

Bundle HEIW Board (Open) 30 January 2020

AGENDA

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- 5.3.1 • HEIW Board Development Session to be held on 27 February 2020 in Ty Dysgu, Nantgarw
- 5.3.2 • HEIW Board to be held on 26 March 2020 – venue to be confirmed

HEALTH EDUCATION AND IMPROVEMENT WALES (HEIW)

Board Meeting - 10.00am-1.00pm

**to be held on Thursday, 30 January 2020
in Meeting Room 11, Ty Dysgu, Nantgarw**

AGENDA

PART 1	PRELIMINARY MATTERS	10.00-10.45
1.1	Welcome and Introductions	Chair/Oral
1.2	Apologies for Absence	Chair/Oral
1.3	Declaration of interests	Chair/Oral
1.4	Improvement Story - Wales Asylum Seeker and Refugee Doctors and Dentists (WARD)	Dr Sharif Popal, Cardiothoracic Surgeon
1.5	To receive and confirm the minutes of the Board held on 19 December 2019	Chair/ Attachment
1.6	Action Log	Chair/ Attachment
1.7	Matters Arising	Chair/Oral
PART 2	CHAIR AND CHIEF EXECUTIVE REPORTS	10.45-11.00
2.1	Chair's Report	Chair/ Attachment
2.2	Chief Executive's Report	Chief Executive/ Attachment
PART 3	STRATEGIC ITEMS	11.00-11.45
3.1	Integrated Medium Term Plan	Director of Workforce & OD/ Attachment
3.2	Strategic Review of Health Professional Education	Director of Nursing/ Attachment
PART 4	GOVERNANCE, PERFORMANCE AND ASSURANCE	11.45-12.50
4.1	Finance Report	Interim Director of Finance/ Attachment
4.2	Performance Report	Director of Workforce & OD/ Attachment

4.3	WAO Structured Assessment	Clare James (Performance Audit Lead), Wales Audit Office/ Attachment
4.4	Welsh Language Update	Board Secretary/ Attachment
4.5	Draft Risk Appetite	Board Secretary/ Attachment
4.6	To receive key issue reports from the: - Education, Commissioning and Quality Committee held on 16 January 2020 - Audit and Assurance Committee held on 27 January 2020	Chair of the Committee/ Attachment Chair of the Committee/ Oral
4.7	In-Committee Decisions	Board Secretary/ Attachment
PART 5	OTHER MATTERS	12.50-1.00
5.1	Any other urgent business	Chair/ Oral
5.2	Summary of key actions	Chair/Oral
5.3	Dates of Next Meetings: • HEIW Board Development Session to be held on 27 February 2020 in Ty Dysgu, Nantgarw • HEIW Board to be held on 26 March 2020 – venue to be confirmed.	

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

Wales Asylum Seeker and Refugee Doctors and Dentists (WARD) Group

Dr Sharif Popal's Personal Journey

Since 2002 Displaced People in Action (DPIA) charity has worked together with the Wales Deanery and now with Health Education and Improvement Wales (HEIW) to deliver support for The Wales Asylum Seeking and Refugee Doctors (WARD) Group. HEIW governance enables the DPIA charity to develop and promote the skills of refugee and asylum seeking medical doctors and dentists. The doctors are highly skilled and come with years of experience in their countries of origin. With support from the WARD scheme they develop their English language skills, complete medical examinations required to work as doctors in the UK, gain GMC registration and through initial funded placements, contribute their skills to the NHS and its patients.

Since 2002 the WARD scheme has helped over 200 doctors and dentists. The scheme has supported more than 100 doctors to GMC registration and thus to a valuable contribution to the UK NHS.

"These are people who were doctors and dentists in their own country, but when they have arrived here they have not been able to use their skills. If they have found jobs, it has been as taxi drivers or something like that. But they have their medical skills to contribute, and in Wales, like the rest of the UK, we have a real need for doctors, so it is a win-win situation." Dr Sally Davies, a director of DPIA interviewed by the BMJ. Please click on the link below for access to the full interview.

<https://www.bma.org.uk/news/2019/september/giving-back-to-doctors>

DPIA's director, Dr Sally Davies, appeared in an interview for the BMJ online *"It is one that Wales is ahead of the game in solving [lack of practical support to help refugee doctors register with GMC]. What is more, it is an innovative approach which has just received substantial financial boost as one of the recipients of a BMA Giving grant."*

DPIA supports the WARD group to achieve their potential by providing excellent and high-quality learning experiences and activities:

1. Providing refugee and asylum seeker medical doctors and dentists weekly IELTS (International English Language Testing System) exam preparation lessons to the standards required to pass IELTS test (Band 7.0+).
2. Providing professional and linguistic assessment board 1 (PLAB 1) and professional and linguistic assessment board 2 (PLAB 2) training courses.
3. Promoting the WARD group project to asylum seekers and refugees who trained in medicine and dentistry and receive referrals from agencies and individuals.

4. To compile client records and assist with documentation such as translation of official medical/dental career related documents
5. To provide learning opportunities to develop competencies relevant to UK culture and work practices in conjunction with HEIW.
6. Providing sector specialised pastoral support to WARD group members and to help them integrate into UK culture and work environments.

To appreciate the value of this project it is best to hear it directly from someone who is currently using the services and Dr Sharif Popal has agreed to come and share his life story with the HEIW's Board.

Dr Popal will outline:

1. His biography, family, education and life under the different governments in Afghanistan from his childhood until leaving Afghanistan for China.
2. His academic life in China, his Achievements between 2006-2018 and his return to Afghanistan.
3. Challenges and life-threats in Afghanistan after returning from China and his journey to UK as an asylum seeker.
4. His life in the UK, discovering the WARD group, the professional instruction and assistance he has received from the WARD Group and a reflection on the WARD's efficiency.

Unconfirmed Minutes of the HEIW Board Meeting
held on 19 December 2019 at 9:00 am
at Ty Dysgu, Nantgarw

Present:

Dr Chris Jones	Chair
John Hill-Tout	Vice Chair, Independent Member
Tina Donnelly	Independent Member
Dr Ruth Hall	Independent Member
Gill Lewis	Independent Member
Professor Ceri Phillips	Independent Member
Dr Heidi Phillips	Independent Member
Alex Howells	Chief Executive
Professor Pushpinder Mangat	Medical Director
Julie Rogers	Director of Workforce and OD
Eifion Williams	Interim Director of Finance.

In attendance:

Dafydd Bebb	Board Secretary
Kay Barrow	Corporate Governance Manager (Secretariat)
Angharad Price	Head of Communications and Engagement
Huw Owen	Welsh Language Services Manager
Angie Oliver	Deputy Director of Workforce and OD

PART 1	PRELIMINARY MATTERS	Action
1912/1.1	Welcome and Introductions	
	The Chair welcomed everybody to the meeting of the HEIW Board.	
1912/1.2	Apologies for Absence	
	Apologies were received from Stephen Griffiths, Director of Nursing	
1912/1.3	Declarations of Interest	
	There were none.	
1912/1.4	To receive and confirm the minutes of the Board meeting held on 28 November 2019	
	<p>The minutes of the meeting held on 28 November 2019 were approved as an accurate record, subject to the following amendments:</p> <ul style="list-style-type: none"> • 2811/2.2 Chief Executive's Report – The first sentence of the fourth paragraph on page 5 to be amended to read '<i>Tina Donnelly commented that the RCN had published a report 'Progress and Challenge: The Implementation of the Nurse Staffing Levels</i> 	

	<p><i>(Wales) Act 2016’ and that, although she had not read the report, she had been informed that it contained references to HEIW.’</i></p> <ul style="list-style-type: none"> • 2811/3.1 South Wales Major Trauma Network – The last sentence of the fifth paragraph on page 6 to be amended to read <i>‘The Board noted the progress in the development of the Major Trauma Network for South Wales and that Health Boards were being asked to approve the business case to progress with implementation.’</i> 	
Resolved	The Board agreed to share the amended minutes with Tina Donnelly and Ruth Hall.	DB
1912/1.5	Action Log	
	The Action Log was received and noted .	
1912/1.6	Matters arising	
	There were no matters arising from the previous meeting.	
1912/2	STRATEGIC ITEMS	
1912/2.1	Draft Workforce Strategy for Health and Social Care	
	<p>The Board received the final draft Strategy.</p> <p>In presenting the Strategy, Julie Rogers wished to thank Angie Oliver and her team for their hard work and support in developing the Strategy. She explained that Angie Oliver had played a pivotal role as the key link with Social Care Wales (SCW). The SCW Board had received the draft Strategy the previous week and, subject to the minor amendments highlighted in the tabled version of the draft received by the HEIW Board, had approved it.</p> <p>The Board had received regular updates throughout the drafting process and had opportunities to provide comments. It was acknowledged that the emphasis had changed over the course of the drafting with the changes providing more emphasis on the retention of the workforce and also the collaboration with the Third Sector Support Wales around volunteering programmes.</p> <p>There had been significant engagement with over 1900 contacts made with overwhelming support given to the 7 themes, the ambition and the 32 supporting actions. The final draft reflected the feedback and evidence received as an inclusive strategy for the whole of the workforce.</p> <p>The final draft aligned to the commitment to create a compassionate culture and emphasised the importance of supporting the value of staff and creating a work life balance. It was highlighted that the Strategy and the Integrated Medium Term Plan (IMTP) were the mechanisms to move forward the implementation that would be inclusive and reflective of the Welsh language and multi-professional culture whilst embedding wellbeing at its heart.</p>	

	<p>The Chair advised that the Bevan Commission had welcomed the Strategy which detailed very clear expectations about actions that addressed the disparities between health and social care.</p> <p>Queries were raised around the financial aspects of implementation and the need for central management for implementation. It was highlighted that the Strategy would be submitted to Welsh Government under the cover of a joint letter from both HEIW and SCW. The letter will highlight key aspects and, in particular, the suggestion of a workforce transformation fund.</p> <p>The Board was supportive of the Strategy and mindful of the risks that would need to be highlighted in the joint covering letter.</p>	
Resolved	<p>The Board</p> <ul style="list-style-type: none"> • requested that their formal thanks be passed to Angie Oliver and her team. • approved the Strategy for submission to Welsh Government under the cover of a joint letter signed by the Chief Executives and Chairs of HEIW and SCW. 	<p>JR</p> <p>JR</p>
1912/3	GOVERNANCE, PERFORMANCE AND ASSURANCE	
1912/3.1	Finance Report	
	<p>The Board received the report.</p> <p>In presenting the report, Eifion Williams provided an update in relation to the month 8 financial position for 2019/20 which was a year to date underspend of £1.2984m. This represented an increase to the underspend position compared to month 7 of £64k. The forecast year end position reported to Welsh Government is financial balance.</p> <p>Eifion Williams explained that the main change from the previously reported overspend in the Medical and Pharmacy Non-Pay budget, associated with the expansion in GP training places, has been rectified by a transfer of funding to match the anticipated costs in the current year. He confirmed that development fund monies of circa £600k will be returned to Welsh Government, as they are not required in the current financial year.</p> <p>The key reasons for underspend variances are vacancies against budgeted staffing levels for pay budgets and lower placements than planned in commissioned training placements budgets. It was noted that whilst there is an underspend against commissioning budgets, it was highlighted that of the September 2019 places available, 98% of these have been filled. For nursing programmes there is a second intake in the spring of 2020 and unfilled nursing places from September 2019 will be offered at that time. It was explained that although the year end position was closely monitored throughout the</p>	

	<p>year, final adjustments to the allocation will be made during the last quarter.</p> <p>The total capital allocation for 2019/20 is £100k however, this has not yet been fully utilised. Proposals are being prepared and are due to be submitted to the Executive Team for consideration. It was highlighted that a capital programme will be developed to align with the IMTP and that there could be opportunities to bid for an increase to the capital allocation in consultation with Welsh Government, if necessary.</p> <p>The Board was made aware that, for the period from 1 April to 30 November 2019, HEIW paid 94.9% of non-NHS invoices within the Public Sector Payment (PSP) Policy. .</p> <p>Eifion Williams explained that Welsh Government monitor the reported position against the financial plan submitted for 2019-20. HEIW work in an Open Book manner with Welsh Government to keep informed of our position. Alex Howells advised that Welsh Government has not expressed any concern about HEIW's underspent financial position. HEIW is in an ambitious stage of growth in terms of increasing training numbers and fill rate and the development of the Workforce Strategy for Health and Social Care will stretch the ambition further. Finance colleagues were meeting monthly with Welsh Government to work through a maturing financial process for this unique NHS organisation at the commencement of its development.</p> <p>A query was raised in relation to the recent announcement made regarding the English bursary and the challenge for Wales to attract students. It was highlighted that there work is underway to attract students and trainees to study and work in Wales.</p> <p>Eifion Williams explained that the Finance Team has developed a 5-year financial plan to accompany the Integrated Medium Term Plan (IMTP). This provided detailed analysis of each course commissioned and was based on the expected number of student/trainee cohorts. This will be shared with Welsh Government to help inform their financial planning over their planning period.</p>	
Resolved	The Board noted the financial position as at month 8 and the associated underlying reasons.	
1912/3.2	In-Committee Decisions	
Resolved	The Board received the report which provided the key issues discussed 'in committee' at the November Board meeting.	
	The Board noted the report.	

1912/4	OTHER MATTERS	
1912/4.1	Any other urgent business	
	There was no other urgent business.	
1912/4.2	Date of Next Meetings	
	<p>The Board noted the forthcoming Board dates:</p> <ul style="list-style-type: none"> • HEIW Board Development Session to be held on 27 February 2020 in Ty Dysgu, Nantgarw. • HEIW Board to be held on 26 March 2020 – venue to be confirmed. 	
1912/4.3	Close	
	There being no other urgent business for the open session the meeting moved into the closed session.	

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Chris Jones (Chairman)

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Date:

HEIW Board (Open)
19 December 2019
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 Committee. 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
1912/1.4	Minutes of the Board Meeting held on 28 November 2019			
	<ul style="list-style-type: none"> Amended minutes to be shared with Tina Donnelly and Ruth Hall 	Board Secretary	January 2020	Completed
1912/2.1	Draft Workforce Strategy for Health and Social Care			
	<ul style="list-style-type: none"> The thanks of the Board to be passed to Angie Oliver and her team. 	Director of Workforce & OD	Within 1 week	Completed
	<ul style="list-style-type: none"> The approved Strategy to be submitted to Welsh Government under the cover of a joint letter signed by both HEIW and SCW. 	Director of Workforce & OD	20 December 2019	Completed



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

Meeting Date	30 January 2020	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	This report is for information only.		

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 ACTIVITIES AND MEETINGS

On the 2nd December I attended the Ministerial meeting with the All Wales NHS Chairs. Issues discussed included NHS performance, winter planning, partnership working including Regional partnership Boards, NHS governance, and prevention. I also attended the NHS Confederation Management Board where the forward work programme was discussed. The focus for the NHS confederation Annual Conference on 5th February 2020 will focus on "Working Together for a Healthier Wales.

On the 5th December I attended the European Advisory Group where discussions were had regarding the impacts and opportunities post Brexit for Wales.

On the 12th December together with Mick Gianassi, Chair of Social Care Wales, we presented the draft Workforce Strategy to the Bevan Commission. A very engaged and interesting discussion ensued, reflecting the importance of the Strategy to service transformation and sustainability. The Draft Workforce Strategy was considered and approved by the Boards of Social Care Wales and HEIW in December and has been submitted to the Government for consideration.

