenditure			0	
11	Other Expenditure			0	
	MOVEMENTS IN WORKING CAPITAL				
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	NET FINANCIAL CHANGE	0	0	0	0
	EFL REQUIREMENT TO BE MET BY				
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	TOTAL EXTERNAL FINANCE	0	0	0	0

Feb 22

	Period:
11 weeks before end of Feb 22 =	13 December 2021
17 weeks before end of Feb 22 =	01 November 2021

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HEIW

Period : Feb 22

Table N - General Medical Services
Table to be completed from Q2 / Month:

6

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Operating Expenditure - ring fenced GMS budget

SUMMARY OF GENERAL MEDICAL SERVICES FINANCIAL POSITION

	LINE NO.	WG Allocation £000's	Current Plan £000's	Forecast Outturn £000's	Variance £000's	Year to Date £000's
Global Sum	1					
MPIG Correction Factor/Practice support payment	2					
Total Global Sum and MPIG	3				0	0
Quality Aspiration Payments	4					
Quality Achievement Payments	5					
Quality Assurance Improvement Framework (QAIF)	6					
QAIF (In hours Access)	7					
Total Quality	8				0	0
Direct Enhanced Services (To equal data in Section A (i) Line 32)	9				0	
National Enhanced Services (To equal data in Section A (ii) Line 42)	10				0	
Local Enhanced Services (To equal data in Section A (iii) Line 95)	11				0	
Total Enhanced Services (To equal data in section A Line 96)	12		0	0	0	0
LHB Administered (To equal data in Section B Line 109)	13				0	
Premises (To equal data in section C Line 138)	14				0	
IM & T	15				0	
Out of Hours (including OOHDF)	16				0	
Dispensing (To equal data in Line 154)	17				0	
Total	18	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		19				0	
Childhood Immunisation Scheme		20				0	
Mental Health		21				0	
Influenza & Pneumococcal Immunisations Scheme		22				0	
Services for Violent Patients		23				0	
Minor Surgery Fees		24				0	
MENU of Agreed DES							
Asylum Seekers & Refugees		25				0	
Care of Diabetes		26				0	
Care Homes		27				0	
Extended Surgery Opening		28				0	
Gender Identity		29				0	
Homeless		30				0	
Oral Anticoagulation with Warfarin		31				0	
TOTAL Directed Enhanced Services (must equal line 9)		32		0	0	0	0
National Enhanced Services	A (ii)	LINE NO.	£000's	£000's	£000's	£000's	£000's
INR Monitoring		33				0	
Shared care drug monitoring (Near Patient Testing)		34				0	
Drug Misuse		35				0	
IUCD		36				0	
Alcohol misuse		37				0	
Depression		38				0	
Minor injury services		39				0	
Diabetes		40				0	
Services to the homeless		41				0	
TOTAL National Enhanced Services (must equal line 10)		42		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		43				0	
Asylum Seekers & Refugees		44				0	
Cardiology		45				0	
Care Homes		46				0	
Care of Diabetes		47				0	
Chiropody		48				0	
Counselling		49				0	
Depo - Provera (including Implanon & Nexplanon)		50				0	
Dermatology		51				0	
Dietetics		52				0	
DOAC/NOAC		53				0	
Drugs Misuse		54				0	
Extended Minor Surgery		55				0	
Gonaderlins		56				0	
Homeless		57				0	
HPV Vaccinations		58				0	
Immunisations (inc Pertussis excluding DES - Childhood Imm & Influenza & Pneumococcal Imm)		59				0	
Learning Disabilities		60				0	
Lithium / INR Monitoring		61				0	
Local Development Schemes		62				0	
Mental Health		63				0	
Minor Injuries		64				0	
MMR		65				0	
Multiple Sclerosis		66				0	
Muscular Skeletal		67				0	
Nursing Homes		68				0	
Orthopaedic (Upper Limb GPwSi/Clinical Assessments)		69				0	
Osteopathy		70				0	
Phlebotomy		71				0	
Physiotherapy (inc MT3)		72				0	
Referral Management		73				0	
Respiratory (inc COPD)		74				0	
Ring Pessaries		75				0	
Sexual Health Services		76				0	
Shared Care		77				0	
Smoking Cessation		78				0	
Substance Misuse		79				0	
Suturing		80				0	
Swine Flu		81				0	
Transport/Ambulance costs		82				0	
Vasectomy		83				0	
Weight Loss Clinic (inc Exercise Referral)		84				0	
Wound Care		85				0	
Zoladex		86				0	
		87				0	
		88				0	
		89				0	
		90				0	
		91				0	
		92				0	
		93				0	
		94				0	
TOTAL Local Enhanced Services (must equal line 11)		95		0	0	0	0
TOTAL Enhanced Services (must equal line 12)		96		0	0	0	0
GENERAL MEDICAL SERVICES							
Operating Expenditure							

LHB Administered	Section B	LINE NO.	WG £000's	Current Plan £000's	Forecast £000's	Variance £000's	Year to Date £000's
Seniority		97					
Doctors Retention Scheme Payments		98					
Locum Allowances consists of adoptive, paternity & maternity		99					
Locum Allowances : Cover for Sick Leave		100					
Locum Allowances : Cover For Suspended Doctors		101					
Prolonged Study Leave		102					
Recruitment and Retention (including Golden Hello)		103					
Appraisal - Appraiser Costs		104					
Primary Care Development Scheme		105					
Partnership Premium		106					
Supply of syringes & needles		107					
Other (please provide detail below, this should reconcile to line 128)		108					
TOTAL LHB Administered (must equal line 13)		109				0	0

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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					
TOTAL of Other Payments (must equal line 108)	128					0
Premises	LINE NO.	£000's	£000's	£000's	£000's	£000's
Section C						
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					
TOTAL Premises (must equal line 14)	138				0	0
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					
TOTAL of Other Premises (must equal line 137)	146					0
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						
Dispensing Data	LINE NO.	WG	Current Plan	Forecast	Variance	Year to Date
Cost of Drugs and Appliances, after discounts and plus container allowance (and plus VAT where applicable)		£000's	£000's	£000's	£000's	£000's
Dispensing Doctors	149					
Prescribing Medical Practitioners - Personal Administration	150					
Dispensing Service Quality Payment	151					
Professional Fees and on-cost						
Dispensing Doctors	152					
Prescribing Medical Practitioners - Personal Administration	153					
TOTAL DISPENSING DATA (must equal line 17)	154				0	0

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HEIW

Period : Feb 22

Table O - General Dental Services

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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	



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

Meeting Date	31 March 22	Agenda Item	4.2
Report Title	HEIW Quarterly Integrated Performance Report Q3 2021/22		
Report Author	Marie-Claire Griffiths, Assistant Director of Planning and Performance		
Report Sponsor	Nicola Johnson, Director of Planning and Performance		
Presented by	Nicola Johnson, Director of Planning and Performance		
Freedom of Information	Open		
Purpose of the Report	To provide the quarterly update on HEIW performance for Quarter 3 (Q2) 2021-22		
Key Issues	<p>In line with the quarterly planning process as agreed in the Performance Framework, this report and appendices summarise quarterly performance against the intentions of agreed Annual plan 2021/22 and key performance measures.</p> <p>Overall, there is assurance that HEIW made good progress on delivering our 59 Strategic Objectives (including sub-objectives) and performed effectively during the period covered by this report. One Objective has been rated as Red (off-track and will not recover in year) and four objectives have been closed.</p> <p>The report also details a significant number of achievements in the period.</p>		
Specific Action Required (please ü one only)	Information	Discussion	Assurance
			✓
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> Note the performance report and appendices. 		

HEIW Quarterly Integrated Performance Report Q3 2021/22

1. INTRODUCTION

This paper and Appendix 1 provide the Board with the update on performance to the end of December 2021 (Quarter 3) in line with the reporting timescales of the Performance Framework.

2. BACKGROUND

This report and appendices summarise progress at the end of Quarter 3 (Q3) including performance against the Strategic Objectives in the Annual Plan 2021/22 and key operational performance measures.

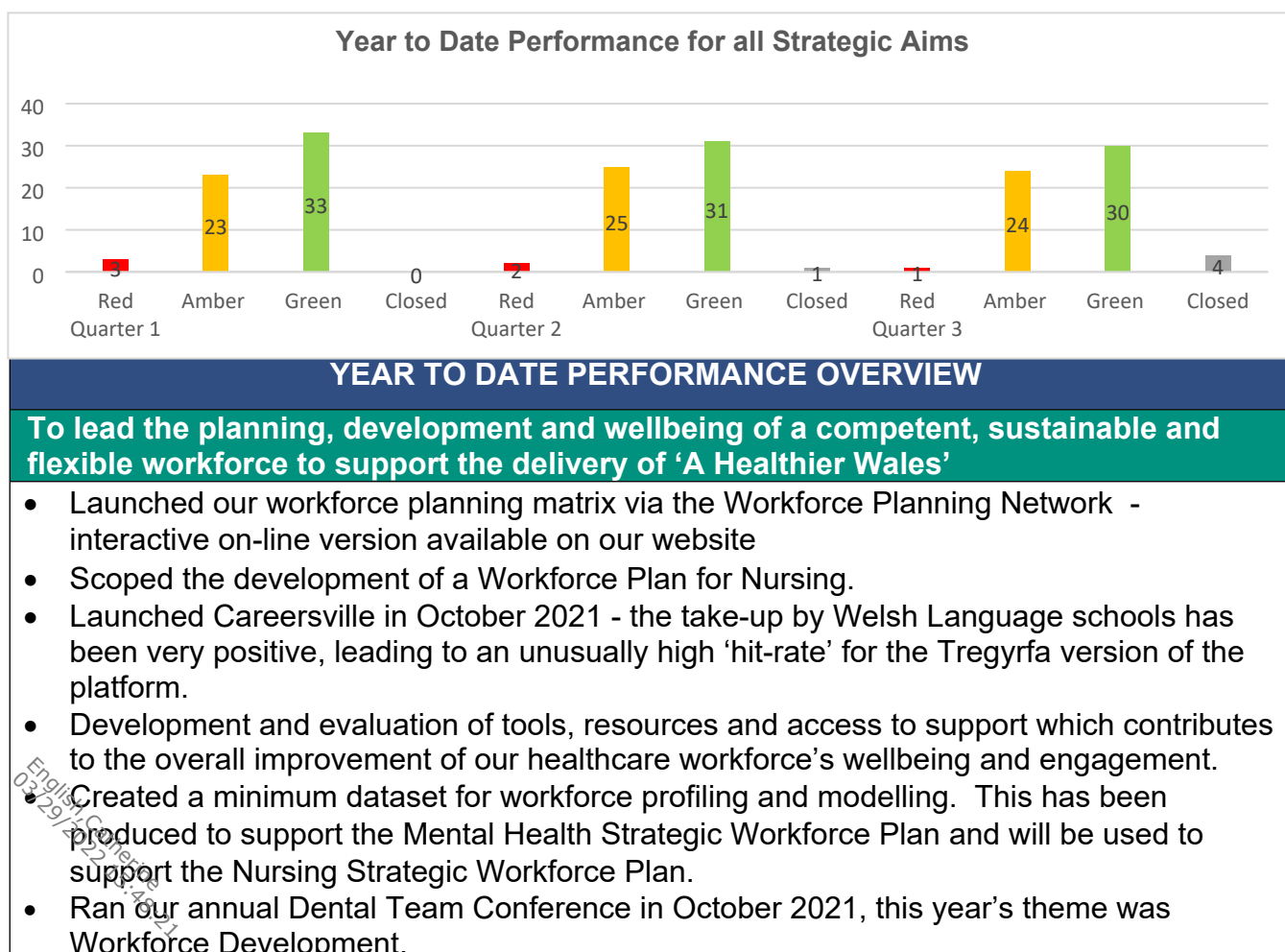
As part of the continuous improvement of performance reporting for HEIW the Q3 performance report is presented in a new format to aid Board member scrutiny and assurance. It is supported by a performance reference guide which provides the technical supporting information.

3. PERFORMANCE OVERVIEW

HEIW has made good progress on the delivery of the 59 Strategic Objectives (including sub-objectives) in the Annual Plan 2021/22 and performed effectively during the period covered by this report. In addition to the delivery of our strategic plans and business as usual activities we continue to support Welsh Government and NHS partners in response to COVID-19 through reset and recovery.

We agreed an ambitious set of objectives and actions for this year to ensure that we are able to play our part in the Covid response and recovery agenda, as well as to continue to make progress in relation to our Strategic Aims and delivery of core functions.

Overall HEIW has made good progress on delivering our agreed Strategic Objectives all year and performed effectively up until Q3 of 2021/22 as summarised in the graph and table below:



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 2022-23 was approved by Welsh Government, with funding secured.
- Finalised plans for Strategic Review phase 1 with multi-million pound procurement exercise.
- Achieved a 100% fill rate for the pharmacy multi-sector foundation programme for the August 2022 compared to the 55% average fill rate across the UK.
- Start rates in for Health Professional Education 2021/22 are still on target to be the highest levels in recent years.
- Welcomed our first Welsh Allied Health Professional Leadership Fellows.
- Recruitment rates for medical training posts commencing in August 2021 (final position for recruitment Rounds 1 and 2) were 93% for Speciality, 96% for Foundation programmes and 100% for GP Training.
- Based on reported student satisfaction, three Health Professional Education courses have been identified as requiring enhanced performance scrutiny.
- Established a project to develop the quality and capacity of clinical placements across Wales, including the first Education Facilitators in Care Homes.
- Strategic Outline Case for Pharmacy IETP Programme submitted to Welsh Government in July.
- For Medical Training we currently have six areas under enhanced monitoring arrangements.
- At the end of Q3, the Professional Support Unit was supporting 416 trainees, an increase of 13% compared to Q2, and 31% compared to the same point in 2020/21. There were 28% receiving additional psychological support.

To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all

- A range of clinical leadership networks on Gwella have been established and supported by the Leadership & Succession Team, with a total of over 600 members.
- Successfully launched the Compassionate Leadership Principles and the Compassionate leadership book with Professor Michael West was launched in July 2021.
- The first cohort of the aspiring executive leadership programme that was co-designed with NHS colleagues and The Kings Fund will be successfully concluded March 2022.
- The Leadership & Succession Team were winners of UK Learning Technologies 'Team of the Year' Award.
- We have established the National Talent Board to play a key role in identifying and supporting experiential leadership opportunities alongside executive programmes.
- The Graduate training scheme is underway - the 21 graduates in the first cohort are on their first placement in their host organisations.

To develop the workforce to support the delivery of safe, high quality care levels .

- Work has continued to implement Primary Care education infrastructure, standards and delivery models, with associated financial proposals worked through to support local developments for multi-professional training.
- Consultation on the Mental Health Workforce Plan commenced on the 1st Feb 2022 and will close on 28 Mar 2022.
- Good progress has been made on many areas within the Urgent and Emergency Care Programme including an Urgent Care Practitioner Competency Framework, Remote Clinical Decision Making and Advanced Paramedic Practitioners.

<ul style="list-style-type: none"> Delivering the education and training elements of the National Endoscopy Programme including development of the Endoscopy Assistant Practitioner role and the Clinical Endoscopy Training Programme. 6 Clinical Endoscopists have completed the training. Issues with the provision of training lists have been escalated and the immediate issues have been resolved, with work ongoing to expand the number of trainees. We have worked with Health Education England to provide an education programme for critical care nurses and 71 places out of the initial cohort of 100 have been filled. Delivered our agreed commitments in the allied health professional programmes and the Welsh Clinical Leadership Training Fellow candidates are progressing well with their projects. Workforce planning has continued to progress well through the Imaging Workforce Education Group and the draft plan will come to the Executive Team in March. Practice Education Facilitators have continued to support implementation of the Future Nurse programmes across Wales. The first of these cohorts commenced in September 2020 	
To be an exemplar employer and a great place to work	To be recognised as an excellent partner, influencer & leader
<ul style="list-style-type: none"> Nine students from Cardiff University undertook our first internship programme and planning for the second cohort is underway. The PADR compliance rate has increased by 5% and is at 75%. The statutory and mandatory training compliance rate for HEIW core staff is at 83%. The HEIW Biodiversity and Decarbonisation Strategy 2021-24 was approved by the Board in July. We translated 4.96 million words into Welsh compared to 2.85 million words in 2020. Significant work has been undertaken on cybersecurity and a large complex migration to Cloud technology, which is a critical enabler to our Digital Strategy. 	<ul style="list-style-type: none"> First WomenSpire Award sponsored by HEIW was won by Dr Bnar Talabani for work promoting COVID-19 vaccinations to diverse communities. Significant contribution made to the development of the Welsh Government's Race Equality Action Plan. As the Covid response increased over Q3, the HEIW website was used to signpost volunteers and professional returners across Wales to support mass vaccination, with over 13,500 hits in December.

At the end of the period, of the 59 Strategic Objectives (including sub objectives) being taken forward, 1 has been rated by the Senior Responsible Officer and Executive Lead as Red status indicating the objective is off track for delivery within the year:

RAG	Objective	Reason & Mitigation
Red	Objective 4.6: <i>Develop the post-registration support, education and training pathways to improve the transition of health care professionals from education into the workforce.</i>	<ul style="list-style-type: none"> The deliverables will not be achieved by the end of the year as planned but progress has now started to be made. A multi-disciplinary training leads meeting was led by the Project Manager to discuss how the scope of this objective could be narrowed to add pace. It was agreed to focus on early years transition for all health professionals with the development of a clear set of principles for employers and supervisors.

At the end of Q3 there are four strategic objectives which have been closed for the reasons described below:

- **Objective 1.2. Lead the development of a multi-professional Continuous Professional Development (CPD) strategy** has been reprofiled to next year due to procurement delays with Ty Dysgu.
- **Objective 4.5f. Learning Disabilities** is being taken forward by Improvement Cymru following a commission from Welsh Government to develop foundation training resources.
- **Objective 6.1 Refresh and relaunch the HEIW Communications and Engagement Strategy** and **6.2 Support the development of effective communication and engagement through an organisational network analysis (ONA)** are both reprofiled to next year due to capacity issues in the team in the early part of the year and subsequent difficulties in procuring external support.

4. GOVERNANCE AND RISK ISSUES

This Q3 performance report is provided to the Board for assurance in line with the HEIW Performance Framework and where applicable has incorporated previous audit recommendations to enhance our reporting.

The report has been compiled with the support and engagement of Senior Responsible Officers and Executive Leads to validate progress and performance measures in line with the expectations of the Performance Framework.

Risks to the achievement of Strategic Objectives or business as usual activities have been identified in section 3.0 above in line with our approach to RAG rating and mitigating actions.

5. FINANCIAL IMPLICATIONS

There are no financial implications arising specifically from this report.

6. RECOMMENDATION

The Board is asked to note the contents of this report and appendices for assurance.

English Catherine
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Governance and Assurance			
Link to IMTP strategic aims (please ü)	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'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
	✓	✓	✓
Quality, Safety and Patient Experience			
N/A			
Financial Implications			
There are no financial implications arising from this report.			
Legal Implications (including equality and diversity assessment)			
N/A			
Staffing Implications			
N/A			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
N/A			
Report History	Mid-Year Performance Report – November 2021 Board Q1 Performance Report – September 2021 Board		
Appendices	Appendix 1 – Integrated Performance Report Appendix 2 – Performance Reference Guide Appendix 3 - Dashboard		



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

Quarterly Integrated Performance Report

Q3 2021/22

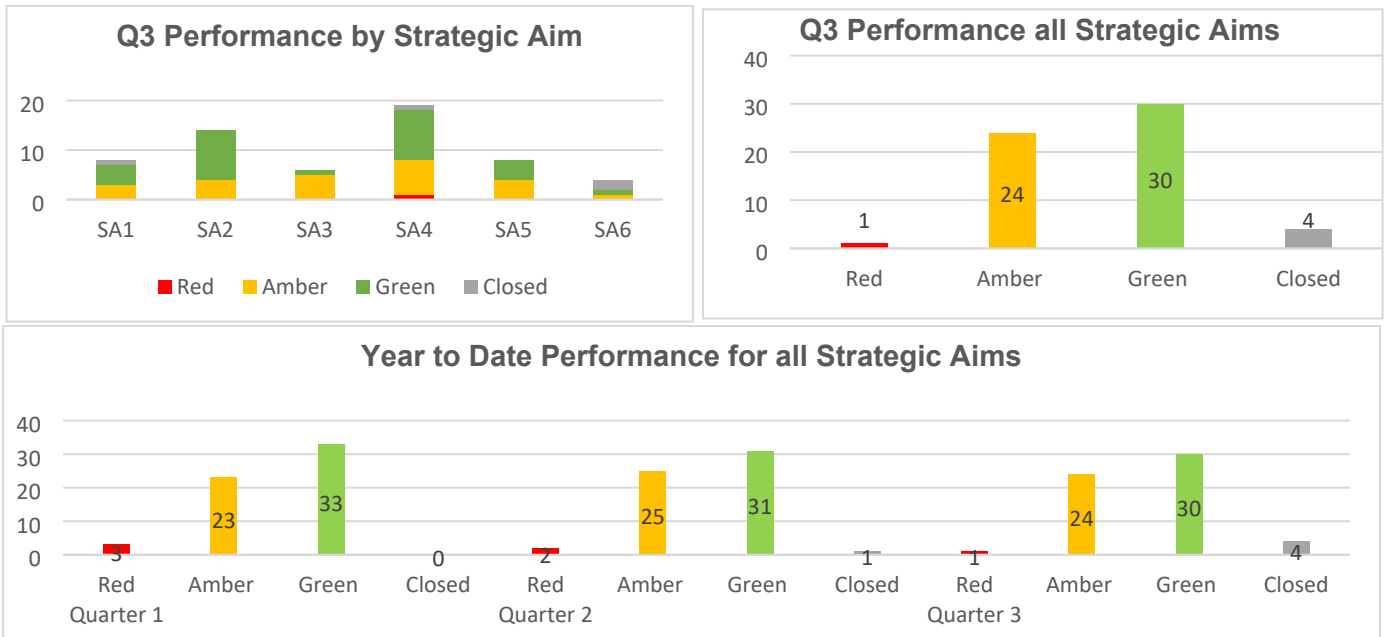
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SECTION 1: PERFORMANCE AGAINST HEIW ANNUAL PLAN 2021/22

In our 2021/22 Annual Plan we agreed to progress 59 Strategic Objectives (including sub-objectives) across our 6 Strategic Aims. The below graphs summarise our performance to date and Q3 performance against our strategic objectives, showing that there is good progress with the delivery



of the Annual Plan.

Objectives Off track for delivery by end of the Quarter and unlikely to recover

Currently is one Red-rated Strategic Objective at the end of Q3:

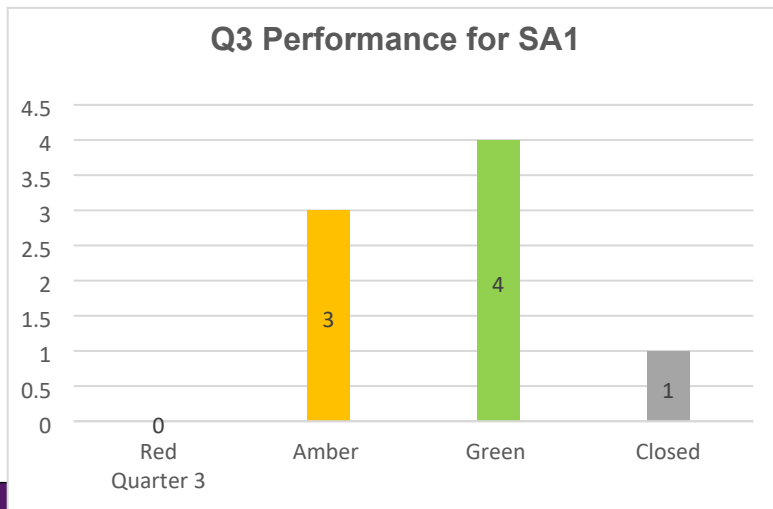
RAG	Objective	Reason & Mitigation
Red	Objective 4.6: <i>Develop the post-registration support, education and training pathways to improve the transition of health care professionals from education into the workforce.</i>	<ul style="list-style-type: none"> The deliverables will not be achieved by the end of the year as planned but progress has now started to be made. A multi-disciplinary training leads meeting was led by the Project Manager to discuss how the scope of this objective could be narrowed to add pace. It was agreed to focus on early years transition for all health professionals with the development of a clear set of principles for employers and supervisors.

Closed Objectives

At the end of Q3 there are four strategic objectives which have been closed for the reasons described below:

- Objective 1.2. Lead the development of a multi-professional Continuous Professional Development (CPD) strategy** has been reprofiled to next year due to procurement delays with Ty Dysgu.
- Objective 4.5f. Learning Disabilities** is being taken forward by Improvement Cymru following a commission from Welsh Government to develop foundation training resources.
- Objective 6.1 Refresh and relaunch the HEIW Communications and Engagement Strategy** and **6.2 Support the development of effective communication and engagement through an organisational network analysis (ONA)** are both reprofiled to next year due to capacity issues in the team in the early part of the year and subsequent difficulties in procuring external support.

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'



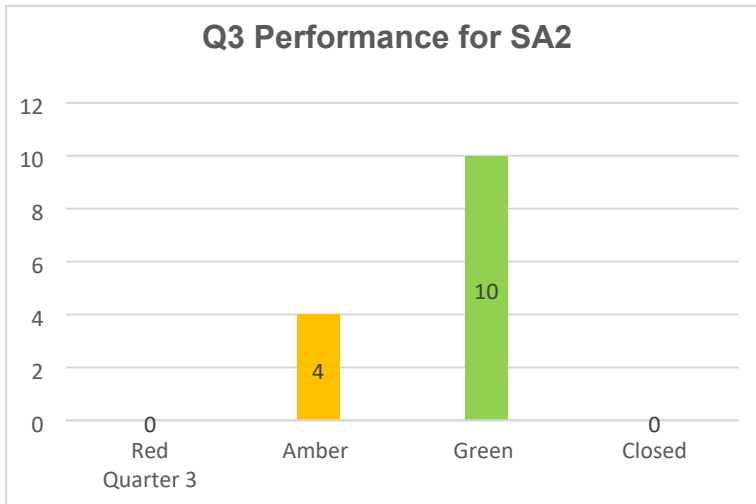
Compared Q2	
1	Closed
3	Remained Amber ►
3	Remained Green ►
1	Increased to Green ▲

- Careersville was launched formally on the 20th October 2021 with a highly successful event aimed at schools. The take-up by Welsh schools has been very positive, leading to an unusually high 'hit rate' for the Welsh-language version of the platform with 28% of the total visits being solely in Welsh. Within the first week of launch we had 4,991 page views and 12,249 individual events (these can be anything from reading a blog, to downloading a file).
- We launched our workforce planning matrix via the Workforce Planning Network and we progressed the interactive on-line version.
- We scoped the development of the first national workforce solutions plan for nursing in Wales.
- Development of the Continuing Professional Development Strategy progressed through robust engagement.
- Development and evaluation of tools, resources and access to support which contributes to the overall improvement of our healthcare workforce's wellbeing and engagement.
- Launched the joint health and social care careers network in July 2021. This is a bilingual network, involving partners from health and social care, and wider partners including education, DWP and Careers Wales and will be vitally important as we work to develop a national Health and Care careers information service.
- Further work has been undertaken to explore existing part-time routes to registration across nursing and allied health professionals, with a key focus on ability to follow these routes while remaining employed in healthcare services.
- Created a minimum dataset for workforce profiling and modelling. This has been produced to support the Mental Health Strategic Workforce Plan and will be used to support the Nursing Strategic Workforce Plan.
- During 2021-22 we have developed and made available a wide range of workforce planning resources, with many adapted for digital delivery and are available on HEIW website. This includes workforce planning toolkits for both secondary and primary care, the recorded training for primary care and the workforce planning capability matrix.
- Preparations for the 2022 TWL Pharmacy campaign are in progress. This follows on from the highly successful 2021 Campaign, designed primarily to attract Trainee Pharmacists for the August 2022 intake, and contributed to Wales achieving the highest fill rate in the UK,

CHANGES

The procurement of a single education delivery system, Y Ty Dysgu, has been a significant piece of work for the organisation in the last seven months. Unfortunately, procurement issues affecting the recent tender process meant the process had to be re-started. The Digital team have worked with Procurement Services to take this forward as a critical priority and the procurement will be complete by the end of March. The effect on the IMTP 2022-25 has been managed and contingencies are in place.

Strategic Aim 2 -To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs



Compared Q2	
1	Reduced to Amber ▼
3	Remained Amber ►
8	Remained Green ►
2	Increased to Green ▲

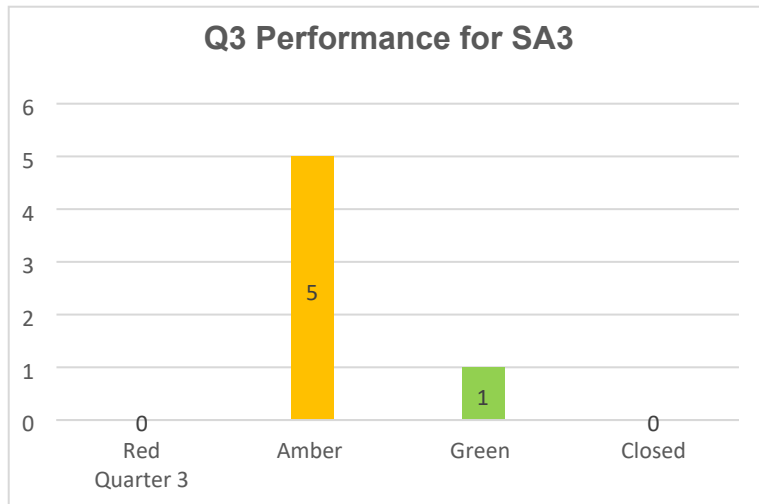
HIGHLIGHTS

- A Multi-Disciplinary Team scoping exercise was completed which has informed how HEIW will deliver education and training in the future. The aim is to maximise our use of digital technologies whilst maintaining face to face teaching delivery where it's important to achieve the learning outcomes.
- The provider was secured for the pharmacy post-registration foundation programme for the 2022/23 intake was completed. There was a 100% fill rate for the multi-sector foundation programme for the August 2022 intake compared to the 55% average fill rate across the UK.
- Concluded the Strategic Phase 1 all-Wales pre-registration healthcare professional education procurement exercise which was the most complex education commissioning procurement process we have undertaken. To date Higher Education Institutions are progressing well with implementation plans and all new programmes are on track to run as planned from September 2022 with existing programmes modified to include key themes of the contract including inter-professional education, compassionate leadership, digitalisation and Welsh language.
- Successfully migrated the Wales Optometry Postgraduate Education Centre (WOPEC) staff into HEIW from Cardiff University.
- Welcomed our first Welsh Allied Health Professional Leadership Fellows.
- Framework in place for All Wales Simulation Strategy following extensive development, literature review and stakeholder consultation.
- Strategic Outline Case for the 5-year Initial Education and Training Standards for Pharmacy (IETP) Implementation Programme signed off by the Board in July and subsequently presented to Welsh Government.
- From January 2021 to the end of September 2021 there were 84 Equality, Diversity and Inclusion workshops delivered with around 1500 delegates. Topics include differential attainment, unconscious bias, active bystander training, managing imposter syndrome, examination preparation, mentoring and holding crucial conversations.
- Developing a strategic approach to ensure equity of access to development opportunities for all SAS doctors across Wales rather than to focus on specific Health Boards at this time. This revised approach will have maximum impact on our SAS doctors and ensure we can build on the progress in subsequent years.
- An initial position paper/think piece has been developed following discussions with key stakeholders identifying financial and operational opportunities to enhance the study leave process for the benefit of Welsh trainees.