I continue to support the All Wales IPFR panel as vice chair and attended panels on the 11th December and the 22nd of January.

I Chaired the Peer review visits to Swansea Bay and Aneurin Bevan "Out of Hours services" during December. All the reviews have now been completed and the learning is being consolidated into a report for each organisation and an overarching reflections report. There has been much good learning and opportunity to reflect on challenges and opportunities. The insights and engagement from a HEIW point of view have been invaluable in our work to support Primary Care workforce and training agenda.

On the 5th January together with the CEO and Medical Director I visited Bangor University. I had the opportunity to meet with the new Vice Chancellor, and we had informative discussions. We were given an overview of the Health Sciences by senior colleagues and the University aspirations going forward. Clearly there are good opportunities to build on good relationships with the University and the Health Board going forward.

I attended a development session for NHS Wales Chairs on the 6th January in Conway. I was able to give updates on the draft Workforce Strategy, and HEIW draft IMTP, shared recent key reports on Medical Training from the GMC, the Kark report and the Kirk report.

On the 9th January the CEO and I met with the Wales Audit Office. We discussed the Annual Structured Assessment report. It was pleasing to see the progress to date and the areas of focus, key to the continuing maturation of our organisation. On the 15th January I attended a Student Engagement meeting at Cardiff Metropolitan University. This was a really interesting and informative session, hearing directly from students studying dietetics, podiatry and psychology. The importance of these engagement opportunities should not be underestimated as part of HEIW's Health Professional Education review. Well done to the HEIW team.

On the 8th January I attended our HEIW diversity and Inclusion Group. The agenda reflected the importance of the issues and the leadership and cultural opportunities we have as an organisation. What was clear to me was the dedication and enthusiasm of group members. A particularly interesting discussion was had on the issue of Differential Attainment.

Following completion of independent members mid-year reviews, I recommended reappointment of Tina Donnelly, Heidi Phillips and John Hill-Tout as independent members. I can confirm that the Minister for Health and Social Services has agreed to the following:-

- to re-appoint Tina Donnelly as an Independent Member to HEIW for 4 years from 1 February 2020 until 31 January 2024.
- to re-appoint John Hill -Tout as an Independent Member to HEIW for 2 years from 1 February 2020 until 31 January 2022.
- to re-appoint Dr Heidi Phillips as an Independent Member to HEIW for 3 years from 1 February 2020 until 31 January 2023

My mid-year appraisal with the minister is scheduled for the 28th of January.

Governance and Assurance				
Link to corporate objectives <i>(please ✓)</i>	As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand	Building a sustainable and flexible health and care workforce for the future.	With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery.	Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges.
	✓	✓	✓	✓
	Improving opportunities for use of technology and digitalisation in the delivery of education and care.	Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales	Demonstrating value from investment in the workforce and the organisation.	
	✓	✓	✓	
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	N/A			
Appendices	N/A			



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Health Education and
Improvement Wales (HEIW)

Meeting Date	30 January 2020	Agenda Item	2.2
Report Title	Chief Executive's Report		
Report Author	Alex Howells, Chief Executive		
Report Sponsor	Alex Howells, Chief Executive		
Presented by	Alex Howells, Chief Executive		
Freedom of information	Open		
Specific action required	This report is for information only.		

CHIEF EXECUTIVE'S REPORT – JANUARY 2020

1. PURPOSE OF REPORT

The purpose of this report is to update the Board on key activities undertaken since the last Board meeting and to set the context for a number of issues that feature more prominently within reports of Executive Directors as part of the Board's business.

2. KEY ACTIVITIES

- **Workforce Strategy for Health and Social Care**

The final draft of the Workforce Strategy for Health and Social Care was approved by Social Care Wales on 16 December and at our formal Board session on 19 December. This has been submitted to Welsh Government and we will update the Board on next steps at the next Board meeting. In the meantime we are jointly hosting a workshop at the NHS Confederation Conference on 5 February with Social Care Wales focusing on "Workforce 2030".

- **Integrated Medium Term Plan**

Following our previous discussions over recent months the final draft of our first IMTP is on the agenda for approval prior to submission to Welsh Government. This is the culmination of a lot of planning activity since the summer and the start of a really exciting programme of work for the next few years, building on our experience to date.

- **Performance**

The integrated performance report continues to evolve. A comprehensive narrative report has been provided in view of the need to ensure that all Board Members have an adequate understanding of the framework and the measures which are still relatively new at this stage. Over time we will be able to rely more on the dashboard itself with a more succinct narrative to accompany it. There are some recommendations for further improvement included in the WAO Structured Assessment Report which is also on the agenda today. Key areas to note include the positive progress on fill rates for the new multi sector pre-registration pharmacy programme.

- **Leadership Strategy**

We attended the 5 Nations Community of Practice on Collective and Compassionate Leadership in January at the Kings Fund, along with colleagues in Social Care Wales. The networks across the 5 Nations continue to be extremely valuable for learning lessons and shaping plans, and we will continue to use this to inform our strategy and approach in Wales.

- **Nurse Staffing Levels Act**

HEIW will be assuming responsibility for the development work associated with the roll out of the Nurse Staffing Levels Act from 1 April 2020. The team who have been leading on this from Public Health Wales will transfer across to the Director of Nursing's team. This is clearly an important commitment for Welsh Government and one that will require continued cooperation and joint working with our NHS colleagues.

- **Medical Engagement Score**

HEIW is going to commission a second Medical Engagement Score survey for Wales on behalf of all Health Boards, Trusts and Welsh Government. The survey, backed heavily by the BMA and Medical Directors, seeks doctors views on a range of issues related to their work and will provide local data as well as the potential for national reporting on how directly employed doctors are feeling. We were asked to lead this work on an all-wales basis by the Welsh Government given our national role and key interest in staff wellbeing and experience. We have decided to fund the survey from our resources this year, rather than seek individual contributions as happened with the initial survey a couple of years ago, which will be welcomed by employers.

The survey will be run before the summer and will be part of a suite of options for surveying workforce experience and for gaining valuable insights.

- **General Medical Council (GMC) Assurance Process**

The GMC are concluding their quality assurance visit to Wales in January 2020. They have used Wales as a pilot site for a new process which utilises a self-reporting template which is scrutinised and assessed against real activities (e.g. QA visits to Local Education Providers and Faculty Team appraisals). The concluding meeting between the Medical Deanery and the GMC was held on the 16th January and the overall feedback was that they are content with our approach.

- **Stakeholder Engagement**

We have commenced the annual commissioning visits with NHS organisations with visits to Velindre NHS Trust and Aneurin Bevan UHB using the new multi professional format. We have had our regular catch up meeting with the BMA and have been invited to meetings to discuss primary care contract alignment and Intensive Learning Academies.

- **Finance**

As noted in the finance report on the agenda we continue to work closely with Welsh Government to utilise the underspend we have, and to support investment in additional activities to deliver our Annual Plan. The Education

Committee supported our plans regarding non recurrent investment for our University partners for improvements in educational facilities and resources.

- **Risk**

The Corporate Risk Register (CRR) was considered at the Audit and Assurance Committee on 27 January. There are 28 risks on the Corporate Risk Register, of which the following two are red:

Cyber Security and the terms for the repayment of the NHS Bursary.

HEIW's Risk Appetite is on the agenda for Board approval. The draft Risk Appetite was considered and discussed by Board Members at the December Board Development Session. Subject to Board approval the Risk Appetite will be incorporated to the Corporate Risk Register for the next financial year which shall also be aligned to the IMTP.

3. RECOMMENDATION

The Board is asked to note this report.

Governance and Assurance				
Link to corporate objectives (please ✓)	As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand	Building a sustainable and flexible health and care workforce for the future.	With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery.	Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges.
	✓	✓	✓	✓
	Improving opportunities for use of technology and digitalisation in the delivery of education and care.	Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales	Demonstrating value from investment in the workforce and the organisation.	
	✓	✓	✓	
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	N/A			
Appendices	N/A			



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Health Education and
Improvement Wales (HEIW)

Meeting Date	30 January 2020	Agenda Item	3.1
Report Title	Development of HEIW Integrated Medium Term Plan		
Report Author	Chris Payne, Deputy Director of Planning & Performance		
Report Sponsor	Julie Rogers, Deputy CEO/Director of Workforce & OD HEIW		
Presented by	Julie Rogers, Deputy CEO/Director of Workforce & OD HEIW		
Freedom of Information	Closed		
Purpose of the Report	To provide the Board with a copy of the final draft IMTP 2020-23, and the Equality Impact Assessment		
Key Issues	<p>The IMTP has been developed in line with Welsh Government Planning Guidance with a deadline for submission of 31 January 2020.</p> <p>A wide range of engagement has taken place with staff and stakeholders to help inform the development of the plan.</p> <p>The IMTP includes a number of actions that have been incorporated in the Workforce Strategy for Health and Social Care which is currently with Welsh Government for approval.</p> <p>The plan was submitted to the Board and Welsh Government for review in December and feedback has been addressed in this final version of the document.</p> <p>This version of the plan incorporates a financial plan and forward view for 5 years, reflecting the life cycle of investments in education and training that have already been agreed for 20/21. The financial plan for 20/21 shows a balanced position.</p> <p>The Equality Impact Assessment of the IMTP was undertaken during the development of the plan.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
		X	
Recommendations	The Board is asked to approve the IMTP for submission to Welsh Government.		

1. INTRODUCTION

This is the first IMTP (2020-23) produced by HEIW and is now submitted as a final draft for approval.

2. BACKGROUND

The process of developing the first HEIW Integrated Medium Term Plan commenced in June 2019. At this point a comprehensive review of the macro environmental factors impacting HEIW was considered to form a base for considering the opportunities, challenges and threats to HEIW functions over the upcoming planning period. Initial interactions with senior leaders allowed reflection and revision of the seven strategic objectives from our Annual Plan (2019-20) into six Strategic Aims which better reflect our role and function within NHS Wales.

As this is our first IMTP, it is our opportunity to highlight the breadth of work we undertake, the impact we are having and intend to have in supporting key national policies and priorities and how we intend to lead and influence system changes across our range of functions. It is an opportunity to build foundations for more strategic and ambitious work required to deliver the Workforce Strategy for Health and Social Care and support implementation of A Healthier Wales.

A significant amount of engagement has taken place both internally with staff and with a wide range of external stakeholders helping to shape our underpinning objectives and to build the plan in line with expectations of the Welsh Government NHS Wales Planning Framework 2020-23. This has included the following:

- We developed our IMTP utilising the knowledge and expertise of our Senior leaders and managers who have built strong links with our key stakeholders and some of their feedback is presented in the PESTLE analysis.
- HEIW is represented on a range national boards, partnerships and peer groups, supplemented by local engagement and has reviewed approaches taken by the various UK nations.
- We have been working with Directors and Assistant Directors of Planning seeking ways to integrate our plans for the workforce, and Health Board priorities and challenges.
- During the course of the year, we engaged with stakeholders through a series of Health Board roadshows, sharing information and seeking feedback. We have also held two stakeholder events, one in September in North Wales and the second in October in South Wales to assess feedback on our draft IMTP objectives.
- We have discussed our plans at peer groups and have shared our IMTP with Chief Executives, Directors of Planning, Assistant Directors of Planning and Directors of Workforce and OD in the Health Boards in December. and have undertaken peer review with WAST, Cwm Taff and Aneurin Bevan on their IMTPs. It is pleasing to see from feedback received from a number of health boards that HEIW's priorities are aligned to the challenges faced by the Health Boards.
- We discussed the development of our plans regularly with Welsh Government during the autumn to update on progress, build relationships and share information about key risks and incorporated useful feedback into our plans as part of this process. We have also now responded to the feedback received following the formal IMTP Engagement Meeting.
- The Planning team have led the planning process. Regular dialogue and interactions have taken place with Senior Management across HEIW alongside regular engagement with the Executive Team over objective development and the integrated financial process required to support the plan development.

3. GOVERNANCE AND RISK ISSUES

3.1 Feedback from Welsh Government

Welsh Government have been kept informed of developments through informal and formal dialogue. During the discussion at the formal engagement meeting on 25 November 2019 we discussed a number of areas including the following:

(a) Actively pursuing research activities and careers

the importance of actively supporting health and care workforce colleagues to pursue research activities and careers which will bring a range of positive benefits to service providers. This has been included in the IMTP as strategic objective 2.9.

(b) Alignment with the 5 Ministerial priorities

WG were keen to see that our IMTP was aligned to the five Ministerial priorities as set out in the NHS Wales Planning Framework. This has been reinforced in section 4.3.

(c) Engagement with Stakeholders

WG were interested in understanding the engagement that had been undertaken with NHS organisations particularly around workforce vacancies and shortages across the NHS. They also wanted the plan to evidence the interface with the IMTPs of other NHS bodies and provide evidence of who we have engaged with. This has now been addressed in section 4.1 and in section 8.1, 9.1, 11.4. Future engagement work is outlined in strategic objective 6.2.

They were also keen to have some further details on the methodology HEIW has used to prioritise elements within the IMTP. This is described in the Strategic Framework for 2020-23 in Chapter 4.

(d) Research and Development

WG were keen to understand where the R&D research remit was within the IMTP and this has been expanded in section 1.8.

Following submission of the draft plan to WG in December, we received further feedback and this ties in with feedback received from the Board particularly in relation to capacity and capability to deliver.

We have also taken on board comments to enhance our sections in relation to risks and governance of the IMTP.

3.2 Feedback from Senior Leadership

The Draft IMTP was presented to our Senior Leadership Team on the 12 December 2019. This was a positive session which enabled the Planning team to highlight how their involvement and support had helped to shape the plan. The session allowed for colleagues to reflect on the capacity and capability to undertake the wide range and ambitious objectives set. This engagement allowed for appropriate reflection of the interprofessional elements of the plan and enabled the consolidation of a number of objectives as well as revising expectations for progress for year 1 of the plan.

3.3 Feedback from Board

(a) Capacity & Capability to Deliver

Board sought assurance that HEIW has the capacity and capability to deliver the objectives IMTP. This has been addressed in section in 1.13. (Also see 8.1).

One of the challenges in developing this three-year plan has been to ensure that we have the capacity and capability to deliver against the ambitions and objectives outlined. Several of the objectives flow from activities or commitments commenced in 2019-20. Others have been framed as 'scoping' or 'exploring' in year one, with decisions and actions to be taken in subsequent years, thereby allowing for some further prioritisation at the end of year 1. Some of the objectives will require investment including in workforce capacity and these are articulated in more detail in the Finance Chapter 10.

On capability, we have a stable and highly motivated workforce. We are developing a three-year Training & Development plan, which will sit alongside our People & OD Strategy, and will help ensure our workforce has the skills needed to deliver the expectations set out in the IMTP. The main areas for further development that have been identified to date are programme and project management,

preparation of business cases, risk management and digital capability. These are in addition to the usual training requirements of an NHS and a new organisation, for example in relation to leadership, management skills, information governance, finance and procurement etc.

In terms of delivering these objectives, we will have carefully considered our capacity and capability to do this. We have a significant amount of ambition for our organisation as do our staff, partners and stakeholders. Following extensive review and engagement, we have translated this ambition and expectation into six strategic aims and the specific objectives laid out in chapter 5. Of necessity, we have made some assumptions about the implementation of the draft national Workforce Strategy which was jointly submitted with Social Care Wales to Welsh Government in December 2019 and have reflected actions within the objectives at Chapter 5. Subject to the outcome of the Welsh Government's review of the draft Strategy, these may need some adjustment (see also Chapter 3). Both organisations have made it clear that the more significant implementation actions would need to be supported by additional investment, which would include some additional capacity.