CHANGES

None to report

Strategic Aim 3 - To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels



Compared Q2	
1	Reduced to Amber ▼
4	Remained Amber ►
1	Remained Green ►

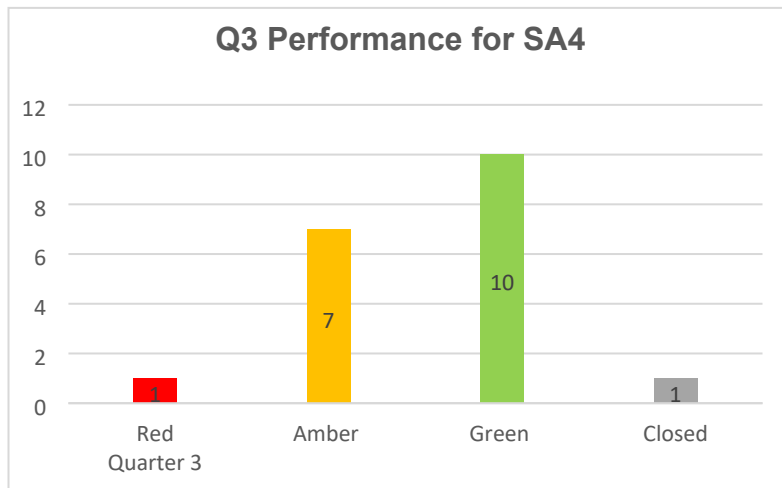
HIGHLIGHTS

- HEIW's 2022 leadership conference will be delivered virtually through the Gwella leadership portal on 30 March. Entitled '[Compassion-Con: Together Towards Tomorrow](#)' the conference themes reflect the challenges experienced by managers and leaders over the last two years and focuses on the need for leaders to be compassionate to themselves and others and the need to collaborate to ensure effective leadership is at the very heart of health and social care in Wales
- A range of clinical leadership networks on Gwella have been established and supported by the Leadership & Succession Team including the following as at End of February 22:
 - The AHP leadership network (182 members and 866 hits)
 - The Healthcare Science Cymry network (52 members and 696 hits)
 - AHP Dementia network for Wales (203 members and 647 hits)
 - The Senior Nurse and Midwife (48 members and 588 hits)
 - Primary Care Cluster Community Pharmacy Leads Network (75 members and 2,807 hits)
 - Primary Care Cluster Community Optometry Leads Network (30 members and 531 hits)
 - Florence Nightingale Digital Scholars Network (14 members and 261 hits)
- The Welsh Clinical Leadership Training Fellow (WCLTF) Framework has been developed and the 2022/23 WCLTF cohort interviews will conclude in Quarter 4 in readiness for the programme to commence in Quarter 2 2022/23.
- An additional clinical leadership programme has been scoped and designed to support NHS Wales Medical Directors. This programme will commence March 2022.
- A Leadership Boxset was released December 2022 aimed at all leaders and managers in health and care and shared widely across the system. These leadership resources have been accessed by over 600 times
- The first Graduate training scheme process is now complete from offer to onboarding and first placement within NHS Wales organisations. During the Quarter the group have started their Masters Programme.
- Successfully launched the Compassionate Leadership Principles and the Compassionate leadership book with Professor Michael West was launched in July 2021.
- 'Leading with compassion' the aspiring executive leadership programme that was co-designed with the NHs service and leadership 'think tank' The Kings Fund, will be successfully concluded March 2022. Leadership & Succession Team - winners of UK Learning Technologies 'Team of the Year' Award.
- Established the National Talent Board to play a key role in identifying and supporting experiential leadership opportunities alongside executive programmes.

CHANGES

Due to the winter/Covid service pressures and the consequent difficulties with running a national Staff Survey before March 2022, an agreement was reached with NHS colleagues and the Welsh Partnership Forum to delay the national survey until the 2022/23 financial year. Work has however been progressed to determine the survey questions and software tender.

Strategic Aim 4 - To develop the workforce to support the delivery of safe, high quality care levels



Compared Q2	
1	Remained Red ►
4	Reduced to Amber ▼
3	Remained Amber ►
7	Remained Green ►
3	Increased to Green ▲
1	Remained Closed ►

HIGHLIGHTS

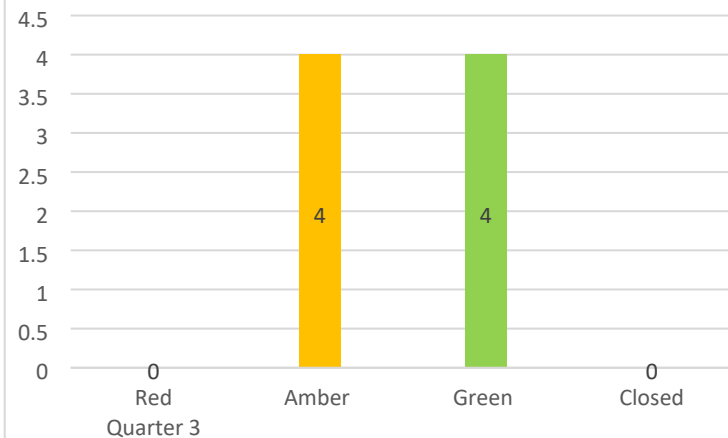
- Work has progressed to increase the awareness of assessment training offered to registrants in care homes, to be delivered in February. The successful candidates for the Postgraduate Certificate in Advancing Care Home Practice have enrolled and have established a network
- Work has continued to implement Primary Care education infrastructure, standards and delivery models, with associated financial proposals worked through to support local developments for multi-professional training.
- The Mental Health Workforce Plan commenced consultation on the 1st Feb 22 until 28 Mar 22. The documents are available via the internet and widely publicised.
- Workforce planning has continued to progress well through the Imaging Workforce Education Group, Our roadmap for engagement of the development of a workforce plan for the Imaging programme has been adapted as a further resource to support workforce planning along with the workforce planning approach, recognising the huge need for engagement and OD when developing large scale strategic workforce plans.
- Good progress has been made on many areas within the Urgent and Emergency Care Programme including an Urgent Care Practitioner Competency Framework, Remote Clinical Decision Making and Advanced Paramedic Practitioners.
- Progress is being made with the education and training elements of the National Endoscopy Programme including development of the Endoscopy Assistant Practitioner role and the new Clinical Endoscopy Training Programme. Six out of the 11 Clinical Endoscopy trainees in the first two cohorts completed their courses in Q3 and issues around the availability of training lists have been escalated with the immediate issues resolved.
- Supported the Critical Care Network through the development of a workforce model, the delivery of a workforce planning event and collaboration with Health Education England on critical care education, with 71 places out of the initial cohort of 100 filled.
- Delivered our agreed commitments in the allied health professional programmes and the Welsh Clinical Leadership Training Fellow candidates are progressing well with projects with good engagement despite the service challenges caused by Covid.
- We have continued to deliver a range of supportive interventions to prepare Health Boards for the confirmed 2nd Duty of the Nurse Staffing Act extending to Paediatric inpatient wards.
- Practice Education Facilitators have continued to support implementation of the Future Nurse programmes across Wales. The first of these cohorts commenced in September 2020.

CHANGES

- Due to service pressures, there was a lack of engagement with the Cellular Pathology workforce planning. An alternative network-led approach to workforce planning focusing on solutions has been proposed and has been supported by the National Pathology Network Strategy Board.
- The tender for multi-professional Advanced Practice and Consultant Education was unsuccessful and will now be included in Strategic Review Phase 2 for 2022/23.

Strategic Aim 5 - To be an exemplar employer and a great place to work

Q3 Performance for SA5



Compared Q2

2	Reduced to Amber ▼
2	Remained Amber ►
2	Remained Green ►
2	Increased to Green ▲

HIGHLIGHTS

- An initial redraft of the People and OD Strategy has been completed and this will be further refined with consultation with staff. This work will be progressed once we have completed the transition of HEIW into the new Agile Working Model with more opportunities to engage with our staff in person.
- The Welsh Language Scheme was successfully published. In addition, our Welsh learner numbers have increased to over 70 so far this year including a new beginners' class. A number of our Graduate Fellows have also signed up for courses at various levels.
- Approved our Decarbonisation and Biodiversity Strategy, a plan to protect the planet and developed an action plan for its delivery. We held our first Sustainability Short Life Working Group meeting to look at how medical trainees can contribute via their medical career pathways. This will be expanded to other professions.
- The delivery of the cyber security work implementation plan is making good progress. To increase the capacity of the team a cyber security team lead has been advertised with interviews to be held in Q4. Cyber security risks are well managed and reviewed on a quarterly basis to ensure appropriate oversight, review and emerging risk identification.
- Awarded the Level 2 Disability Confident Employer status and renewed our Stonewall Diversity Champion membership.
- Exceeded the 85% target statutory and mandatory training compliance for the first time since the creation of the organisation.

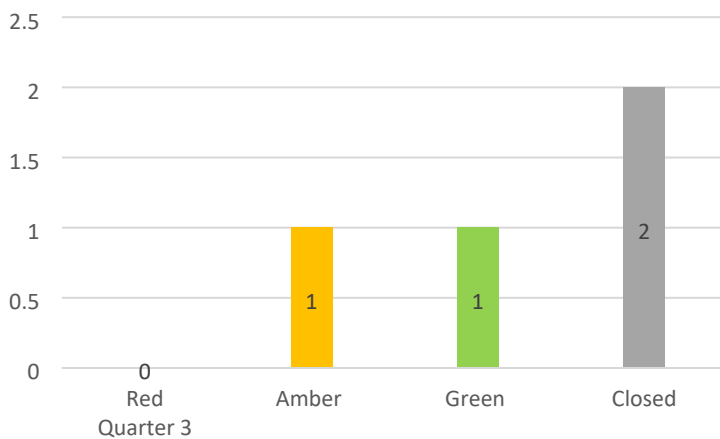
CHANGES

Due to Covid-19, the assessment process for the Bronze Corporate Health Standard accreditation has been suspended and this has been unable to be progressed. A range of resources in addition to the national offer are available within HEIW, and as we prepare to return to Ty Dysgu, additional staff support will also be delivered.

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Strategic Aim 6 - To be recognised as an excellent partner, influencer & leader

Q3 Performance for SA6



Compared Q2

2	Closed
1	Remained Amber ▶
1	Remained Green ▶

HIGHLIGHTS

- Continue to scope and agree the requirements for our single data platform. The database team have extended their workshops to include internal stakeholders to review and map the functions required from the Intrepid system. This positive engagement across HEIW is identifying short- and medium-term improvements to the current placement management system.
- Good progress has been made with the migration of systems from Cardiff University to the Azure hosting infrastructure, these will be the first NHS applications to be hosted in the cloud, delivery against the Welsh Government strategy of a cloud first approach and bringing with it many benefits of improved cyber posture, quicker and improved development environment.
- First WomenSpire Award sponsored by HEIW won by Dr Bnar Talabani for work promoting COVID-19 vaccinations to diverse communities.
- Significant contribution made to the development of the Welsh Government's Race Equality Action Plan, including HEIW's Medical Director sitting on all-Wales Group.

CHANGES

- The refresh and relaunch of the HEIW Communications and Engagement Strategy has been delayed. Due to issues with the procurement process the tender for the research project went out three times but was unsuccessful. This has led to a significant delay in starting this work which means we will not fully complete this work or related spend this year.
- Due to ongoing complexities at Welsh Government and the effects of COVID-19, it was agreed by Welsh Government to formally pause all OCDO project activity. This is due to be reviewed by the Minister in Q4.

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SECTION 2: ORGANISATIONAL PERFORMANCE

Education & Training: Recruitment

Specialty Training	Foundation
<ul style="list-style-type: none"> The recruitment rate for Round 3 was 73% (41 posts advertised), which is an improvement on the same point last year when the recruitment rate was 62% (55 posts advertised). Higher Psychiatry specialties and Genitourinary Medicine remain challenging to fill and this is reflected across the UK. General Adult Psychiatry saw a recruitment rate of 40% (10 posts advertised), Child and Adolescent psychiatry 50% (2 posts advertised) and Learning Disability 0% (1 post advertised). The Rehabilitation Medicine post was successfully filled this round. The 2022 Education and Training Plan recommended an increase in training posts for Child and Adolescent Psychiatry from August 2022 the current programme has not filled and given previous historical recruitment trends, the likelihood of filling these vacancies in 2022 is low. For all the posts where we have been unable to recruit we are in discussion with our partners on how to ensure patient care is not affected. 	<ul style="list-style-type: none"> Of the 367 trainees who commenced in August 2021, 3 have resigned and 364 rotated to their second placement in December 2021. Foundation Year 1 Doctors are currently in the process of being matched to their F2 post commencing August 2022.
	Primary Care (GP)
	<ul style="list-style-type: none"> Round 1 recruitment for posts commencing August 2022 opened in November. First offers were made via the GP National Recruitment Office in March 2022. Another GP Prospective Trainers Course started in September 2021. A total of 11 GPs are currently at the final online assessment stage. Results will be reported in the Q4 report. A review is being completed of the financial and quality issues arising from the expanded numbers of GP trainees.
Dental	Pharmacy
<ul style="list-style-type: none"> In Dental Foundation Training (DFT) all 67 posts were filled via national recruitment. In Dental Core Training (DCT): <ul style="list-style-type: none"> All 31 DCT1 posts remain filled. The retention rate is 100%. For DCT2 we still have 26 official DCT2 trainees, 6 locally appointed trainees (LATs) and 2 posts are vacant. The retention rate is 94%. For DCT3 we now have 7 official DCT3 trainees 1 LAT and 1 new vacancy. The retention rate is 89%. In Dental Specialty Training (DST), of 24 posts, 20 posts are filled. The retention rate is 83%. 	<ul style="list-style-type: none"> Protected Development Time Pilot for Community Pharmacists: 12 pilot participants have confirmed progress with their courses and 9 participants have been building evidence in their online diaries. A total of 115 Trainee Pharmacists, continue in learning on the programme (there has been no change since Q2). All first and second year Diploma Pharmacists students continue in learning. Out of 45 Pre-Registration Pharmacy Technicians, 33 are in learning, there are 3 vacancies and 6 others have paused or withdrawn.
Health Professional Education	
<ul style="list-style-type: none"> Universities have already recruited to at least 70% of places for the January to March 2021/22 intakes and are confident of filling or being close to filling their places. Currently, two Universities are on target to fill all of their places. One University has indicated that some adult places may not be filled and that there is a slight deficit on mental health nurse places. Two Universities are in a position to accept numbers above commissioned places and therefore the expected under-recruitment can be partially offset by a re-distribution of some Adult and Mental Health commissioning numbers. 2021/22 start rates are still on target to be the highest levels in recent years. The completion of Education to Employment pipeline for Nursing has demonstrated a 97% completion rate for the 2018/2019 cohorts of students. The figures show that out of 1389 students that started the course 916 have finished their degree in three years with 416 still studying and due to finish at a later date. 	

Education & Training: Continuing Professional Development (CPD)

Dental

- In total, 73 CPD courses were organised between October and December, training 1540 dental professionals during this period.
- In October 2021 we ran focus groups with dental teams around the new proposed periodontal principles of care which will be part of system reform in the General Dental Standards (GDS).
- We ran our annual Dental Team Conference in October 2021 this year's theme was Workforce Development
- We organised a series of online equality and diversity workshops. Topics included dyslexia, autism, disability and a mental health awareness session.
- Dental Quality Improvement (QI) Educators continue to deliver Quality Improvement Study Clubs for Health Boards in Wales with four taking place during this period.

Pharmacy

- Three webinars were delivered in Q3
- Our eLearning resources continue to be available for learners to access as required
- For COVID-19 resources, the medicines administration module for support staff workforce in social care settings has now been completed by 1889 individuals. In December 2021, 877 individuals attended.
- Our CPD+ programmes, 'Introduction to Healthcare Leadership'; 'Advanced Leadership' and 'Introduction to Healthcare Education' cohorts were all delivered virtually.

Revalidation Support Unit (RSU)

- A total of seven webinars were delivered in the period, with the total number of events delivered this year at 21. Feedback on content and delivery is consistently positive. Highlights of topics delivered in Q3 included Obsessive Compulsive Disorder (OCD), Post-Traumatic Stress Disorder (PTSD), and Testosterone and Organisational Cultures
- The RSU delivers the 3D educational programme, focusing on the service improvement agenda. Key activity this quarter includes:
 - Continued virtual delivery via Gwella platform.
 - Three modules completed - Module 1: Introduction and MBTI; Module 2: QI Part 1; and Module 3: Organisational Cultures.

Professional Support Unit (PSU)

- In Q3 we delivered a total of 23 webinars to 1160 attendees (4 webinars with associated CPD points were delivered to 27 attendees).

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Quality and Standards of Care: Training Concerns Exception Reporting

Medicine	
Enhanced Monitoring Areas	
<u>Betsi Cadwaladr UHB</u>	<p><i>Medicine, Wrexham Maelor Hospital</i></p> <ul style="list-style-type: none"> Placed into Enhanced Monitoring in September 2019. A further Targeted Visit was undertaken on 3 December 2021 at which it was evident that despite the pressures within medicine due to the pandemic, progress had been made. Further recommendations have been made to further improve the experience against which progress will be monitored. A further Targeted Visit will be arranged for the summer.
<u>Cwm Taf Morgannwg UHB</u>	<p><i>Obstetrics & Gynaecology, Prince Charles & Royal Glamorgan Hospitals</i></p> <ul style="list-style-type: none"> Enhanced Monitoring status with the GMC since December 2017 Evidence from the most recent Targeted Visit on 17 November 2021 highlighted that action plans were on track and arrangements are in place to continue to monitor progress. A further visit will be scheduled for May 2022 with monitoring arrangements in place in the interim. Evidence of further progress with ultrasound training will be a key factor in considering de-escalation at the next visit. <p><i>Ophthalmology, Royal Glamorgan Hospital</i></p> <ul style="list-style-type: none"> A visit to review progress in addressing the concerns within Ophthalmology at the Royal Glamorgan Hospital was undertaken in Q3, at which there was evidence of an improvement. Recommendations around residual concerns have been made and the Quality Unit will monitor progress against these in collaboration with the local team A further visit will be arranged for the summer of 2022. <p><i>Obstetrics & Gynaecology, Princess of Wales Hospital</i></p> <ul style="list-style-type: none"> This department was originally placed into Enhanced Monitoring status with the GMC in January 2019. Significant progress has been made and the Quality Unit recommended to the GMC and they approved that this issue was de-escalated from Enhanced Monitoring. A further visit was undertaken on 25 November 2021 as part of our approach to ensure that the improvements have been sustained. The findings of the visit were positive with evidence of sustained progress. No further visits will be made.
<u>Swansea Bay UHB</u>	<p><i>Emergency Medicine, Morriston Hospital</i></p> <ul style="list-style-type: none"> Placed into Enhanced Monitoring in February 2020. Evidence from visit on 30 November 2021 showed that progress in a number of key areas, particularly in relation to recruitment, had been made. A further visit will be arranged for the summer 2022. <p><i>Trauma & Orthopaedics, Morriston Hospital</i></p> <ul style="list-style-type: none"> Placed in Enhanced Monitoring in January 2019 due to concerns about clinical supervision, supportive environment, adequate experience, induction and workload. Prior to COVID there was evidence of good progress Whilst all surgical specialties have experienced challenges in ensuring access to elective experience, we are particularly concerned around a lack of progress in this area. Trainee feedback continues to raise concerns, and this has been conveyed to the Health Board with little reassurance. The GMC has also noted particularly poor survey results for this department and have written to the Health Board to highlight concerns. A further visit was undertaken on 8 December 2021 with the GMC present. Whilst the GMC did not consider that there was a need for conditions to approval to be applied at this stage, there will be an expectation of more frequent updates around key areas.

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Actively Monitoring ConcernsAneurin Bevan
UHB

- Although there are significant concerns, the threshold has not yet been met for Enhanced Monitoring as we have active engagement with the Health Board and are in the early stages of developing plans.
- Monitoring the training experience following the reconfiguration associated with the opening of The Grange University Hospital.
- A number of training concerns have been identified, both at The Grange and the other acute sites, which are compromising the delivery of education and training as well as having implications for patient safety.
- Undertaken a series of Targeted Visits to medicine and surgery and a further meeting of the Postgraduate Medical Education and Training Oversight Group in December 2021 discussed the Health Board's detailed action plan
- It was evident that extending the acute take at the enhanced Local General Hospital (eLGH) sites to 24 hours was a permanent change, thereby representing a material change to the original agreement around trainee allocations.
- HEIW has therefore written to the Health Board to provide clarity around our requirements for training given the change in expectations.
- A further Oversight Group meeting is currently being arranged.
- A review of Paediatrics at The Grange University Hospital will also be arranged.

Health Professional Education**Enhanced Performance Scrutiny**

- Following satisfaction scores from the National Student Survey and based on the largest drop in overall satisfaction, three courses were identified in Q3 as requiring enhanced HEIW performance scrutiny:
- Each programme team, of those identified for improvement have provided an action plan on how they will improve the student experience for 2021/22.
- In all three cases the HEIs have identified staff changes and staff recruitment challenges that they feel have directly impacted on the student experience.
- Actions identified include:
 - Enhancing student communication through multiple modalities
 - Ensuring that all staff have been trained in digital learning and teaching methodologies
 - Enhancing student support through multiple modalities
 - Focussed, regular, in year evaluation by enhancing opportunities to hear the student voice and respond effectively

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Quality and Standards of Care: Trainee Progression and Support

Annual Review of Competence Progression (ARCP)

- There has been no ARCP activity in Q3 for Dental Foundation Training or Dental Core Training.
- Panels for Interim Reviews of Competence Progression (RCPs) will take place in Q4 for both programmes.
- In Dental Specialty Training, there were 2 full ARCPs: 1 for Oral Medicine held nationally (Outcome 1); and 1 for Paediatric Dentistry (Outcome 6).
- There was 1 Interim RCP for Special Care Dentistry (Outcome 1).

Trainee Progression Governance (TPG)

- One ARCP Appeal Hearing took place in Q3. The trainee was appealing an Outcome 4 which took place in October 2021.
- The Appeal was upheld, and the outcome was changed to an Outcome 3.
- There was a Request for Review submitted by a trainee in December 2021 who received an Outcome 4, however the Review is due for completion in the next quarter.

PSU

At the end of Q3, the PSU was supporting 416 trainees, an increase of 13% compared to Q2, and 31% compared to the same point in 2020/21. There were 28% receiving additional psychological support.

We have had 112 new cases, with 57% being via self-referral. This is an increase of 44% in new cases compared to Q1 (78). In Q1, 45% were via self-referral.

The contract for the temporary Case Manager and Administration Support Officer is currently in place until 31 March 2022. This additional post has had a positive impact on waiting times, with the PSU currently able to offer appointments within 5 working days (in line with our KPIs) to urgent referrals. However, for less urgent referrals the referral to meeting period exceeds our KPI period of 10 days and we have a 6-week waiting time for non-urgent cases. We are preparing a business case for a permanent arrangement which would provide a longer-term solution to ensure we continue to meet our standards.

PSU across HEIW and its impacts on NHS Wales:

1. In support of the Differential Attainment (DA) Board, we continue to contribute and lead on streams within the DA agenda.
2. PSU works collaboratively with the Train-Work-Live Team - the 'Welcome to Wales' e-book (a helpful guide for those new to Wales) is in its final stages.
3. 38 members of the Wales Asylum Seeking and Refugee Group (WARD) are currently receiving support and working through the path to GMC registration; three existing members commenced their first NHS placement as doctors in the Supernumerary F1 level posts (SBUHB and ABUHB).

Quality and Standards of Care: Medical Appraisal and Revalidation

There continues to be substantial uptake in appraisal as reflected in the dashboard data for the period 1 April – 31 December 2021 (4066). At 31 Dec 2021, 3536 users have now registered with the system, an increase of 1169 (49%) since April 2021.

- Virtual appraisal continues to be an acceptable option until the end of 2021, with 92% appraisals in primary care taking place virtually in Q3, compared to 42% of appraisals in all other sectors.
- The RSU is finalising an evaluation exploring the experience and quality of virtual appraisal, which will be shared with the Wales Revalidation Oversight Group (WROG).
- Additional key activity in Q3 includes:
 - Our Annual Appraisal Quality Assurance exercise took place virtually in November. The exercise focuses on scoring a sample of anonymised appraisal summaries against our quality criteria. The analysis will be available in Q4.
 - Facilitation of a Responsible Officer Support Network meeting in October. The programme focussed on sharing best practice regarding consistency of appraisal and revalidation across Wales.
 - Annual Appraiser Survey conducted with positive responses regarding the move to virtual appraisal, with 75% of Appraisers reporting that the quality is the same if not better when meetings are undertaken virtually.

Our Organisation: Workforce Metrics

Workforce Movement & Turnover

- The HEIW headcount increased to 523 by the end of Q3, an increase of 18 (3.5%) within the quarter.
- This reflects recruitment to new posts spanning Digital, Workforce & OD, Nursing and Medical Directorates.
- They were also a mixture of permanent (9), Secondments (4) and Fixed Term Contracts (5).
- All new staff continue to be successfully onboarded and inducted whilst working from home.
- The 12-month rolling turnover rate for HEIW at the end of Q3 was 9.3%, which represents a very slight decrease from the Q2 figure of 10.5%.
- There are no obvious hot spots where turnover is a major concern.

Recruitment Activity

- 51 posts advertised and 49 conditional offers of appointment made.
- 17 job descriptions were received for evaluating and 23 job descriptions matched/released.
- There was a recruitment and job matching pause for 2 weeks over the Christmas period.
- Average recruitment time for post holder resignation to new appointee is 48.3 days compared to the recruitment KPI of 44 days.
- At the end of Quarter there were 34 active vacancies in the recruitment process.
- During Quarter 4 the People Team have in conjunction with Finance been undertaking a reconciliation of vacancies to create an establishment which will be used to monitor and manage vacancies from 1st April 2022.

Equality Data

- Compliance for recording equality data is 65.1% at the end of Q3.
- This compares to 68% at the end of Q1 and 64% at the same point in 2020

Sickness

- HEIW's rolling 12-month sickness rate was 2.2%. This has remained static over the last two quarters and only marginally higher than the Q1 figure when it stood at 1.9%.
- These are very low levels of sickness absence and continue to remain substantially below the NHS Wales target of 4.1%.
- The ratio between short- and long-term sickness remains relatively constant at around 29%:71% 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.

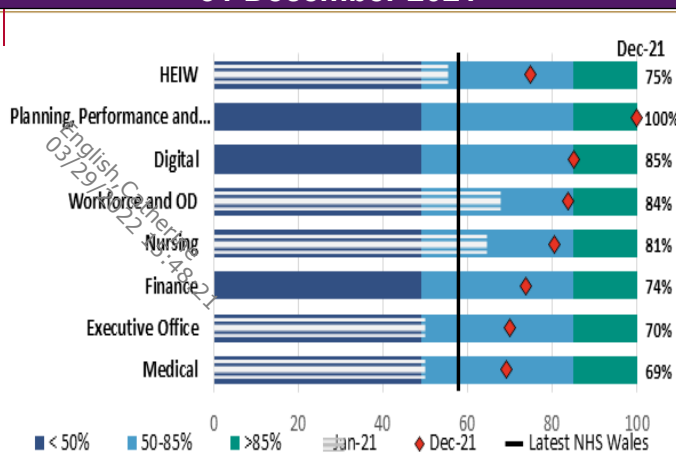
Personal Appraisal Development Review (PADR)

- The overall compliance level for HEIW core staff (excluding clinical staff who work 3 sessions or less) has increased by 5% from Q2 and stands at 75% at the end of Q3.
- Nursing Directorate has returned to a substantially higher level of 81%.
- Finance have improved significantly from 44% to 74%.

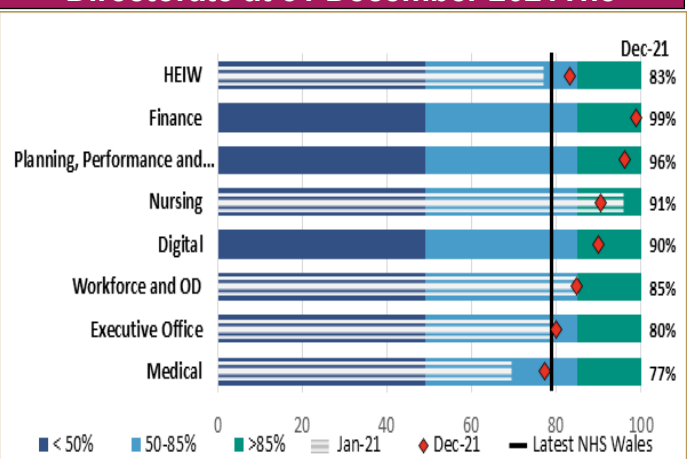
Statutory and Mandatory Compliance

- HEIW compliance rate for core staff at the end of Q3 was 83% as indicated in the table below.
- This represents a marginal reduction of 2% on the Q2 figure and has taken it below the target rate of 85%.