(b) Collaboration

We will continue to collaborate internally with our staff and externally with our stakeholders. We will achieve this through existing mechanisms and seek out new opportunities where it is needed. Collaboration and creating the conditions for collaboration will therefore be a key feature of our work over the next three years. For example, the IMTP will be the focus of our next staff event in March and we will share its contents at the HEIW Roadshows and other events throughout 2020 and we will provide regular reports to Boards and Committees. All of this activity will help raise awareness of the organisation and our ambitions. Details have been included section 1.13.

(c) Review of Key success Factors

These have been considered and revised where deemed appropriate. Where objectives align to the work of the workforce strategy, alignment has been made to the proposed actions from that strategy.

(d) Research & Evaluation

The brief section on research and evaluation in section 1.8 has been expanded to provide more detail.

(e) SIFT

Strategic objective 2.5 that relates to SIFT was originally included within the Annual Plan 2019-20 but has not yet been delivered as we are reliant upon Welsh Government defining its expectations. Given that it is an important piece of work that needs to be undertaken, it has been included within the IMTP as a standalone objective under the executive leadership of the Director of Finance.

(f) All Wales Remit

The Board suggested that the IMTP required further demonstration of our all Wales remit and how we are addressing our visibility in North Wales. We have therefore added in some additional wording to emphasise that we have a North Wales Office (see section 1.6) and the role of the Director of Workforce is responsible for staff based across Wales is contained within section 8.1.

(g) Education & Expert Patients involvement

The Board reflected on comments made about education and expert patients, carers and public. Given the current breadth of the plan no specific actions have been included at this stage but our role and contribution to this will be reviewed through the planning process for next year.

(h) Complexity of our working environment

From the discussion with Board, it was apparent that the added complexity of aligning the academic and NHS planning cycles was missing from the document. Further detail has been added to explain this.

4. FINANCIAL IMPLICATIONS

The Financial Plan has been developed over an extended 5-year time frame, given the timescales that the current agreed programmes and those envisaged take to establish their full annual cost commitment and thereby the Financial Plan is presented for the financial years of 2020-2021 to 2024-25.

The financial plan has been developed from a detailed review of month 6 budgets and forecasts with budget holders that included income, pay and establishment, non-pay and additional requirements for investment to meet objectives. The commissioning budgets have been derived from the Education, Commissioning and Training Plan 2020-21 and have been updated where needed.

Delivering value in the use of public money is a critical requirement and HEIW will demonstrate value and sustainability of its programmes and activities over the life of the IMTP by:

- Using a Value Based Approach to Commissioning and Development activities
- Strong Discipline
- Ensuring excellent Assurance and Governance
- Engagement with Budget Holders
- Leadership
- Using available tools to demonstrate Efficient use of resources where appropriate

The five-year plan includes details of all agreed business cases and increases in commissioning budgets that have the approval of Welsh Government. Details have also been provided which detail expected expenditure that will be managed through existing discretionary funds.

Further detail has been provided to identify further funding requirements in respect of key areas such as Workforce strategy and Global engagement which may require additional funding once further details are known through the development of business cases for consideration.

The IMTP is being submitted with a balanced financial plan for 20/21.

5. NEXT STEPS

Following formal Board sign off for the Final IMTP (2020-23) and Equality Impact Assessment, these documents, associated appendices and a bilingual covering letter will be submitted to Welsh Government on the 31 January 2020 for approval. Once approved by Welsh Government, the documents will be translated and published on our website. We anticipate further feedback following Welsh Government review in March 2020 in advance of the new financial year.

6. RECOMMENDATION

The Board is requested to approve the final draft of the IMTP (2020-2023) including the financial plan) for submission to Welsh Government on the 31 January 2020.

Governance and Assurance				
Link to corporate objectives (please ✓)	As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand	Building a sustainable and flexible health and care workforce for the future.	With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery.	Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges.
	✓	✓	✓	✓
	Improving opportunities for use of technology and digitalisation in the delivery of education and care.	Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales	Demonstrating value from investment in the workforce and the organisation.	
	✓	✓	✓	
Quality, Safety and Patient Experience				
This is considered throughout the plan. HEIW also has a strategic aim dedicated to the provision of Quality and safety.				
Financial Implications				
These are addressed as an integral part of the IMTP				
Legal Implications (including equality and diversity assessment)				
Equality Impact Assessment has been undertaken.				
Staffing Implications				
N/A				
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)				
Identified within document				
Report History	The Board have been appraised of progress at regular intervals.			
Appendices	Final Draft HEIW IMTP 2020-2023 Equality Impact Assessment Welsh Government Templates			



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Health Education and
Improvement Wales (HEIW)

Integrated Medium Term Plan (IMTP)

2020-2023

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Foreword from the Chair and Chief Executive

Following on from our 2019/2020 annual plan, we are delighted to publish our first Integrated Medium-Term Plan (IMTP). This IMTP is necessarily ambitious in setting out our strategic aims and work programmes for the next three years, providing an essential platform to help us deliver on our ambitions as an organisation and to support the health and social care system in implementing 'A Healthier Wales'. Throughout 2018 to 2019 we have actively engaged and worked with partners across education, NHS and Social care.

We are therefore very mindful of the workforce challenges that affect so many of our health and social care services and believe that our IMTP incorporates a number of critical objectives that will help us work with our partners to respond to improving the quality of care and the transformation of services.

Education and training lie at the heart of this IMTP, ensuring that we have the right number of people with the right skills in our workforce. We also reflect the cultural and language needs of the workforce going forward.

Our IMTP sets out our commitments for transforming education and training across all professional groups throughout the education pathway, for new staff as well as existing staff. This includes a focus on quality and student and trainee experience and wellbeing.

We have also aligned our IMTP with the Workforce Strategy for Health and Social Care which we anticipate will be launched in the next few months. This will set out some important priorities for the system and for HEIW in particular, raising the importance of workforce to the strategic agenda, and reinforcing its key role in a sustainable health and care service.

In particular the strategy has a primary focus on the wellbeing of our workforce, mirroring the commitments made in the Quadruple aim. To support this, we have identified a number of areas where we can contribute to embracing and embedding compassionate and collective leadership as a fundamental component of our approach in Wales. Importantly this IMTP recognises the need to make progress on the digital and technologies agenda going forward.

For a new organisation, the process and journey in developing the IMTP has been a valuable and energising process, enabling the bringing together of multiple strands into a coherent, cohesive and empowering plan. We are grateful to the engagement we have had through the planning process. We recognise the important role played by our partners, stakeholders and staff and very much look forward to working with you all as we implement the plan to "Transform the workforce for a healthier Wales".



Ms Alex Howells
Chief Executive



Dr Christopher Jones, CBE
Chairman

Plan on a Page: Overview

2020-21 Highlights

- 1.2 Scope and engage with partners to identify action for Shortage Workforce areas
- 1.3 Support the implementation of the NHS and Wellbeing action plan
- 2.2 Strategic Review of Education – develop contract terms and tender documentation
- 3.1 Implement the Leadership Strategy
- 4.1 Scope and review new models and good practice in Unscheduled Care
- 4.6 Support implementation of pace setter projects related to workforce in Primary Care



2021-22

Highlights

- 1.2 Continue delivery of shortage workforce plans, revise actions and address new professional areas
- 1.3 Scope NHS Wellbeing framework
- 2.2 Work with providers to support transitional arrangements for educational contracts
- 3.1 Undertake performance management of the Leadership Strategy
- 4.1 Review and evaluate first good practice guide for Unscheduled Care
- 4.6 Review future need for transition programme Primary Care

2022-23

Highlights

- 1.2 Continue to focus on actions to address shortage workforce areas
- 1.3 Develop the NHS Wellbeing Framework
- 2.2 Performance management of new educational contract
- 3.1 Review the impact of the Leadership Strategy
- 4.1 Continue to research, evaluate and disseminate good practice in unscheduled care
- 4.6 Review cluster workforce plans in education and commissioning plans (Primary Care)

Executive Summary

This IMTP is centred around 6 Strategic aims, 4 of which are externally facing and 2 are predominantly internally facing and about how we work with others. Together they present HEIW with the opportunity to make a real difference to patients, quality of care, trainee and student experience and the wellbeing of the NHS workforce culture. These are:

- To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'
- To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs
- To work with partners to improve collective leadership capacity in the NHS
- 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.

Whilst this is a three-year plan to capture and deliver on our plans, three years is a short timeframe and as such, we have developed our plans in terms of a five and ten year look forward. The Workforce Strategy for Health and Social Care will drive this work for us.

One of the challenges in developing this 3-year plan has been to ensure that we have the capacity and capability to deliver against the ambitions and objectives outlined and we have carefully considered this. We have a significant amount of ambition for our organisation as do our staff, partners and stakeholders. Of necessity, we have made some assumptions about the implementation of the draft national Workforce Strategy which was jointly submitted with Social Care Wales to the Welsh Government in December 2019 and have reflected actions within our strategic objectives. Subject to the outcome of the Welsh Government's review of the draft Strategy, these may need some adjustment as both organisations have made it clear that the more significant implementation actions would need to be supported by additional investment, which would include some additional capacity. Several of the objectives flow from activities or commitments commenced in 2019-20. Others have been framed as 'scoping' or 'exploring' in year 1, with decisions and actions to be taken in subsequent years, thereby allowing for some further prioritisation at the end of year 1. We recognise that some of the objectives will require investment including in workforce capacity and that we will need further discussion with Welsh Government and partners on the back of robust business case. Further clarity on the areas for potential investment can be found in Chapter 10.

On capability, we have a stable and highly motivated workforce. We are developing a 3-year Training and Development plan, which will sit alongside our People and OD Strategy, and will help ensure our workforce has the skills needed to deliver the expectations set out in the IMTP. The main areas for further development that have been identified to date are programme and project management, preparation of business cases, risk management and digital capability. These are in addition to the usual training requirements of an NHS and a new organisation, for example in relation to leadership, management skills, information governance, finance and procurement.

The planning process has involved the staff and has facilitated opportunities to reflect jointly on the strategic context in which HEIW operates, and to acknowledge and respond to feedback we received from stakeholders and this has helped shape an ambitious programme for the next three years. We will continue to collaborate internally with our staff and externally with our stakeholders. We will achieve this through existing mechanisms and

seek out new opportunities where it is needed. Collaboration and creating the conditions for collaboration will therefore be a key feature of our work over the next three years, helping to raise awareness of the organisation and our ambitions.

Chapter 1 – Organisational profile and reflections on 2019-20

1.1 HEIW Vision

Our vision is “**Transforming the workforce for a healthier Wales**” which was developed through engagement with staff, stakeholders and partners. Our workforce is pivotal in building a sustainable health and care system that can meet our future needs. We will work closely with our stakeholders to continuously evaluate, re-imagine, and transform how we need to work to meet the needs of an ever-changing world. We deliver this vision using our PEOPLE principles as outlined below:

P	Planning ahead to predict and embrace changes and build a sustainable health and social care system
E	Educating , training and developing staff to meet the needs of patients and citizens in line with prudent healthcare principles
O	Offering opportunities for development to new and existing staff from all professional and occupational groups throughout career pathways
P	Partnership working to increase value for our citizens, patients, learners and staff
L	Leading the way, through continuous learning, improvement and innovation
E	Exciting, Enthusing, Engaging, Enabling and Empowering staff across all professional and occupational groups

1.2 Purpose

Our 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 us well placed to be a system leader in the implementation of the Future Generation (Wales) Act 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, widening access to a range of health careers and opportunities, engaging with our partners, students and trainees as well as the public to shape education and training opportunities that can be delivered locally e.g. through ‘grow your own’, regionally, for example, rural schemes or nationally i.e. all-wales graduate programmes.

As a new organisation established within the NHS we are clear also that our purpose is to deliver improvements to the safety and quality of care for patients, to staff experience and to the system as a whole.

Finally, as a new organisation it is also important that we continue to pay attention to the rationale for the establishment of HEIW and acknowledge the significant change we have made by merging three predecessor organisations.

1.3 Functions

HEIW is an all Wales organisation employing over 370+ core members of staff. We have an annual budget in excess of £200 million. We support the education and training of a wide ranging trainee and student population including:

- 3,000 training-grade staff and associate specialist doctors and dentists;
- 2,500+ pharmacists, 1,600+ pharmacy technicians, 70+ pre-registration pharmacists and pharmacy technicians trainees;
- 3,300 new Nursing and Allied Health professional students;
- 1,600 dentists and 3,400 dental care professionals;
- 700+ optometrists;
- 9,500 (total number) Nursing and Allied Health Professionals.

The organisation undertakes a wide range of functions as outlined below:

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

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

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

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

Workforce strategy and planning: HEIW provides strategic leadership for workforce planning, working with Health Boards/Trusts and the Welsh Government to produce a forward strategy to transform the workforce to deliver new health and social care models of service delivery. In addition, through this process, HEIW identifies and develops new workforce models required within the NHS.

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

Careers and Widening Access: HEIW provides the strategic direction for health careers and the widening access agenda, delivering an ongoing agenda to promote health careers. 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 Improvement: HEIW provides strategic and practical support for workforce transformation and improvement, including skills development, role design, CPD and career pathway development.

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

1.4 Our Culture, Values and Behaviours

Our culture and the way we do business are very important to us. There is an increasing and compelling body of evidence linking wellbeing of our workforce to improved outcomes and quality of care. We want our workforce to be happy, healthy and engaged and will be prioritising wellbeing and inclusion 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. This was developed by the 400 staff who came together as a team to form HEIW and consists of the following values:

Respect for all Together as a Team Ideas that Improve

The full values and behaviours framework is attached at **Appendix A**. We are delighted that this work won the HPMA award in the colleague engagement category.

During the remainder of 2019-20 we will continue to embed the values and behaviours into our policies, practices and processes, whilst also ensuring we take the opportunity to roll out national work we are leading on compassionate and collective leadership for our own staff.

1.5 Organisational and Governance Structures

HEIW was formally launched as a statutory body on 1 October 2018. HEIW has a statutory Board consisting a Chair, Chief Executive, 6 Independent Members and 4 Executive Directors. A summary of Executive Director portfolios and a “who’s who” of the Board can be found at **Appendix B**.

The Board is responsible for approving and monitoring delivery of plans for the organisation. The Board considers corporate governance arrangements to ensure the identification of risks, delivery of plans and the robustness of the assurance arrangements to inform their decision making.

This is our first IMTP. Our approach has been to engage with the Board at all stages as priorities and actions have been developed. An outline timetable for the development of the IMTP was presented to the Board in May 2019 with clear opportunities set out for Board involvement in the planning process. Updates have been provided to the Board at regular intervals since then including at both full Board and Board Development sessions. The development of the IMTP has also included engagement with key stakeholders and regular reviews by both the Executive Team and Senior Leadership team.

HEIW has established an integrated performance framework. The framework will monitor and review the IMTP projects and programmes, operational performance

targets, quality indicators and outcome measures. A Performance Report will be considered at each formal meeting of the Board and will ensure that HEIW places information at the forefront of decision-making process in order to support delivery of its strategic objectives.