PADR Completion Rates by Directorate at 31 December 2021



Statutory & Mandatory Training Rates by Directorate at 31 December 2021



Our Organisation: Finance

HEIW reported an underspend of £347,443 against profiled budgets as at 31st December 2021. The underspend position in Pay budgets is due to a number of vacancies within the establishment.

The underspends in Non-Pay budgets were as a result of reduced face-to-face training and education activity due to the COVID-19 lockdown restrictions. The overspend on Commissioning budgets was as a result of an overspend within GP training due to numbers in training and protected salaries offset by known under-recruitment of trainees to programmes in Pharmacy, Dental Foundation training and the Medical training grades. There is a predicted overspend forecast for GP training. The costs of GP training in Wales have increased in the last few years following a planned expansion of the training numbers and a change in the model of delivery.

HEIW has experienced underspends against its resource allocation in each of the three full years of operation 2019-2020 to 2021-22. The Finance team has reviewed financial performance over the three-year period, focussing particularly on significant commissioning budgets where the majority of underspends are generated. Further work will be undertaken to establish whether revised financial planning arrangements could reduce the underspend position in future years.

The cumulative agency costs to the end of December 2021 are 2.4% of total pay costs. Agency spend is incurred as a result of filling some of the vacant posts in the agreed HEIW structure with agency staff until recruitment processes enable substantive appointments.

Public Sector Pay Policy

The payment of Non-NHS invoices has remained above the target throughout Q3 and the cumulative position is 96.6% to the end of December.

Capital

The original allocation of £100k has been supplemented by an additional capital allocation of £183k from WG taking the total to £283k.

As at the end of February, orders have been placed totalling £145k with clear plans to spend the remaining allocation by year end.

Spend is predominantly on IT equipment with the additional allocation enabling the programme of laptop refresh to be started earlier than planned which will be beneficial given the reduction in the capital allocation for 2022-23

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Our Organisation: Enabling Functions

Welsh Language

- In Q2 and Q3 of this year we translated 2.9 million words – compared to 1.9 over the same period last year.
- In the calendar year 2021, we translated 4.96 million words, compared to 2.85 million words in 2020.
- The continued growth reflects the effective implementation of our Welsh language Scheme and support across the organisation for the adoption of the Scheme.

Communication and Engagement

- Our social media following continues to increase showing we are still attracting members of our audience to this method of communication and engagement.
- As the Covid response increased over Q3, the HEIW website again proved its worth as the place to go for sign-posting volunteers and professional returners across Wales to support mass vaccination.
- This included the website trending on Google and the volunteers page receiving over 13,500 hits in December, which positively reflects the awareness of search engines of the existence and prominence of the HEIW website.
- The team continue to raise awareness of HEIW work and facilitate engagement. Successes include press releases, web pages and social media on key pieces of work, including:
 1. New framework for nurses working within general practice
 2. Imagine our world without practice managers
 3. Virtual village created to explore difference health and care careers
 4. Wellbeing resources released for NHS Wales staff
- The team also continue to support the core education and training functions of HEIW promoting training events and webinars.

Learning and Development and Staff Events

- The L&D team is currently developing:
 - An innovative induction welcome pack, provisionally called a 'HEIW Passport'
 - innovative learning and development pages for all our content with signposting to Gwella.
 - A new comprehensive evaluation form has been created for all events including induction.
 - content has been developed on Raising Complaints, Presentation Skills and an Introduction to Coaching.
- Following our first meeting of the HEIW CIPD Network, we have drafted a survey to allow colleagues to help us to develop a quarterly programme. Our first meeting with Lesley Richards, Head of CIPD Wales, takes place in March.
- Workshops have been arranged on the new Pay Progression criteria which will be implemented from 1st October 2022.
- ILX Group have been procured to run Prince II Agile Project Management Foundation and Practitioner Training to an initial cohort of ten staff in week commencing 14th February.

Freedom of Information (FOI) Requests

- Received 7 FOI requests in Q3 of 2021/22.
- Closed 18 FOI requests during 2021/22 and answered 16 (88%) of these requests on time (within 20 working days).
- 2 requests were delayed due to the volume of data requested.

Health and Safety

- There were no health and safety accidents, or incidents reported/recorded in Q3.

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Education & Training: Recruitment

This report incorporates data provided manually by each of the professions and from Health Professional Education, which follows the usual process for data collection up to this point. However, the Education to Employment Pipeline, currently in development, is now helping to inform and validate these numbers and to give access to additional stages in the Pipeline not previously available. The Pipeline has been populated with data related to:

- Foundation Training
- GP Training
- Nursing
- Pharmacy
- Specialty Training

Data for Dental and for all Health Professional Education other than Nursing is not yet available via the Pipeline.

The data provided for Q3 relates to recruitment and to learners starting their programmes. We are now using the following agreed definitions for 'recruitment rate', 'start rate' and 'retention rate', linked to the stages of the new Pipeline:

Recruitment rate	Number of places recruited to, following completion of national/local recruitment processes (as a percentage of total places available following agreement on approved number)
Start rate	Number of places taken up following the start of the programme (as a percentage of total places available following agreement on final number of places available)
Retention rate	Number of learners in places at an agreed point in time, or at multiple points in time during the academic or training year (as a percentage of the fill following the start of the programme)

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Specialty Training

Recruitment data in Q3 relates to recruitment Round 3 for posts commencing in February 2022. This is a smaller round than that for the August/September intake and includes entry at Core and Higher training levels, along with a combination of posts re-advertised from Round 2 and new posts for Round 3. Historically, the fill for this round is much lower than that for Rounds 1 and 2, as the majority of trainees fall in synch with the August and September intake.

Foundation

There is no formal recruitment process for Foundation during Q3.

Dental

Changes between Q2 and Q3 are due to postholders resigning from post; no new recruitment rounds have taken place.

In Dental Foundation Training (DFT), 67 posts were available for the 2021/22 cohort (September start) and submitted to the National Recruitment Office.

In Dental Core Training (DCT), the national recruitment process concluded in June 2021. All 31 DCT1 posts remain filled with official trainees (this number includes 3 General Dental Services Core Trainee, or GDSCT, posts).

In Dental Specialty Training (DST), of 24 posts, 20 posts are filled (at the end of Q3), including 3 in a Period of Grace. There are 4 vacant posts to be recruited into during 2022, with 1 pending confirmation of funding. The 4 vacant posts are: 2 in Special Care Dentistry (1 North and 1 South Wales) with 1 to be recruited to in 2022 (discussions are ongoing to confirm funding to replace the North Wales trainee); 1 in Orthodontics to be recruited to later in 2022; and 1 Post-CCST in Orthodontics currently being recruited to locally.

Pharmacy

Protected Development Time Pilot for Community Pharmacists

Despite extremely challenging times in practice, 12 pilot participants have confirmed progress with their courses and 9 participants have been building evidence in their online diaries as part of the pilot evaluation. So far, 1 pilot participant has withdrawn but, perhaps unsurprisingly, it was difficult to reach the other pilot participants in what is generally known as the busiest quarter in community pharmacy in the run up to Christmas and the New Year.

Trainee Pharmacists

2021/22 (current cohort): A total of 115 continue in learning on the programme (there has been no change since Q2).

Diploma Pharmacists

2021-23 (current first years): All 40 continue in learning.

Pre-Registration Pharmacy Technicians

2022-24 (cohort 1 of the new programme): After a fallow period in 2021, the new course provider is in place and recruitment is well underway, led by employers and supported by the HEIW Pharmacy team. Appointments will be reported in the Q4 report. However, the recruitment process has again confirmed the need for the 'HEIW Access to' programme to be made available and signposted to help those existing pharmacy staff with the potential capability to develop into professional roles.

Health Professional Education

Interim start rates for the September 2021 intakes were reported in Q2. The Health Professional Commissioning start rate for Wales is 99.4%. This is the highest overall start rate that September intakes have achieved in the last 10 years. All Universities are between 98.5% and 100.3%. The University of South Wales is at 100.3% and this was with agreement that they could bring forward a number of places from their January 2022 commissioning numbers.

Whilst this is excellent performance, against increasing targets, it must be caveated as the 2021/22 start rate will not be finalised until both nursing cohorts (September 2021 and January to March 2022) have started in their programmes. Historically, it has been more difficult to recruit in the January to March period, particularly in the 2020/21 academic year with the timing of the December lockdown affecting students' decisions to commence training in early 2021.

Education & Training: Continuing Professional Development (CPD)

Dental

The Dental section continues to deliver CPD courses online with face-to-face training once again paused in December due to the pandemic and only essential courses running face to face for time limited training schemes.

The department continues to identify education to help teams develop and to encourage a more collaborative approach to patients managing and improving their own oral health, as well as to prepare dental teams for general dental service contract reform, which is due to re-start in April 2022.

In October 2021 we ran focus groups with dental teams around the new proposed periodontal principles of care which will be part of system reform in the General Dental Standards (GDS). This event was delivered by two Dental Educators, allowing teams to understand how these principles of care might fit into their own practices, and to share their views about the new principles with other colleagues. Participants were given copies of the perio-principle tool and will now use this with their patients to help them discuss and understand their oral health condition, and what they need to do as patients to maintain a healthy mouth.

We ran our annual Dental Team Conference in October 2021. This is the second year it has been delivered successfully online, with this year's theme focusing on Workforce Development. Delegates had the opportunity to hear from a variety of individuals in the profession who shared their personal career journeys, including Dental Dean Kirstie Moons. As well as the importance of professional development and acquiring essential skills and knowledge, advice was given to engage with a mentor and/or sponsor to encourage growth and promote leadership within the dental team.

We have also offered courses to the profession regarding sustainability in dentistry and their role within this. These discussions have contributed to further work to develop a quality improvement tool for dental practices in liaison with Public Health Wales.

Completion of QI projects and audits by the profession continue with 242 dental professionals registering and 184 projects completed since April 2021

RSU

During Q3 the RSU has continued to provide CPD for GPs and primary care health providers virtually, expanding and enhancing our online CPD provision. Further virtual learning webinars are planned for Q4.

The following online educational resources were available:

- Our open access service, CPD On Demand, enables viewers to watch a recorded learning event from our virtual delivery programme at their convenience; a total of 19 recordings are available and were viewed 64 times in Q3.
- One new module has been added to our CPD modules, and three are currently under development to be added to our library of 40 free online modules on the GP CPD website. The new module topic is Image and Performance Enhancing Drugs.

The activity above is reflected in the number of page hits to the GP CPD website as detailed in the performance dashboard (9400 October, 9221 November and 5989 December).

The RSU delivers the 3D educational programme, focusing on the service improvement agenda

- Three remaining modules to be undertaken in Q4 of 2021/22 and Q1 of 2022/23.
- It is hoped that it will be possible to organise a face-to-face 3D Conference in May 2022 to celebrate the projects and achievements of this year's cohort.

Pharmacy

There was reduced activity for Pharmacy during Q3 of 2020. Daytime events and release of employees have not been supported generally within the managed sector due to workforce pressures and similarly within the community pharmacy sector, these pressures have affected evening event attendance from September onwards. In 2020 there were approximately 346 delegates across five evening webinars, compared with 153 across three webinars in 2021. Topics may have influenced attendance, but average attendance has decreased.

We continued to review processes to provide more efficiency in navigation for our end users and, alongside historic website challenges, may now need to be implemented due to the delay in procuring the new Learning Management System (LMS). We are undertaking some housekeeping in the background to facilitate as smooth a transition as possible for a move in the near future.

Three webinars were delivered in total:

- Red Whale Mental Health – taking care of YOURSELF and your PATIENTS
There were 96 registrants (initially provided in April 2021) who revisited with an interactive event in September. The aim was to maximise key outcomes from the previous two webinars, whether currently attended or not. Initial feedback is very positive and demonstrates the partnership approach HEIW has with Red Whale to maximise access and use of our existing resources.
- Public Health Nutrition: key messages and recommendations about supplementation – what should we know?

There were 29 attendees and, of those that provided feedback, 100% experienced a change in knowledge and 83% were confident or fully confident with the topic.

- C.diff Infection: antimicrobial guidance update

There were 28 attendees and, of those that provided feedback, 100% experienced a change in knowledge and 83% were confident or fully confident with the topic.

Four discussion-based events on 'Incontinence Management' were delivered and average attendance remains the same as 2020. This format of learning virtually still requires learners to adapt and be comfortable with it. A total of 34 attendees registered across the four events and, of those that provided feedback, 100% experienced a change in knowledge and 75% were confident or fully confident with the topic.

Quality and Standards of Care: Training Concerns Exception Reporting

Medicine

We have adapted the GMC's standards for (medical) education and training (as defined in 'Promoting Excellence', 2015) for adoption across professions to underpin the implementation of the Multiprofessional Quality Framework in 2022/23 (under Strategic Objective 2.9).

We are finalising arrangements for the next cycle of training programme reporting which seeks to ensure that adequate governance arrangements are in place within training programmes. Revised templates have been developed and supporting evidence is being collated in advance of circulation to TPDs for completion.

GMC Training Survey Results

There is nothing further to report on the 2021 surveys since Q2. Please refer to the Q2 Integrated Performance Report (November 2021) for the most recent update.

GMC Engagement

An annual engagement meeting with the GMC took place in October 2021, the purpose of which was to scrutinise the GMC National Training Survey and consider HEIW's approach to quality management and reporting. The feedback from this meeting was universally positive with no areas of concern identified.

As part of the current quality assurance cycle, the GMC has undertaken an observation activity to consider how HEIW supports medical trainees. The activity was to review a workshop delivered by the Professional Support Unit. The GMC provided feedback which highlights that the workshop was a good example of how HEIW was meeting training standards around the appropriate identification, management and support of learners through their training. The positive feedback has been passed onto the Professional Support Unit.

The current quality assurance cycle is due to end in December and a meeting was held in November 2021 as part of the closure process. At this meeting an overview of the GMC's review of all quality assurance activity within the last annual cycle was undertaken and a summary report produced. HEIW has responded to this document to thank the GMC for their support and oversight in ensuring high standards of postgraduate medical training in Wales.

Health Professional Education

Universities are a key partner of the NHS as they provide large volumes of education and training at undergraduate and postgraduate level. The quality aspects of the contract management process assure HEIW, Welsh Government and Health Boards that health professional education commissioned and delivered in Wales adheres to the highest academic and vocational standards in line with contractual agreements. 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, action plans set out in the individual quality report for each University are incorporated into their own improvement processes.

Information used in reviewing quality include:

- a. HEIW produced performance reports (previously reported to Committee) including actions relating to University under-performance against set Key Performance Indicators (KPIs)
- b. Results from the National Students Survey (NSS), including specific health professional placement questions
- c. Individual student comments submitted as part of the NSS
- d. Regulators Approved Education Institution (AEI) and Practice Learning Partners annual self-assessment reports
- e. Health and Care Professions Council (HCPC) annual monitoring Submissions and HCPC approval
- f. University self-assessment quality report for HEIW incorporating results of the NSS and Regulator Reviews
- g. University Individual Programme Enhancement/Improvement Plans

After review of the above information, there is further stakeholder engagement conducted by HEIW's Education, Commissioning and Quality Team:

- i. Annual focus group with pre-registration students
- ii. Annual focus group with post-registration students
- iii. Annual focus group with Practice Education Facilitators and placement mentors

In addition to this, HEIW holds three formal business performance and quality management meetings with each education provider and, twice a year, hosts an Education Partnership meeting which comprises senior staff within HEIW and all Heads of Schools of Health in Wales.

As part of the quality performance management cycle, HEIW has scrutinised the NSS results and triangulated these against feedback comments from students and practice educators in the quality focus groups. Themes from the NSS feedback indicate three main areas where there has been a significant drop in satisfaction:

- Teaching on my course
- Academic support
- Organisation and management of the course

It is important to note that NSS scores generally were impacted by the pandemic in 2021 across all programme subject areas throughout the UK. When benchmarking these programmes, it is clear that many have performed well against the national average including excellent results from Glyndwr University and Cardiff University. The areas where there has been a drop in satisfaction tallies clearly with the student comments made during the HEIW quality meetings. Therefore, they are likely to relate to:

- the disruption to teaching following the rapid conversion to online learning as a result of the pandemic;

- disruption to personal tutor support where it was not effectively converted to a remote model following the introduction of social distancing restrictions;
- ineffective communication with the students during this time.

The Education Commissioning and Quality team will embark on the 2022 round of quality meetings in Q4. These meetings will focus on ensuring that HEIs have delivered on their action plans.

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):

Quality planning: Following confirmation of annual commissioning numbers from Welsh Government, HEIW engages with organisations and publishes an Annual Placement Plan for Education Providers to work with Placement Providers when allocating student placements across nursing, midwifery, allied health profession and healthcare science. Adoption of the HEIW Placement Plan by organisations is key to maximising equitable placement capacity. A HEIW Local Level Agreement (under revision), specifies education provider and placement provider obligations for provision of quality placement learning environments. This document supports the overall governance of student placement allocations. Both documents underpin HEIW quality assurance measures.

Quality management: In terms of placement learning environment and culture, HEIW, together with Education and Placement Providers has co-produced all Wales placement principles, a safe-return placement passport, and several pledges for students entering placement settings. HEIW requires these elements to be embedded within Education Provider systems which provide a further mechanism also for quality assurance of placements. All-Wales educational placement audit information and student placement evaluation mechanisms also form part of HEIW and professional regulator monitoring of healthcare programmes.

Quality Improvement: HEIW leads an established All Wales Placement Reference Group including Education Providers, Health Board education leads and other key stakeholders across Wales. This group's remit includes responses to emerging service and academic pressures and alignment of best practice and production of resources to support across placement learning. HEIW has also established an Internal Placement Stakeholder Group to consider cross-profession placement quality alignments.

Quality Assurance: HEIW holds bi-monthly regional Health Board Practice Education Facilitator Team meetings to pick up on placement intelligence and influence the vision for direct placement work undertaken. HEIW also holds quality monitoring individual meetings with practice supervisors, assessors, and students (three times a year).

Placement quality also forms part of a Health Professional Education Contract annual meeting scheduled with Education Providers, including Education Partnership Meetings, Contract Performance Meetings (quarterly), and operational meetings with individual and joint Education Providers. From 2022, HEIW will be convening Regional Partnership Boards to ensure full implementation of the HEIW Procurement for the provision of Health Professional Education & Training Services (Phase 1 - 2021), including heavily weighted placement quality criteria.

In Q3, the HEIW Bursary Manager and NWSSP streamlining colleagues held monthly meetings with each Health Board (HB) and Trust via newly created planning groups to prepare for the recruitment of Allied Health Professional (AHP) and Health Care Scientist (HCS)

graduates entering the workforce in the summer of 2022. This new approach of HB and Trust specific, locally determined, planning groups has enabled everyone to be better prepared and provided an additional internal mechanism to coordinate communication across service managers, workforce and finance to plan the uploading of vacancies to suit local service needs. Gathering feedback from participants has been factored into the evaluation framework for AHPs and HCS 2022 which will begin in March 2022.

Quality and Standards of Care: Trainee Progression and Support

Annual Review of Competence Progression (ARCP)

ARCP data for Medicine is reported annually in the Q2 integrated performance report (November) in line with the annual GMC validation process.

ARCP data for the period 5 August 2020 to 3 August 2021 is presented in the 2021/22 Q2 report (November 2021).

Dental ARCP data is presented separately on the performance dashboard as Dental does not follow similar validation protocols to Medical and this allows for quarterly reporting.

HEIW is working to align the processes relating to submission and consideration of Reviews and Appeals across medical and dental training.

Quality and Standards of Care: Medical Appraisal and Revalidation

MARS (Medical Appraisal and Revalidation System) is part of a suite of online resources that also includes the **Orbit360™** system, a multi-source feedback system linked to MARS and launched last year to support doctors in Wales with gathering patient and colleague feedback.

It should be noted that the appraisal completed data is based on the date the appraisal summary is agreed, not the date of the meeting. This data is not comparable with last year due to the temporary suspension of medical appraisal during the first two quarters, and the option of an 'approved missed' appraisal during the second two quarters of the same year.

Our Organisation: Workforce Metrics

Personal Appraisal Development Review (PADR)

PADR forms part of contractual arrangements for staff and is one of the key performance indicators (KPIs) in the NHS Wales Delivery Framework. The target rate for PADR/Appraisal is 85% as recorded on the ESR system. This recognises that factors such as long-term sickness, maternity leave and career breaks would mean that 100% compliance is difficult to achieve. New starters are excluded from PADR compliance figures for the first 3 months in post.

It is not possible to provide a comparison against December 2020 for Digital, Finance or Planning, Performance and Corporate Services (PPCS). The Digital and PPCS directorates

did not exist as separate directorates previously and data for Corporate Services has moved between Finance and PPCS on two occasions since October 2018.

Statutory and Mandatory Compliance

The NHS Wales delivery Framework requires 85% compliance at a minimum level in the 10 UK Core Skills Framework for NHS Staff, hosted on the ESR system. Most 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.

As with the PADR data and for the same reasons, it is not possible to provide a comparison for the Digital, Finance and Planning, Performance and Corporate Services directorates.

The sessional clinical staff who work for 3 sessions or less are not included in the directorate 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. For information, currently recorded compliance figures are included within the dashboard. However, it is noted that as part of the implementation of the People and OD Strategy the engagement of sessional and other remote workers will be a key strategic element, part of which will encompass pragmatic and effective ways of addressing PADR and Statutory and Mandatory Training compliance.

Whilst it remains the responsibility of individual staff and managers to ensure that they achieve compliance in statutory/mandatory training requirements, the People Team and the wider Workforce and OD teams will continue to support and encourage staff in this process.

Our Organisation: Enabling Functions

Communications and Engagement

The team continues to raise awareness of HEIW work and facilitating engagement. This contributes directly to HEIW's leading role in workforce, education and training, supporting the delivery of NHS services, and establishing us as experts and influencers. Successes include press releases, web pages and social media on key pieces of work, including:

1. New framework for nurses working within general practice
2. Imagine our world without practice managers
3. Virtual village created to explore difference health and care careers
4. Wellbeing resources released for NHS Wales staff

The team also continues to support the core education and training functions of HEIW, promoting training events and webinars.

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Health Education and Improvement Wales Performance Dashboard (2021/22)



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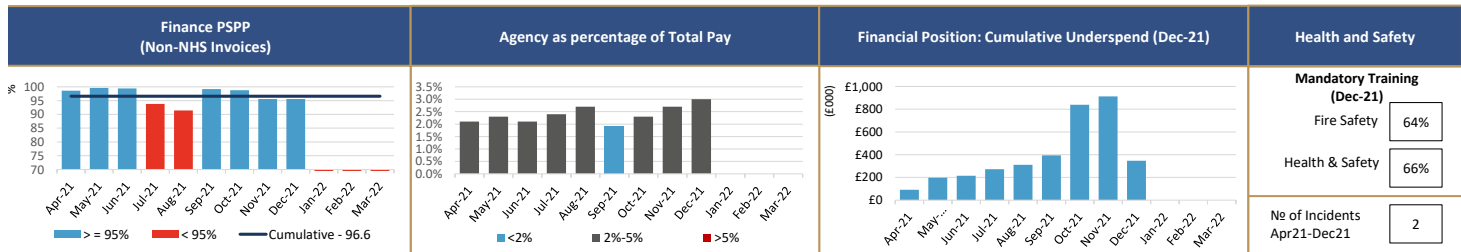
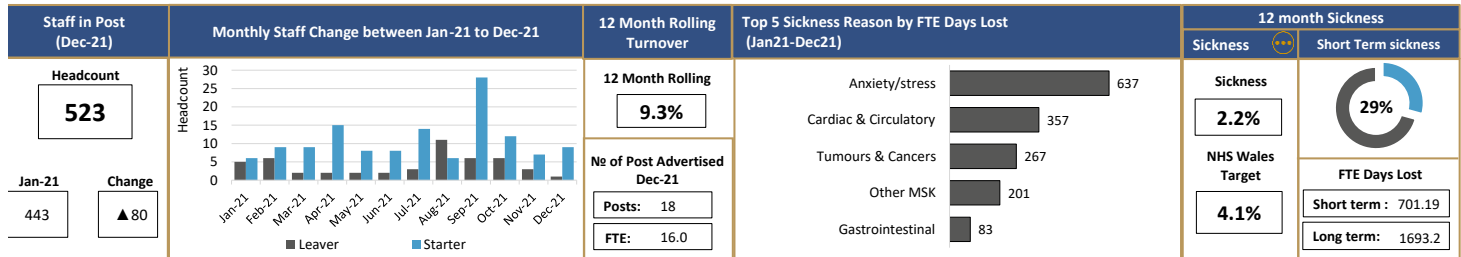
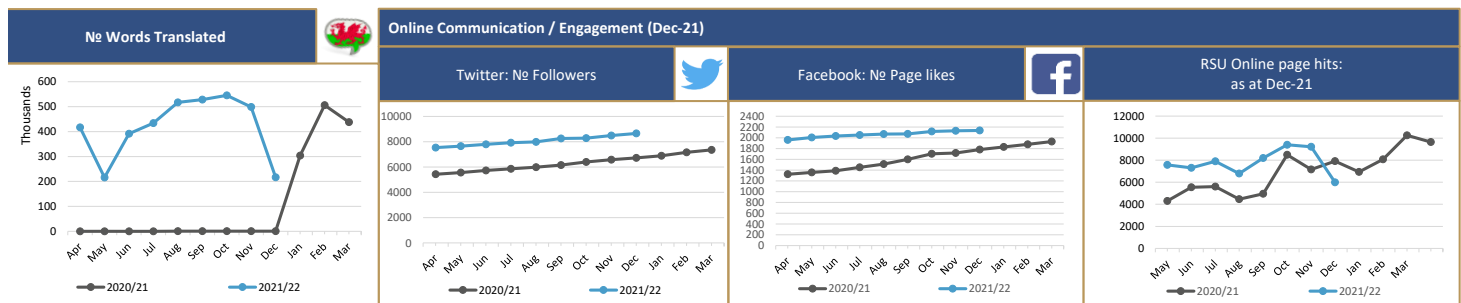
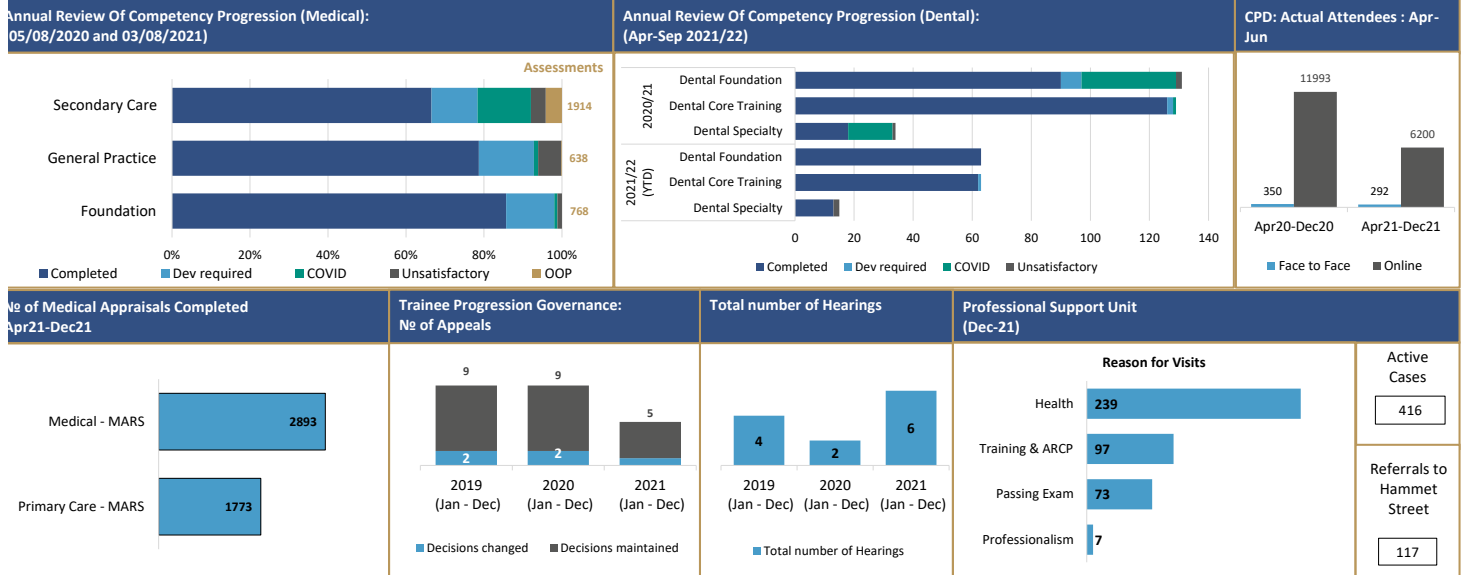
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HEIW Strategic Objectives as at Dec-21	Strategic Aim 1 -To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'			Strategic Aim 2 -To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs			Strategic Aim 3 -To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels			Strategic Aim 4 -To develop the workforce to support the delivery of safety and quality			Strategic Aim 5 - To be an exemplar employer and a great place to work			Strategic Aim 6 - To be recognised as an excellent partner, influencer and leader		
	RED	AMBER	GREEN	RED	AMBER	GREEN	RED	AMBER	GREEN	RED	AMBER	GREEN	RED	AMBER	GREEN	RED	AMBER	GREEN
	0	3	4	0	4	10	0	5	1	1	7	10	0	4	4	0	1	1
HEIW Closed Objectives as at Dec-21	1			0			0			1			0			2		

		Q2	Q3
Red	2	2	1
Amber	25	24	
Green	31	30	

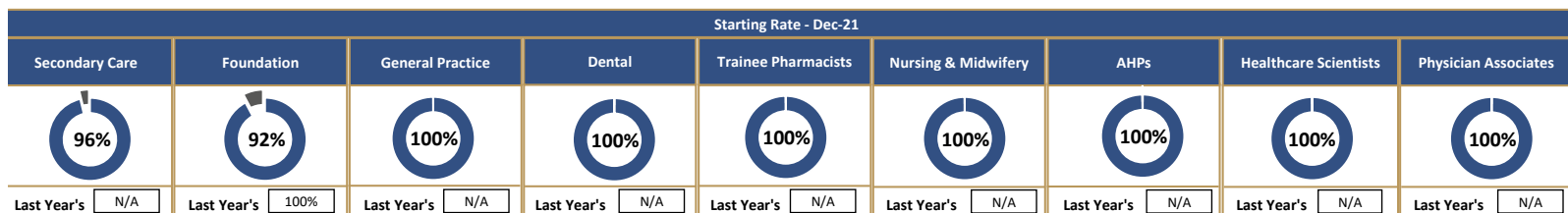
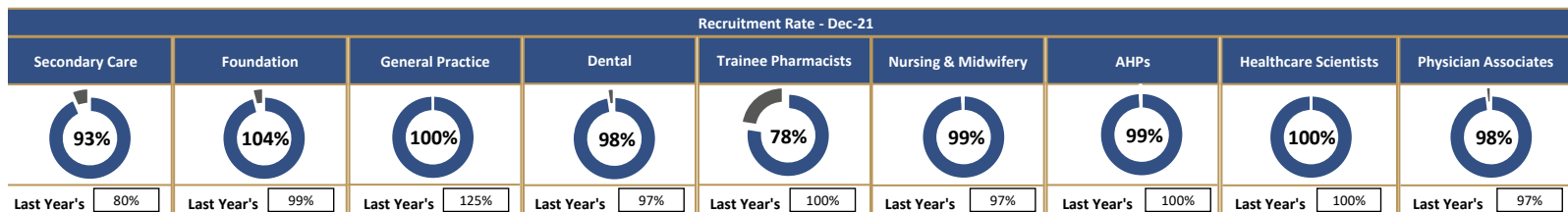
Departmental Information



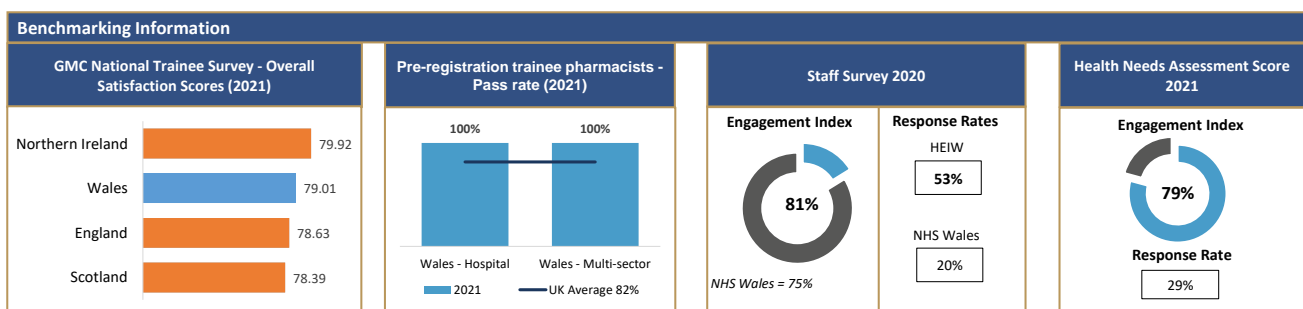
Click here for the full definition of Recruitment and Start Rates

Recruitment Rate: Number of places recruited to, following completion of national/local recruitment processes (as % of total places available following agreement on approved number)

Start Rate: Number of places taken up following the start of the programme (as % of total places available following agreement on final number of places available)



* Confirmed starting numbers are yet to be clarified by department



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Meeting Date	31 March 2022	Agenda Item	4.3
Report Title	Approval Process for commissioning education as part of the Strategic Review of Education Phase 2 (SREP2)		
Report Author	Martin Riley, Deputy Director Education Commissioning and Quality and Dafydd Bebb, Board Secretary		
Report Sponsor	Lisa Llewelyn Director of Nurse and Health Professional Education		
Presented by	Lisa Llewelyn and Dafydd Bebb, Board Secretary		
Purpose of the Report	To propose an Approval Process for commissioning new education as part of the Strategic Review of Education Phase 2 (SREP2).		
Key Issues	<ul style="list-style-type: none"> • The paper outlines an Approval Process for SREP2 which complies with the HEIW Standing Orders • A clear, agreed Approval Process is a cornerstone pre-requisite to facilitate project planning of the Strategic Review of Education Phase 2 (SREP2). • Welsh Government is required to note contract where the total contract value is more than £1million unless approved as a part of the annual commissioning education and training plan. • This report has been considered and supported by the Executive Team. The Education Commissioning and Quality Committee at its last meeting on 23 February recommended that the Approval process for SREP2 as outlined within this report be approved by March Board. 		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			Approval ✓
Recommendations	<ul style="list-style-type: none"> • Members are asked to approve the approval process for commissioning new education contracts as part of SREP2 as detailed in the proposal paragraph (paragraph 4) of this report. 		

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APPROVAL PROCESS FOR COMMISSIONING EDUCATION AS PART OF THE STRATEGIC REVIEW OF EDUCATION PHASE 2 (SREP2)

1. Introduction

This report summarises and seeks Board approval for the Approval Process for commissioning new education as part of the Strategic Review of Education Phase 2 (SREP2), which meets both the current and future needs of post-registration healthcare professionals. The proposed process is delineated by the value of the contract (<£5m and >£5m) in line with existing HEIW delegated financial approval limits as outlined within the organisation's Standing Orders.

2. Background

SREP2 will cover more than 20 separate procurement exercises which will vary in both total contract value and complexity from £100k to £23m. The proposed Approval Process is aligned with the Standing Orders and the latest guidance from Welsh Government. Currently, contracts with a total contract value of £1 million need to be notified to Welsh Government unless they have already been approved by Welsh Government under the annual commissioning of education and training plan. Members should note that our Standing Financial Instructions are currently under review with Welsh Government and that we may need to notify Welsh Government in the future even where a contract is contained within the annual education and training plan.

Establishing the Approval Process is vital at the outset of any procurement as this will impact upon timelines for:

- Stakeholder engagement
- Evaluation of tender
- Award – ensuring successful providers have sufficient time to write, accredit education, recruit and commence delivery on the required date

It is essential to plan the use of project team resources effectively, including:

- The Programme Manager
- The Procurement Team
- Legal Advisor

3. Engagement

The Approvals Process has been developed by the SREP2 Senior Risk Officer, legal advisor and procurement leads; the HEIW Board Secretary and Corporate Governance Manager. In addition, the Head of Financial Accounting has conducted meetings with the Welsh Government.

The Approval Process has been received, discussed, reviewed, and recommended for approval by the SREP2 Programme Board. The education journey SREP2 Assurance Template has been tested via the HCSW Level 4 Tender document; endorsed by the Executive Team; approved by the Board and presented to the Education Commissioning and Quality Committee (ECQC) for assurance. The layout of the document was well received and will form the basis for future procurement approvals documentation.

4. Proposal

HEIW's Standing Orders state – in the Decisions Reserved for the Board section, number 33 – Strategy and Planning that:

[The Board] “Approve individual contracts (other than NHS contracts) above the limit delegated to the Chief Executive set out in the Financial Delegations.”

The delegated financial limit for the Chief Executive, as set out in the Scheme of Delegation section within the Standing Orders, states that, in relation to Education and Training contracts, the limit is “up to £5m”.

Therefore, two Procurement approval routes have been mapped;

- contracts where total value is less than £5m and
- contracts where total value is more than £5m

As the Welsh Government do need to currently be notified of some contracts with a value above £1m (and this may change to all contracts as part of the review of SFIs), the less than £5m category has been split into two procurement routes;

- contracts where total value is less than £1m and
- contracts where total value is between £1m and £5m

In summary, the three routes can be summarised for authority to place a tender as;

Out to Tender

	PSG	Exec Team	ECQ Comm	Board	NWSSP Proc.	WG
<£1m	Recommends	Approves	Assurance	Noting	yes	No
<£5m	Recommends	Approves	Assurance	Noting	yes	YES
>£5m	Recommends	Recommends	Assurance	Approval	yes	YES

And summarised regarding the decision to award as;

Award	PSG	Exec Team	ECQ Comm	Board	NWSSP Proc.	WG
<£1m	Reviews & Recommends	Approved	noting	noting	yes	No
<£5m	Reviews & Recommends	Approved	noting	noting	yes	YES
>£5m	Reviews & Recommends	Recommends	Assurance	Approved	yes	YES

Documentation

High level Summary (Journey/Benefits)
Full ITT, Tender & High level Summary
Standard procurement paper

Each route takes different amounts of time at the approval to tender stage and at the approval to award stage and steps will be taken to manage the process as efficiently as possible.

SREP2 has been grouped into 20 education procurements / “bundles”. This may increase as other areas of need arise, for example, education contained within the Mental Health Plan. Of the 20 areas currently identified, it is currently estimated that five will have a total contract value greater than £5m. As outlined above, these larger contract will need to be considered by the ECQC as well as the Board.

Members will be aware that the ECQC Committee currently meets on a quarterly basis. To support that the £5m contracts are considered swiftly by the ECQC it is proposed that an additional two meetings per year of the Committee may be required.

The SREP2 programme Board will oversee the timely and effective production of key documentation, to reduce delaying the tender/procurement of education programmes.

5. Risks

As SREP2 will cover more than 20 separate procurement exercises, which will vary in both value and complexity from £100k to £23m, it will represent a significant challenge to HEIW and the procurement team to manage a successful commissioning process and secure value for money.

A clear, agreed Approval Process is a cornerstone pre-requisite to facilitate project planning of the Strategic Review of Education Phase 2 (SREP2) and mitigate the risk.

6. Recommendation

Members are asked to approve the approval process for commissioning new education contracts as part of SREP2 as detailed in the proposal paragraph (paragraph 4) of this report.

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	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'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs.	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
		✓	
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality.	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
	✓		
Quality, Safety and Patient Experience			
HEIW commissions high quality education to ensure the delivery of safe patient care. HEIW will seek assurance on the quality of education in line with HEIW's Quality Framework			

Financial Implications	
There are no financial implications associated with this report.	
Legal Implications (including equality and diversity assessment)	
The proposal has been developed in line with HEIW SFI	
Staffing Implications	
No implications for HEIW staff have been identified.	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
Report History	n/a
Appendices	n/a

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Meeting Date	31 March 2022	Agenda Item	4.4
Report Title	Annual Equality Report 2020-21		
Report Author	Rhiannon Windsor, Head of OD and Inclusion		
Report Sponsor	Julie Rogers, Deputy Chief Executive & Director of Workforce & OD		
Presented by	Julie Rogers, Deputy Chief Executive & Director of Workforce & OD		
Freedom of Information	Open		
Purpose of the Report	To seek Board approval to publish our Annual Equality Report for 2020-2021 by 31 March 2022.		
Key Issues	Public sector organisations such as HEIW have a duty under the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 (also referred to as 'the Welsh specific equality duties') to produce and publish Annual Equality Reports		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			Approval ✓
Recommendations	<p>The Board is asked to:</p> <ul style="list-style-type: none"> Approve the publication of HEIW's Annual Equality Report 2020-2021 by 31 March 2022 – Appendix 1 		

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HEIW EQUALITY AND INCLUSION

1. BACKGROUND

The Public Sector Equality Duty (PSED) requires listed bodies to produce Annual Equality Reports to demonstrate:

- the steps the authority has taken to identify and collect relevant information;
- how the authority has used this information in meeting the three aims of the general duty and in meeting the Wales specific equality duties;
- any reasons for not collecting relevant information;
- a statement on the effectiveness of the authority's arrangements for identifying and collecting relevant information;
- progress towards fulfilling each of the authority's equality objectives;
- a statement on the effectiveness of the steps that the authority has taken to fulfil each of its equality objectives;
- specified employment information, including information on training and pay (unless already published elsewhere).

This Annual Equality Report covers the reporting period 1 April 2020 to 31 March 2021.

2. GOVERNANCE AND RISK ISSUES

HEIW have a duty under the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 to produce Annual Equality reports.

3. FINANCIAL IMPLICATIONS

No cost.

4. RECOMMENDATION

The Board is asked to:

- Approve the publication of HEIW's Annual Equality Report 2020-2021 by 31 March 2022 – **Appendix 1**

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Governance and Assurance			
Link to IMTP strategic aims (please ✓)	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'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
			✓
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
		✓	
Quality, Safety and Patient Experience			
N/A			
Financial Implications			
N/A			
Legal Implications (including equality and diversity assessment)			
Equality Act 2010 (Gender Pay Gap Information) Regulations 2017			
Staffing Implications			
No staffing implications noted, only positive effect fostering better communication and transparency			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
The above proposal will influence across all 5 ways of working as identified "The Well-being of Future Generations (Wales) Act 2015, 5 ways of working.			
Report History	The report was considered and endorsed by the Executive Team on 16 March 2022.		
Appendices	<ul style="list-style-type: none"> Appendix 1 - HEIW's Annual Equality Report 2020-2021 		



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Health Education and Improvement Wales

HEIW Annual Equality Report 2020-2021

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Executive Summary

We are pleased to publish our Annual Equality Report which covers the reporting period 1st April 2020 to 31st March 2021.

This report highlights our key achievements, across our functions to further advance equality; how we are working together to meet our general and specific duties as defined in the public sector equality duty (2011) and analysis of the equality and training information we hold on our staff.

We acknowledge through analysing our workforce data that there are specific areas for us to focus on. By focusing on these areas, we hope to fully realise our ambition of having a workforce reflective of the communities we support.

We are committed to continuing our approach of co-production and collaboration to further our equality, diversity and inclusion work over the coming year. We will continue to embed equality into our plans and everyday business, to ensure that we properly consider and monitor the effects and outcomes of our work, on people who share protected characteristics and those who do not.

We recognise that the period in which this report covers saw huge changes to the way we worked due to global pandemic. HEIW overnight became a virtual organisation with a small number of clinicians returning to the frontline, and our staff stepping up to support in areas like the vaccine programme, training, workforce wellbeing and supporting student and trainee education. We are extremely proud of how our staff have adapted and have ensured that staff wellbeing has been at the forefront of our offer.

Section 1: Introduction

Welcome to our Annual Equality Report, which covers the reporting period 1 April 2020 to 31 March 2021.

This report highlights our commitment to being an inclusive employer, the launch of our first Strategic Equality Plan, our key achievements in embedding and addressing equality across our functions and finally provides an analysis of our workforce data (Appendix 1).

Section 2: Our Legal Duties

Under the Public-Sector Equality General Duty, public bodies must:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act.
- Advance equality of opportunity between persons who share a relevant protective characteristic and persons who do not share it.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

And to have due regard for advancing equality by:

- Removing or minimising disadvantages experienced by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people with protected characteristics to participate in public life or in other activities where their participation is disproportionately low.

Protective Characteristics under the Equality Act 2010:

- | | | |
|-----------------------|-----------------------------------|----------------------|
| • Age | • Pregnancy and maternity | • Race |
| • Disability | • Marriage and civil partnerships | • Sex |
| • Gender Reassignment | • Religion or belief | • Sexual Orientation |

As well as the general duty, we must meet the specific duties, which are set out in the Equality Act 2010 (Statutory Duties), and the (Wales) Regulations 2011.

These duties came into force in Wales on 6 April 2011 and include:

- developing four yearly Strategic Equality Plans;
- involving and engaging stakeholders including the public when developing plans, policies and shaping services;
- undertaking appropriate equality impact assessments;
- collecting and publishing information about equality, employment and differences in pay;

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- promoting equality-based staff training;
- considering equality when buying services and agreeing contracts;
- publishing our Annual Equality Report;
- reviewing our equality plans and objectives to make sure they are current;
- making sure people can access the information we provide.

Section 3: Our Culture, Value 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 excellent employer and a great place to work, recognising that our workforce is not only distributed across Wales but successfully embraced home working as a result of the pandemic.

We continue to develop our people, inclusion and organisational development practices to enable us to reach our aspiration. 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.

We created a Values and Behaviour Framework prior to the establishment of the new organisation, which was developed by our staff who came together as a team to form HEIW, and consists of the following values:

Our values 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



**Ideas that
Improve:**

harnessing creativity,
and continuously
innovating and
evaluating

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We will continue to embed the values and behaviours into our policies, practices and processes and will take all opportunities to be a role model for the national work we are leading on compassionate and collective leadership.

Appendix 1 contains an analysis of our workforce equality data and shows how we are working towards meeting our general and specific duties as defined in the public sector equality duty (2011). It summarises the equality, employment and training data (information) we hold about staff, for the period 1st April 2020 to 31st March 2021.

Section 4: Our Commitment

HEIW 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 will ensure 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.

HEIW values diversity and recognises that the organisation is greatly enhanced by the wide range of backgrounds, experiences, views, beliefs and cultures represented within its workforce. It aims to embrace diversity and proudly acknowledges that variety and difference are intrinsic to the wellbeing and future development of HEIW.

Section 5: Our Equality and Human Rights Objectives

In October 2020, HEIW published its first Strategic Equality Plan (SEP) using feedback from a robust consultation and engagement process. The SEP sets out our direction of travel for the next four years, explaining how we will work to promote equality, eliminate discrimination and foster good relations between those who share a protected characteristic and those who do not. Key objectives within the plan include:

- increasing workforce diversity and inclusion,
- addressing pay gaps,
- engaging with the community,
- ensuring equality is embedded into the procurement/commissioning process and is managed throughout delivery; and

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- ensuring service delivery reflects individual need.

The launch of the SEP also formally declared our commitment to being part of Wales' first Public Body Equality Partnership (WPBEP). This group of 11 public sector organisations has come together to share resources, insight and expertise in order to promote equality across all areas. Through this collective approach, the WPBEP works to meet the challenges set out in the Is Wales Fairer report whilst reflecting the principles of the Well-being of Future Generations (Wales) Act.

HEIW has been fully engaged with the development of Welsh Government's draft Race Equality Action Plan (REAP). The HEIW Medical Director is a member of the First Minister's REAP Steering Committee which has led on this work.

Section 6: How we monitor our progress

Progress in achieving our equality aims is monitored through our governance and reporting mechanisms linked to our Intermediate Medium-Term Plan (IMTP) Strategic Objective 5.4: Implement and embed HEIW Strategic Equality Plan and continue partnership working across the public sector. We also report progress against our SEP actions both of which we do via our Executive Team and Board.

Section 7: Who are we?

HEIW is a unique organisation in NHS Wales, established as a Special Health Authority with a leading role in the education, training, development and shaping of the healthcare workforce in Wales. We are here to make a real difference to patients, to enhance trainee and student experience and to improve the wellbeing and potential of the NHS workforce.

Our vision is "Transforming the workforce for a healthier Wales" which was developed through engagement with staff, stakeholders and partners.

Section 8: Why are we here?

HEIW's purpose is to integrate and grow expertise and capability in planning, developing, shaping, and supporting the health workforce ensuring we have the right staff, with the right skills, to deliver world-class health and care to the people of Wales. The publication of 'A Healthier Wales' prior to our establishment reinforced the need for a more strategic and sustainable approach to workforce in health and social care.

Our role in education and training 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. Plus, engaging with partners and stakeholders to shape

education and training opportunities making them more accessible no matter what your background or where you live.

Section 9: What we do – our functions

We undertake a wide range of functions as outlined below which together help us to achieve and deliver our vision and purpose:



Education commissioning and delivery: We plan, commission and deliver education and training for a wide range of health professional groups, and incorporate the Deaneries for Medicine, Dental and Pharmacy. This includes undergraduate, postgraduate and CPD activities. This is what the majority of our budget is spent on and through the commissioning approach HEIW ensures value and sustainable outcomes are delivered for the NHS system, and promotes equality, diversity and inclusion and the use of the Welsh language.



Quality management: We quality manage education and training provision ensuring it meets required standards, and improvements are made where needed. This includes supporting educators, trainers, trainees, students and working closely with education providers, NHS organisations and regulators. We have a specific role supporting the GMC in relation to quality of postgraduate medical education.



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



Workforce intelligence: We aim to be recognised as a primary source for information and intelligence about the Welsh health workforce. We provide analytical insight and intelligence to support the development of the current and future shape of the workforce and act as a central body to identify and analyse sources of intelligence from Wales, UK and abroad.





Workforce strategy and planning: We provide strategic leadership for workforce planning, working with Health Boards and Trusts, Social Care Wales and the Welsh Government to produce a forward strategy to transform the workforce to deliver new health and social care models of service delivery. In addition, through this process, we identify and develop new workforce models required within the NHS and fosters equality, including a bilingual workforce.




Leadership development and succession planning: We are leading and developing the strategic direction for compassionate and collective leadership at all levels, talent management and succession planning for NHS Wales.

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Careers and widening access: we provide the strategic direction for promoting health careers and the widening access agenda, with a clear focus on opening access to the many people in our communities that have valuable skills and experience currently underrepresented in our workforce.

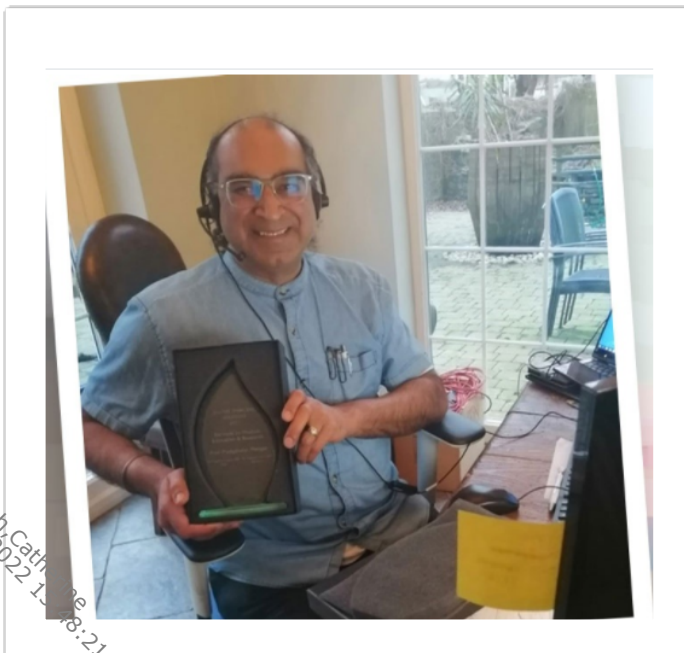

Workforce Transformation and Improvement: we provide strategic and practical support for workforce transformation and improvement, including skills development, role design, Continuing Professional Development and career pathway development. This work links closely with the development of new workforce models to underpin strategic developments in the NHS including the Strategic Programme for Primary Care, Working Together for Mental Health, national programmes and the strategic programmes led by the NHS Wales Collaborative. During 2020 we also became responsible for several new areas – including the Nurse Staffing Levels (Wales) Act 2016 and the workforce implications arising from the Healthcare Sciences and the Allied Health Professionals Framework.


Professional support for workforce and organisational development (OD): We have an express function to support the development of the workforce and OD profession within Wales.

Section 10: Key Achievements in 2020-21

The following pages provide an overview of some of our key achievements in 2020-21 in respect of our core functions of education and training, workforce and us as an organisation.

The British Association of Physicians of Indian Origin (BAPIO) recognised



Professor Pushpinder Mangat during their Annual Conference held in January 2021. Push was presented with the BAPIO award for services to Medical Education and Training furthering the cause of the overseas trainees, specifically for highlighting their educational and training needs.

Since its creation – our national health service has relied on international medical graduates for its success and stability. There are estimated to be over 50,000 doctors of Indian origin serving in our NHS across the UK. During the 1960s and 70s – almost 70%

of GPs in the Welsh Valleys were of Indian origin – and today nearly a third of all hospital consultants in Wales are of Indian origin.

BAPIO are a non-profit organisation open to all healthcare professionals, promoting diversity, equality and inclusion. Since conception in 1996 with the initial aim of supporting international medical graduates, BAPIO has grown in stature and influence to become one of the largest organisations of its type in the country. BAPIO is represented through numerous divisions covering all regions of the UK.

“BAPIO is very grateful to Push for having highlighted the differential attainment of the BAME doctors, an issue that had been raised by BAPIO through a court case in 2014”. Push has been a role model for the BAME doctors and has shown that hard work and ability recognise no barriers.”

Education and Training

A significant proportion of HEIW contracting is the commissioning of education and training for health professionals and trainees on behalf of Welsh Government. Non-medical students form the largest group of these commissions.

One of our key priorities during the COVID-19 pandemic has been to protect education and training for our students and trainees as far as possible, and to mitigate any disruption that occurred. This has taken us into new territory, particularly during the first peak of the pandemic, but thanks to the excellent partnership working with Higher Education Institutions, regulators and NHS colleagues we have managed to keep the majority of programmes and courses on track.

Education Commissioning

We have ensured equality is embedded into the way that we procure and commission services for education in both pre and post registration. Our aim is to ensure those from whom we commission services, reflect our strategic equality plan, values and behaviours in the way they conduct their business.

Differential Attainment

HEIW is leading the way in addressing Differential Attainment within the medical field. Differential attainment is defined by the GMC as the gap between attainment levels of different groups of doctors.

Closing the Differential Attainment (DA) gap has been identified as an action point for postgraduate education not only by HEIW but also by our regulators the GMC and GDC. The Professional Support Unit (PSU) works to target this area to mitigate the effect of DA and has a lead role within HEIW's Medical Deanery to develop strategies and evaluate their impact on differential attainment.

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The strategy to address differential attainment has been split into three phases:

- Phase 1 –Raising awareness about differential attainment and educating the workforce
- Phase 2 - Implementing targeted support for at risk doctors
- Phase 3 – Evaluation of the impact of the targeted support and refinement

The number of trainees in Wales has increased over the last few years to meet the needs of NHS Wales.

There is a recognition of the effect of differential attainment and that the impact on health and wellbeing can be triggered by a range of factors such as:

- Exam anxiety / failure
- Loss of confidence
- Stress / Burnout
- Sense of helplessness
- Fear of failure
- Financial implications
- Impact on relationships – work and home

All of these factors can impact the quality of patient care and potentially patient safety.

The PSU actively supports the work of the HEIW Differential Attainment Programme Board, to implement a fair training culture for all by designing and delivering workshops under the umbrella heading 'Developing a Diverse Workforce for Diverse Patient Groups' as well as supporting groups and individuals with their needs.

To drive the agenda, PSU has delivered 88 workshops to 1466 trainees and trainers in Wales in the last year which include DA, Active Bystander Training, Civility in the Workplace, Examination Preparation, Mentorship Training, Minimising Imposter Phenomenon, Holding Crucial Conversations and Unconscious Bias. These workshops are open to trainees, trainers, clinical supervisors, non-training grade doctors, pharmacists and dentists.

The Heads of Specialty Schools have been asked to develop a strategy to identify those most at risk of differential attainment at various stages of their training and provide additional support where needed. This includes identifying those at risk of differential attainment before training starts, for example from low recruitment scores and having little prior UK experience. Additionally, identifying those at risk should continue through regular reviews during the training programme (namely at

least annually at the Educational Supervisor meeting). Early intervention has been strongly encouraged, as it is hoped that trainees who receive additional support earlier in training will have more successful outcomes than those where support is only initiated once key training programme performance targets are missed.

This area of work links directly to the agenda of the Welsh Government Race Equality Action Plan and helps in developing tangible goals, actions and outcomes for achieving equality in healthcare and postgraduate education in Wales.

Support for pharmacy students and trainees

We have also provided support to pharmacy students and trainees via our pharmacy deanery and have followed up on our commitment to take steps to address potential accessibility issues at CPD events with specific questioning around accessibility. To date no issues have been raised.

Whilst we reduced face-to-face events during the reporting period because of the pandemic, we ensured that all training met accessibility requirements.

As part of the programme provision, HEIW will implement a tripartite Learning agreement for both employers and Post registration Foundation pharmacists learners to sign. This agreement has a dedicated section - Equality and Non-discrimination for all parties to adhere to. This will be in addition to the E&D policies within their own organisations.

All community pharmacy staff offering any enhanced services to the public must complete an accreditation process, with Equality being one area covered. During the year, 289 additional pharmacy learners completed this package, making a total of the current workforce who have completed awareness raising training on equality to 2554.

We revamped our Introduction to Education & Training programme in 2020-21, which includes an eLearning package that includes a section on equality & diversity and includes some activities in the live sessions on unconscious bias and assumptions, as well as adaptations to learning to increase accessibility. We have trained 2 cohorts of 15 people to date.

Our dementia friends eLearning package which we developed with Dementia Friends to allow people to gain this badge, has been used in the pre-registration pharmacy technicians course, as well as open to the wider pharmacy profession to complete. During the year 143 additional staff completed this package, making a total of the current workforce who have completed this training to 240. This package is available in both English and Welsh.

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Support for GPs

The Revalidation Support Unit (RSU) provide high quality CPD events and online modules designed to support the needs of the NHS Wales workforce. In 2020-21 we saw the development and publication of e-resources and CPD modules on transgender health and gender diversity. We also hosted the British Association of Gender Identity Specialist (BAGIS) virtual annual conference.

Further achievements include:

- Embedding questions relating to discrimination within the appraisal process.
- Updating the Medical Appraisal Revalidation System support and training videos to meet accessibility requirements
- Ensured the patient and colleague feedback system including support resources were fully bilingual
- Developed feedback forms in large print.
- Launched our bilingual CPD Website for GPs
- Provided opportunity for GP's to complete their continuing professional development (CPD) training through the medium of Welsh

Support for Dental trainees

HEIW supported dental trainees during the pandemic sharing links to all of our wellbeing resources and also those developed by the Committee of Postgraduate Dental Deans and Directors (COPDEND).

In December 2020 the Dental team commissioned a course delivered by Stonewall Cymru to 50 professionals focussed on delivering inclusive healthcare.

Dental continues to have representation on HEIW Differential Attainment Board.

Support for Asylum Seeking and Refugee Doctors

The Wales Asylum Seeking and Refugee Doctors (WARD) Group helps medical professionals with an asylum seeking or refugee background to meet the professional qualifications needed to join the NHS. The primary objective is to ensure that doctors seeking sanctuary in Wales have an opportunity to gain GMC registration, thereby enabling integration and inclusion in the society, whilst providing extra workforce for NHS Wales.