See section on Risk in respect of how HEIW's Corporate Risk Register is aligned to the IMTP and reviewed by the Board. The Board has accountability for the delivery of the plan, and they must be confident that:

- the IMTP delivers the Quadruple Aim;
- a robust quality, governance and risk analysis has been undertaken of key areas and commitments;
- sufficient infrastructure and resources are dedicated to the quality, governance, risk and planning requirements;
- sufficient resilience exists within the organisation's corporate and service functions and confidence that assurance mechanisms ensure they are fully informed and sighted on issues that emerge.
- there is clear read across to the relevant risk registers including quality, workforce, finance and service risks.
- functions and services provided by the organisation are improved and quality is upheld.

To support the Board in this, the wider senior leadership team has had a critical role in the development of the IMTP bringing together input from across the organisation. This has also been important in terms of organisational development, recognising that the organisation is still new, with significant opportunities to share good practice and pool skills and expertise. We are increasingly adopting a matrix approach to working to support this.

As an organisation with an All Wales remit and a headquarters located in Nantgarw, near Cardiff, we felt that it was extremely important to have a presence in North Wales. As such we have taken the decision to extend the contractual arrangements we inherited for a small office in North Wales whilst we explore the benefits and options for a more sustainable presence in the region. The current facility, whilst small, has provided a base for our staff to work from when visiting organisations in the region. We are also able to access the facilities in the many Postgraduate Centres located across Wales, and we will be looking to see how we might maximise these in the future.

1.6 Stakeholders and Partners

As an All-Wales organisation with several strategic functions the importance of our partners and stakeholders cannot be over emphasised. This includes trainees and students, NHS Wales, Social Care Wales, Education providers, Regulators, Private sector (business, suppliers), Professional bodies and Welsh Government.

During 2019-20 we have undertaken extensive communications and engagement activity based on our Board approved Communications and Engagement Strategy to build and strengthen relationships and to help shape our work and services. This has included:

- Regular stakeholder bulletins
- Social media to inform and update

- Regular workshops, meetings and virtual working groups to inform and involve everyone in discussions on key topics
- Continuation of stakeholder workshops across Wales including to inform development of IMTP
- Participation in national boards and all Wales peer groups
- Collaboration and co-production of Wales's first Public Body Equality Partnership to develop and delivery Wales' first shared Strategic Equality Plan across public sector bodies
- Extensive engagement and consultation, with over 1900 contacts, during the development of the Workforce Strategy for Health and Social Care
- Extensive engagement in the strategic review of health professional education
- All Wales conferences and events to focus on key topics, provide access to CPD and support networking.

We are also working with partners across the UK, including colleagues in NHS Education for Scotland, Health Education England, NHS Improvement, Department of Health in Northern Ireland and a number of national professional bodies and regulators. We hosted a four-nations meeting between Health Education England, NHS Scotland and the Northern Ireland Medical and Dental Training Agency earlier this year and are part of a five nations collaborative, on compassionate and collective leadership.

Beginning in early May 2019, we launched the 'HEIW Roadshows' visiting Health Boards and Trusts across Wales to meet with healthcare trainees, students, educators and those responsible for education. The Roadshows enabled us to introduce HEIW and ourselves to students, trainees and colleagues across Wales. It also provided us with an opportunity to listen and gain feedback on education experiences to allow us to inform future provision of healthcare education in Wales. These will be repeated in 2020-21.

Working together, understanding each other's needs and how we can best support each other is critical if we are to succeed individually and as a system. To achieve this, we will continue to collaborate, communicate, engage and work closely with our partners and stakeholders.

1.7 Research, Evaluation and Value

Research and Evaluation is a key component in supporting HEIW achieve its mission of Transforming the Workforce for a Healthier Wales. Across all areas of our work it is vital that we implement appropriate processes to ensure the provision of quality, independent research and evaluation of HEIW activities as well as enabling us to demonstrate the value of our activities. This will provide the justification and evidence base to support future decision making to improve the quality of education and training in Wales. Externality will enable us to assess the impact our activities have had on health professional practice, patient care and the value of our investment to NHS Wales.

Relevant evaluation frameworks will be constructed to enable us to determine the extent to which initiatives and schemes resonate with the six strategic objectives and contribute to the transformation of the workforce for a Healthier Wales. These frameworks will ascertain the extent to which initiatives and schemes are likely to

deliver, identifying those that are most effective in delivery and the relative value added.

The evaluation frameworks will enable both summative and formative approach to be employed, and result in regular assessments of effectiveness and cost-effectiveness, along with the identification of process related factors that contribute to success. The frameworks will also provide opportunity for us to inform the nature and scope of the evaluations and to secure agreement with relevant stakeholders as to the nature of the proposed outcome measures. Further, the iterative process employed will make for regular reporting and communication and allow scope for adjustments and amendments to be made in moving forward through the implementation phases.

Undertaking this work will enable HEIW to actively promote our activities and innovative approaches to education and training, it will support best practice and learning across national and international forums and through publications in peer-reviewed articles. All of which will support the promotion of Wales as a destination of choice for healthcare professional training and enhance the brand reputation of HEIW as an innovative, forward thinking organisation.

1.8 Collaborative and Partnership Case Studies

Collaboration is fundamental to the successful achievement of our activities and a core part of how we work. Some specific examples of partnership work with key stakeholders includes:

- Worked with higher education institutions in Wales, contributing towards investment in a new state of the art clinical practice suite at Singleton Hospital, Swansea.

Case Study: We have worked with the Open University and the Health Boards to develop and run new part-time distance learning nursing programmes. Healthcare support workers who live or work in isolated parts of Wales are now able to enrol on a range of part-time distance learning nursing programmes broadening their education and training and enabling them to strike a study/work/life balance without having to contemplate the hardship of ceasing full-time work in order to further their education. HEIW has made a valuable contribution to opening up education to more people in society, helping them reskill and change their lives. One of HEIW's priorities was to widen access to as many people as possible and in that respect The Open University was the ideal partner, given its long-established record of providing long distance learning. For many in rural areas, this can sometimes be the only option to study for a degree, taking careers forward in an exciting new direction.

- Working in collaboration with Bangor University, Swansea University and the University of South Wales, HEIW has collaborated with the 'Enhancing Nurses' and Midwives' Competence in Providing Spiritual Care through Innovation Education and Compassionate Care (EPICC) Project in embedding approaches to holistic care and spirituality in the training for nurses and midwives.

Case Study: Collaboration and partnership working is at the heart of the work that has been undertaken between our pharmacy team and Newport City Council's health and social care team including assessing the competency of care home managers against National Occupational Standards and assessing care home staff

working within their own teams. Furthermore, 15 care home managers in the Newport area have completed the City and Guilds Level 3 Diploma Administer Medication to Individuals and Monitor the Effects qualification. In a questionnaire, 100% of care home managers said their confidence had grown when it came to administering medicines, with 100% declaring they were now more confident monitoring residents' medications. Council managers have reported that the initiative – the first of its kind anywhere in Wales – has not only helped raise standards within care homes but been recognised by other councils, impressed by the positive feedback. This has been a hugely successful initiative demonstrating how organisations can work together to benefit individuals living in a care home setting. This has helped raise the levels of awareness and expertise of staff administering medicines in Newport City Council care homes and helped ensure the safe and effective administration of medication, from using an inhaler or administering cream right through to providing the latest up-to-date reference books for managers and their staff. This has resulted in those staff safely and competently administering medication to vulnerable people, in line with Newport City Council guidance and care Inspectorate Wales inspections and hopefully other local authorities across Wales will follow their example.

- We have worked collaboratively with Social Care Wales to develop a joint Health and Social Care Induction programme delivered jointly in collaboration with Social Care Wales, Hywel Dda Health Board and local further education provision. To date we have run a pilot for two cohorts of learners in Pembrokeshire this autumn and will be running a further one for learners in Ceredigion early in the spring.

Case Study: Working in partnership with Qualifications Wales and Social Care Wales and delivered by a consortium made of the Welsh Joint Education Committee and City and Guilds, students can now work towards a new suite of health and social care and child care qualifications designed to strengthen the profession for the future.

- HEIW has worked collaboratively with Health Boards to deliver a website to raise awareness of recruitment opportunities in Urgent Primary Care in Wales, building on good practice from Aneurin Bevan UHB. This website includes case studies from colleagues who have talked about why they chose to work in Urgent Primary Care and offers easy access information and guidance. It will hopefully encourage people to think about careers in these areas.

Case Study: HEIW teamed up with the Welsh Ambulance Service NHS Trust to help paramedics become Advanced Paramedic Practitioner (APPs). New funding was made available for a new full-time MSc in Advanced Practice programme increasing the number of APPs in Wales. The full-time MSc in Advanced Practice course is being facilitated at University of South Wales, Wrexham Glyndwr University and Swansea University. APPs can administer a far greater range of medicines and manage more patients with complex care needs closer to home. They have the skills and expertise to make decisions about whether patients can be cared for in the community, if they need to be referred to a GP or if they should go to hospital thereby easing the pressure on the health system and patient outcomes. This advanced training also enhances their skills set and career development.

As we have said earlier, collaboration is fundamental to the way we work and to ensuring the successful achievement of our ambitious agenda. We were established by the Welsh Government to provide systems leadership across a range of our statutory functions, not to develop ideas and solutions in isolation. We have

articulated a strong engagement offer to our partners and stakeholders including regular events, bulletins and meetings etc and are working collaboratively across a range of service priorities and national programmes e.g. single cancer pathway, primary care and the ten-year workforce strategy. All of the Executives and the Assistant Directors are members of and regularly attend the NHS Wales peer networks. We are actively facilitating, enabling and supporting partners to work collaboratively.

1.9 Progress in delivering the Annual Plan 2019-20

In June 2019, our Annual Plan 2019-20 was formally approved and signed off by Welsh Government. This was an ambitious plan formed around 7 strategic objectives. We are on course to deliver the key commitments, providing solid foundations for the development of the new IMTP and delivery over the next 3 years.

1. As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand.

2. Building a sustainable and flexible health and care workforce for the future.

3. With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery.

4. Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges.

5. Improving opportunities for use of technology and digitalisation in the delivery of education and care.

6. Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales.

7. Demonstrating value from investment in the workforce and the organisation.

Our new organisation was fortunate to be able to build on a strong legacy and has delivered some key achievements during this first year including the smooth transition for staff and service; the establishment of new teams and functions. At the time of writing, we would highlight the following achievements from our Annual Plan (2019-20).

Achievement	What is it?	What difference has it made?
Major expansion in training places for nurses and other health professionals	We are grateful for the support of Welsh Government to increase the investment in our education and training	Providing the NHS workforce with the workforce that it needs to meet ever increasing demand. Help address shortage areas.

	plan with £16.4m more investment.	
Achievement	What is it?	What difference has it made?
Supported implementation of A Healthier Wales through our development of a Workforce Strategy for Health and Social Care for Wales	<p>This is a ten year All Wales strategy that was highlighted as a recommendation in A Healthier Wales and is important because there was a significant case for change. It has involved the engagement of a wide variety of stakeholders including 1-1 interviews, webinars, group meetings, workshops and an online survey.</p> <p>By 2030 we will have the right workforce to be able to deliver flexible and agile health and social care that meets the needs of the people of Wales. We will also have a workforce that is reflective of the population's diversity, welsh language and cultural identity, with the right values, behaviours, skill and confidence to deliver care and support people's wellbeing as close to home as possible. We will have a workforce that feels valued.</p>	<p>Although the strategy has not yet reached publication stage the process of development has developed a different kind of conversation about the workforce and increased the spotlight on workforce as a key enabler of transformation. In addition to the engagement and consultation this has included two discussions at the Health, Social Services and Sport Committee. The strategy sets an ambition of putting workforce wellbeing and a culture of compassionate care at the heart of what we do. This aligns with the quadruple aim, wellbeing of our staff.</p> <p>Once finalised the strategy will provide the opportunity to tackle some important strategic obstacles and opportunities that will help us make progress towards a more sustainable workforce.</p>
Achievement	What is it?	What difference has it made?
Secured investment in a new model of GP Training	We are grateful for the support of Welsh Government to increase the number of GP training places in Wales to a minimum of 160 (and more if recruitment is	The quota for GP training places has increased from 136 to 160 this year and 186 places have been filled. Ultimately this will lead to an increase in the

	successful) alongside implementing a change in the model of how training is delivered from 18 months in hospital based posts and 18 months in GP Practice to 12 months in hospital based posts and 24 months in general practice.	number of GPs working in NHS Wales who will be able to contribute to the delivery of a sustainable and flexible primary care service as outlined in the Strategic Programme for Primary Care.
Achievement	What is it?	What difference has it made?
Secured investment in a new model of Pre-Registration Pharmacist Training and achieving significantly improved fill rate.	We are also grateful to Welsh Government for the support to make changes to the model of Pre-Registration Pharmacist Training in Wales and increasing the number of available welsh training places. The new model provides registrants with the opportunity to gain multi-sector experience in hospital, community practice and primary care delivered through quality assured training sites. This is a unique offering within the UK.	The programme will develop registrants who can take up roles being developed across all sectors. There will also be a centralised recruitment process with central employment of all trainees, quality assurance of all aspects of the programme and align to proposed new GPhC standards for initial training. Increased number of trainees with an improved fill rate of 97% for 2020 intake compared to an England average fill rate of 56%.
Achievement	What is it?	What difference has it made?
Undertaken a strategic review of health professional education	A strategic review of education is underway for nursing, AHP and scientist education; consideration is being given to the future delivery of education in anticipation of the new HEI contracts being drawn up for 2020.	An independent KPMG review has been completed and the emerging themes have been shared with HEIs to start to influence and shape their future thinking in advance of the re procurement exercise.
Achievement	What is it?	What difference has it made?
Contributing to service challenges e.g. urgent primary care out of	Senior leaders from HEIW have been proactive in their involvement with	We have introduced an Urgent Primary Care OOH recruitment

hours, single cancer pathway, leadership in emergency medicine.	national mechanisms addressing critical service challenges on a range of fronts, championing the need for a workforce perspective, and connecting the specialist expertise and skills of HEIW to help address the workforce challenges	website; developed plans for the first clinical endoscopy training programme in Wales; and established important leadership roles to improve the quality of training in Emergency Medicine.
Achievement	What is it?	What difference has it made?
Secured investment to make changes in services from secondary care to primary care through commissioned Optometry Training for optometrists in Wales.	Commissioned education to provide qualifications to facilitate the upskilling of optometrists to be capable of improved decision making in medical retina, glaucoma and acute eye care such that they can manage patients with suspect glaucoma, triage referrals for Wet AMD and manage acute eye care presentations through the prescribing of medications.	Will release capacity in secondary care in wet AMD services, glaucoma outpatients and eye casualty and improve patient care.

As a new organisation we have also built strong organisational foundations.

- We have made significant progress in embedding our approach to diversity and equality into our policies, procedures and culture as an organisation.
- We have also established an Education and Commissioning and Quality Committee to support the Board in relation to its central education functions.
- We have made good progress in embracing the Welsh Language in the organisation and have had a positive meeting with the Welsh Language Commissioner.

We have undertaken extensive engagement and consultation on the development of the Workforce Strategy for Health and Social Care. In addition, we undertook a strategic review of health professional education informed by stakeholder engagement to align with the needs of the Workforce Strategy. We have an approved education and training plan designed to secure further investment in shortage areas and improve solutions for critical service challenges in 2020-21 (see Chapter 7). These key investments in education, training and workforce development will make a tangible difference to services and patient care – pharmacy pre-registration training, optometry postgraduate education, GP trainees and Foundation doctors. We have also accelerated our exciting work on succession planning and leadership development and in particular a “movement” in support of compassionate leadership.