The Wales Asylum Seeking and Refugee Doctors Group (WARD) is managed by HEIW in partnership with Displaced People in Action (DPIA). The project has been funded by the Welsh Assembly Government since its establishment in 2002.

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International English Language Test (IELTs) tutoring, learning and pastoral support is provided at DPIA. HEIW's Professional Support Unit liaise with DPIA, managing the project and providing professional support to work ready WARD members to enable phased in return to NHS work and continual success through the six months Supernumerary placement. Liaison with DPIA charity is crucial as the partnership facilitates access to the asylum seeking and refugee communities to raise awareness of the opportunities available.

From its inception up until March 2021, 247 asylum seeking and refugee healthcare professionals (211 doctors, 16 dentists, 12 other healthcare professionals, have benefitted from the programme).

Workforce

Workforce Strategy and Planning

The ten-year national workforce strategy for health and social care was published by HEIW and Social Care Wales in October 2020. The document represents the culmination of almost a year's development work by HEIW and Social Care Wales in partnership with key stakeholders.

Wellbeing of the workforce, quality, diversity and inclusion and the Welsh language are at the heart of the strategy's ambition to have a motivated engaged and valued diverse health and social care workforce with the capacity, confidence and competence to meet the needs of the people of Wales.

The strategy sets out that Wales:

- will have a workforce with the values, behaviours, skills and confidence to deliver care and support people's wellbeing as close to home as possible
- will have a workforce in sufficient numbers to be able to deliver responsive health and social care that meets the needs of its people
- will have a workforce that is reflective of the populations diversity , Welsh language and cultural identity; and
- will have a workforce that feels included and is valued.

Careers and Widening Access

During the reporting period we saw work carried out to develop a digital careers experience, Careersville/Tregyrfa, which is built on the idea of a virtual 'Careers Village'. The village reflects the health and care services available across Wales, with each building housing a specific service and the associated careers available. For example, the village will contain buildings which could include an optometrist, volunteer centre, domiciliary care agency, a secondary care hospital, GP practice, care home, nursery, transport, architects, estates, etc. Visitors to the site will have the opportunity to visit as many of these buildings as they wish to find out about

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the roles available. We worked with Social Care Wales, to ensure their presence on the sites.

Through a phased approach, the platforms will be used to host a number of events aimed at different audience of all ages and backgrounds.

The existing NHS Wales Careers and former Deanery career web pages have been migrated from their respective existing sites and sit on the new HEIW site. The pages went live in March 2021 and again the team worked closely with the Digital team to update the pages and ensure links work.

We will continue to engage with our audiences to understand their needs and requirements in shaping and developing resources.

All resources produced are fully bilingual, including email correspondents to audiences and stakeholders. The NHS Wales Careers Network (Now the Health and Careers Network – jointly chair by HEIW and Social Care Wales to further strengthen our working relationship and develop a joint approach) is also fully bilingual and offers simultaneous translation at the quarterly meetings.

As of July 2020, the three Welsh Government Widening Access programmes (GP Work Experience, Doctoriaid Yfory/Tomorrow's Doctors and Widening Access to Pharmacy) migrated to HEIW and sit under the Careers and Widening Access remit. Meetings have been held with all of the programme leads. Covid-19, unsurprisingly, has had a disruptive impact but leads explored and delivered materials/session digitally. Doctoriaid Yfory reported that this had a positive impact in reaching a wider audience across Wales.

Leadership Development and Succession Planning

HEIW has delivered a number of significant achievements in the areas of succession and leadership. During 2020-21 we developed the Compassionate Leadership Principles for Health and Social Care in Wales, which are aimed at guiding leadership behaviours across the system. Compassionate leadership is based on the core values of compassion, wisdom, courage, humanity and justice which have been identified as the principles which underpin fair and healthy societies everywhere.



The socialisation of the Compassionate Leadership Principles will be further supported by a range of resources that have been developed with Professor Michael West and curated from experts which include the Kings Fund. Reading materials on Compassionate Leadership has been developed and is being promoted on undergraduate and postgraduate curriculums throughout Wales. HEIW has also created Collective Leadership Champions across NHS Wales so that Compassionate Leadership is modelled within senior leadership roles.

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We have also launched 'Gwella' – the Digital leadership portal – providing bilingual digital materials, resources, networks and access to a wider range of resources on Compassionate Leadership. Gwella's material are also available as teaching resources so organisations can integrate into existing leadership and management programmes. An inclusive approach has been taken in the development of the site in order to reach diverse audiences and promote fairness in accessing leadership development opportunities. The Gwella leadership portal is available at – <https://nhs-wales-leadership-portal.heiw.wales>

Progress has been made against the NHS succession planning framework with 'Talentbury' an ambitious 4-day virtual festival of leadership, learning and engagement, which also provided an opportunity for aspiring executives to engage with renowned experts, was successfully undertaken in October 2020.

We also led on the review, improvement and re-launch of the NHS Wales Graduate training scheme. The purpose of the scheme is to create a diverse leadership capacity and to provide an annual pipeline of aspiring leaders to NHS Wales and the wider system.

People and Organisational Development

Policy development has continued and during the year saw us sign off and implement policies in relation to Domestic Abuse and Mental Wellbeing in the Workplace and we have also undertaken further work in Ty Dysgu to ensure the building enables people with different types of needs and disabilities to work with us on an equal basis.



Alongside the development of policies, training of our staff is key staff are obliged to undertake NHS mandatory Equality Training 'Treat me Fairly'. As at 31st March 2020, 79% of our staff had completed their mandatory training.

Our network of Inclusion Champions increased, and we are committed to continuing with this approach through 2021/22. The Champions undertook a wide range of activities throughout the past year starting in January 2020 with Diversity and Inclusion Week, Holocaust Memorial; International Women in Science; LGBT month; St David's Day; International Women's Day; celebrated EID; PRIDE; Black History Project; Tran Health Week; International Men's Day; White Ribbon Day; and Purple Light Up for Disability Month in December 2020.

The HEIW Local Partnership Forum (LPF) provides the formal mechanism for social partnership within HEIW as well as providing a vehicle for engagement, consultation, negotiation and communication between trade unions and HEIW management. During 2020/21 the LPF met bimonthly and focussed on both

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strategic and practical issues including culture and organisational development, employment policies, equality and diversity, staff wellbeing and welfare.

Digital and information systems

HEIW recognises the importance of Digital accessibility and the critical role our Digital Team plays. Digital accessibility is when everyone can equally perceive, navigate, interact and communicate with the content that is provided online or through digital tools, regardless of their cognitive and motor skills. All new system builds conform to user first principles and accessibility and Welsh language standards. Our accessibility statements undergo annual review.

We are committed to ensuring that all learning platforms have appropriate accessibility statement and commissioning of services equitable.

Wellbeing

We continued to prioritise staff wellbeing and accelerated our national and local actions in response to the global pandemic. Below are examples of work undertaken by the HEIW led Health and Wellbeing Network during this period.



We have signposted our staff to a variety of agencies to access appropriate support. This includes:

- The Health for Health Professionals extended service
- Domestic abuse support.
- Able Futures Access to Work for free resources.
- Health and Social Care Samaritans helpline.
- Health Eating whilst working from home.
- Looking after your physical wellbeing at your working from home workstation.

We delivered various presentations to colleagues at corporate induction, nursing directorate workshop and HEIW Public Board.

We worked alongside organisations in the development of resources. These include:

- Fit in 50 Seconds Programme
- Partnered with Salary Finance which provides financial education and affordable loans and savings.
- Promoted the Money and Pensions Advisor Service which provides financial education and signposting.
- Partnered with Silver Cloud a cognitive behaviour therapy online resource.

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- Launched the online Cymuned intranet site which included the Listening Ear and Cuppa Catchup channels.
- Delivered Maximising your Day Workshops.
- Delivered Prioritising your Health and Wellbeing for 2021 Workshops.
- Commissioned Mindfulness Based Living Course.

As part of our commitment to support colleagues across the NHS in Wales, we undertook the following:

- A Health Needs Assessment Survey Template
- Evaluated and updated products that promote health and wellbeing across Wales including COVID-19 specific resources: Our Wellbeing Matters and Manager Wellbeing Matters.
- Playlist/website which provides NHS Wales with a digital resource that can be continuously updated, signposting staff to quality assured COVID-19 information.
- PowerPoint slide pack to help navigate the resources currently available.
- NHS Wales Health and Wellbeing COVID-19 Strategy template.
- Ran three colleague Health and Wellbeing Conferences, the most recent virtually on the Gwella platform jointly for the first time with Social Care colleagues.
- Presentations to: Health Finance Managers Association Conference; UK Professional Bodies Echo Group Meeting; Chairs Meeting; Vice Chairs Meeting; Directors of Nursing and Chief Nursing Officers Meeting; Institute of Health and Social Care Managers Event; Nursing Directorate Meeting; Mental Health Network Board; HEIW Public Board Wales Audit, Royal College of Physicians Event.
- Highlighted the national health and wellbeing work to support staff during the pandemic to showcase and share some of the learning captured through engagement with public sector bodies.
- Provided a dedicated Samaritans Wales bilingual helpline for health and social staff.
- Extended the Health for Health Professionals provision to all NHS colleagues.

Welsh Language

Over the course of the year, we have been in dialogue with the Welsh Language Commissioner about publishing a statutory Welsh Language Plan – we hope to be able to do this in 2021-22.

Welsh language lessons continue to have great uptake within HEIW. In September 2020, this number had risen to 42 registered learners. This is an addition to a number of staff



Cymraeg

“Welsh chat” initiatives which have started organically, and a number of staff attending intensive online courses through the National Learning Centre.

Demand for translations continued to rise throughout the year. From a total of 1.1 million words translated in 2019-20, the demand rose to 2.9 million in 2020 -21. This was still increasing in the final months of the year. This is the most reliable indicator that we have of compliance to regulations. Every word translated means that our students and stakeholders are able to study and communicate in the language of their choice. Over the course of the year, we recruited a Translation Manager, and also saw three more translators (including an Apprentice) join the Translation team.

We organised a very popular staff event, attended by over 160 colleagues, where we looked at various aspects of life in Wales as well as how the Welsh language has impacted peoples’ lives positively. A number of guest speakers made the day even more relevant with their tales of working, learning and living through the medium of Welsh.

We also arranged a number of increasingly popular online Welsh singalong session for staff and families, where old favourites from many peoples’ school days were revisited!

Section 11: External Accreditation Measures

We continue to engage with 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.



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Section 12: In Conclusion - looking forward HEIW

We feel that we have made steady progress over the last year during challenging times in the pandemic. We have continuously adopted a co-productive and collaborative approach to our inclusion work which is evidenced through the launch of our Strategic Equality Plan 2020-2024.

HEIW will continue to embed equality into our plans and everyday business to ensure that we properly consider and monitor the effects and outcomes of our work on people with protected characteristics.

March 2022

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Appendix 1 - HEIW Workforce Equality Data

This section of the report is to show how we are working towards meeting our general and specific duties as defined in the public sector equality duty (2011). Through summarising the equality, employment and training data (information) we hold about staff, for the period 1st April 2012 to 31st March 2021.

Challenges in collecting Information

It should be noted that the below workforce data broken down into protective characteristics is sourced directly through Electronic Service Record (ESR) and as such uses same language and categories. This information relies on staff voluntary reporting it themselves through ESR. It is fair to say that this information is not comprehensive as highlighted through number of fields identified as unspecified. Also given the low number where figures are below 11 numbers have been replaced with a * to protect individuals' privacy.

As part of our ongoing commitment to progress equality within HEIW we have set clear actions within our Strategic Equality Plan 2020 2024 to train managers and increase staff confidence through awareness raising of the importance of collecting this information.

Our Workforce

Gender

(Gender pay reporting is in a separate report)

Female	310
Male	143
Total	453

Age

<=20 Years	*
21-25	15
26-30	29
31-35	27
36-40	58
41-45	68
46-50	78
51-55	71
56-60	61
61-65	32
66-70	12
>=71 Years	*
Total	453

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Disability

No	228
Not Declared	*
Prefer Not To Answer	*
Unspecified	201
Yes	20
Total	453

Ethnicity

A White – British	200
C White - Any other White background	*
CA White English	*
CC White Welsh	23
D Mixed - White & Black Caribbean	*
E Mixed - White & Black African	*
H Asian or Asian British – Indian	*
R Chinese	*
Unspecified	210
LB Asian Punjabi	*
Total	453

Religion and Belief

Atheism	56
Buddhism	*
Christianity	128
Hinduism	*
I do not wish to disclose my religion/belief	46
Jainism	*
Other	19
Unspecified	196
Total	453

Sexual Orientation

Bisexual	*
Gay or Lesbian	*
Heterosexual or Straight	233
Not stated (person asked but declined to provide a response)	13
Undecided	*
Unspecified	193
Total	453

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Marriage and Civil Partnership

Civil Partnership	*
Divorced	15
Legally Separated	*
Married	170
Single	75
Unknown	11
Widowed	*
(blank)	174
Total	453

Pregnancy and Maternity

Between 1st April 2020 and 31st March 2021 3 staff went on Maternity Leave which equates to 0.6% of the workforce.

Analysis of our workforce data it is clear that, we need to take the following action which we will address within our Strategic Equality Plan these include:

- undertake a full audit of our recruitment, selection and retention process and procedures to fully understand potential barriers to attracting, recruiting and retaining staff from diverse backgrounds.
- ensuring the way, we recruit staff is fully accessible, flexible and inclusive and that we advertise posts in a way that attracts diverse talent;
- create opportunities for apprenticeships to people with protected characteristics.
- undertake work which increases staff confidence in completing equality data.
- continuing to develop an inclusive workplace.

HEIW has also provided and continues to provide support for staff wellbeing during the difficult times in the pandemic. In March 2020, the HEIW offices closed and staff had to adapt quickly to working from home virtually.

To support them staff were able to take home IT equipment. HEIW's communications evolved quickly to reflect the needs of home working and ensure that staff continued to stay in touch. This has included weekly written updates from the CEO and Deputy CEO, staff open forums online once every two weeks and staff surveys on wellbeing. Various staff networks across the organisation have developed innovative ways to support each other; including Cuppa Catchup – a virtual daily 'water cooler' chat to just meet and talk.

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 a primary purpose in 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 PADR policy and 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. We are still working hard with our managers to ensure that PADRs are completed and recorded to achieve the expected target of 85%. Our current performance is 61.8%.

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 ensure that we meet the 85% tier one performance target rate as soon as possible. Our current performance is 78.9%

HEIW is committed to making sure we have a reliable recruitment and selection process, which deals with applications fairly and consistently in line with statutory and NHS Wales requirements and good practice guidance.

We have had no grievance or disciplinary cases during the year, indicating a good level of engagement with our workforce. HEIW also achieved the highest response rate to the Staff Survey in 2021, which was 53% against a national average of 19%. The overall engagement score was 81%, which was higher than the national average (75%) which shows very good engagement of our staff

The 12-month rolling turnover rate for HEIW for the period to March 2021 was 7.6%. This remains relatively low but at a 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.

Procurement

Procurement (buying goods and services) is a specific duty for Wales. We have contracts with organisations in the public, private and voluntary sectors to provide us with work, goods and services. Some of these contracts will have more relevance to equality than others.

END

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

Meeting Date	31 March 2022	Agenda Item	4.5
Report Title	HEIW Gender Pay Gap Annual Report 2020-21		
Report Author	Rhiannon Windsor, Head of OD and Inclusion		
Report Sponsor	Julie Rogers, Deputy Chief Executive & Director of Workforce & OD		
Presented by	Julie Rogers, Deputy Chief Executive & Director of Workforce & OD		
Freedom of Information	Open		
Purpose of the Report	To seek Board agreement to publish our Gender Pay Gap report for 2020-21 in line with our obligations under the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017		
Key Issues	<p>The deadline for publishing gender pay gap information each year is 31st March. Whilst reports are produced annually, 12 months after the year to which they relate, in light of the pandemic all public bodies were given an extension to publish 1 October 2021.</p> <p>Our average hourly pay gap has remained static from the 2019-20 report. This is disappointing but not unsurprising as our ability to close the gap is constrained to a large extent by national pay arrangements which are outside of HEIW's control.</p> <p>Further analysis of our workforce profile identified a 28% reduction in our median pay gap when we excluded sessional staff.</p> <p>We have seen a 6% increase of women in the highest quartile pay band from our previous year's report.</p> <p>Addressing the disparity in gender representation at all levels will take time but through our SEP we are committed to working towards solving this and recognise we are on a journey.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			Approval √
Recommendations	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • note the draft report at Appendix 1. • agree that the report may be published on 31 March 2022. 		

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HEIW GENDER PAY GAP REPORT 2020-21

1. BACKGROUND

The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 require employers in England and Wales with 250 or more employees to publish six statutory calculations every year showing the pay gap between their male and female employees. The deadline for annual publication of gender pay gap information is 31st March.

The Equality and Human Rights Commission defines the difference between equal pay and the gender pay gap as follows:

- Equal pay means that men and women in the same employment performing equal work must receive equal pay, as set out in the Equality Act 2010.
- The gender pay gap is a measure of the difference between men's and women's average earnings across an organisation or the labour market. It is expressed as a percentage of men's earnings.

2. WHAT THE 2020-21 REPORT IS TELLING US

The findings of the analysis for 2020-21 are summarised in the draft report at Appendix 1. These show at table 2 that the gap between the average and median hourly pay for men and women in the organisation is £10.48 (27.3%) and £25.14 (52.6%) respectively. Disappointingly the median hourly pay gap has increased from our last pay gap report whilst our average gap has stayed static.

In analysing our workforce profile further, by excluding sessional staff i.e. individuals working 0.3 FTE or less we saw our median hourly pay gap reduce significantly to 24.20%. The roles identified in the staff groups excluded from this analysis were mainly GP Appraisers whose hourly rates of pay are higher.

Table 3 outlines the gender split of staff within the four pay quartiles. We can see that there are significantly higher proportion of women (84%) relative to men (16%) in lower quartile whilst the proportion of male to female staff in the higher bands is more balanced. We have seen a 6% increase of women in the highest quartile (Q4) from our previous year's report.

There are further contributory factors to the gender pay gap which are out of our direct control or within our gift to change. These include the national frameworks for the remuneration of medical and dental staff and the national Clinical Excellence Awards scheme – all of which are set by Welsh Government Ministers. Another contributor is the unique makeup of HEIW's workforce; whilst HEIW's staff group is predominately female, with many senior roles held by women, there is significant variation and complexity in contracts and pay structures including NHS Agenda for Change; Cardiff University; Medical and Dental (GP and Dental Educators, Medical and Dental Consultants) and Executive and Senior Pay (VSM).

During this reporting period, 12 of our staff were in receipt of Clinical Excellence Awards, 4 of whom were women. These awards are obtained following an application process and in recognition of individual's clinical work [outside of HEIW] but read across to the pay rate that we are required to pay for clinical sessions whilst working for HEIW. Only one of our staff, the

Medical Dean, is eligible to apply for a CEA for their HEIW work, in line with the scheme criteria set by Welsh Government.

3. NEXT STEPS

Page 7 of the draft report at Appendix 1 sets out how we are and will aim to address the disparity in gender representation at all levels. We have made a clear commitment in our Strategic Equality Plan to take action to understand our pay gaps, addressing and minimising impact where possible, and within the constraints of the national pay systems for the NHS.

Progress has been made against our commitment to address these gaps including in the work we have been leading nationally to support an equitable approach to managing talent and developing aspiring executive talent pools [which also applies to HEIW]. This is demonstrated in our adaptations to our talent management software on Gwella to collate and monitor equality data affording us the opportunity to identify gaps in our representation and provide targeted interventions to increase underrepresented groups.

We are continuing to partner with organisations promoting gender equality like Chwarae Teg who are using our leadership portal to host and promote their Inclusive Leadership Programme with the provision of workshops highlighting the legalities and impact of systemic inequalities in workplace process. The focus of the workshops is allyship and best practice approaches as a leader.

We are committed to continuing to review our processes to ensure HEIW's approach to recruitment and selection continues to be values based and is supported by compassionate and inclusive practices providing equality of opportunity to all applicants and recruitment on merit. We know that creating inclusive workplaces through our hybrid working practices demonstrates our commitment to flexible working which supports both our current staff as well attracting talent from diverse backgrounds.

4. GOVERNANCE AND RISK ISSUES

Failure to produce and publish annual Gender Pay Gap information would put HEIW at risk of being in breach of its public sector duty.

5. FINANCIAL IMPLICATIONS

There are no financial implications arising from this annual report.

6. RECOMMENDATION

The Board is asked to:

- **note** the draft report at Appendix 1.
- **agree** that the report may be published on 31 March 2022.

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Governance and Assurance			
Link to IMTP strategic aims (please ✓)	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'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
			✓
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
		✓	
Quality, Safety and Patient Experience			
N/A			
Financial Implications			
N/A			
Legal Implications (including equality and diversity assessment)			
Equality Act 2010 (Gender Pay Gap Information) Regulations 2017			
Staffing Implications			
No staffing implications noted, only positive effect fostering better communication and transparency			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
The above proposal will influence across all 5 ways of working as identified "The Well-being of Future Generations (Wales) Act 2015, 5 ways of working.			
Report History	The report was considered and endorsed by the Executive Team on 16 March 2022.		
Appendices	Appendix 1 - Gender Pay Gap Report for publication		

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

Appendix 1

Health Education and Improvement Wales

Gender Pay Gap Report 2020-2021

Introduction

The gender pay gap reporting obligations are outlined in The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017. As an organisation that employs more than 250 people Health Education and Improvement Wales must publish and report specific information about our gender pay gap both on our own website and the Government's website.

The regulations state that the gender pay gap information should be provided on 31 March each year and published before the following March.

It is important to recognise and understand that the gender pay gap differs from equal pay. Equal pay means that men and women in the same employment performing 'equal work' must receive 'equal pay', as set out in the Equality Act 2010. It is unlawful to pay people unequally because of their gender. Within the NHS, the Agenda for Change job evaluation process evaluates the job and not the post holder. This job evaluation process looks at the job without reference to gender or any other protected characteristic so equal pay is assured.

The gender pay gap report focuses on comparing the pay of male and female employees and shows the difference in average earnings.

Gender pay gap reporting is a valuable tool for the HEIW not only in terms of compliance, but also for the organisation to assess levels of equality in the workplace. Specifically, in respect of female and male participation, and how effectively talent is being maximised.

Established on 1st October 2018, Health Education and Improvement Wales (HEIW) is a special health authority within NHS Wales, created by bringing together three key organisations:

- The Wales Deanery
- NHS Wales's Workforce Education and Development Services (WEDS)
- The Wales Centre for Pharmacy Professional Education (WCPPE).

As at the 31st March 2021, HEIW employed 427 staff as defined by the gender pay reporting guidelines, of which 68% were female and 32% male. Table 1 sets out the split of male and female staff by grade type within HEIW.

Table 1: Our Gender Split by Headcount and Grade for all HEIW Staff at 31 March 2021

Grade Type	Male	Female	Headcount	Male %	Female %
Senior Staff	2	3	5	40.0%	60.0%
Chair/Non-Executive Directors	3	4	7	42.9%	57.1%
Clinical	84	92	176	47.7%	52.3%
Apprentice	1	3	4	25.0%	75.0%
Band 3	1	23	24	4.2%	95.8%
Band 4	3	16	19	15.8%	84.2%
Band 5	2	16	18	11.1%	88.9%
Band 6	4	19	23	17.4%	82.6%
Band 7	10	14	24	41.7%	58.3%
Band 8a	8	14	22	36.4%	63.6%
Band 8b	2	8	10	20.0%	80.0%
Band 8c	2	5	7	28.6%	71.4%
Band 8d	1	5	6	16.7%	83.3%
Band 9	0	1	1	0.0%	100.0%
Grade 3	3	10	13	23.1%	76.9%
Grade 4	3	11	14	21.4%	78.6%
Grade 5	3	18	21	14.3%	85.7%
Grade 6	3	15	18	16.7%	83.3%
Grade 7	1	16	17	5.9%	94.1%
Grade 8	0	4	4	0.0%	100.0%
Total All Grade Types	136	297	433*	31.4%	68.6%
<p><i>Data Source: ESR BI - NHS National Returns Dashboard - Mar 2021 & NHS Workforce Profile Dashboard - Mar 21</i></p> <p>* To note, the increase in headcount is due staff working in more than one post at different grades</p>					

Who is covered within the Gender Pay Gap Report?

For the purposes of gender pay reporting, the definition of who counts as an employee is defined in the Equality Act 2010. This is known as an 'extended' definition which includes:

- Employees (those with a contract of employment)
- Workers and agency workers (those with a contract to do work or provide services)
- Some self-employed people (where they have to personally perform the work)

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For the purposes of the HEIW gender pay gap reporting, 'contract of employment' has been deemed to include all staff on permanent contracts, on secondment contracts and on fixed term contracts (which would include staff termed as interims).

Agency workers are excluded from the calculations and will form part of the headcount of the agency that provides them, and not HEIW.

What is covered in our Gender Pay Gap Report at HEIW?

This report contains the following six measures:

Mean Gender Pay Gap in Hourly Pay

(the difference between women's mean hourly wage and men's mean hourly wage)

Median Gender Pay Gap in Hourly Pay

(the difference between the midpoints in the ranges of hourly earnings of men and women)

Quartile Pay Bands

(the proportions of male and female employees in the lower, lower-middle, upper-middle and upper quartile pay bands)

Median Bonus Gap

(the difference between the median bonus pay to male employees and that paid to female employees)

Mean Bonus Gap

(the difference between the mean bonus paid to male employees and that paid to female employees)

Bonus Proportions

(the proportions of male and female employees who were paid bonus pay)

Gender Pay Reporting and Gender Identity

Current ACAS and government guidance suggests that if an individual doesn't identify with either gender they should be excluded from the report. We recognise that this excludes employees who do not identify as either 'male' or 'female' i.e. transgender or non-binary employees and are aware of the importance of being sensitive to how an employee chooses to self-identify in terms of their gender.

Regulations do not define the terms 'male' and 'female' and the requirement to report gender pay should not result in employees being singled out and questioned about their gender. We are therefore using the data provided by Electronic Staff Records (ESR) based on the gender identification the employee has provided as the means for determining male and female employees.

What is our Pay Gap in HEIW?

The pay gap in Health Education and Improvement Wales is shown in Table 1 below.

Table 2: Our Mean and Median Gender Pay Gap in Hourly Pay

	Average Hourly Rate (£)	Median Hourly Rate (£)
Male	38.47	47.77
Female	27.98	22.62
Difference	10.48	25.14
Pay Gap %	27.3%	52.6%
<i>Data Source: ESR BI - NHS National Returns Dashboard - March 2021</i>		

The proportion of men and women in each quartile of our pay structure is shown in the table 3 below.

Table 3: Our Gender Split by Headcount by Quartile Pay Bands

Quartile	Male	Female	Male %	Female %
1 (Lowest)	16	85	16	84
2 (Lower-Middle)	29	83	26	74
3 (Upper-Middle)	31	65	32	68
4 (Highest)	60	58	51	49

The gender split of bonus payments for staff included in gender pay gap report is set out in Table 4 below:

Table 4: Our Gender Split of Bonus Payments

Gender	Employees Paid Bonus	Total Relevant Employees	% Paid Bonus
Female	4	340	1.18%
Male	8	170	4.71%

Data Source: ESR BI - NHS Workforce Profile Dashboard - March 2021

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Table 5 highlights the gender split of average and median bonus payments for staff in HEIW from April 2020 to March 2021:

Table 5: Our Gender Split of Mean and Median Bonus Payments

Gender	Average Pay	Median Pay
Male	9970.94	7418.42
Female	1389.23	1278.06
Difference	8581.72	6140.36
Pay Gap %	86.07%	82.77%
<i>Data Source: ESR BI - NHS Workforce Profile Dashboard - March 2021</i>		

The table below sets out the percentage gender split of total Clinical Excellence Award & Responsibility Allowance payments paid to staff for the reporting period:

Table 6: Our Clinical Excellence Award and Allowance Payments

Clinical Excellence Award	Male %	Female %	Total %
CEA Bronze	43.27	0	43.27
Commitment Award 1	0	0.39	0.39
Commitment Award 3	4.10	0	4.10
Commitment Award 4	30.48	4.17	34.65
Commitment Award 5	0	1.95	1.95
Commitment Award 8	15.63	0	15.63
Total	93.49	6.51	100.00

Understanding Our Pay Gap in HEIW

Further analysis has been undertaken to better understand why these gaps exist and early indicators suggest that this is in part attributable to a significantly higher proportion of women (84%) relative to men (16%) in lower grade roles. The proportion of male to female staff in the higher graded roles is more balanced although we did see a 6% increase of women in the highest quartile (Q4) from our previous year's report.

The pay gap between men and women in relation to bonuses is caused by the Clinical Excellence Awards. There is a significant gap between men and women in receipt of such Awards. With the average hourly and median difference being 86.07% and 82.77% respectively for the period 1st April 2020 to 31 March 2021.

There were 12 staff in total in receipt of an Award for this period with a gender breakdown of 8 men and 4 women.

There are several contributing factors to the gender pay gap which are out of the direct control or within the gift of HEIW to change. These include the national frameworks for the remuneration of medical and dental staff and the national Clinical Excellence Awards scheme.

Another contributor is the unique makeup of HEIW's workforce; whilst HEIW's staff group is predominately female, with many senior roles held by women, there is significant variation and complexity in contracts and pay structures including NHS Agenda for Change; Cardiff University; Medical and Dental (GP and Dental Educators, Medical and Dental Consultants) and Executive and Senior Pay (VSM).

Welsh Government sets the pay for doctors' and dentists' following the advice and recommendations of the Review Body of Doctors' and Dentists' Remuneration, an independent UK body. The pay for staff on Agenda for Change arrangements follows a similar approach with the final decision resting with Welsh Ministers. All NHS organisations are required to ratify the pay awards through local governance mechanisms. For non-medical and dental staff on former Cardiff University contracts, HEIW has put in place a pay arrangement that mirrors the NHS Wales Agenda for Change arrangements.

The pay uplift for Executives and Senior Managers is determined annually by Welsh Ministers and ratified through local governance arrangements. Within the national medical and dental contract, the Clinical Excellence Awards scheme is intended to recognise and reward those consultants who contribute most towards the delivery of safe and high-quality care to patients and to the continuous improvement of NHS services. This includes those consultants and senior academic GPs who do so through their contribution to academic medicine.