1.10 Awards for Excellence in 2019-20

HEIW was shortlisted in three categories at this year's Healthcare People Management Association (HPMA) Wales Excellence Awards. The awards, recognise and reward the outstanding work of healthcare and people managers across Wales. We won in the category 'Colleague Engagement and Experience' for our contribution to empowering staff to create a new culture and were highly commended in the category of 'Partnership and Seamless Working' for the new approach to managing attendance at work (in conjunction with workforce and organisational development colleagues, and trade union representatives from all 10 Health Boards and Trusts in NHS Wales). We were also shortlisted in the 'Attraction and Recruitment' category for the move to providing a single lead employer for GP practice trainees (in partnership with the NHS Shared Services Partnership).

In addition, one of our Associate Deans, was awarded a British Medical Association Medal at their annual representative meeting in July 2019 for his work at the forefront of programmes to identify and tackle bullying of SAS (Staff and Associate Specialists) doctors in Wales and a champion for ethnic diversity.

1.11 Challenges faced during 2019-20

As a new organisation, the main challenge has been to ensure that we have the right capacity in place to deliver on our ambitions and plans. The organisation had a number of vacancies on 1 October 2018 as it developed new structures for its new functions. Also, no access to the NHS online Employee Self-Service or E-Expenses systems meant paper-based systems were set up to enable staff to book annual/sick leave and claim their expenses. There were subsequent delays in clearing the job evaluation backlog and making appointments to remaining vacancies in the organisational structure. These problems have now been resolved and activity is in line with a more positive position for the remainder of 2019-20.

When HEIW was established in October 2018, a significant number of staff were transferred to HEIW under Transfer of Undertakings (Protection of Employment) Regulations (TUPE) arrangements. This has been a significant challenge for the People Team, who need to be familiar with two complex sets of employment terms and conditions on a daily basis.

There have been a few legacy issues to deal with including ensuring trainees have appropriate access to secured Wi-Fi networks to support their education and training.

We have done a great deal of work to develop our communications and engagement strategy but recognise there is still much more work to do to ensure that partners and stakeholder organisations understand who we are and what we do. The interface with Welsh Government and mechanisms for communicating and engaging are still developing and evolving. These will continue to be clarified during the remainder of 2019-20, especially as more detail emerges about the role of the two new special health authorities in NHS Wales will be essential.

1.12 Capacity and Capability to deliver

We have a significant amount of ambition for our organisation as do our staff, partners and stakeholders. Following extensive review and engagement, we have translated this ambition and expectation into six strategic aims and the specific objectives laid out in chapter 5. Of necessity, we have made some assumptions about the implementation of the draft national Workforce Strategy which was jointly submitted with Social Care Wales to Welsh Government in December 2019 and have reflected actions within the objectives at chapter 5. Subject to the outcome of the Welsh Government's review of the draft Strategy, these may need some adjustment (see also Chapter 3). Both organisations have made it clear that the more significant implementation actions would need to be supported by additional investment, which would include some additional capacity.

One of the challenges in developing this three-year plan has been to ensure that we have the capacity and capability to deliver against the ambitions and objectives outlined. Several of the objectives flow from activities or commitments commenced in 2019-20. Others have been framed as 'scoping' or 'exploring' in year one, with decisions and actions to be taken in subsequent years, thereby allowing for some further prioritisation at the end of year 1. Some of the objectives will require investment including in workforce capacity and these are articulated in more detail in the Finance Chapter 10.

On capability, we have a stable and highly motivated workforce. We are developing a three-year Training and Development plan, which will sit alongside our People and OD Strategy, and will help ensure our workforce has the skills needed to deliver the expectations set out in the IMTP. The main areas for further development that have been identified to date are programme and project management, preparation of business cases, risk management and digital capability. These are in addition to the usual training requirements of an NHS and a new organisation, for example in relation to leadership, management skills, information governance, finance and procurement etc.

Chapter 2 – Shaping our vision for the future

2.1. The strategic context in which we work

As an organisation responsible for planning and developing the workforce it is essential that we have good intelligence about the strategic context in which we work.

2.2 The PESTLE Analysis

Undertaking a PESTLE analysis enabled a comprehensive base of information to be gathered across a range of macroenvironmental factors enabling the development of strategic objectives to take advantage of opportunities and mitigate threats to HEIW functions in achieving our strategic aims (see **Appendix C**).

Political and Legal

The Wellbeing of Future Generations (Wales) Act aligns with the ambitions for HEIW, which is 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. Many of the “ways of working” are clearly embedded in our “PEOPLE” principles which were described in Chapter 1 and which will underpin how we do business. It is recognised that this will help HEIW generate opportunities to support people to have better health and wellbeing throughout their lives. The national Workforce Strategy for Health and Social Care in Wales is clearly central to this. We have articulated throughout the objectives in Chapter 5 where we see a clear alignment between the actions we are proposing and the 5 ways of working.

A Healthier Wales challenges 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. It also emphasises the importance of quality improvement in a transformational system, and the need to maximise the opportunities of digital and other technology. 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 being 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 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* and have an important influence on how we design our roles and teams to get maximum value. In particular, we ensure that 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 in-patient wards were published in July 2019. The aim of these principles is in part to prepare paediatric inpatient wards for the inevitable full extension of the Nurse Staffing Levels (Wales) Act to that setting before the end of this government term. As we take on responsibility for rolling out this work from April 2020 it is essential that this is factored into our workforce planning and education commissioning planning.

In June 2019, the **Health and Social Care (Quality and Engagement) (Wales) Bill 2019** set out the intention to strengthen the existing duty of quality and to establish an organisational duty of candour. From a HEIW perspective this needs to be embedded in our education and training programmes, but also needs to be incorporated in our leadership development work.

Welsh Governments announcement to enact the **Socio-Economic Duty, Part 1, Section1 of the Equality Act 2010** will result in HEIW working in partnership with Welsh Government in the development of technical guidance. In the interim, HEIW is developing 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 Well-being and Future Generations Act (2015) to further ensure we embed actions towards a more equal Wales.

In June 2019, **NHS England** published their Interim *NHS People Plan* which provides a focus for developing the sustainability of high-quality health and care services. The long-term plan sets out clear ambitions and proposals for the workforce and HEIW will need to understand the implications of these in relation to our plans. 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.

We understand that the UK Government is likely to publish its 10-year People Plan in Spring 2020. This will inevitably have implications for the Wales workforce agenda and will need to be monitored and reflected on. We are anticipating that the Plan will focus 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.

At the UK level, there has been huge political instability generated by the uncertainty around **Brexit** and this may well be the case again following the completion of the year-long transition process. However, the UK Government's significant majority means that there is an increased likelihood of political stability in England for the next 5 years and an expectation amongst counterparts in England that this will lead to greater potential for driving the implementation of the People Plan.

Better and more responsive healthcare **professional regulation** is a shared ambition for both the regulators and all four UK Governments. The Department of Health has

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 develop good working relationships with the regulators and to influence this agenda where possible, in close cooperation with Welsh Government and employers.

We also need to respond to changes to **education standards**. The implementation of New Nursing Standards by the Nursing and Midwifery Council (NMC), 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. In addition, there will be a review of Midwifery Standards which has the potential to lead to the development of a four-year programme with implications for costs and take up. The Health and Care Professions Council (HCPC) have changed the threshold level of qualification for entry to the Register for paramedics to 'Bachelor 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. The General Pharmaceutical Council is also consulting on changes which will lead to registration as a pharmacist with the aim to ensure pharmacists joining the register in the future will have the necessary knowledge, attitudes and behaviours to meet the needs of patients and the public.

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 is higher than it has ever been. The challenge for HEIW is to consider the impact the provision of the services that we provide will have. 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.

Uncertainty persists around the setting of student fees which will have a potential impact upon student demand and HEI delivery of programmes. 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 indicating a significant funding shortfall within the next few years. Unless funding levels within social care sector are increased this could lead to a significant reduction in the quality of care for the people they support. It is also widely recognised that the financial pressures that have resulted in staff shortages within the NHS.

Previous **changes to the NHS Bursary System** in England had resulted in the withdrawal of funding for nursing, midwifery or Allied Health Professional courses which could result in the reduction of student applications and affect the viability of some courses in England. The new UK Government announced in late 2019 the introduction of maintenance grants to offset some of this impact; we are continuing to monitor developments. To date, the Welsh Government has retained the bursary arrangements in Wales and this includes a 2-year tie-in to working in Wales. It has recently been announced that the NHS Wales bursary will be extended for another two academic cohorts until 2023 for nurses, midwives and allied health professionals.

Social

In Wales, the **growing and ageing population (with more complex health needs) placing increasing demand on services**. Wales also has 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 for 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 long 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.

Patterns of migration are changing in the UK as a result of the uncertainty of Brexit and are likely to change further with the introduction of a new **immigration system** which will have an impact on jobs (in terms of supply and demand) and pay. The UK Government is engaging across the UK and internationally to listen to the views of stakeholders, to shape the future immigration system that will be implemented in a phased approach from January 2021.

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.

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**. 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; undertaking and publishing Integrated Equality Impact Assessments; publication of

Equality Objectives; preparation of an annual report and four yearly reviews; provision of accessible information; and collection of information on the protected characteristics and training staff. 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.

As a newly established organisation, HEIW has already adopted its own Welsh Language policy which is based on the need to meet the statutory requirements set out in the **Welsh Language (Wales) Measure 2011**. While HEIW does not currently come under the Welsh Language Standards, we are currently engaging with the Welsh Government and the Welsh Language Commissioner to ensure that the appropriate set of standards are applied. In the meantime, it is our intention to implement and embed the HEIW Welsh Language policy as prescribed by the Welsh Language Act 1993. 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

Digital literacy 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. 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. **Continuing medical advances in technology** (including genomics, artificial intelligence, digital medicine, robotics) will require changes to the roles and functions of clinical staff and also to the education and training of the workforce. Changes within **Technology and communications infrastructure** will require a change in roles and functions of clinical staff. It also proposes that there will be a need for more sophisticated **digital solutions to analyse data to improve intelligence**.

The recent announcement by the Health and Social Services Minister of plans to transform digital health and care in Wales. This will involve creating the role of Chief Digital Officer for Health and Care and a new NHS Wales organisation to deliver national digital services. 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 hope to develop stronger links with this new special health authority to recognise the close connections between digital and workforce strategies.

Environmental

In Wales, **The Environment (Wales) Act 2016** requires Welsh Government to set new emission reduction targets, reducing emissions by 40% by 2020. As an

organisation, we need to increase our knowledge and understanding of climate change in the short, medium and long term and to proactively identify the necessary actions that we can take to manage and mitigate the risks identified, and to plan these within appropriate timescales. Our commitment to this agenda is evidenced through a specific objective articulated in Chapter 5 (Objective 5.5). 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. HEIW recognises its responsibility to take action for biodiversity to reverse its decline in Wales and over the course of this IMTP we will consider how best to support this including areas such as increasing the amount of renewable energy we use and to limit our carbon emissions. We will also explore how the development of programmes such as 'grow your own' and local training opportunities can contribute to the sustainability of local communities as well as reducing reliance on travel and negative impacts on the climate and environment.

2.3 Health Board and Trust Issues and Challenges

Through engagement and interactions, our plan and key objectives align with a range of issues and challenges identified by our NHS Wales partners as areas where we can support and influence over the course of our IMTP.

<i>Introducing new multi workforce models to address workforce pressure and more prudent use of non-regulated workforce.</i>	<i>Growing our own staff to meet service gaps and requirements particularly in rural and remote areas and hard to recruit professions.</i>
<i>Sustainability of junior doctor rotas in fragile services</i>	<i>Improving alignment between Workforce and Technology plans.</i>
<i>Fragility of workforce in Primary Care and in particular GP practices.</i>	<i>Recruitment and retention of staff</i>
<i>Increasing volunteering opportunities</i>	<i>Wellbeing of the workforce</i>
<i>Leadership and Management Development at all levels</i>	<i>Succession Planning and talent Management.</i>

2.4 The new National Executive Function

A *Healthier Wales* set out the commitment to create a National 'Executive Function' to ensure that Health Boards, Trusts and supporting organisations function within the context of a single national system and contribute to securing benefits for the population as a whole. It will provide leadership and direction and ensure a consistent approach across Wales. We await clarification about this and the implications for HEIW.

Chapter 3 – Workforce Strategy for Health and Social Care

3.1 Introduction

We have already highlighted the importance of the national Workforce Strategy for Health and Social Care in Chapter 1 and the central role this plays in shaping context for our work.

In December 2019, Social Care Wales and HEIW Boards signed off the final draft of the ten-year national **Workforce Strategy for Health and Social Care**. The draft represented the culmination of almost a year's work developed by HEIW and Social Care Wales in partnership with NHS Wales and Local Government, the voluntary and independent sectors as well as regulators, professional bodies and education providers.

The wellbeing of the workforce, Welsh language and inclusion is at the heart of this strategy's ambition that we will have a motivated, engaged and valued, health and social care workforce, with the capacity, confidence and competence to meet the needs of the people of Wales. Specifically, this means that:

- We will have a workforce with the right values, behaviours, skills and confidence to deliver care, and support people's wellbeing as close to home as possible;
- We will have a workforce in sufficient numbers to be able to deliver responsive health and social care that meets the needs of the people of Wales;
- We will have a workforce that is reflective of the population's diversity, welsh language and cultural identity, and
- We will have a workforce that feels valued and is valued.

3.2 Strategic Themes and Actions

The strategy is underpinned by seven key themes and specific actions will be developed to realise the ambition and deliver the strategy (see summary of the Workforce Strategy on page 29).

Theme	Descriptor
1. An Engaged, Motivated and Healthy Workforce	By 2030 the health and social care workforce will feel valued, fairly rewarded and supported wherever they work.
2. Attraction and Recruitment	By 2030, health and social care will be well established as a strong and recognisable brand and sector of choice for our future workforce.
3. Seamless Workforce Models	By 2030 multi-professional and multi-agency workforce models will be the norm.
4. Building a Digitally Ready Workforce	By 2030 the digital and technological capabilities of the workforce are well developed and in widespread use to optimise the way we work, to help us deliver the best possible care for people.

5. Excellent Education and Learning	By 2030 the investment in education and learning for health and social care professionals will deliver the skills and capabilities needed to meet the future needs of people in Wales.
6. Leadership and Succession	By 2030 leaders in the health and social care system will display collective and compassionate leadership.
7. Workforce Supply and Shape	By 2030 we will have a sustainable workforce in sufficient numbers to meet the health and social care needs of our population

At the time of writing, the approved draft strategy was submitted to Welsh Government in mid-December and we await notification of the publication date and clarification of the role we will play in implementation, monitoring and/or delivery of the strategy in the new year. We have begun to reflect the actions within the strategy in our IMTP at Chapter 5. There is a strong evidence base and consensus for the content so we will be looking to push on with the actions in the new year as well as continue to press on with the leadership programme (one of the 7 themes) where work began in February 2019.