Closing the Pay Gap at HEIW

We recognise that whilst there are factors outside of our control or influence which are impacting on pay, we have made a clear commitment in our Strategic Equality Plan to take action to understand our pay gaps, and address and minimise the impact where possible and within the constraints of the national pay systems for the NHS.

We are passionate about working towards the representation of women and men at every level and promote gender equality across the organisation. Addressing the disparity in gender representation at all levels will however take time but we are committed to working towards solving this and recognise we are on a journey.

Below is a list of current and future initiatives to address the gender pay gap and support gender equality for women in the workplace.

- We are committed to our compassionate and collective leadership strategy and a transparent and equitable approach to managing talent and developing aspiring executive talent pools.
- We will be able to collate and monitor equality data from our talent management software in order to better identify, support and nurture aspiring talent and ensure capacity for key executive leadership positions within NHS Wales. This will afford us the opportunity to identify gaps in our representation and provide targeted interventions to increase participation for underrepresented groups.
- We have increased our leadership development pathway opportunities for women having recruited over 70% female graduates on our 2-year NHS General Management Graduate Programme.
- We will continue to review our processes to ensure HEIW's approach to recruitment and selection continues to be values based and is supported by compassionate and inclusive practices providing equality of opportunity to all applicants and recruitment on merit.
- We will continue to promote gender equality and work with organisations like Chwarae Teg who use our leadership portal 'Gwella' to host and promote their Inclusive Leadership Programme. The programme highlights the legalities and impact of systemic inequalities in workplace process placing emphasis on allyship and best practice approaches as a leader.
- We will continue to create inclusive workplaces through our hybrid working practices demonstrating our commitment to flexible working which supports both our current staff as well attracting talent from diverse backgrounds.
- We are committed to the promotion of Healthy Working Relationship following the launch of our resources on 'Gwella' to support staff who may experience difficulties at work.
- We will commit to review our recruitment equality data including monitoring the number of male and female applicants for jobs and part time workers.
- We will explore gender data across pay bands and all the different roles within the organisation to better understand the gaps.

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- We will explore how we can improve diversity within senior leadership roles in the NHS through our equality, diversity and inclusion subgroup of our Talent Board.
- We will deliver a series of awareness intersectional campaigns, workshops and networking events designed to highlight, showcase, and celebrate the impact of women in the workplace and beyond as well as provide signposting to resources and learning opportunities.
- We will seek to better understand barriers to career progression and how we can address them by engaging with our under 29 staff group through the development of a network providing a focus on career development and mentoring.

Health Education and Improvement Wales
March 2022



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

Meeting Date	31 March 2022		Agenda Item	4.6
Report Title	Board Forward Work Programme 2022/23			
Report Author	Catherine English, Corporate Governance Manager			
Report Sponsor	Dafydd Bebb, Board Secretary			
Presented by	Dafydd Bebb, Board Secretary			
Freedom of Information	Open			
Purpose of the Report	To obtain approval for the 2022/23 Board Forward Work Programme.			
Key Issues	<ul style="list-style-type: none">• Standing Orders require the Board to approve its annual Forward Work Programme.• The report sets out the proposed Forward Work Programme for the Board 2022/23 at Appendix 1.			
Specific Action Required	Information	Discussion	Assurance	Approval
				✓
Recommendations	Members are asked to approve the 2022/23 Board Forward Work Programme at Appendix 1.			

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BOARD FORWARD WORK PROGRAMME 2022/23

1. INTRODUCTION

HEIW's Standing Orders require the Board to approve an annual Forward Work Programme (FWP) of Board business for the forthcoming financial year.

2. BACKGROUND

The purpose of the report is to provide the Board with an update of its FWP from April 2022 to March 2023.

The FWP for Board meetings is attached at Appendix 1.

The FWP is a dynamic document and may be subject to change in response to changing circumstances.

3. GOVERNANCE AND RISK ISSUES

The FWP enables the Board to plan its workload and focus on key strategic items throughout the year. This enables alignment with Standing Orders and supports compliance with corporate governance requirements.

4. FINANCIAL IMPLICATIONS

There are no financial implications for the Board to consider as this relates to HEIW's core functions.

5. RECOMMENDATION

Members are asked to approve the 2022/23 Board Forward Work Programme at Appendix 1.

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Governance and Assurance			
Link to IMTP strategic aims <i>(please ✓)</i>	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'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
	✓	✓	✓
Quality, Safety and Patient Experience Ensuring the Board carries out its business appropriately and aligned with HEIW's Standing Orders is a key factor in the quality, safety and experience of patients receiving care.			
Financial Implications No financial implications as this matter relates to a HEIW core function.			
Legal Implications (including equality and diversity assessment) No legal implication.			
Staffing Implications No staffing implication.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015) No direct implication.			
Report History	The FWP for Board is considered and approved annually in accordance with HEIW's Standing Orders.		
Appendices	Appendix 1 - 2022/23 Board Forward Work Programme.		

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Appendix 1.1 Forward Work Programme - Board 2022-23

Health Education Improvement – April 2022 – March 2023

The Board meets in public bi-monthly. The following table sets out the Board's business for 2023/23, including standing agenda items (denoted by *) and items are those that are reported to the Board as and when required (denoted by **).

AGENDA ITEM/ ISSUE	LEAD	28 Apr 2022	26 May 2022	9 Jun 2022	23 Jun 2022	28 Jul 2022		25 Aug 2022	29 Sep 2022	27 Oct 2022	24 Nov 2022	15 Dec 2022	26 Jan 2023	16 Feb 2023	30 Mar 2023
		BDS	Board	Final Acts	BDS	Board	AGM	BDS	Board	BDS	Board	BDS	Board	BDS	Board
Preliminary Matters															
Apologies*	CJ		X			X			X		X		X		X
Declaration of Interests*	CJ		X			X			X		X		X		X
Improvement Story	LL		X			X			X		X		X		X
Minutes from the previous meeting*	CJ		X			X			X		X		X		X
Actions Log*	CJ		X			X			X		X		X		X
Matters Arising *	CJ		X			X			X		X		X		X
Chair and Chief Executive Report															
Chair's Report*	CJ		X			X			X		X		X		X

AGENDA ITEM/ ISSUE	LEAD	28 Apr 2022	26 May 2022	9 Jun 2022	23 Jun 2022	28 Jul 2022		25 Aug 2022	29 Sep 2022	27 Oct 2022	24 Nov 2022	15 Dec 2022	26 Jan 2023	16 Feb 2023	30 Mar 2023
		BDS	Board	Final Acts	BDS	Board	AGM	BDS	Board	BDS	Board	BDS	Board	BDS	Board
Affixing of the Common Seal**	CJ														
Chief Executive’s Report*	AH		X			X			X		X		X		X
Strategic Matters															
Business Cases**	ET		X			X			X		X		X		X
Draft IMTP 2023/26	NJ										X				
Agree IMTP 2023/26	NJ												X		
Financial Plan and Budget Strategy**	RB														X
Annual Education & Training Plan	LL					X									
Implementation of Workforce Strategy for H&SC	JR										X				
HEIW People & OD Strategy	JR		X												X
HEIW Communication and Engagement Strategy & Approach	JR		X												X
Leadership & Succession Programme Overview	JR								X						

AGENDA ITEM/ ISSUE	LEAD	28 Apr 2022	26 May 2022	9 Jun 2022	23 Jun 2022	28 Jul 2022		25 Aug 2022	29 Sep 2022	27 Oct 2022	24 Nov 2022	15 Dec 2022	26 Jan 2023	16 Feb 2023	30 Mar 2023
		BDS	Board	Final Acts	BDS	Board	AGM	BDS	Board	BDS	Board	BDS	Board	BDS	Board
Strategic Equality Plan Annual Review	JR								X						
Annual Equality Plan Report	JR		X												X
HEIW Equality, Diversity and Inclusion Overview	JR					X									
Governance, Performance and Assurance															
Finance Report*	RB		X			X			X		X		X		X
Performance Report*	NJ		X Q4						X Q1		X Q2				X Q3
Performance Framework Annual Review	NJ														X
Gender Pay Gap Report 2021/22	JR		X												X
Annual Governance Statement**	DB			X											
Final Accounts for 2021/22**	RB			X											
Letter of Representation**	RB			X											
Audit Wales ISA 260**	RB			X											
Annual Quality Statement**	DB			X											

AGENDA ITEM/ ISSUE	LEAD	28 Apr 2022	26 May 2022	9 Jun 2022	23 Jun 2022	28 Jul 2022	25 Aug 2022	29 Sep 2022	27 Oct 2022	24 Nov 2022	15 Dec 2022	26 Jan 2023	16 Feb 2023	30 Mar 2023	
		BDS	Board	Final Acts	BDS	Board	AGM	BDS	Board	BDS	Board	BDS	Board	BDS	Board
Accountability Report**	DB			X											
Governance Leadership and & Accountability Standard**	DB		X												
Procurement Compliance Annual Report	RB		X												
Annual Self-Assessment*	DB														X
Committee Annual Reports**	DB		X AAC			X ECQC									
Independent Member Committee Reappointments	CJ							X							
Review Committee Terms of Reference	DB							X							
Review of Standing Orders	DB							X							
Board Assurance Framework Annual Review	DB									X					
Risk Management Policy**	DB									X					
Complaints Policy	DB											X			
Welsh Language Scheme Update	DB									X					

AGENDA ITEM/ ISSUE	LEAD	28 Apr 2022	26 May 2022	9 Jun 2022	23 Jun 2022	28 Jul 2022		25 Aug 2022	29 Sep 2022	27 Oct 2022	24 Nov 2022	15 Dec 2022	26 Jan 2023	16 Feb 2023	30 Mar 2023
		BDS	Board	Final Acts	BDS	Board	AGM	BDS	Board	BDS	Board	BDS	Board	BDS	Board
Forward Work Programme**	DB														X
Key issue reports from Committees*	RH/GL		X			X			X		X		X		X
In Committee Decisions*	DB		X			X			X		X		X		X
For Noting															
Risk Register**	DB		X			X			X		X		X		X
Annual General Meeting															
Annual Report 2021/22	DB						X								

Key			
AH – Alex Howells	CJ – Chris Jones	DB – Dafydd Bebb	GL – Gill Lewis (AAC)
JR – Julie Rogers	LL – Lisa Llewelyn	NJ – Nicola Johnson	PM – Push Mangat
RB – Rhiannon Beckett	RH – Ruth Hall (ECQC)	SR – Sian Richards	

Venues for HEIW Board Meetings - These are currently scheduled as virtual meetings held through video conferencing. The position is to be reviewed in accordance with public health guidance.

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Appendix 1. 2 - Forward Work Programme, Board Development Sessions 2022-23

28 April	23 June	25 August
<ul style="list-style-type: none"> Developing our Quality Framework (PM and LL to lead) Diversity and inclusion (JR to lead) Pharmacy in the round: IETP/technicians/WFS Solutions (PM to lead) <p><u>External Speaker / Topic</u></p> <p>Presentation on Cyber Security and Networks and Information Systems – Nicolas Lewis NWSSP Information Security</p>	<ul style="list-style-type: none"> Team building work (JR) Evaluation, Value and Research Activities (PM) Nursing Workforce Plan(LLI) <p><u>External Speaker / Topic</u></p>	<ul style="list-style-type: none"> Nurse Staffing Levels Act Progress (LLI) Multi-professional roles/Future doctor – maybe tied together with New roles (AAs, PAs, CAAPs, others) (PM and LLI) <p><u>External Speaker / Topic</u></p>

27 October	15 December	16 February
<p>Digital and Data Strategy (SR)</p> <p><u>External Speaker / Topic</u></p> <ul style="list-style-type: none"> Tbc based on suggestions from Board Members 	<p>Dental Workforce Solution (PM)</p> <p><u>External Speaker / Topic</u></p> <ul style="list-style-type: none"> Tbc based on suggestions from Board Members 	<p><u>External Speaker / Topic</u></p> <ul style="list-style-type: none"> Tbc based on suggestions from Board Members

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2022/23

Session on understanding Compassionate Strategic Environment. Date to be confirmed.

Session on compassionate Leadership. Date to be confirmed.

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

Meeting Date	31 March 2022	Agenda Item	4.7.1
Report Title	Committee Chair's Key Issues Report – Audit and Assurance Committee		
Report Author	Catherine English, Corporate Governance Manager		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Gill Lewis, Chair		
Freedom of Information	Open		
Purpose of the Report	The purpose of the report is to outline discussions undertaken by the Audit and Assurance Committee (AAC).		
Key Issues	This report focuses on the key issues raised at the AAC meeting held on 7 February 2022.		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			✓
Recommendation	<p>The Board is asked to</p> <ul style="list-style-type: none"> note the content of the report from the Chair of the Audit and Assurance Committee (Appendix 1) for assurance. 		

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COMMITTEE CHAIRS KEY ISSUES REPORT – AUDIT AND ASSURANCE

COMMITTEE HELD 7 FEBRUARY 2022

1. INTRODUCTION

The purpose of the report is to provide an update on matters considered by the Audit and Assurance Committee (AAC). 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 AAC met on 7 February 2022. 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 of the AAC.

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) for assurance;

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	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'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels

	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
Quality, Safety and Patient Experience			
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.			
Financial Implications			
None			
Legal Implications (including equality and diversity assessment)			
It is essential the Board complies with its standing orders, which includes receiving updates from its committees.			
Staffing Implications			
None			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
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.			
Report History	This report is a standing item on the Boards agenda.		
Appendices	Appendix 1 – Audit and Assurance Committee Chair’s Summary		

APPENDIX 1

Meeting Date	31 March 2022	Agenda Item	4.7.1
Freedom of Information	Open		
Reporting Committee	Audit and Assurance Committee		
Report Author	Catherine English, Corporate Governance Manager		
Chaired By	Gill Lewis, Independent Member		
Lead Executive Director	Rhiannon Beckett, Interim Director of Finance		
Date of Last Meeting	7 February 2022		
Summary of key matters considered by the Committee and any related decisions made:			
<p>The Committee considered the Annual Accounts Plan which provided an overview of the proposed accounts closure plan for the 2021/22 financial year and highlighted the key financial and technical issues that may impact the closure of the accounts. It was noted that Audit Wales has started their initial review of the 2021/22 accounts and that the main audit would start on Monday 2 May, following submission of the draft accounts. The Committee considered the impact of annual leave and the All-Wales Buy Back Scheme on the accounts, and were assured accurate costings should be available by the end of February. The Committee noted the report.</p> <p>The Committee received and noted the Internal Audit Progress Report.</p> <p>The Committee received the Financial Planning Internal Audit Report noting that the overall assurance level was substantial. There was one low priority recommendation arising from the report.</p> <p>The Committee received the Medical Appraisal Revalidation System (MARS) Internal Audit Report noting that the overall assurance level was reasonable. There were six recommendations, of which one was low priority, four were medium priority, and one was high priority.</p> <p>The Committee received and noted the Audit Wales Progress Report. It was confirmed that the audit planning work for the 2021/22 accounts had started, planning work for 2022/23 was still ongoing and the 2022/23 Audit Plan would be presented to the Audit and Assurance Committee at its meeting in April. The Committee received and noted the Structured Assessment 2021 and the Taking Care of the Carers Report and NHS Checklist for information.</p> <p>The Committee received and noted the Audit Wales Annual Report 2021/22 which summarised the findings of Audit Wales' 2021 audit work. It was confirmed that HEIW's accounts were properly prepared and materially accurate and Audit Wales issued an unqualified audit opinion. Audit Wales did not identify any material weaknesses in HEIW's internal controls and HEIW achieved financial balance for the year ending 31 March 2021. It was highlighted that HEIW's arrangements for preparing operational plans and monitoring their delivery were robust and that HEIW continues to have effective Board and committee arrangements, a good system of</p>			

assurance, and is improving its training and education quality management arrangements.

The Committee received and noted a presentation from Jonathan Irvine, Director of Procurement NWSSP, on the **Future of Procurement Support to HEIW**.

The Committee received and noted the **Procurement Compliance Report** for the period 24 September to 17 January 2022. The Committee received an update on the Tracy Mahill Single Tender Action where it was noted that in future the Head of Procurement would ensure a full validation of each item was undertaken against the register and would undertake further checks against copies of STA's retained in the files. It was confirmed that there were 11 Single Tender Actions and 3 Contract Extensions awarded during the period and the considered the high number of STA's. The Committee was reassured that STA's were routinely monitored and discussed with operational leads and appropriate controls were now in place to ensure accurate reporting going forward.

The Committee received the **Counter Fraud Progress Report** and noted the progress made against the 2021/2022 Counter Fraud Plan.

The Committee received and noted the **Information Governance and Information Management Key Issues Report** from the meeting held on 17 January 2022. The Committee were pleased to note the progress reported.

The Committee received and noted the **Information Governance Toolkit Update Report**. It was confirmed that the action plan contained 76 actions. Of these 63 were assessed as completed and green, 12 were amber, and 1 was red. It was noted that the amber actions continued to be progressed and the overall position was positive.

The Committee reviewed the **Corporate Risk Register (CRR)** and approved the removal of the 'green' status risk from the Corporate Risk Register.

The Committee considered the **Audit Recommendations Tracker** and approved the removal of 13 recommendations assessed as green from the tracker.

Key risks and issues/matters of concern of which the Board needs to be made aware:

n/a

Recommendations for Board to consider:

n/a

Delegated action by the Committee:

n/a

Main sources of information received:

- | | |
|--|--|
| • Annual Accounts Plan | • IGIMG Key Issues Report |
| • Internal Audit Progress Report | • Information Governance Toolkit update Report |
| • Financial Planning Internal Audit Report | • Corporate Risk Register |
| • MARS Internal Audit Report | • Audit Recommendations Tracker |

<ul style="list-style-type: none"> • Audit Wales Progress Report • Audit Wales Annual Report • Procurement Compliance Report • Counter Fraud Progress Report and Newsletter 	<ul style="list-style-type: none"> • Structured Assessment 2021 • Taking Care of the Carers Report and NHS Checklist
Highlights from sub-groups reporting to this Committee:	
n/a	
Matters referred to other Committees:	
n/a	



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Meeting Date	31 March 2022	Agenda Item	4.7.2
Report Title	Key Issues Report – Education, Commissioning and Quality Committee		
Report Author	Catherine English, Corporate Governance Manager		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Ruth Hall, 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 18 January 2022.		
Specific Action Required	Information	Discussion	Assurance
			✓
Recommendations	The Board is asked to: <ul style="list-style-type: none">• Note the content of the report for assurance		

KEY ISSUES REPORT – EDUCATION, COMMISSIONING AND QUALITY COMMITTEE

1. INTRODUCTION

The purpose of the report is to provide an update on matters considered by the Education, Commissioning and Quality Committee at its meeting on 18 January 2022. The Board is asked to note the summary report from the Chair.

Commented [DB(1): Only need this if there is a recommendation to the Board from the meeting. Please check the other chair's reports

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 18 January 2022. 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/approve.

6. RECOMMENDATION

Members of the Board is asked to:

- **Note** the content of the report for assurance

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	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'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
	✓	✓	✓
Quality, Safety and Patient Experience			
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.			
Financial Implications			
None			
Legal Implications (including equality and diversity assessment)			
The Board must comply with its Standing Orders, which includes receiving updates from its committees.			
Staffing Implications			
None			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
The report outlines work undertaken by the Committee to advise and assure the Board in relation to education, education commissioning and quality management of education provision and contracts. The Committee governance structure aims to identify issues early to prevent escalations, work closely with the Audit and Assurance Committee and integrate into the overall Board arrangements.			
Report History	This report shall be a standing item on the Board's agenda.		
Appendices	Appendix 1 - Chair's Summary – Education, Commissioning and Quality Committee		

Appendix 1

Meeting Date	31 March 2022	Agenda Item	4.7.1
Freedom of Information Status	Open		
Reporting Committee	Education, Commission and Quality Committee		
Report Author	Catherine English, Corporate Governance Manager		
Chaired by	Ruth Hall		
Lead Executive Director(s)	Lisa Llewelyn and Professor Pushpinder Mangat		
Date of last meeting	18 January 2022		
Summary of key matters considered by the Committee and any related decisions made:			
<p>Declarations of interest were received in relation to agenda items 5.1 'Update on Phase 2 of the Strategic Review of Commissioned Health Professional Education'</p> <p>The Committee received and noted a report on the Medical Deanery Quality Assurance Activity, and the areas of risk currently in enhanced monitoring status with the GMC. The Committee was reassured by the amount of scrutiny and noted that several key monitoring meetings had taken place during December. The Committee noted the report and requested an update on the monitoring meetings at its meeting in March. The Committee also received a report on the General Medical Council (GMC) National Training Surveys 2021. The Committee noted the response rates for Wales were high, with both trainee and trainer survey response rates being significantly higher than the UK average. It was also noted that overall, trainees in Wales continue to report relatively high levels of training satisfaction.</p> <p>The Committee received and noted a report on the Dentistry Deanery Quality Assurance Activity which confirmed the contract for the new North Wales Dental Training Unit had been awarded, and the unit was due to open in September 2022. The Committee also received the General Dental Council (GDC) Education Quality Assurance Report, noting it was one of the best in the UK.</p> <p>The Committee received and noted a report on the Pharmacy Deanery Quality Assurance Activity which confirmed recruitment for the 111 multi-sector places for 2022/23 had been completed with 100% fill rates confirmed. It was noted a new provider for the Pharmacy Technician Programme had been secured, and recruitment of the next cohort would be 1 February 2022, with additional intakes in September 2022 and February 2023.</p> <p>The Committee received a report on Nursing and Health Professional Education Quality Assurance Activity and noted the directorate had revised its report to reflect the quality framework approach adopted by other areas. It was confirmed that two regional Care Home Education Facilitators had been appointed and that these roles would work strategically with key stakeholders in expanding sustainable healthcare student placement capacity across the care home sector within Wales. It was noted that three courses had been identified as requiring enhanced performance monitoring and that each programme team had submitted an action plan outlining how they would improve the student experience for 2021/22. The Committee noted the report.</p>			

The Committee received a report on the **Improvements to the University of South Wales (USW) Midwifery Education Programme** and it was confirmed the USW has submitted an improvement plan to address the issues raised in student engagement events. It was noted that contract monitoring of the education programme would continue, and regular updates would be provided to the Nursing and Health Professional Senior Leadership Team. The Committee noted the report.

The Committee received a verbal update on the **Education Commissioning Plan Process 2023/24**, and it was noted work on drafting the plan was underway. It was confirmed a draft plan would be presented to the Committee at its meeting in March and that the lessons learned from last year had resulted in improvements to the process.

The Committee considered a verbal update on **Equality and Diversity**, which included updates on Differential Attainment and the Refugee Programme. The update was **noted**.

The Committee received an update on **Phase 2 of the Strategic Review of Commissioned Health Professional Education (SREP2)**. The Committee noted the governance arrangements introduced to oversee the (SREP2) and the programmes included in the second phase. The Committee also noted the action being taken to develop and agree the approval process and the programme assurance that would be applied to each of the programmes. The Committee noted the progress on developing the Healthcare Support Worker Programme and the recommendation that it go out to tender. It was confirmed the procurement of the Health Care Support Worker Programme would be considered in-committee.

Key risks and issues/matters of concern of which the Board needs to be made aware:

N/A

Recommendation for Board consideration

N/A.

Delegated action by the Committee

N/A

Main sources of information received

- Multi-Professional Education and Training Quality Assurance Updates
- GMC National Training Surveys 2021 Report
- GDC Education Quality Assurance Report
- Improvements to the University of South Wales (USW) Midwifery Education Programme Report
- Phase 2 of the Strategic Review of Commissioned Health Professional Education

Highlights from sub-groups reporting into this Committee

N/A

Matters referred to other Committees

N/A



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Meeting Date	31 March 2022	Agenda Item	4.7.3
Report Title	Key Issues Report – Education, Commissioning and Quality Committee		
Report Author	Catherine English, Corporate Governance Manager		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Ruth Hall, Chair		
Freedom of Information	Open		
Purpose of the Report	The report aims 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 3 March 2022.		
Specific Action Required	Information	Discussion	Assurance
			✓
Recommendations	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Note the content of the report for assurance • Note the recommendation that the Board support the Approvals Process for Commissioning Education as Part of the Strategic Review of Education Phase 2 (SREP2). This is the subject of a separate paper on the March Board agenda. 		

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KEY ISSUES REPORT – EDUCATION, COMMISSIONING AND QUALITY COMMITTEE, 3 March 2022

1. INTRODUCTION

The purpose of the report is to provide an update on matters considered by the Education, Commissioning and Quality Committee at its meeting on 3 March 2022. The Board is asked to note the summary report from the Chair together with the recommendations made by the Committee.

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 3 March 2022. 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/approve.

6. RECOMMENDATION

Members of the Board is asked to:

- **Note** the content of the report for **assurance**
- **Note** the recommendation that the Board support the Approvals Process for Commissioning Education as Part of the Strategic Review of Education Phase 2 (SREP2). This is the subject of a separate paper on the March Board agenda.

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	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'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	Strategic Aim 4:	Strategic Aim 5:	Strategic Aim 6:

	To develop the workforce to support the delivery of safety and quality ✓	To be an exemplar employer and a great place to work ✓	To be recognised as an excellent partner, influencer and leader ✓
Quality, Safety and Patient Experience			
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.			
Financial Implications			
None			
Legal Implications (including equality and diversity assessment)			
The Board must comply with its Standing Orders, which includes receiving updates from its committees.			
Staffing Implications			
None			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
The report outlines work undertaken by the Committee to advise and assure the Board in relation to education, education commissioning and quality management of education provision and contracts. The Committee governance structure aims to identify issues early to prevent escalations, work closely with the Audit and Assurance Committee and integrate into the overall Board arrangements.			
Report History	This report shall be a standing item on the Board's agenda.		
Appendices	Appendix 1 - Chair's Summary – Education, Commissioning and Quality Committee		

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Appendix 1

Meeting Date	31 March 2022	Agenda Item	4.7.2
Freedom of Information Status	Open		
Reporting Committee	Education, Commission and Quality Committee		
Report Author	Catherine English, Corporate Governance Manager		
Chaired by	Ruth Hall		
Lead Executive Director(s)	Lisa Llewelyn and Professor Pushpinder Mangat		
Date of last meeting	3 March 2022		
Summary of key matters considered by the Committee and any related decisions made:			
<p>Declarations of interest were received in relation to agenda item 3.2 'Approvals Process for Commissioning Education as Part of the Strategic Review of Education Phase 2 (SREP2)'.</p> <p>The Committee received and noted the Chair's Report which provided an update on the discussions that took place at the HEIW Stakeholder Reference Group (SRG) held on 1 February 2022. It was confirmed the SRG had highlighted the importance of equality and diversity in the context of education and training and had considered the approach to Phase 2 of the Strategic Review of Health Professional Education and the Mental Health Workforce Strategy consultation.</p> <p>The Committee received and noted an interim report on the Medical Deanery Quality Assurance Activity, and the areas of risk currently in enhanced monitoring status with the GMC. The Committee was reassured by the amount of scrutiny and pleased to see matters moving forward.</p> <p>The Committee received and noted an interim report on the Dentistry Deanery Quality Assurance Activity, which confirmed the General Dental Council had published the final report into dental speciality training and found HEIW had met eighteen of the twenty standards. It was noted actions were in train to address the two standards which had been partially met.</p> <p>The Committee received and noted an interim report on the Pharmacy Deanery Quality Assurance Activity which confirmed that recruitment to the foundation training programme 2022/23 had concluded with a 100% fill rate confirmed. The Committee was encouraged by the report and noted the new format for reporting on Quality Management in Pharmacy; and that the reporting style would evolve and change in the future.</p> <p>The Committee received and noted a report on Nursing and Health Professional Education Quality Assurance Activity. The issues surrounding clinical placements were highlighted, and it was confirmed work was underway to enhance placement quality standards while ensuing placements were used effectively and efficiently. It was noted that Welsh Government had approved the procurement of Healthcare Support Workers and that HEIW would now put the contract out to tender. The Committee received an update on the Midwifery Programme at the University of South Wales and were pleased to note HEIW would continue to monitor the situation closely and report on progress against the agreed improvement plan.</p>			

The Committee received a report on **Clinical Associates in Applied Psychology (CAAPs)** which provided a summary of the proposed introduction of Clinical Associate in Applied Psychology (CAAPs) roles in Wales, commissioning of the Doctorate in Clinical Psychology, and CAAPs education. It was confirmed that HEIW was planning to develop a CAAPs education program in South Wales for the 2022/23 academic year and that the tendering for the Doctorate in Clinical Psychology and wider CAAPs programs would support a 2023/24 educational program. The Committee **noted** the stakeholder engagement and the support of Directors of Therapies to proceed with developing psychology services and **supported** the bespoke proposal for the introduction of CAAPs education program in South Wales for 2022/23. The Committee also **noted** and **supported** the proposal surrounding the tendering for the Clinical Psychology Doctorate and CAAPs programs for 2023/24.

The Committee received a report on the **Approvals Process for Commissioning Education as Part of the Strategic Review of Education Phase 2 (SREP2)** which summarised the proposed approval process for commissioning new education as part of SREP2. The Committee considered the proposals and noted that discussions with Welsh Government were still ongoing to clarify their reporting requirements which may impact the approvals process. The Committee **recommend** the HEIW Board support the approval process for SREP2.

The Committee received the **Forward Work Programme 2022/23**. It was **agreed** the Board Secretary and incoming Chair would meet separately to consider the proposed Forward Work Programme 2022/23 and that it would be considered at the next meeting of the Committee.

The Committee received a verbal update on the **Multi-Professional Education and Quality Group (MPQEG)**. The Committee noted that the MPQEG considered reports and work which were also considered by the Executive Team and Senior Leadership Team and it was suggested the MPQEG be decommissioned. The Committee considered the suggested proposal and supported finding an alternative route for the escalation of issues. It was agreed a report outlining the proposals to decommission the MPQEG return to the Committee in June.