3.3 The Workforce Strategy for Health and Social Care – Strategy on a page

The Ambition – 2030

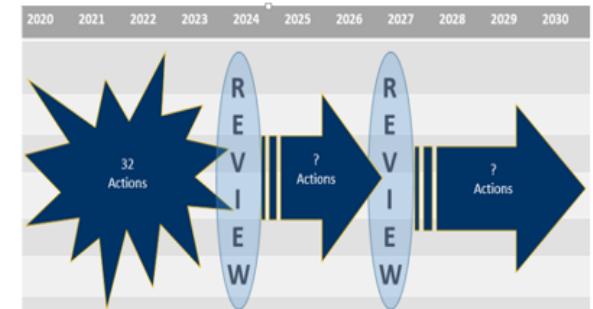
What will be different

- Our workforce feels valued, is treated fairly and their wellbeing is supported
- Workforce language, culture and diversity reflects our population
- Potential shortage areas are known earlier and targeted effectively
- Widespread values based and inclusive recruitment ensures we have the right people
- Common competences are identified and underpin new and different ways of working
- Learning is delivered through flexible and accessible routes
- Widespread digital skills capability underpins care delivery
- National bi-lingual careers service is widening access to careers in health and care for all ages

To have a motivated, engaged and valued Health and Social Care workforce
with the capacity, competence and confidence
to meet the needs of the people of Wales



Implementation



What success will look like

- Very high levels of staff engagement, motivation, wellbeing and satisfaction
- Better recruitment and retention of staff through attractive and flexible working arrangements and career opportunities
- Increased levels of Welsh language skills in the health and care workforce
- Flexible education opportunities and career development
- Intelligence led workforce planning enabling us to change our workforce to meet our population need
- A compassionate culture, role modelled by excellent leaders and managers

The Legislative Framework



Engagement & Consultation – what we heard



Chapter 4 – Strategic Framework for 2020-23

4.1 Development of the strategic framework for 2020-23

In developing our strategic framework for the next three years we have been cognisant of the principles and ambitions that led to the establishment of HEIW, in particular the need for us to develop an integrated approach to the planning and development of the workforce across the range of professional and occupational groups. This means challenging ourselves not to think, behave and plan in professional silos, but to ensure that our strategic aims and objectives have a multi professional scope as far as possible.

We are clear that by working in this way there are many exciting opportunities for us to add value to the health and care system in the short, medium and long term. Following significant internal and external engagement we have synthesised our ambitions into six Strategic Aims to provide a coherent framework for our plans, building on our initial work to inform the Annual Plan for 2019-20 but refined through discussion and engagement with senior leaders in the organisation and our partners.

The 6 Strategic Aims 2020-23



Sustainable Workforce. This relates to our role in leading the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of *A Healthier Wales*. We will implement key actions from the Workforce Strategy for Health and Social Care that focus on staff wellbeing and will lead the implementation of strategic priorities that address current challenges and deficits in key professional and occupational groups. We will provide strategic leadership for workforce planning and workforce intelligence, setting clear priorities that support service delivery and improvement. We will develop and coordinate careers activities across Wales, identifying and promoting activities for widening

access and actively promote health and care careers in Wales and Wales as a place to live.

Excellent Education and Training. Education and training is one of our core functions, and we spend 91% of our budget on commissioning a range of under graduate and post graduate programmes. We want to improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs and delivers value. This will reflect the focus on multi professional models of care, the shift to prevention and care closer to home, digitally and technology enabled care, opportunities to “grow our own” particularly in rural and remote areas, and the importance of Welsh Language skills. We want to improve the infrastructure available for education and training across Wales, working closely with NHS colleagues, regulators, professional bodies and education providers locally and nationally.

Leadership capacity and capability. We will articulate a clear strategy for leadership and succession planning in partnership with others, and will direct and develop the programmes, tools and resources to support implementation. We will embed a collective and compassionate approach to leadership, with a focus on inclusion, quality improvement, supporting individuals, teams and organisations to deliver on the transformation ambition. Digital platforms and self-service approaches will be a central theme to reinforce a shared approach not elitist approach to leadership.

Safety and Quality. We want to increase the direct connection and contribution between our functions and the delivery of safe, high quality care for people. We will develop a focus on inter professional training for patient safety and will take a targeted approach to national service priorities such as primary care, urgent and emergency care, cancer, mental health, and eye care. We will support the workforce implications arising from integrated models of care developed by Regional Partnership Boards. This will require an organisation wide approach to encompass workforce intelligence, workforce planning, education and training, workforce modernisation, careers, leadership development, digital.

An exemplar employer and a great place to work. Our ambition is to be an exemplar employer where staff are motivated and empowered by undertaking interesting and varied work, where skills and talent is developed, and where staff wellbeing is supported by an inclusive and values-based culture, a modern working environment, effective HR function and flexible working patterns. Retention levels are high, turnover and sickness absence low, and vacancies easy to fill with high calibre applicants. Leaders lead with compassion, candour and openness, providing clear direction and supporting staff with effective feedback about performance and development.

An excellent partner, influencer and leader. We will have clear networks, mechanisms and communication channels to work closely with a diverse range of partners and key stakeholders to plan ahead to ensure the health and care workforce meets the needs of the people of Wales now and in the future. Partners will seek to involve us at local, national and UK levels because of our reputation and expertise. We have a broad range of statutory functions as outlined in Chapter 1. We have looked to incorporate objectives in support of all of these functions within our first IMTP. However, we recognise it is not possible to prioritise all areas at once. We

have a statutory function in respect of development of the Workforce and OD profession. We have decided to prioritise investment in upskilling the workforce planning function within the workforce and this is included in Strategic Aim 2, objective 2.6. During 2020-21 we will be working with partners to identify other opportunities for development of the profession, early thoughts are workforce data and analytical skills, and influencing cultural change (organisational development). We are committed to working with the HPMA in Wales and nationally, as well as developing further our links with CIPD.

4.2 Alignment with *A Healthier Wales* and enabling the future through the Wellbeing of Future Generations Act

In the following chapter, we have outlined the objectives which fall under each of the 6 strategic aims. We have noted where the objective links to each of the 7 themes in the draft Workforce Strategy for Health and Social Care and identified where each strategic objective supports *A Healthier Wales* and the Wellbeing of Future Generations Act.

4.3 Alignment with Ministerial Priorities

We have identified where we are contributing to the five Ministerial priorities of prevention, reducing health inequalities, Primary Care Model for Wales, Timely Access to Care, and Mental Health however, our role in these is clearly different to other NHS organisations that have a population health and service delivery focus. It is still important however that as a specialist, All Wales organisation focused on workforce we contribute where we can.

As an organisation we do not have a population health responsibility but the health workforce represents a significant component of local communities. Therefore, we can contribute to **Reducing Health Inequalities** through our plans to widen access to employment in the NHS by meaningful engagement with under-represented and marginalised groups in our society, continuing to provide more locally accessible and flexible routes into education and focusing on the well-being of staff in general.

Our strategic aim in respect of leading the transformation and modernisation of the multi-professional healthcare workforce in line with national priorities focuses on interventions to support the **primary care model for Wales** in respect of workforce as part of the strategic programme for primary care. This strategic aim also aligns with **Timely access to care** through the inclusion of a number of objectives to support the improvements to the urgent primary care out of hours workforce model, eye care and unscheduled care. We have set an objective to develop a **mental health** workforce plan in collaboration with WG and Social Care Wales to support implementation of Together for Mental Health (including CAMHS). We recognise that the National Clinical Plan and the Quality and Engagement (Wales) Bill are likely to impact on our plans as they evolve over the next few months.

4.4 Stakeholder Engagement

We developed our IMTP utilising the knowledge and expertise of our senior leaders and managers who have built strong links with our key stakeholders and some of their feedback is presented in the PESTLE analysis at **Appendix C**.

As outlined earlier, one of the key deliverables from our 2019-20 annual plan is the development of a ten-year national workforce strategy for health and care, in partnership with Social Care Wales. We estimate that over 1900 people including staff, professional bodies and trade unions, employers, carers, patients, people who access care and support, third sector organisations, commissioners and volunteers helped shape the draft strategy and the 32 actions within it. As noted in chapters 1 and 3, several of the Strategy actions are reflected in the objectives laid out at chapter 5 of this IMTP, and these therefore have a strong evidence base underpinning them.

HEIW is represented on a range national boards, partnerships and peer groups, supplemented by local engagement and reviewed several approaches taken by the other UK nations. Over the course of the year we have undertaken significant engagement with NHS organisations engaging closely with their Executive Boards, local Workforce Directors and Directors of Planning.

We have been working with NHS Wales Directors and Assistant Directors of Planning seeking ways to integrate our plans for the workforce. In addition, some initial discussions were held in the summer between planning teams around emerging Health Board and Trust priorities and challenges.

During the course of the year, we engaged with stakeholders through a series of HEIW roadshows sharing information and seeking feedback. We have also held two stakeholder events, one in September in North Wales and the second in October in South Wales where we held specific engagement workshops to gather feedback on our draft strategic aims and emerging objectives.

To ensure the integration of our plans with the other NHS organisations, we have discussed our plans at peer groups and have shared our IMTP with Chief Executives, Directors of Planning, Assistant Directors of Planning and Directors of Workforce and OD in the Health Boards in December.

We have written out formally to NHS organisations at CEO level one more than one occasion and have had the benefit of receiving early drafts and indications of workforce and education content from emerging IMTPs from several organisations. This has provided a sense check on the alignment between HEIW's priorities, and services pressures and priorities. There is more detail in **Appendix D**.

Finally, we discussed the development of our plans regularly with Welsh Government during the autumn to update on progress, build relationships and share information about key risks and incorporated useful feedback into our plans as part of this process.

Chapter 5

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: 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

Executive Lead: Push Mangat / SRO: Charlette Middlemiss

Why?

The development of the strategy follows on from the work we initiated in 2019-20. Our Annual Plan (2019-20) included a commitment to reshape our professional development resources and programmes, as well as to procure a digital course management system to deliver efficiencies in respect of the CPD being commissioned or delivered by HEIW. Developing and implementing a multi-professional CPD strategy in partnership with NHS Wales and stakeholders. This will enable us to modernise our current provision, to identify opportunities for new courses and to remove any duplication of provision, to take a consistent approach to quality assurance, to devise an appropriate funding model and to maximise opportunities for on line learning and multi-professional CPD. This aligns with the Workforce Strategy theme 5 (Excellent Education and Learning), Action 20 to implement changes to the content of curricula for undergraduate programmes to meet future needs, stipulating inter-professional education requirements for common competencies. This objective links to the Wellbeing of Future Generations Act in terms of prevention by upskilling the workforce and *A Healthier Wales* in terms of safety ensuring that the workforce practice safely.

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">• Roll out the digital course management system to all areas of HEIW ensuring the opportunities for improving customer interface are maximised.• Research the CPD activity available to staff and provided across NHS Wales and partners.• Establish project group with partners to scope out, engage and produce a draft of the CPD strategy by 31 March 2021.	<ul style="list-style-type: none">• Review HEIW's CPD activity both commissioned and delivered with a view to ensuring it aligns with the strategy.• Review and implement the infrastructure to support the strategy.• Design and implement the monitoring process.	<ul style="list-style-type: none">• Evaluate the effectiveness of the strategy.• Implement any changes required, as a consequence of the evaluation.

<ul style="list-style-type: none"> • Develop and secure the funding model to support the strategy. 	<ul style="list-style-type: none"> • Implement the CPD strategy. 	
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What does success look like in 2023?

HEIW is clear about its CPD offer to NHS Wales's staff and a multi-professional CPD strategy will be in place helping to deliver the workforce with the skills and capabilities they require. There will be an overall view of all multidisciplinary CPD in HEIW and across the NHS in Wales with a database of information. We will have developed opportunities for multi-professional CPD originating in HEIW and will be working to a set of principles and measurable objectives.

Strategic Objective 1.2: Lead, develop and implement a sustainable national workforce plan for key shortage professional areas to achieve a better match between demand and supply in Wales

Executive lead: Stephen Griffiths / SRO: Tom Lawson

Why?

The supply of an appropriately trained and competent workforce in the numbers required for the healthcare system in Wales and across the UK is one of the most significant challenges the health sector faces. There is significant evidence of the need to address issues and gaps in the medical and nursing workforce, to help address safety and quality of staffing arrangements and to help organisations tackle the problem of spiralling agency and locum costs. In the first instance we will therefore prioritise these professional groups and work with partners to scope the work required.

This objective has a key role in supporting the requirements and implementation of actions of the Workforce Strategy for Health and Social Care theme 7, (Workforce Supply and Shape), Action 31 (to develop workforce plans for key professional and occupational groups, in the first instance). It also aligns with the Wellbeing of Future Generations Act and *A Healthier Wales* through leading developments to achieve a sustainable workforce to meet the increasing service demands of the people of Wales.

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">• Agree through executive professional peer groups the prioritisation of workforce plans for medicine and nursing.• Scope and engage with all relevant parties to support the development of the workforce plan.• Identify priorities and establish mechanisms to action, priorities may include:<ul style="list-style-type: none">○ Recruitment & Retention including international.○ Training requirements.○ Upskilling of existing workforce – competency-based approach to workforce design.• Explore opportunities to maximise the utilisation and deployment of the Welsh workforce, including challenging professional barriers and role definitions where appropriate.	<ul style="list-style-type: none">• Review the actions taken during year 1 to identify areas to continue/discontinue.• Continue to focus on:<ul style="list-style-type: none">○ Recruitment○ Retention○ Training requirements○ International recruitment○ Upskilling of existing workforce – competency-based approach to workforce design.• New professional areas identified for phase 2 including	<ul style="list-style-type: none">• New areas identified.• Continue to focus on:<ul style="list-style-type: none">○ Recruitment○ Retention○ Training requirements○ International recruitment○ Upskilling of existing workforce – competency-based approach to workforce design.

	potentially pharmacy and the dental workforce.	
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What does success look like in 2023?

HEIW will be seen as the system leader for workforce redesign, there will be a clear plan in place for priority workforce areas with demonstrable progress towards achieving a sustainable workforce in sufficient number evident as measured by vacancies and variable pay.

Strategic Objective 1.3: Lead, develop and embed a range of actions to support workforce and workplace wellbeing and colleague experience

Executive Lead: Julie Rogers / **SRO:** Angie Oliver

Why?

In our discussions with partners and stakeholders, particularly during the engagement on the Workforce Strategy for health and social care, we heard about the pressures experienced by the NHS workforce and reflected on what our role might be in leading or supporting that change. HEIW's commitment is to make both HEIW and the wider NHS Wales, an exemplar employer in its support for wellbeing at work and is building on work already underway in the NHS. This objective flows from some of the actions included in the Annual Plan 2019-20 as well as new elements for the whole workforce.

The objective aligns with the Workforce Strategy Theme 1 (An engaged, motivated and healthy workforce), Action 1 (Introduction of a Health and Wellbeing Framework). It also links to the Wellbeing of Future Generations Act in all five ways of working, i.e. long term, prevention, integration, collaboration and involvement. It aligns with Social Services and Well-being (Wales) Act 2014 and *A Healthier Wales* and the quadruple aim by enriching the wellbeing, capability and engagement of the workforce.

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">• Support the implementation of the national Health and Wellbeing Action Plan across NHS Wales (year 1).• Develop and pilot health and wellbeing information, resources and evaluation tools in HEIW prior to sharing across NHS Wales.• Scope out Health and Wellbeing measures.• Lead, develop and implement a national wellbeing programme specifically for trainees and students, to supplement the NHS Wales Health and Wellbeing Action Plan to include:<ul style="list-style-type: none">○ Development of channels of engagement to empower the trainee and student voice.○ Establishment of clear expectations around student wellbeing and support arrangements [links to education commissioning].	<ul style="list-style-type: none">• Continue to implement the Health and Wellbeing Action Plan (Year 2).• Evaluate the health and wellbeing initiatives through the Health Needs Assessment.• Scope requirements for a national Health and Wellbeing Framework to include information, resources and Wellbeing measures.• Scope the development of a Wellbeing in Work Impact Resource.	<ul style="list-style-type: none">• Continue to implement the Health and Wellbeing Action Plan (Year 3).• Evaluate the health and wellbeing initiatives in the action plan to inform future years, locally and nationally.• Develop a national Health and Wellbeing Framework.• Test and evaluate the Wellbeing in Work Impact Resource.• Introduce 'in-house' training modules across a number of generic areas.

<ul style="list-style-type: none"> ○ New study leave policy and process for medical and dental trainees in Wales. ○ Implementation of the Single Lead Employer arrangements for trainees in Wales to reduce the stress and disruption associated with their rotations. ○ Return to training support and evaluation of existing courses for wellbeing and resilience. ● Commence research to underpin the development of Wellbeing in Work Impact Resource. ● Work with NHS Wales partners to progress national work programmes relating to workplace wellbeing and colleague experience. 	<ul style="list-style-type: none"> ● Work with NHS Wales partners to implement national work programmes relating to health and wellbeing, workplace wellbeing and colleague experience. ● Implement the new study leave policy and process. ● Evaluate the Single Lead Employer arrangements. ● Implement trainee wellbeing and return to work support strategies. 	<ul style="list-style-type: none"> ● Work with NHS Wales partners to implement and evaluate national work programmes relating to health and wellbeing, workplace wellbeing and colleague experience. ● Implement Single Lead Employer arrangements for remaining specialties. ● Promotion and showcasing of good practice on approaches to wellbeing support services.
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What does success look like in 2023?

We will have developed and embedded a health and wellbeing framework containing a range of actions to support workforce and workplace wellbeing for the NHS workforce including trainees and students and in relation to workforce experience; the workforce will be engaged, motivated and supported.

Strategic Objective 1.4: Improve access to careers in the health and care sector in partnership with Social Care Wales

Executive Lead: Julie Rogers / **SRO:** Angie Oliver

Why?

HEIW provides the strategic direction for health careers and the widening access agenda. Attracting people to Wales and ensuring people of all ages are aware of the range of exciting flexible careers available across health and social care, is paramount to achieving a pipeline for the future workforce. This objective flows from the Annual Plan (2019-20) and the scoping of partners of careers activity and opportunities to widen access to across Wales. We will work with partners to create a clear set of actions that will include a new public profile of health and social care in Wales as a career of choice and a great place to work.

This aligns with the national Workforce Strategy for Health and Social Care Theme 2 (Attraction and Recruitment), Action 6 to establish a bilingual National Careers Service. It also aligns with the Wellbeing of Future Generations Act and *A Healthier Wales* through the development of national and local approaches to careers and widening access to health and care for all ages.

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">• Develop an action plan for a bilingual national careers service for Health and Social Care.• Develop a careers strategy utilising information from the scoping exercise undertaken in 2019-20 focusing on inclusivity and widening access.• Scope Grow your Own pathways for the current workforce.• With Social Care Wales, scope the opportunity to build on current Train.Work.Live. and WeCare brands to create a unified, single brand for local and national campaigns for Careers and Widening Access.• Bring the Welsh Government Widening Access programme into the HEIW.• Create a comprehensive website and social media presence.	<ul style="list-style-type: none">• Implement the Careers Strategy (Year 1).• Maximise opportunities to develop digital assets and literature to attract, recruit and prepare staff for their future roles and support them during the first year in role.• Continue to review strategies that are in place or developing across the UK and beyond, and to horizon scan for relevant research and developments.• Review current schemes and develop additional targeted schemes for shortage areas focusing particularly on actions	<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 Education to inform career choice.• Review and evaluate impact of strategy and priorities to inform ongoing work.

<ul style="list-style-type: none"> Identify opportunities to work with veterans' organisations and volunteering networks, including the Prince of Wales Nursing Cadet Scheme. 	<p>to address the diversity of the workforce.</p> <ul style="list-style-type: none"> Examine inter-professional learning and working arrangements to support existing staff to change careers. 	
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What does success look like in 2023?

A national careers service in place providing services that are accessible for all ages and career stages. A national and recognised brand and framework for recruitment and attraction campaigns, linked to the careers service with targeted schemes for shortage areas providing new and innovative ways to access careers in health and care. A careers strategy which includes specific actions in relation to inclusivity and diversity will be developed.

Strategic Objective 1.5: Develop our workforce intelligence functions to improve the quality of workforce data, planning and modelling for NHS Wales

Executive Lead: Julie Rogers / SRO: Angie Oliver

Why?

Our work to develop the Workforce Strategy for Health and Social Care has identified the gap between the data available across and within the sectors. There is a need to develop, as recommended in the Workforce Strategy, a Centre of Excellence for Workforce Data, Analytics and Intelligence that can provide the evidence base to inform a whole system approach to delivering a flexible and sustainable workforce for health and care. Internally, this will also improve our understanding, quality and quantity of the data held within HEIW.

In addition to this, some of our existing systems used to record medical trainee posts and programmes, are no longer fit for purpose and current circumstances mean that it is necessary to scope and develop a single platform to facilitate the education and training of the healthcare workforce. It is essential that at a time where cyber-attacks are on the increase that we ensure that the security of our systems are prioritised. It is also necessary that this single portal has integrated access to other HEIW and NHS systems and data.

Both of these areas align specifically with the Workforce Strategy Theme 7 (Workforce Supply and Shape), Action 28 (Create a centre of excellence for workforce intelligence for health and social care in Wales). This objective meets the Wellbeing of Future Generations Act 5 ways of working through working towards the longer-term vision of bringing together workforce data for the health and social care to help make informed decisions relating to workforce planning in both the long and the short term.

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">• Develop a strategy for workforce intelligence including a capability building programme to build capacity and capability across NHS Wales in data and analytics.• Scope the establishment of a Centre of Excellence initially for NHS Wales, identifying potential timelines and requirements to roll out across health and social care.• Lead work to improve quality and completeness of data to produce robust data to produce up to date workforce analysis.	<ul style="list-style-type: none">• Implement the strategy for workforce intelligence.• Develop the necessary workforce modelling methodologies to populate workforce information systems in use.• Identify sources of demand to improve effectiveness of workforce modelling.	<ul style="list-style-type: none">• Deliver year 3 of the strategic workforce intelligence capability building programme.• Review and refine the strategy for workforce intelligence.• Investigate the feasibility for developing an analytical hub for the smaller organisations to provide capacity and sharing of best practice.

<ul style="list-style-type: none"> • Scope and undertake an analysis of the options for a single platform specification and a robust business case. 	<ul style="list-style-type: none"> • Identify new opportunities for data warehousing. • Interrogate data to provide insight on a range of areas as required by NHS Wales, Wales Government and Local Health Boards/Trusts. • Deliver year 2 of the strategic workforce intelligence capability building programme • Commence the Platform Software Development (including development the business intelligence solution, procurement of the technology stack, implementation of the business process solution specification, development of the workforce solution and creation of the mobile applications specification). 	<ul style="list-style-type: none"> • Develop and invest in Business Intelligence services to enable local user ease of access to compelling data visualisation, through pre-built reports and templates. • Improve and develop new ways to pay model across NHS Wales. • Undertake an options appraisal for additional workforce data requirements (community pharmacy) • Complete the single Wales platform build including data warehouse integration and implementation. • Agree and develop dashboard specification for NHS Wales to synergise local and national reporting allowing for accurate comparison and intelligence-based decision making. • Implement the system and build mobile applications.
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What does success look like in 2023?

To become the exemplar in the UK for workforce intelligence in the NHS. To have built the skills capacity in workforce analytics across Wales to inform decisions on our workforce numbers and skills, and on the impact they have in the service. Workforce intelligence is comprehensive and robust and is supporting the ambition of achieving a sustainable workforce by 2030.

Strategic Objective 1.6: Develop education and training to support NHS organisations to improve the quality of workforce planning expertise and capability across the system

Executive Lead: Julie Rogers / SRO: Angie Oliver

Why?

The vital role of high quality and evidence-based workforce planning was a key theme highlighted during the development of the Workforce Strategy for Health and Social Care. In order to enable more accurate and sophisticated workforce planning, we must develop and improve workforce intelligence and workforce planning skills across NHS Wales. We will therefore build capacity to deliver training and development in workforce planning across NHS organisations and will embed Workforce Planning and Development as a distinct function of the Centre of Excellence for Workforce Intelligence. The tools, processes, intelligence and systematic methodology will allow ease of comparison, and increase accuracy of analysis and modelling.

This aligns specifically with the Workforce Strategy Theme 7 (Workforce Supply and Shape), Action 29 (to build capacity and capability in workforce planning and development across health and social care, underpinned by a standardised methodology). This objective meets the Wellbeing of Future Generations Act 5 ways of working and *A Healthier Wales* in terms achieving higher value from system-wide workforce planning expertise and capability. Finally, it contributes to the delivery of one of our new functions 'development of the workforce and OD profession' through the investment in and professionalization of this strand of the workforce profession.

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">• Develop and implement a standardised methodology for workforce planning across health and social care.• Refine, test and roll out the workforce planning capability matrix.• Complete and evaluate the 2nd.year of the workforce planning training and refine as required.• Refine and further roll out the workforce planning approach for primary care (build a support network for Practice Managers) as identified in the Primary Care W&OD group plan.• Review and update current workforce planning resources including web based and digital.	<ul style="list-style-type: none">• Review and evaluate the standardised methodology for workforce planning across health and social care.• Build capacity to deliver more generalist training and development in workforce planning across NHS organisations.• Scope the development of a digital blended learning approach for workforce planning (across sectors).	<ul style="list-style-type: none">• Develop integrated workforce intelligence across health and social care to inform the strategic programme for primary care and planning for shortage areas.• Deliver new workforce planning specialist qualification and training.• Continue to review strategies that are in place locally, developing across the UK and beyond, and to horizon scan for

<ul style="list-style-type: none"> • Work with the Workforce Intelligence team to identify areas for modelling and contribute to the build of the workforce intelligence platform so that it enables improved and local 'live' workforce planning. 	<ul style="list-style-type: none"> • Develop workforce intelligence tools and modelling to better inform workforce planning gap analysis. • Scope the development of academic/accredited training in workforce planning, to develop and support the professionalisation of workforce planning leads at the local level. 	<p>relevant research and developments.</p>
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What does success look like in 2023?

Workforce planning understanding, capacity and capability is increased within NHS (and social care) organisations. As a result, there is greater confidence in the ability of the NHS to identify and plan to address workforce gaps. Integrated workforce plans are developed in primary care and community settings and strategic plans for shortage areas are in place.

Strategic Objective 1.7: Develop effective and reciprocal international/global mechanisms to enhance education and training arrangements

Executive Lead: Push Mangat / **SRO:** Peter Donnelly / Angie Oliver

Why?

In our 2019-20 Annual Plan we committed to the objective: *‘By the end of 2019-20 we will have introduced an International Recruitment system to attract medical staff into NHS Wales’*. From the initial scoping, it emerged that NHS Wales had been undertaking international recruitment annually in a number of countries. In view of this, we took the decision to work with NHS partners to understand the methodology and benefits of the recruitment schemes rather than establish a separate system. In October/November 2019 members of HEIW staff visited India to observe the NHS Wales recruitment process run in partnership with BAPIO. The learning from this visit will be compiled with NHS partners and used to inform our approach and options from 2020.

Wales has historically had strong international links particularly with the Commonwealth but for various reasons these have weakened in recent years. HEIW could be uniquely placed to regenerate those links and to explore what could be achieved through a coordinated and strengthened approach which would benefit Wales and its international partners. 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 which could potentially include: i) Placement of NHS staff in underdeveloped countries; ii) High quality education and training in NHS Wales for overseas staff (e.g. MTI schemes); iii) Providing systems support for education and training for overseas health communities.

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">• Drawing on the learning and reflections from the recruitment scheme in India, and building on previous foundations, develop with partners a plan for a consistent and once for Wales approach to international medical recruitment.• Build the case for HEIW’s role in relation to international recruitment and explore options including the quality management of education and training of overseas health care staff employed in NHS Wales.	<ul style="list-style-type: none">• Lead on the implementation of an international medical recruitment scheme for Wales.• Subject to the outcome of the further exploration in year 1, implement an agreed set of actions for advancing the international links agenda.	<ul style="list-style-type: none">• Review effectiveness of international recruitment scheme and target areas; adjust the scheme as necessary.• Continue to build on the actions in year 2, identifying further opportunities for strengthening links.

<ul style="list-style-type: none"> • Continue to research and scope the opportunities for education and training links between Wales and other countries. • Test the emerging opportunities with partners including WG, Health Boards and Public Health Wales, and organisations such as Wales for Africa. • Prepare an options paper outlining the benefits and costs of strengthening international links as well as practical actions. 		
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What does success look like in 2023?

Increased number of MTIs recruited, all having high quality education and training experiences and helping to deliver a sustainable medical workforce. A coordinated and strengthened approach to global engagement which would benefit Wales and it's international partners.

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: Lead the development and management of a multi-professional infrastructure and strategy for Simulation Based Education

Executive Lead: Push Mangat / SRO: Chris Payne

Why?

Simulation is an increasingly important aspect of curricula for trainees and students, and a huge opportunity to develop clinical practice that is safe and effective. This is a continuation of an objective from the Annual Plan (2019-20) that builds on the scoping of simulation equipment and proposed the development of a simulation strategy for Wales. It was widely recognised that whilst simulation equipment is widely distributed across NHS organisation and excellent simulation-based education is being delivered, it is largely fragmented and uncoordinated across and within Health Boards, Trusts and education providers in Wales. Learning through simulation has developed over recent years and now embraces new technology and digital/virtual learning approaches. There are also clear benefits for healthcare staff learning together rather than in professional silos and hence HEIW is advocating a multi-professional approach to simulation-based education.

This objective meets the Wellbeing of Future Generations 5 ways of working in that this demonstrates long term planning for simulation based education, prevention in terms of improving patient safety by training the workforce effectively and collaboration in terms of working with multiple partners and stakeholders to inform the strategy. This also aligns with *A Healthier Wales* in terms of prevention, safety, higher value within the system through inter-professional learning and cross usage of facilities. A centralised approach to use of and development of Simulation Based Education and identification and development of All Wales requirements will also add value by improving the quality of the education and training.

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">Developed a clear definition of simulation-based education for the health sector in Wales.Establish and manage a Simulation Leads Network with clear terms of reference.Identify and share best practice and develop new opportunities to facilitate simulation-based learning.	<ul style="list-style-type: none">Develop an action plan to implement the simulation strategy.Take forward the accreditation process.	<ul style="list-style-type: none">Continue the development of resources to support simulation-based education.Review actions taken and consider further actions based on the development of new technology over previous years.

<ul style="list-style-type: none"> • Identify process and requirements in relation to accreditation of faculty and needs of curriculum requirements. • Develop an All Wales simulation strategy and investment requirements, supported by consultation. • Explore the costs and benefits of the roll-out of simulation initiatives such as Boot Camps, learning from where they have been previously rolled-out. 	<ul style="list-style-type: none"> • Develop options to improve utilisation of facilities across Wales. • Promote examples of best practice simulation-based education. • Commence work to create a suite of resources to support simulation-based education and publish on the web based course management system. 	<ul style="list-style-type: none"> • Consider the development of a faculty approach for simulation-based education.
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What does success look like in 2023?