Key risks and issues/matters of concern of which the Board needs to be made aware:

N/A

Recommendation for Board consideration

The Committee **recommended** the HEIW Board support the **Approvals Process for Commissioning Education as Part of the Strategic Review of Education Phase 2 (SREP2)** (this is a separate agenda item on the March Board agenda).

Delegated action by the Committee

N/A

Main sources of information received

- Multi-Professional Education and Training Quality Assurance Updates
- Clinical Associates in Applied Psychology (CAAPs)
- Approvals Process for Commissioning Education as Part of the Strategic Review of Education Phase 2 (SREP2)
- Forward Work Programme 2022/23

Highlights from sub-groups reporting into this Committee

N/A

Matters referred to other Committees

N/A

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Meeting Date	31 March 2022	Agenda Item	4.8
Report Title	Annual review of HEIW's Risk Appetite and Risk Tolerance		
Report Author	Dafydd Bebb, Board Secretary		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Dafydd Bebb, Board Secretary		
Freedom of Information	Closed		
Purpose of the Report	To consider and approve HEIW's updated Risk Appetite and Risk Tolerance document.		
Key Issues	<p>HEIW's Risk Appetite and Risk Tolerance is set on annual basis by the Board in accordance with the Risk Management Policy.</p> <p>The purpose of the document is to outline the nature and the extent of the risk that the Board is willing to take in respect of achieving its strategic objectives.</p> <p>The Risk Appetite and Risk Tolerance document was considered at the February Board Development Session.</p> <p>Consideration of the Risk Appetite is a strategic matter and therefore a matter for the Board. The Board is invited to consider and approve HEIW's updated Risk Appetite and Risk Tolerance Document.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			✓
Recommendations	Members are asked to approve HEIW's updated Risk Appetite and Risk Tolerance document (Appendix 1) which includes the amendments highlighted in the proposals (paragraph 3) section of this report.		

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Consideration of Risk Appetite and Risk Tolerance

1. INTRODUCTION

The purpose of this paper is to invite the Board to approve the organisation's updated Risk Appetite and Risk Tolerance document as outlined in Appendix 1.

2. BACKGROUND

In accordance with HEIW's Risk Management Policy (RMP) the organisation's Risk Appetite and Risk Tolerance are set on an annual basis by the Board.

Both the Risk Appetite and Risk Tolerance set the boundaries of how much risk HEIW is willing to take. The Risk Appetite Statement is a high level statement expressing the level of risk that is deemed acceptable by HEIW while the Risk Tolerances are narrower and set the acceptable level of variance around HEIW's functions.

The Risk Tolerance level is allocated against each individual risk on the Corporate Risk Register (CRR). Such allocation is assessed on the basis of which HEIW key function is applicable to a specific risk. The Risk Tolerances have helped inform the discussion in respect of the CRR as it provides a guide of the tolerance that HEIW has in respect of a specific risk.

3. PROPOSAL

Following the February Board Development Sessions two amendments are proposed within the Risk Appetite and Risk Tolerance document:

The first relates to strengthening the definition and difference between Risk Appetite and Risk Tolerance. Given this additional wording has been inserted in the first paragraph on page 1 of Appendix 2.

The second relates to the Risk Tolerance reflecting the fact that HEIW has reported a surplus in the last three financial years. While it has achieved a financial balance at the end of year this has been possible through returning the surplus to Welsh Government. The aim of the proposed amendment (which is track changed on page 5 of Appendix 2) is to reflect that HEIW should be able to utilise funding flexibly throughout the year in support of its strategic objectives while observing the requirement to achieve financial balance.

4. GOVERNANCE AND RISK ISSUES

Management of the Risk Appetite in accordance with the Risk Management Policy is a key enabler in the governance of risk within HEIW.

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5. FINANCIAL IMPLICATIONS

There are no anticipated additional cost implications.

6. RECOMMENDATION

Members are asked to approve HEIW's updated Risk Appetite and Risk Tolerance document (Appendix 1) which includes the amendments highlighted in the proposals (paragraph 3) section of this report.

Governance and Assurance			
Link to IMTP strategic aims <i>(please ✓)</i>	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'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
	✓	✓	✓
Quality, Safety and Patient Experience			
The Risk Appetite is a key enabler 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 Special Health Authority. There are no anticipated additional costs			
Legal Implications (including equality and diversity assessment)			
N/A			
Staffing Implications			

Risk management is a Core function of HEIW. There are no additional staffing implications.	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
Risk management is a key enabler to ensure effective risk management within HEIW.	
Report History	<p>The Risk Management Policy was approved at November Board.</p> <p>HEIW's existing Risk Appetite and Risk Tolerance was approved at the January 2021 Board.</p>
Appendices	Appendix 1 – HEIW's current Risk Appetite and Risk Tolerance Document

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Appendix 1

Draft HEIW Risk Appetite Statement and Risk Tolerance 2021/22

1. Introduction

HEIW cannot achieve its strategic goals without taking risks. The purpose of the Risk Appetite Statement (outlined in paragraph 3 below) is to articulate at a high level HEIW's position as to how it treats risks, and informs wider decision making and provide guidance to staff. HEIW's Risk Tolerance is narrower and defines the varying levels of risk it is willing to accept for each of its functions.

The main principles of HEIW's appetite for risk are that:

- the lower HEIW's appetite, the less risk the authority is willing to accept and therefore higher levels of controls should be put in place to manage the risk;
- the higher HEIW's appetite, the more risk the authority is willing to accept and consequently HEIW will accept the usual for established systems of internal controls and will not necessarily seek to strengthen those controls above all else;
- it is recognised that the risk appetite is not a single fixed concept and there will be a range of tolerances for different risks which need to align and these may change over time.

2. Risk tolerance levels

The Board recognises that its risk appetite is not a single fixed concept. The Board has worked to define its risk appetite and appreciates that there will be a range of tolerances for different risks which need to align and these may change over time.

The five risk tolerance levels are defined in Table 1 below.

Table 1. Risk Tolerance 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.

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Low	Minimal, or as little risk as reasonably possible. 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. Innovations avoided unless essential.
Moderate	Caution 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 necessary
High	Open and willing to consider all potential delivery options while also providing an acceptable level of reward (and Value for Money).	Prepared to invest for return & minimise the possibility of financial loss. Value and benefits considered. Gains outweigh adverse consequences. Innovation supported.
Very High	Seek and be eager to be innovative and to choose 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.

3. Risk Appetite Statement

“HEIW’s 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 considers its capacity for risk, which is the amount of risk it is able to bear (or loss it can endure) having regard to its financial and other resources, before a breach in statutory obligations and duties occurs.”

HEIW’s tolerance for risk across its activities is provided in Table 2 below.

4. Risk Tolerance

HEIW must define the varying levels of risk it is willing to accept. This is often described as Risk Tolerance.

Risk Tolerance may vary on a case by case basis depending on the perceived benefits of the issue being considered.

Set out below is a guide to the level of variation of risk the organisation is willing to accept in respect of each its functions.

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Table 2 Risk Tolerance across HEIW activities

Risk Impact Domains	Risk Tolerance/ tolerance level for risk	Rationale
1. Workforce Intelligence	Low	Workforce Intelligence is based on holding and processing data which includes sensitive personal information. HEIW's focus is on improving Workforce intelligence on the basis that such data is processed securely and safely in accordance with data protection legislation. Given this HEIW will approach options within this domain with a low risk appetite.
2. Workforce Planning	Moderate	In certain circumstances, HEIW will accept risks associated with the delivery of Workforce Planning where the development of new staffing models and roles are deemed necessary.
3. Education commissioning, planning and delivery	Moderate to high	To support workforce change we will require new innovative provision in respect of education commissioning planning and delivery.
4. Quality Management	Low	HEIW will quality manage education and training provision ensuring it meets required standards, and improvements are made where required. As HEIW's focus shall be on assurance the risk appetite is low.

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5. Supporting Regulation	Moderate	HEIW will need to challenge the current understanding of workforce regulations and how these impacts on education and risk development.
6. Leadership Development	High	To support Leadership Development HEIW will require new innovative approaches which requires a high risk appetite.
7. Workforce Improvement	High	To provide a strategic leadership role in Workforce transformation and Improvement HEIW will need to consider all potential delivery options and take an innovative approach.
8. Professional support for workforce and organisational development (OD) in NHS Wales	Moderate	To support the professional workforce and OD in Wales HEIW will be working within regulatory and statutory requirements.
9. HEIW internally as an organisation	Low	<p>This domain covers such areas as HEIW's staff, finance, corporate governance and reputation.</p> <p>HEIW will continue to employ and retain staff of a high quality standard training to ensure all staff reach their full potential, always mindful of the professional and managerial capacity and capability of the organisation and staff well-being. This approach requires a low degree of risk.</p> <p>Achieving financial balance is a key objective, and therefore the Board will not accept risk that will (if realised) threaten this. However, as HEIW has reported a surplus in the last three financial years</p>

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		<p>opportunities to utilise funding flexibly throughout the year in support of strategic objectives will be considered. This is considered a low risk</p> <p>To support the long term success of the organisation, HEIW will need to seek risks. HEIW will maintain high standards of Corporate Governance and will not accept risk that are inconsistent with these standards. HEIW will maintain high standards of conduct and will not accept risks that could cause reputational damage to the Board and undermine public and stakeholder confidence associated with the day to day delivery of services. The Board will only consider accepting risks in certain circumstances, such as service or transformational improvement.</p>
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Meeting Date	31 March 2022	Agenda Item	4.9
Report Title	Corporate Risk Register and Strategic Risks		
Report Author	Catherine English, Corporate Governance Manager		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Dafydd Bebb, Board Secretary		
Freedom of Information	Open		
Purpose of the Report	To provide an overview of risks currently detailed within the Corporate Risk Register (CRR) and request approval of HEIW's Strategic Risks.		
Key Issues	<p>The report provides an update on the CRR, which is attached at Appendix 1.</p> <ul style="list-style-type: none"> The CRR confirms: <ul style="list-style-type: none"> a total of twelve risks four 'red' status risks eight 'amber' status risks. One green risk (Risk 16) was removed by the Audit and Assurance Committee at its last meeting on 7 February 2022. Three new risks - Risks 24, 25 and 26 have been added to the CRR and all assessed as 'red' status. <p>The report also seeks approval of HEIW's Strategic Risks which were considered at the December and February Board Development Sessions. The Strategic Risks are attached at appendix 2.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			Approval ✓
Recommendation	<p>The Board is asked to:</p> <ul style="list-style-type: none"> Note the report in respect of the CRR for assurance. Approve HEIW's Strategic Risks. 		

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CORPORATE RISK REGISTER AND STRATEGIC RISKS

1. INTRODUCTION

The Board is asked to note the current position regarding the Corporate Risk Register (Appendix 1) as outlined in this report. The Board is also asked to approve HEIW's Strategic Risks (Appendix 2).

2. ASSESSMENT

There are currently **12** risks on the CRR, and these risks have been assessed as follows: **4** 'Red' status risk, **8** 'Amber' status risks and **0** 'Green' status risk. Except for paragraph 2.1, which provides an update on the pre-existing Red Risk, the commentary below highlights the changes to the CRR since the last report.

2.1. Red Risks

Risk 8 - 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.

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.

Recent developments: Activities to support the delivery of the cyber security plan are underway and recent developments include:

- Interviews for the new cyber security post have concluded and a conditional offer of employment has been made subject to the usual recruitment checks and requirements being satisfied.

The three new red risks (risks 24, 25 and 26) are outlined in paragraph 2.5 below

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 Decreased Score

There have been no risks with a reduced score since the last report.

2.4. New Risks

Three new risks have been added to the CRR since the last report.

Risk 24 – If NWSSP cannot extend their visa sponsorship remit to enable them to act as sponsors for newly qualified GP trainees who are not eligible to apply for Indefinite Leave to Remain (ILR) multiple newly qualified GPs will either have to seek work in hospitals or GP posts in England in order to remain in the UK.

Mitigation: To gather information on the number of trainees likely to be affected. As at 11th March 2021, 18 trainees out of 3 schemes will not be eligible for ILR at the point of certificate of completion of training (CCT). HEIW will work with NWSSP to provide them with information for their case to extend sponsorship to the Home Office. HEIW will highlight the problem to the Chief Executive and Welsh Government and explore what other home nations are doing with respect to this issue.

Progress: HEIW is part of a working group formed by NHS Wales Shared Services Partnership (NWSSP) to explore options for solutions to this problem. The favoured solution is for NWSSP to provide administrative, and possibly financial support, to practices that wish to sponsor a newly qualified GP.

This is a UK-wide problem. Consequently, in parallel with the work going on in Wales, representatives of the 4 nations have made approaches to the Home Office to try to progress a solution.

Assessment: This risk is assessed a 16 and 'Red' status.

Risk 25 – If a resolution to problems with the Medical Performers List (MPL) cannot be resolved, international medical graduates who cannot provide references from UK based clinicians will not be able to get onto the MPL at the start of GP training and this will destabilise plans to increase numbers using the 1+2 model.

Mitigation: Gather information from colleagues in other parts of the UK regarding MPL arrangements there. Raise at All Wales Associate Medical Directors of Primary Care meetings. Work with Medical Directors to develop a common approach and solution across Wales.

Progress: A review of the MPL in England has been undertaken. In response to this, Welsh Government has formed a group to look at reform of all-Wales MPL. HEIW has representation on this group and will be fully involved in generating a long-term solution to this problem

Assessment: This risk is assessed a 25 and 'Red' status.

Risk 26 – If the costs of the increased recruitment of GPs continues to exceed the amounts forecast, due to them taking longer to reach qualification (due to increased uptake of Parental leave, less than full time training, and other issues relating to difficulties experienced by International medical graduates) and pay protection, there could be a financial and reputational risk to HEIW if we cannot deliver the programme and agree a new funding stream with Welsh Government.

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Mitigation: Medical Deanery and Finance Colleagues have done a deep dive to ascertain the causes of the overspend. Analysis of the data has provided clear reasons for the overspend. The overspend has been mitigated by significant underspends in other budgets. The over-recruitment above 160 will be carefully managed in the future to reduce the overall financial risk with increased numbers while remaining on target to recruit at least 160 trainee GPs each year.

Progress: This year we will recruit up to 160 GP trainees as planned and any numbers above that will be limited compared to previous years, and this will be expected to mitigate against some of the additional costs that are currently in the system

Assessment: This risk is assessed as [] and 'Red' status.

2.5. Removed Risks

Since the last report, one risk assessed as 'Green' status was removed from the CRR following approval by the Audit and Assurance Committee at its last meeting on 7 February.

Risk 16 – If there is an increase in cases of COVID 19 that impacts on 'usual' service delivery there may be disruptions to placement opportunities for trainees and students thereby impacting their ability to progress, graduate or complete training in their field. This in turn will impact the workforce with shortages that may have a long-term effect on service delivery.

3. HEIW Strategic Risks

HEIW's Strategic Risks are reviewed on an annual basis and form a key part of our Board Assurance Framework. HEIW's Strategic Risks were considered at the December and February Board Development Sessions and updated to be aligned with our refreshed Strategic Aims in accordance with the 2022-25 IMTP.

The Strategic Risks are attached at Appendix 2.

4. GOVERNANCE AND RISK ISSUES

Risk management through the CRR and HEIW's Strategic Risks is a core tool for the governance of risk within HEIW.

5. FINANCIAL IMPLICATIONS

Risk management through the CRR and HEIW's Strategic Risks is a core function of HEIW as a Special Health Authority. There are no anticipated additional cost implications.

6. RECOMMENDATION

The Board is asked to:

- **Note** the report in respect of the CRR for assurance.
- **Approve** HEIW's Strategic Risks.

Governance and Assurance			
Link to IMTP strategic aims <i>(please ✓)</i>	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'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
		✓	
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
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 Appendix 2 – Draft HEIW Strategic Risks		

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HEIW CORPORATE RISK REGISTER (2022)

Date Added	Ref (Risk Area)	Risk Description and Executive Owner	Inherent Risk			Risk Appetite	Mitigating Actions	Residual Risk			RAG Status	Progress
			Impact	Probability	Overall Score			Impact	Probability	Overall Score		
		Details of the risk. If... then... impact				None Low Moderate High Very High	Summary of action to date or proposed action to reduce risk, impact, or proximity – this should include a deadline or timetable for completing actions.				R/A/G & Trend	
8. April 2020	1	If HEIW does not ensure that all reasonable steps are taken in respect of cyber security it may be vulnerable to a data breach, possible fines from the Information Commissioner's Office and associated bad publicity. Board Secretary	5	5	25	LOW	This requires the implementation of recommendations highlighted within HEIW's Cyber Security assessment report. This includes the recruitment of a Head of Cyber Security. Cyber Security Implementation Plan to be drafted and implemented	5	4	20		The recommendations within HEIW's Cyber Security assessment report have or are being implemented. The new Head of Cyber Security joined HEIW on 29 June and commenced working on a new Cyber Security Implementation Plan. February 2022 Interviews for the new cyber security post have completed and a conditional offer of employment has been made on the basis that recruitment checks and requirements are fully satisfied.
12. July 2020	1.	If HEIW is unable to access workforce data from other NHS organisations, then its workforce will not be able to provide modelling data and fail to meet expectations in respect of the same and have an adverse impact on NHS workforce planning. Director of Workforce and Organisational Development	4	3	12	LOW	HEIW to request access to live data from ESR and other workforce information systems as well as the current Data Warehouse information Requests for additional access to information in line with NHS Digital/Health Education England.	4	2	8		March 2022 – we have scheduled a series of meetings with NWSSP, to ensure we have access to the data we need. Work is also ongoing in the context of scoping our data strategy and centre of excellence for workforce intelligence. We have agreed with DHCW that we will set up a three-way strategic conversation with NWSSP to ensure roles and requirements are clearly understood and aligned.
13. July 2020	9.	If HEIW does not have sufficient capacity this may have an impact on its ability to support the NHS, delivery of Annual Plan commitments and levels of performance. Director of Workforce and Organisational Development	4	4	16	LOW	Assessment & costing of workforce requirements made as part of the development of the IMTP.	4	2	8		March 2022 – discussions ongoing aligned with financial allocation and IMTP planning processes. Process for considering additional capacity via in-year business cases has been confirmed with ET.

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Date Added	Ref (Risk Area)	Risk Description and Executive Owner	Inherent Risk			Risk Appetite	Mitigating Actions	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	
15. Aug 2020	2	If there are insufficient employment opportunities available for graduating Allied Health Professionals (AHP's) and Health Care Science (HCS) students who have opted into the bursary tie in the investment in education for these students may be lost. Director of Nurse and Health Professional Education	3	5	15	HIGH	Enhanced monitoring and Targeted Support process implemented Revised recruitment approach implemented for 2022 graduates Appeals process reintroduced, Quarterly written reports to Executive; and to Board as needed. Implemented a revised managed process (Streamlining) for all AHP and HCS students graduating	4	3	12		February 2022 Revised streamlining process introduced which is proving to be effective in improving the process and engagement with HBs and Trust to. All Wales picture is shared with Directors of Therapies (DoTHs), Directors of Finance (DoFs), CEOs, and WoDs and members of HB and Trust planning and delivery groups. Overall vacancy and student engagement is very positive compared to this time last year. Insufficient vacancies identified for cardiac physiology, BMS and podiatry. Email from Lisa Llewelyn to HBs and Trusts asking to assistance to increase vacancies. Will be reviewed in March.
19. Dec 2020	3	If we continue to commission post reg and post grad education from HEI's in England and Wales without a contract, then HEIs may withdraw education provision or fail to provide high quality education that can be performance managed in the usual contractually governed way. Director of Nurse and Health Professional Education	3	4	12	MODERATE	Strategic Review 2 Board, reporting to Executive Team. Strategic review 2 Project plan, timetable, and risk register. HEIW subject experts linked to programmes, supported by strategic education adviser Strategic review phase 2 to be a standing item in contract meetings with HEI's. Engage with regular discussions with the National School (4 countries meetings held quarterly) Phased approach with those programmes most at risk in first wave.	3	4	12		February 2022 Healthcare Support Worker (HCSW) programme out to tender Approvals process recommended to Board. Clinical Associate in Applied Psychology (CAAPs) course being developed for 22/23 Wider engagement through Stakeholder Reference Group (SRG)

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Date Added	Ref (Risk Area)	Risk Description and Executive Owner	Inherent Risk			Risk Appetite	Mitigating Actions	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	
20.	3	Strategic Review 1 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. Director of Nurse and Health Professional Education	3	4	12	MODERATE	Strategic Review 1 Implementation Board Implementation plan agreed with each HEI. Reports to Strategic Review 1 and Executive Team. Senior member of the Education, Commissioning and Quality Team (ECQ) on each HEIs implementation project board to ensure processes are followed for validation, recruitment, and curriculum implementation.	2	4	8		February 2022 Implementation meetings with HEIs are ongoing. HEIs are currently on track to deliver programmes on time.
21	2	Nurse Staffing Programme If HEIW fails to identify & implement a national data capture and reporting solution health boards/NHS Trusts will be unable to access the data required to meet the requirements of the Nurse Staffing Levels (Wales) Act and adhere to the 'Once for Wales' approach. Director of Nurse and Health Professional Education	4	3	12	Moderate	Undertake scoping of existing and requirements of national solution. Identify & implement a national data capture and reporting solution. Implement the use of Power BI across section 25B areas Appoint to IT posts Scope IT systems & map data flows. Complete Data Protection Impact Assessments (DPIA's) Collaborative working with IT team/HEIW, health boards/trusts, NDR unit/ Digital Health Care Wales (DHCW) to identify means of support. Identify responsibilities for organisations – formalise arrangements.	4	3	12		February 2022 Digital programme manager starts Feb 2022 Key actions delayed or on hold due to absence of IT support for the programme over a prolonged period. Identifying key priorities actions that digital programme manager can progress. Unable to appoint to senior information analyst – post to be readvertised. (5 th advert). Inability to undertake data analytical work and key actions on hold.
22 Oct 2021	2	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.	4	5	20	Moderate	<ul style="list-style-type: none"> Group established between NWSSP, HEIW and UHBs to begin process mapping of data flow and other employment processes to identify weaknesses 	4	3	12		04.02.2022 General improvement maintained with strong collaborative working. Agreement reached to onboard remaining specialties between March and May. Would suggest the residual risk could be amended to 9 from 12. This will remain the same until at least until

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Date Added	Ref (Risk Area)	Risk Description and Executive Owner	Inherent Risk			Risk Appetite	Mitigating Actions	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	
		Medical Director					<ul style="list-style-type: none"> Paused roll out for secondary care specialties from December 2021 until clarity on resolution of existing issues NWSSP to review and where appropriate address internal capacity to deliver the service Weekly updates for HEIW executive team on progress 					<p>the Autumn as there will be several key challenges between now and then.</p> <p>28.02.2022 February onboarding of new trainees has been successful. No change otherwise since 04.04.2022</p>
23 Dec 2021	7	<p>If the procurement and implementation of the HEIW learning management system (Y Ty Dysgu) is significantly delayed beyond financial year 22/23, then this would potentially have an adverse impact on the IMTP and a reputational impact for HEIW.</p> <p>Digital Director</p>	4	4	16	High	<ul style="list-style-type: none"> Recommendation of procurement agreed to begin in January 2022. Ongoing engagement established between NWSSP and HEIW to ensure robust process followed Y Ty Dysgu steering group has been stood down and Y Ty Dysgu Programme Board established 	4	3	12		<p>February 2022 Further extension for current pilot system contract agreed until end July.</p> <p>ITT closed on 22 February. Procurement team assessing the stage 1 qualification responses made by the 4 bidders, all of whom are expected to progress to evaluation, subject to satisfying a few outstanding clarifications. The evaluation team will meet w/c 28/02 and w/c 07/03 to review and score the bid responses.</p> <p>Initial IMTP impact undertaken, and key areas noted. Digital to work with the SROs to prioritise onboarding of teams in new system and to support interim solutions as required</p>
24 Mar 2022	5	<p>Visa sponsorship for newly qualified GP Trainees If NWSSP cannot extend their visa sponsorship remit to enable them to act as sponsors for newly qualified GP trainees who are not eligible to apply for Indefinite Leave to Remain (ILR), multiple newly qualified GPs will either have to seek work in hospital or GP posts</p>	4	4	16	Moderate	<ul style="list-style-type: none"> Gather information on the number of trainees likely to be affected. As at 11/3/21 18 trainees out of 3 schemes will not be eligible for ILR at the point of completion of training (CCT). Work with NWSSP to provide them with information for their case to extend 	4	4	16		<p>February 2022 We are part of a Working Group formed by NWSSP to explore options for solutions to this problem. Favoured solution is for NWSSP to provide administrative and possibly financial support to practices that wish to sponsor a newly qualified GP. This is a UK wide problem. Consequently, in parallel with the work going on in Wales, representatives of the 4 nations have made</p>

Date Added	Ref (Risk Area)	Risk Description and Executive Owner	Inherent Risk			Risk Appetite	Mitigating Actions	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	
		in England in order to remain in the UK Medical Director					sponsorship to the Home Office. <ul style="list-style-type: none"> Highlight the problem to HEIW Chief Executive and Welsh Government. Explore what other home nations are doing in respect to this issue. 					approaches to the Home Office to try to progress a solution.
25 Mar 2022	5	Medical Performers List (MPL) If a resolution to problems with the MPL cannot be resolved, international medical graduates who cannot provide references from UK based clinicians will not be able to get onto the MPL at the start of GP training and this will destabilise plans to increase numbers using 1+2 model, and necessitate extensions to training resulting in extra costs. Medical Director	5	5	25	Moderate	<ul style="list-style-type: none"> Gather information from colleagues in other parts of the UK regarding MPL arrangements there. Raise at All Wales Associate Medical Directors of Primary Care meetings. Work with Medical Directors to develop a common approach and solution across Wales. 	5	5	25		Various solutions to resolve problems discussed with Primary Care AMDs, HEIW and NWSSP. This included the development of an MOU to cover GP Trainees however, this was deemed outside the regulations by Welsh Government and was therefore abandoned. In the meantime, while a long-term solution is developed, HEIW has prepared a letter that the MPL admin team will proactively send to AMDs where a trainee may struggle to supply acceptable references. This sets out the competences satisfied as part of the process of application to GP Training and the level of supervision and assessments trainees will be required to undertake during their training. February 2022 A review of the MPL in England has been undertaken. In response to this, Welsh Government has formed a group to look at reform of all-Wales MPL. HEIW has representation on this group and will be fully involved in generating a long-term solution to this problem
26 March 2022	7	GP Training excess funding Requirement If the costs of the increased recruitment of GPs continues to exceed the amounts forecast, due to them taking longer to reach	5	3	15	High	<ul style="list-style-type: none"> Medical Deanery and Finance Colleagues have done a deep dive to ascertain the causes of the overspend Analysis of the data has provided clear reasons for the overspend 	5	3	15		March 2022 Prior to 2018 we recruited 135 GP trainees per year. We are now recruiting 160 with the option to increase up to 200 if sufficient candidates of the required standard are interviewed. This has been successful even before COVID and the withdrawal of the labour market test for Overseas Doctors.

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Date Added	Ref (Risk Area)	Risk Description and Executive Owner	Inherent Risk			Risk Appetite	Mitigating Actions	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	
		qualification (due to increased uptake of Parental leave, less than full time training, and other issues relating to difficulties experienced by International medical graduates) and pay protection, there could be a financial and reputational risk to HEIW if we cannot deliver the programme and agree a new funding stream with Welsh Government.					<ul style="list-style-type: none">The overspend has been mitigated by significant underspends in other budgetsThe over-recruitment above 160 will be carefully managed in the future to reduce the overall financial risk with increased nubers while remaining on target to recruit at least 160 trainee GPs each year.					This year we will recruit up to 160 GP trainees as planned and any numbers above that will be limited compared to previous years, and this will be expected to mitigate against some of the additional costs that are currently in the system

Risk Scoring Matrix

LIKELIHOOD	Probable	5	10	15	20	25	Level	Colour	Score Range
	Likely	4	8	12	16	20	Low		1 – 6
	Possible	3	6	9	12	15	Moderate		7 – 14
	Unlikely	2	4	6	8	10	High		15 – 25

	Rare	1	2	3	4	5
		Negligible	Minor	Moderate	Major	Critical
		IMPACT				

Risk Appetite Levels

Appetite Level	Described as:	What this means
None	Avoidance of risk and uncertainty is a key organisational objective.	Avoidance of loss is key objective, play safe, avoidance of developments. Priority for tight controls and oversight.
Low	Minimal, or as little as reasonably possible, is preferred for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential.	Prepared to accept the possibility of very limited financial loss if essential. Win any challenges re compliance. Innovations avoided unless essential.
Moderate	Cautious is preferred for safe delivery options that have low degree of inherent risk and may only have limited potential for reward.	Prepare to accept some possibility of some financial loss. Limited tolerance for sticking neck out. Tendency to stick with status quo, innovation in practice avoided unless really necessary
High	Open and willing to consider all potential delivery options and choose while also providing an acceptable level of reward (and Value for Money).	Prepared to invest for return & minimise the possibility of financial loss. Value and benefits considered. Gains outweigh adverse consequences. Innovation supported.
Very High	Seek and be eager to be innovative and too chose options offering potentially higher business rewards (despite greater inherent risk). Or also described as mature and confident in setting high levels of risk appetite because controls, forwards scanning, and responsiveness systems are robust.	Investing for best possible return & acceptance of possibility of financial loss. Chances of losing any challenge are real and consequences would be significant. Desire to break the mould. High levels of devolved authority – management by trust, not control.

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HEIW's Strategic Risks

Strategic Risk 1	Workforce skills and expertise given specialist nature of organisation. There is a risk that HEIW may find itself without the workforce with the requisite skills it requires to deliver on its Strategic Objectives. This could be caused by a lack of staff with relevant skills in the external market, or education system, or internally due to a lack of staff skills, career mobility, succession planning and skills management, or due to undesirable employee attrition and sickness absence of key individuals. The continued impact on staff wellbeing due the COVID pandemic renders this risk to be particularly serious.
Strategic Risk 2	Capacity to deliver a growing range of functions and responsibilities. The risk of lack of capacity may be caused by a lack of sufficient workforce capacity to deliver the growing functions of the organisation, which could be a result of insufficient planning and an over reliance on existing ways of working, not embracing innovation, new ways of working and not investing in appropriate technology.
Strategic Risk 3	Cultural change required to deliver an integrated, multi professional approach. 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.
Strategic Risk 4	Effective engagement to ensure that we are influencing and shaping the agenda as system leader and can deliver our plans. Acting as a system leader will require effective horizon scanning and insight into the NHS system and workforce trends and clear communication and engagement for coalition building to encourage system change. The risk of failing to influence the agenda as system leader could be caused by a failure to communicate and engage effectively with stakeholders within health and social care including our newly established Stakeholder Reference Group.
Strategic Risk 5	Effective engagement with our partners to ensure the delivery of shared objectives and aims. The successful implementation of HEIW's aims and objectives in several areas will rely on engagement and co-operation with our partners in health, social care and education. The risk of failing to deliver in these areas could be caused by insufficient capacity, not effectively

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	maintaining engagement with partners or a failure to achieve buy in from our partners.
Strategic Risk 6	Volatility of HEIW's financial position including the reliance on commissioning plans, student choices and associated budgets. This could be exacerbated by the increasing financial challenges faced by government and our education providers particularly post COVID, leading to a reduction in our flexibility to respond to developments.
Strategic Risk 7	Workforce intelligence and Data. The risk that the quality of workforce intelligence captured and reported within the NHS does not support accurate decision making and planning for the NHS's future workforce requirements. This could lead to both overcapacity and under capacity within the workforce.

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WALES

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

Meeting Date	31 March 2022	Agenda Item	4.10
Report Title	In-Committee Decisions		
Report Author	Catherine English, Corporate Governance Manager		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Dafydd Bebb, Board Secretary		
Freedom of Information	Open		
Purpose of the Report	To set out key issues discussed at the In-Committee Board Meeting held on 27 January 2022.		
Key Issues	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 27 January 2022.		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	✓		
Recommendation	The Board is asked to note the report for information.		

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DECISIONS MADE DURING THE IN-COMMITTEE BOARD MEETING HELD ON 27 JANUARY 2022

1. INTRODUCTION

The purpose of the paper is to report on items considered by the In-Committee Board Meeting held on 27 January 2022.

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 27 January 2022:

- **Chairs Report** – The Board received and noted a verbal update from the Chair.
- **Chief Executives Report** – The Board received and noted a verbal update from the Chief Executive.
- **Implementation of Single Lead Employer Model via NHS Wales Shared Service Partnership (NWSSP) – Progress Update** – The Board received an update on progress relating to the implementation of the Single Lead Employer (SLE) model for medical, pharmacy, and dental trainees led by NWSSP. The Board noted the action taken to date and the revised roll-out timetable, that as a result of mitigating actions taken to date, the risk rating has been reduced from red to amber and the increased cost of implementing the SLE model in line with the increased numbers of trainees.
- **Proposed Commissioning of Procurement of Level 4 HCSW (Nursing) Education** – The Board received a summary of the proposed commissioning of Level 4 Health Care Support Worker (HCSW) nursing education and noted the Education, Commissioning, and Quality Committee had considered the report and recommended the procurement go out to tender. The Board noted the assurance from the Education, Commissioning and Quality Committee and approved the commissioning of the Procurement of Level 4 HCSW (Nursing) Education to go out to tender. It was noted the Board would receive a report

on the approvals process framework for Phase 2 of the Strategic Review of Health Professional Education at its meeting in March.

- **Key Issues Report from the Education, Commissioning and Quality Committee in-committee meeting held on 18 January 2022** –The Board received and noted a verbal update on the key issues arising from them the closed session of the Education Commissioning and Quality Committee held on 18 January 2022. The Board noted the recommendation that the Board approve the Proposed Commissioning of Procurement of Level 4 HCSW (Nursing) Education.
- **Key Issues Report from Remuneration and Terms of Service meeting held on 25 November 2021** -The Board received and noted the Chairs key issue report for the Remuneration and Terms of Service Committee held on 25 November 2021.
- **Key Issues Report from Remuneration and Terms of Service meeting held on 16 December 2021** -The Board received and noted the Chairs key issue report for the Remuneration and Terms of Service Committee held on 16 December 2021.

4. GOVERNANCE AND RISK ISSUES

The report provides an overview of matters considered by the In-Committee Board Meetings held on 27 January 2022 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: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff, ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
	✓	✓	✓

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.	
Report History	This report is provided at each meeting of the Board.
Appendices	None.

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ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
Chaired by	Tracy Myhill, Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	20 January 2022

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

Support to Vaccination Booster Campaign

A presentation was received from Health Courier Services (HCS) on their role in supporting the booster campaign across Wales. Since Mid-December, almost 1m vaccines have been delivered to 155 separate sites with no delayed or failed deliveries. Over 8,500 journeys have been made to support the vaccination roll-out and 2.3 million miles driven by HCS staff to help NHS Wales to respond to the pandemic. The Committee were very appreciative of the presentation and the work to support their organisations and were keen to understand how they could assist in making the service even more effective through eliminating any unnecessary activities.

Procurement National Operating Model

The Committee also received a presentation on the new national operating model for Procurement Services which is currently out to staff consultation. This will facilitate a more regionalised approach and will enhance the relationship between national sourcing and frontline teams. It should also lead to a greater focus on strategic relationships with key suppliers and support the efforts to promote the Foundational Economy. The Committee were supportive of the proposed changes, and it was agreed that a summary information document would be produced for NHS bodies once the staff consultation period closes.

Chair's Report

This was the first meeting chaired by Tracy Myhill since her appointment to NWSSP on 1 December. Tracy outlined her delight in being appointed, the induction activities that she had undertaken to date, and her intention to meet regularly with key stakeholders across NHS Wales.

Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

- In response to COVID and the Omicron variant, the NWSSP Planning and Response Group had been stepped up again. Thus far, no major issues have been noted and whilst there was an initial jump in sickness absence, figures have returned to the previous low levels. Where necessary, business continuity plans were implemented for drivers in Health Courier Services to ensure that services to the rest of NHS Wales were maintained;
- A Joint Executive Team meeting with Welsh Government was held on 14 January which generated a lot of positive feedback for NWSSP and during which NWSSP were requested to assist with the establishment of the Citizens Voice Body which will come into being from April 2023;
- The Medical Examiner Service, which is not devolved, is likely to become a statutory service from September 2022; and
- The NWSSP financial position is forecast to achieve a break-even position with all capital monies spent. The business case for the purchase of the Matrix House building in Swansea, has been signed off by the Minister.

Items Requiring SSPC Approval/Endorsement

IMTP

The Committee received the NWSSP IMTP for approval. The Director of Planning, Performance, and Informatics had met individually with SSPC members over recent weeks to inform the plan and has incorporated their comments and feedback into the final version. While, for now, there are no major changes to the overall goals and objectives, there is a greater focus on the Welsh Language, Equality and Diversity and outcome-based measures.

The IMTP is based on a solid foundation where NWSSP has continued to deliver all services despite the pandemic, and where we have a balanced financial plan. New services such as the Temporary Medicines Unit, Laundry Services, and more recently International Nurse Recruitment, have been introduced. The plan reflects ministerial priorities and positions NWSSP at the forefront of many national initiatives, particularly around climate change and the foundational economy.

In respect of the financial plan an additional savings target had been applied across directorates to generate a reserve to invest in IMTP priorities, but the plan will be challenging as it contains significant cost pressures including the hike in the price of energy and the O365 licences. The risk sharing agreement for clinical negligence claims is currently £16.5m but is forecast to rise to £28m in three years' time. The IMTP requires significant capital investment over the next five years particularly in respect of the laundry and TRAMs projects. The recently announced 24% cut in the discretionary budget will cause significant challenges for NWSSP in future years.

The Committee were supportive of the plan and highlighted NWSSP's role as an economic driver for change through the increased use of business intelligence to inform Health Boards and Trusts in both clinical and non-clinical settings. It also stressed the need for the various assurance processes (Internal Audit, Local Counter Fraud, National Counter Fraud, PPV) to be effectively co-ordinated to support delivery of the IMTP, and the Committee recommended that the current arrangements should be reviewed.

The Committee **APPROVED** the IMTP with the proviso that it may need to be revisited if there were any subsequent and significant changes to Health Board plans that impacted NWSSP.

Items For Noting

International Recruitment

The Committee received a paper relating to the recruitment of 436 nurses from overseas prior to financial year-end, to help fill vacancies within Health Boards and support the Covid recovery programme. Welsh Government have approved the funding for this initiative and contracts have been placed. Interviews are now being undertaken and although the deadline is challenging, there is confidence that this will be achieved. Invoices to the recruitment agencies will be paid at the offer acceptance stage, and if for any reason the recruitment is not followed through, the agencies have to find an acceptable replacement nurse or repay the amount. Nurses are only being recruited from countries with surplus staff and who are included on the Home Office Approved List.

The Committee **NOTED** and **ENDORSED** the paper.

Finance, Workforce, Programme and Governance Updates

Project Management Office Update – The Committee reviewed and noted the programme and projects monthly summary report, which highlighted the team's current progress and position on the schemes being managed. It was agreed that the consequences of any slippage in project timelines would be more meaningfully described in the report.

Finance Report – The Committee reviewed the finance report and noted the position at the end of Quarter 3. The outturn position is still forecast to be break-even and there is a plan in place to utilise any additional savings generated in the year. The paper also highlighted the significant sums spent on PPE, and the further donations of PPE to both India and Namibia. The Welsh Risk Pool position is still in line with the IMTP. Capital spend is on schedule, but a large proportion of the funding has only recently been confirmed and/or received. Stock values, which in a normal year would be approximately £3m are currently around £80m due to the need to maintain 16-weeks' stock of PPE. However, this value is reducing and was in excess of £100m last summer.

People & OD Update – sickness absence rates, after an initial spike due to the

impact of the Omicron variant, have now returned back to the lower levels seen over recent months and currently stands at 2.93% for the last quarter. Headcount continues to grow due mainly to the additional staff recruited as part of the Single Lead Employer Scheme. PADR rates were generally good although there were a few directorates where performance needed to be improved. The ESR database has now been modified such that the majority of the facilities it provides can be accessed and delivered in Welsh.

Corporate Risk Register – there is one red risk relating to the pressures currently being noted within the Employment Services Directorate, and particularly in Recruitment and Payroll Services.

Papers for Information

The following items were provided for information only:

- Annual Review 2020/21; and
- Finance Monitoring Returns (Months 8 & 9).

AOB

N/a

Matters requiring Board/Committee level consideration and/or approval

- The Board is asked to **NOTE** the work of the SSPC and ensure where appropriate that Officers support the related work streams.

Matters referred to other Committees

N/A

Date of next meeting

24 March 2022

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

Meeting Date	31 March 2022	Agenda Item	5.2
Report Title	Audit Wales – Annual Report 2021		
Report Author	Audit Wales		
Report Sponsor	Audit Wales		
Presented by	Audit Wales		
Freedom of Information	Open		
Purpose of the Report	This report summarises the findings from Audit Wales' 2021 audit work at Health Education and Improvement Wales (HEIW) undertaken to fulfil their responsibilities under the Public Audit (Wales) Act 2004.		
Key Issues	<ul style="list-style-type: none"> • HEIW's accounts were properly prepared and materially accurate and Audit Wales issued an unqualified audit opinion on them. • Work did not identify any material weaknesses in HEIW's internal controls. However, an Emphasis of Matter paragraph in the report draws attention to disclosures in the accounts in note 21.1 relating to the impact of a Ministerial Direction issued on 18 December 2019 to the Permanent Secretary of the Welsh Government. • HEIW achieved financial balance for the year period ending 31 March 2021 and had no other material financial transactions that were not in accordance with authorities. Audit Wales issued an unqualified opinion on the regularity of the financial transactions within HEIW's 2020-21 accounts. • HEIW's arrangements for preparing operational plans and monitoring their delivery are robust. • HEIW continues to have effective Board and committee arrangements and good systems of assurance and is improving its training and education quality management arrangements. 		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			✓
Recommendations	The Board is asked to note the Audit Wales Annual Report 2021 for assurance.		
Appendices	Appendix 1 - Audit Wales Annual Report 2021		

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Annual Audit Report 2021 – Health Education and Improvement Wales

Audit year: 2020-21

Date issued: December 2021

Document reference: 2753A2021-22

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

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

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

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

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Summary report

About this report

- 1 This report summarises the findings from my 2021 audit work at Health Education and Improvement Wales (HEIW) undertaken to fulfil my responsibilities under the Public Audit (Wales) Act 2004. That Act requires me to:
 - examine and certify the accounts submitted to me by HEIW, and to lay them before the Senedd;
 - satisfy myself that expenditure and income have been applied to the purposes intended and are in accordance with authorities; and
 - satisfy myself that HEIW has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.
- 2 I report my overall findings under the following headings:
 - Audit of accounts
 - Arrangements for securing economy, efficiency and effectiveness in the use of resources
- 3 This year's audit work took place at a time when public bodies continued responding to the unprecedented challenges presented by the COVID-19 pandemic, whilst at the same time recovering services. My work programme was designed to best assure the people of Wales that public funds are well managed. I have considered the impact of the current crisis on both resilience and the future shape of public services. I aimed to ensure my work did not hamper public bodies in tackling the crisis, whilst ensuring it continued to support both scrutiny and learning. On-site audit work continues to be restricted, and we continued to work and engage remotely where possible through the use of technology. This inevitably had an impact on how we deliver audit work but has also helped to embed positive changes in our ways of working.
- 4 As was the case in 2020, the delivery of my audit of accounts work was not without its challenges, not only in how and where we undertook the work, but also in taking account of considerations for financial statements arising directly from the pandemic. The success in delivering it reflects a great collective effort by both my staff and HEIW's officers to embrace and enable new ways of working and remain flexible to and considerate of the many issues arising.
- 5 I have adjusted the focus and approach of my performance audit work to ensure its relevance in the context of the crisis and to enable remote working. My programme of work has provided focus on themes, lessons and opportunities relating to NHS governance and NHS staff wellbeing. I have reviewed the Test, Trace, Protect programme and the rollout of the COVID-19 vaccine. My local audit teams have commented on how governance arrangements have adapted to respond to the pandemic, and the impact the crisis has had on service delivery. I have also reviewed the governance arrangements of the Welsh Health Specialised Services Committee.

- 6 This report is a summary of the issues presented in more detailed reports to HEIW this year (see **Appendix 1**). I also include a summary of the status of planned work currently being re-scoped.
- 7 **Appendix 2** presents the latest estimate of the audit fee that I will need to charge to cover the costs of undertaking my work, compared to the original fee set out in the 2021 Audit Plan.
- 8 **Appendix 3** sets out the financial audit risks set out in my 2021 Audit Plan and how they were addressed through the audit.
- 9 The Chief Executive and the Director of Finance have agreed the factual accuracy of this report. We presented it to the Audit and Assurance Committee on 7 February 2022. The Board will receive the report at a later Board meeting and every member will receive a copy. We strongly encourage HEIW to arrange its wider publication. We will make the report available to the public on the [Audit Wales website](#) after the Board have considered it.
- 10 I would like to thank HEIW staff and members for their help and co-operation throughout my audit.

Key messages

Audit of accounts

- 11 I concluded that HEIW's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in HEIW's internal controls (as relevant to my audit). However, I placed an Emphasis of Matter paragraph in my report to draw attention to disclosures in the accounts in note 21.1 relating to the impact of a Ministerial Direction issued on 18 December 2019 to the Permanent Secretary of the Welsh Government.
- 12 HEIW achieved financial balance for the year period ending 31 March 2021 and had no other material financial transactions that were not in accordance with authorities nor used for the purposes intended, so I have issued an unqualified opinion on the regularity of the financial transactions within HEIW's 2020-21 accounts.
- 13 Alongside my audit opinion, I placed a substantive report on HEIW's financial statements set out further detail on the Emphasis of Matter paragraph that I included in my audit opinion.

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

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

- all NHS bodies have maintained a clear focus on staff wellbeing throughout the pandemic and implemented a wide range of measures to support the physical health and mental wellbeing of their staff during the crisis. It is vital that these activities are built upon, and that staff wellbeing remains a central priority for NHS bodies as they deal with the combined challenges of recovering services, continuing to respond to the COVID-19 pandemic, and also managing seasonal pressures.
- HEIW's arrangements for preparing operational plans and monitoring their delivery are robust.
- HEIW continues to have effective Board and committee arrangements and good systems of assurance and is improving its training and education quality management arrangements.
- HEIW manages its financial resources well and has good arrangements to monitor and report its financial activity.

15 These findings are considered further in the following sections.

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Detailed report

Audit of accounts

- 16 This section of the report summarises the findings from my audit of HEIW's financial statements for 2020-21. These statements are how the organisation shows its financial performance and sets out its net assets, net operating costs, recognised gains and losses, and cash flows. Preparing the statements is an essential element in demonstrating the appropriate stewardship of public money.
- 17 My 2021 Audit Plan set out the financial audit risks for the audit of HEIW's 2020-21 financial statements. **Exhibit 4** in **Appendix 3** lists these risks and sets out how they were addressed as part of the audit.
- 18 My responsibilities in auditing HEIW's financial statements are described in my [Statement of Responsibilities](#) publications, which are available on the [Audit Wales website](#).

Accuracy and preparation of the 2020-21 financial statements

- 19 **I concluded that the Authority's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in the Authority's internal controls (as relevant to my audit), however, I placed an Emphasis of Matter paragraph in my report to draw attention to disclosures in the accounts relating to note 21.1 of the financial statements which describes the impact of a Ministerial Direction issued on 18 December 2019 to the Permanent Secretary of the Welsh Government, instructing her to fund NHS Clinicians' pension tax liabilities incurred by NHS Wales bodies in respect of the 2019-20 financial year.**
- 20 You are required by law to prepare accounts and it is of considerable testament to the commitment of your accounts team that you succeeded preparing a high quality draft account, to deadline, in the face of the challenges posed by this pandemic. The working papers were of good quality and we identified no significant weakness within the systems and controls that produce the financial information.
- 21 I must report issues arising from my work to those charged with governance before I issue my audit opinion on the accounts. My Financial Audit Engagement Lead reported these issues to HEIW's Audit and Assurance Committee on 9 June 2021. **Exhibit 1** summarises the key issues set out in that report.

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Exhibit 1: issues identified in the Audit of Financial Statements Report

Issue	Auditors' comments
Uncorrected misstatements	There were no non-trivial uncorrected misstatements identified in the accounts.
Corrected misstatements	The accounts contained no corrections for misstatements, a number of disclosure amendments were made to the draft accounts.
Other significant issues	<p>Emphasis of matter – Clinicians' Pension Tax Liabilities</p> <p>Within the Audit Report we drew attention to Note 21.1 of the financial statements, which described the impact of a Ministerial Direction issued on 18 December 2019 to the Permanent Secretary of the Welsh Government. The opinion was not modified in respect of this matter.</p> <p>Substantive report - Clinicians' Pension Tax Liabilities</p> <p>All NHS bodies will be held harmless for the impact of the Ministerial Direction, however, the Auditor General's opinion was that any transactions included in the Authority's financial statements to recognise this liability would be irregular and material by their nature. This is because the payments are contrary to paragraph 5.6.1 of Managing Public Money and constitute a form of tax planning which will leave the Exchequer as a whole worse off. The Minister's direction alone does not regularise the scheme. Furthermore, the arrangements are novel and contentious and potentially precedent setting.</p>

22 I also undertook a review of the Whole of Government Accounts return. I concluded that the counterparty consolidation information was consistent with HEIW's financial position at 31 March 2021 and the return was prepared in accordance with the Treasury's instructions.

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Regularity of financial transactions

- 23 **HEIW achieved financial balance for the year ending 31 March 2021 and had no other material financial transactions that were not in accordance with authorities nor used for the purposes intended, so I have issued an unqualified opinion on the regularity of the financial transactions within HEIW's 2020-21 accounts.**
- 24 HEIW's financial transactions must be in accordance with authorities that govern them. HEIW must have the powers to receive the income and incur the expenditure. Our work reviews these powers and tests that there are no material elements of income or expenditure which HEIW does not have the powers to receive or incur.
- 25 Where HEIW does not achieve financial balance, its expenditure exceeds its powers to spend and so I must qualify my regularity opinion. In 2020-21, the Authority underspent £95,000 against its revenue resource allocation of £234,819,000 and underspend £21,000 against its capital resource allocation of £105,000.
- 26 **Alongside my audit opinion, I placed a substantive report on HEIW's financial statements setting out further detail on the Emphasis of Matter paragraph that I included in my audit opinion.**

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

- 27 I have a statutory requirement to satisfy myself that HEIW has proper arrangements in place to secure efficiency, effectiveness and economy in the use of resources. I have undertaken a range of performance audit work at HEIW over the last 12 months to help me discharge that responsibility. This work has involved:
- reviewing how NHS bodies supported staff wellbeing during the COVID-19 pandemic.
 - undertaking a phased structured assessment of HEIW's corporate arrangements for ensuring that resources are used efficiently, effectively and economically.
- 28 My conclusions based on this work are set out below.

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How NHS bodies supported staff wellbeing during the COVID-19 pandemic

- 29 My review considered how NHS bodies have supported the wellbeing of their staff during the pandemic, with a particular focus on their arrangements for safeguarding staff at higher risk from COVID-19.
- 30 NHS staff have shown tremendous resilience and dedication throughout the pandemic, despite facing huge strains to their mental and physical health.
- 31 The NHS in Wales was already facing a number of challenges relating to staff wellbeing prior to the pandemic, and the crisis has highlighted the importance of supporting the mental and physical health of the NHS workforce. Through my Structured Assessment work, I found that NHS bodies moved quickly at the beginning of the pandemic to enhance wellbeing initiatives to support staff through unprecedented times. As the pandemic unfolded, I found that NHS bodies in Wales implemented a range of measures to improve staff wellbeing, such as creating dedicated rest spaces, increasing mental health and psychological wellbeing provision, enhancing infection and prevention control measures, and enabling remote working.
- 32 My work also looked at how NHS bodies in Wales protected staff at higher risk from COVID-19. Amongst other safeguarding initiatives, I found that all bodies rolled out the All-Wales COVID-19 Workforce Risk Assessment Tool which identifies those at a higher risk and encourages a conversation about additional measures to be put in place to ensure staff are adequately protected. Although NHS bodies promoted and encouraged staff to complete the assessment tool, completion rates varied between NHS bodies.
- 33 While the crisis has undoubtedly had a considerable impact on the wellbeing of staff in the short term, the longer-term impacts cannot be underestimated.
- 34 With a more emotionally and physically exhausted workforce than ever, NHS bodies in Wales must maintain a focus on staff wellbeing and staff engagement to navigate through the longer-term impacts of the crisis. My report, therefore, is accompanied by a checklist which sets out some of the questions NHS Board members should be asking to ensure their health bodies have good arrangements in place to support staff wellbeing.

Structured assessment

- 35 My structured assessment work was designed in the context of the ongoing response to the pandemic. I ensured a suitably pragmatic and relevant approach to help me discharge my statutory responsibilities, whilst minimising the impact on NHS bodies as they continue to respond to the pandemic. My team undertook the work into two phases this year:

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- phase 1 considered the planning arrangements underpinning the development and delivery of the operational plan for quarters three and four of 2020-21.
- phase 2 considered how corporate governance and financial management arrangements adapted over the year. Auditors also paid attention to progress made to address previous recommendations.

Operational planning arrangements

- 36 My work considered HEIW's operational planning arrangements underpinning the operational plan for quarters three and four of 2020-21. The planning framework covered the maintenance of effective and efficient operational planning arrangements in health bodies to guide their response to the pandemic as well as responding to winter pressures and laying the foundations for effective recovery of services.
- 37 My work found that **HEIW's arrangements for preparing operational plans and monitoring their delivery are robust.**
- 38 HEIW submitted its Quarters 3-4 Plan and relevant Minimum Data Set to the Welsh Government within the specified timeframe. The plan was approved via Chair's action following Board engagement and executive level endorsement. Whilst much of the Welsh Government operating framework does not directly apply to HEIW, it responded positively by converting the framework to fit the organisation's remit and strategic objectives and by setting out its contribution to the COVID-19 response and recovery, and winter planning.
- 39 HEIW's planning arrangements are robust. There was far-reaching engagement with stakeholders despite the time constraints, and a review of strategic objectives in the context of immediate requirements and available resources was undertaken. HEIW has maintained a focus on learning, staff wellbeing and partnership working. HEIW is reviewing planning resource levels as its current capacity is insufficient to deliver its ambition of functioning as a programme management office.
- 40 HEIW has effective arrangements to oversee delivery of its operational plans, which are now embedded in its recently approved Performance Framework. In accordance with that Framework, the Board receives performance reports quarterly.

Governance arrangements

- 41 My work considered HEIW's ability to maintain sound governance arrangements while having to respond to the unprecedented challenges presented by the pandemic. The key focus of the work has been the corporate arrangements for ensuring that resources are used efficiently, effectively, and economically. We also considered how business deferred in 2020 was reinstated and how learning from the pandemic is shaping future arrangements for ensuring continued good governance and recovery.

- 42 My work found that **HEIW continues to have effective Board and committee arrangements and good systems of assurance and is improving its training and education quality management arrangements.**
- 43 HEIW continues to have good arrangements to conduct Board and committee business effectively and is proactively managing current and future expected independent member vacancies.
- 44 HEIW has good systems of assurance. It has continued to improve its risk management arrangements and maintained oversight of strategic and operational risks. The organisation has strengthened its Board Assurance Framework by developing a Strategic Risks Control Framework, which identifies and maps the controls and key sources of assurance against HEIW's strategic risks. Arrangements for tracking the progress of audit recommendations continue to be robust.
- 45 The organisation is also taking steps to improve its training and education quality management processes by developing a quality framework spanning all health professions. The framework aims to standardise quality management processes, ensure consistent terminology, and allow information to be shared more effectively. This is a positive development, though early days.
- 46 The 2021-22 Annual Plan received appropriate Board approvals, reflecting Welsh Government requirements and feedback. As with HEIW's 2020-21 quarterly plans, the Annual Plan sets out the organisation's aims for supporting wider NHS Wales COVID-19 recovery alongside ensuring the delivery of training and education. The organisation continues to have effective arrangements to oversee delivery of its operational plans.

Managing financial resources

- 47 I considered HEIW's financial performance, financial controls and arrangements for monitoring and reporting financial performance. I found that **HEIW manages its financial resources well and has good arrangements to monitor and report its financial activity.**
- 48 HEIW manages its financial resources well and has good arrangements to monitor and report its financial activity. The organisation met its financial duties at the end of 2020-21 and has a clear financial plan for 2021-22. HEIW continues to have strong and transparent systems of financial control to monitor financial activity and prevent and respond to fraud. Financial monitoring and reporting are clear and timely, but there is opportunity to analyse and report on cost benefits, outcomes, and impact of spend.

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Appendix 1

Reports issued since my last annual audit report

Exhibit 2: reports issued since my last annual audit report

The following table lists the reports issued to HEIW in 2021.

Report	Date
Financial audit reports	
Audit of Financial Statements Report	June 2021
Opinion on the Financial Statements	June 2021
Performance audit reports	
Doing it Differently, Doing it Right? (Structured Assessment 2020 All-Wales themes, lessons and opportunities relating to NHS governance during COVID-19)	January 2021
Structured Assessment 2021: Phase 1 Operational Planning Arrangements	May 2021
Taking care of the carers? (Structured Assessment 2020 All-Wales themes, lessons and opportunities relating to NHS staff wellbeing during COVID-19)	October 2021
Structured Assessment 2021: Phase 2 Corporate Governance and Financial Management Arrangements	October 2021
Other	
2021 Audit Plan	March 2021

My wider programme of national value for money studies in 2021 included reviews that focused on the NHS and pan-public-sector topics. These studies are typically funded through the Welsh Consolidated Fund and are presented to the Public Accounts Committee to support its scrutiny of public expenditure. Reports are available on the [Audit Wales website](#).

Exhibit 3: performance audit work still underway

There is one performance audit that is still underway at HEIW. This is shown in the following table, along with the estimated date for completion of the work.

Report	Estimated completion date
Review of annual commissioning arrangements	February 2022

English Catherine
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Appendix 2

Audit fee

The 2021 Audit Plan set out the proposed audit fee of £165,500 (excluding VAT). My latest estimate is that the actual fee is likely to be a little lower than this. I will update the position in the coming weeks. Where the actual fee is lower than the estimate, HEIW will receive a refund.

English Catherine
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Appendix 3

Financial audit risks

Exhibit 4: financial audit risks

My 2021 Audit Plan set out the financial audit risks for the audit of HEIW's 2020-21 financial statements. The table below lists these risks and sets out how they were addressed as part of the audit.

Audit risk	Proposed audit response	Work done and outcome
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.	We will: <ul style="list-style-type: none">• test the appropriateness of journal entries and other adjustments made in preparing the financial statements;• review accounting estimates for biases; and• evaluate the rationale for any significant transactions outside the normal course of business.	My audit team completed all planned work and identified no issues.
The COVID-19 national emergency continues and the pressures on staff resource and of remote working may impact on the preparation and audit of accounts. There is a risk that the quality of the accounts and supporting working papers may be compromised leading to an increased incidence of errors. Quality monitoring arrangements may be	We will discuss your closedown process and quality monitoring arrangements with the accounts preparation team and monitor the accounts preparation process. We will help to identify areas where there may be gaps in arrangements.	My audit team completed all planned work. Both the draft accounts submission and supporting working papers were of high quality and submitted to deadline. We did not identify any significant weaknesses in internal control and quality review arrangements were sufficient.

Audit risk	Proposed audit response	Work done and outcome
compromised due to timing issues and/or resource availability.		
<p>Under the terms of the NHS Wales, student bursary scheme students are required to commit to working in NHS Wales for two years after completing their course. Where an individual does not meet this condition, they are required to repay a proportion of the bursary.</p> <p>2020-21 is the first year in which the recovery process applies. The financial amounts are not material currently, but there is a risk that the transactions could be incorrectly recorded within the financial statements.</p>	<p>We will discuss your processes for the recovery of the bursary and proposed accounting treatment to ensure it adheres to applicable accounting and disclosure standards and the NHS Manual for Account.</p>	<p>My audit team concluded that the accounting treatment and disclosures complied with accounting and disclosure standards and the NHS Manual for Account.</p>

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