A clear Simulation strategy supported by investment and increased usage of simulation facilities contributing to high quality education and training outcomes.

Strategic Objective 2.2: Develop an education strategy drawing on the outcome of the strategic review of health professional education and the Workforce Strategy

Executive Lead: Stephen Griffiths / SRO: Martin Riley

Why?

We have an opportunity to use our new functions, evidence and levers to create an education strategy for health professional education. The strategy will support our aim of ensuring the future and current workforce are educated to meet the needs of the health and social care sector in Wales and where possible are educated locally, enabling the local population to access these opportunities. One of the key levers to ensure that provision is aligned with our strategic direction is the contracts we hold with education providers. The existing contracts with education providers across Wales have been extended to July 2021 after which time new contracts need to be in place. Last year, we commissioned a major strategic review of health professional education and the recommendations from this, along with the recommendations within the national Workforce Strategy for Health and Social Care, Theme 5 (Excellent Education and Learning), will inform the development of the strategy and implementation of the outcome of the review.

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">• Use the outcome of the strategic review, and the Workforce Strategy, to develop an education strategy for health professionals• Implement the outcome of the review including:<ul style="list-style-type: none">○ Develop contract terms based on: key findings from the KPMG Review; Internal research on best practice from around the world; integration of key themes from the long-term workforce strategy for health and social care; key stakeholder engagement; key principles set out in <i>A Healthier Wales</i>.○ Incorporate key themes into a new contract for issue with tender documentation.○ Evaluate and award contracts tenders.	<ul style="list-style-type: none">• Work closely with the Service and Universities that are awarded contracts to ensure the transition to delivery is effective and in line with the requirements agreed within the tender – ensuring contracts commence on time and are accredited.• Work closely with Universities that do not win existing contracts to ensure that the students – from current cohorts – continue to receive a high standard of education, training and support through to graduation.	<ul style="list-style-type: none">• Students commence the newly commissioned programmes.• Work closely with Universities that do not win existing contracts to ensure that the students – from current cohorts – continue to receive a high standard of education, training and support through to graduation.• Performance management of the new contracts and benchmarking against baselines to determine effectiveness and value.

What does success look like in 2023?

There is a clear vision for, and a coherent strategic approach to the education of health professionals. The new contracts are awarded which reflect the needs of the service and our future ambitions. All 'lots' are commissioned and there are no gaps in education provision. Students on all programmes are appropriately supported and complete their programmes successfully.

Strategic Objective 2.3: Lead the development and implementation of an education and training infrastructure to support the multi-professional workforce model

Executive Lead: Push Mangat (year 1) / SRO: Tom Lawson

Why?

The number of students and trainees across all professions has increased by 77% since 2014/15. All students and trainees need access to clinical placements or rotations to undertake the clinical component of their education programme, many of these clinical areas are used by a wide range of trainees and students and are accessed by multiple education providers. This increase has placed significant pressure on current placements and therefore there is an urgent need to ensure all placements are maximised and utilised to the full potential. In response to *A Healthier Wales* there is a drive to increase placements within the community and primary care settings. The increase in trainee and student numbers along with the complex arrangements for managing placements has identified the need to rethink the current locally managed arrangements and to introduce a national 'Once for Wales' system which is accessed locally. This approach will also include the quality assurance of placement areas.

In addition to this delivering education and training through a sustainable infrastructure of professionalised and appropriately skilled/trained educators is essential to the quality of learning and the trainee/student experience. There are currently different approaches taken by each professional group which have developed over time, the establishment of HEIW provides the opportunity to review these and develop an approach for Wales which maximises trainee and student experience. This will also enable HEIW to maximise learning opportunities across the whole of Wales.

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">• Establish clear standards and job specifications for TPD medical staff.• Introduction of a tariff and CPD provision for Medical Training Programme Directors (TPDs).• Review remuneration and appraisal/development arrangements for TPD Medical staff.• Set out clear standards and job specifications for TPD (medical).• Introduction of an appraisal process to support the Medical TPD roles.	<ul style="list-style-type: none">• Build and design an all Wales placement database.• Standardise roles involved in supporting students in practice.• Develop key placements in rural areas, community and primary care.• Roll out the placement quality assurance process across all HEIW managed placement areas.	<ul style="list-style-type: none">• Evaluate impact of professionalization and review/refine.• Implement outcome of scoping.• Embed principles and processes in the system.• Test and roll out All Wales placement database.• Report on outcomes, evaluation, sharing best practice, identifying concerns

<ul style="list-style-type: none"> • Modernise and streamline dental core training management structure and delivery of training. • Scope current arrangements to support learning in practice e.g. TPD for medical, Practice Education Facilitators etc. across all Health Boards and staff groups. • Review Job Descriptions and standardise responsibilities ensuring equitable level of support and service across all parts of Wales. • Establish baseline of current configuration and support. • Develop a quality assurance framework for placement areas managed by HEIW. • Work with key partners scope trainee and student placements and identify new opportunities in community and primary care • Secure agreement to a future vision of education and training in primary care • Agree a plan for education and training infrastructure in primary care including standards, governance arrangements and funding approaches. • Develop a quality assurance framework for placement areas managed by HEIW 		and develop improvement processes.
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What does success look like in 2023?

In 2023 there will be an improvement in trainee and student experience; consistent approach and quality of delivery of the roles. TPDs feel valued and recognised for the contribution they make.

Strategic Objective 2.4: Lead the development and implementation of a digital capability framework for the healthcare workforce

Executive Lead: Julie Rogers / SRO: Chris Payne

Why?

There is a mismatch between the pace of digital and technological change and our ability to implement and embed them in everyday work. This includes the use of everyday IT systems as well as genomics, digital medicine, artificial intelligence and robotics. As a system leader for education and training of the workforce, there is a requirement for us to build the confidence and capability of the current workforce in digital literacy and to address future requirements as articulated in the *Topol Review*. This objective aligns with the Workforce Strategy Theme 4 (Building a digitally ready workforce), Action 15 (implement a “Building a Digitally Ready Workforce Programme” focused on enhancing the digital literacy and confidence of the wider health and social care workforce in Wales). This objective meets the Wellbeing of Future Generations Act 5 ways of working and aligns with *A Healthier Wales* 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.

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">• Define and agree with partners the scope of and definition of ‘A digital ready workforce’• Engage with HEE and NES with a view to understanding their learning and actions in this area and exploring whether these could be adopted or adapted for the NHS Workforce in Wales.• Prepare and consult with partners on a costed implementation plan – including the development of a framework of digital skill competencies; and proposals for an All Wales Digital forum for prioritising, co-ordinating and sharing best practice.• Scope with Health Boards the timing and undertaking of a Digital Capability Review.	<ul style="list-style-type: none">• Implement the action plan with partners, ensuring the delivery of:<ul style="list-style-type: none">○ a Digital Capability Discovery Tool for NHS Wales.○ a Digital Capability Role Profiles for Healthcare roles in NHS Wales.○ A training and education programme in digital healthcare technologies to enable our workforce to build their digital readiness.• Undertake a Digital Capability Review.	<ul style="list-style-type: none">• Continue to implement action plan, reviewing effectiveness and impact as actions are progressed.

What does success look like in 2023?

We will be clear about the digital capabilities of the NHS Workforce, and what a digitally ready workforce would look like. capability and competence. The workforce will be confident in the adoption and usage of current and new technologies saving valuable time to release for patient care.

Strategic Objective 2.5: Develop a plan in conjunction with Welsh Government for the future allocation of SIFT funding

Executive Lead: Eifion Williams / SRO: Rhiannon Beckett

Why?

Historical arrangements are still in place regarding Service Increment for Teaching (SIFT) which are not aligned to current or future educational needs. These arrangements need to be reviewed and a new model developed in conjunction with Welsh Government and NHS colleagues and based upon a review of the original recommendations made in the Scott Report in 2013.

See also previous objective 2.5 'Develop a sustainable approach to clinical placements across the NHS Wales system to support future delivery of education and training'.

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">• Review changes and developments in SIFT in other parts of UK.• Work with Welsh Government colleagues to update and prioritise recommendations from Scott Review (2013) regarding SIFT in light of current policy priorities.• Raise awareness of the recommendations and implications with other NHS organisations.• In partnership with Welsh Government, wider stakeholders (Universities) and NHS colleagues address the funding obstacles to making improvements to the allocation of infrastructure SIFT.• Develop implementation plan with Welsh Government for new arrangements and capacity for managing infrastructure and placement SIFT within HEIW in line with education priorities for the future.	<ul style="list-style-type: none">• Welsh Government, determine future funding arrangement for SIFT with the potential that this is transferred to HEIW to allocate to Health Boards.• HEIW working with others will implement new arrangements for allocation of SIFT to Health Boards.	<ul style="list-style-type: none">• Evaluate new arrangements for allocation of SIFT.

What does success look like in 2023?

An agreed new transparent model of SIFT funding agreed, implemented and managed by HEIW in line with objectives of *A Healthier Wales*. Funding better aligned to supporting future education needs and the link between funding and training is more transparent.

Strategic Objective 2.6: Maximise opportunities for work-based learning and apprenticeships in health

Executive Lead: Stephen Griffiths / SRO: Martin Riley

Why?

Work based learning provides opportunities for those who cannot access traditional education programmes delivered through Universities or Further Education Colleges to access education locally and through a means which supports them whilst in employment. The health sector needs to grow its workforce and all opportunities to support the development of the current and future workforce need to be utilised, work-based learning and apprenticeships provide such an opportunity. This is particularly important in rural and remote areas of Wales where recruitment and attraction can be a significant challenge.

In addition to increasing the accessibility of provision, HEIW is in a pivotal position to provide an equitable, consistent and national approach to the development, delivery and assessment of work-based learning programmes through becoming a main contractor for the delivery of apprenticeships and also becoming the Sector Skills Council for Wales.

This objective aligns with the national Workforce Strategy, Theme 5 (Excellent Education and Learning), Action 22 (Widen access to health and social careers by developing the work-based learning model).

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">• Scope organisations' current models of work based learning delivery, including Apprenticeships and identify the added value that HEIW could bring to this arena.• Work with Welsh Government to develop a suite of health apprenticeship frameworks that meet the needs of the NHS Wales workforce.• HEIW to work with NHS Wales to ensure that there is appropriate representation on the foundation economy subgroups of the 3 Regional Skills Partnerships (RSPs).	<ul style="list-style-type: none">• HEIW to establish a mechanism for keeping up to date with Apprenticeship developments in England, at a strategic and operational level• Develop effective tripartite mechanisms for HEIW, NHS organisations and Universities.• Develop core common multi-disciplinary principles for supporting students in practice.• Develop training models for dispersed learning, e-learning and widening access.• Develop a new suite of performance management and student monitoring tools	<ul style="list-style-type: none">• Develop and implemented a new approach to support learning in practice for all students and trainees.• HEIW will provide the quality control systems and processes for NHS Wales education.• HEIW will quality control all e-learning content.• HEIW will develop a kite mark for education provision delivered across NHS Wales.

<ul style="list-style-type: none"> • Draft Quality Assurance Framework for Work Based Learning to include HEIW role in standardisation of work-based learning. 	<p>to benchmark, improve knowledge, improvement and to roll-out best practice.</p> <ul style="list-style-type: none"> • HEIW to expand the number and range of qualifications it is permitted to deliver by Agored and City and Guilds. • Scope the infrastructure requirements to support WBL across NHS Wales e.g. delivery models, resources, register of assessors and IQAs. 	
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What does success look like in 2023?

HEIW will be a main contractor to draw down funding from Welsh Government to deliver health apprenticeships and will be the Sector Skills Council for Wales. HEIW will have developed a draft Quality Assurance Framework for Work Based Learning to include HEIW role in standardisation of work-based learning. We will have improved access to health careers through 'grow your own approaches and or widening access activities.

Strategic Objective 2.7: Implement improvements to ensure equitable access to education and training for SAS and locally employed doctors

Executive Lead: Push Mangat / SRO: Peter Donnelly/ANO

Why?

Wales relies more than any other UK country on service focused junior doctors. There is increasing evidence in Wales and the UK that this group of doctors would benefit from increased support of many types (Listening Exercise, Staff surveys, GMC Survey, CUREMeDE research and evaluation study). Currently there are no national support systems in Wales nor clarity of expectations of local support for this group. They are a key component to the delivery of services for patients.

The Workforce Strategy for Health and Social Care contains a number of actions that will directly benefit this group as part of the NHS workforce, as does this IMTP. However, we also believe that there is a need for a specific set of actions in relation to this group, in addition to the actions outlined elsewhere and set out in the SAS Doctors and Dentists Charter for Wales launched by the Welsh Government in 2016.

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">• Work with partners including employers to identify the support currently available and the gaps.• Review lessons and plans from across the UK• Scope a clear action plan setting out firm commitments in relation to support to be provided nationally and clear expectations on consistent and appropriate support to be made available via employers.• Work with Welsh Government to support the new contract negotiations and to ensure that the non-pay benefits are understood and secured.• Develop a comprehensive engagement process to test the proposals and assess the likely interest in the different potential elements of the support and development on offer.• Pilot in one health board an enhanced training structure for SAS grade doctors who want to progress.	<ul style="list-style-type: none">• Work with Medical Directors and the consultant body to ensure there is support for the actions proposed and a means for escalating issues as well as reporting on progress.• Finalise the plan and implement, ensuring buy-in from partners and staff prior to roll-out.• Develop an approach to survey this group and set benchmark.• Scope the establishment of a training supervisor network across specialties in each Health Board/Trust to support all SAS and locally employed doctors.	<ul style="list-style-type: none">• Explore with employers the provision of mentoring and executive coaching for SAS and locally employed doctors.• Evaluate the impact of actions in years 1 and 2 and refine as necessary.• Continue to implement the action plan.

	<ul style="list-style-type: none"> • Explore the benefits of establishing dedicated CESR support in HEIW and produce business case. • Evaluate the services provided to SAS and locally employed doctors and implement recommendations. 	
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What does success look like in 2023?

SAS doctors and dentists and locally employed doctors feel valued and supported; improvement in feedback through staff surveys. Increased numbers of SAS and locally employed doctors gaining their certificate of eligibility for specialist registration or certificate of eligibility for general practice registration and progressing to consultant posts.

Strategic Objective 2.8: Improve opportunities for trainees and students to undertake education and training through the medium of Welsh

Executive Lead: Stephen Griffiths / SRO: Huw Owen

Why?

Wales is a multilingual society in which Welsh and English are recognised equally. The ability to communicate effectively to those who provide healthcare is a right an individual whose first language is Welsh can reasonably expect. As the deliverer and commissioner of health education programmes HEIW can play an important role in promoting and supporting an environment where access to education through Welsh is possible and indeed promoted. HEIW will continue to work in partnership with the Welsh Government, education providers, National Centre for Learning Welsh, Coleg Cenedlaethol Cymraeg and other stakeholders to build on the success of recent years and further improve opportunities to deliver education and training through the medium of Welsh. This aligns with the national Workforce Strategy Theme 5 (Excellent Education and Learning), Action 18 (Work with the education providers to ensure education meets the needs of the health and care system, and includes programmes delivered through the medium of Welsh. It also aligns with The Wellbeing of Future Generations Act, and with *A Healthier Wales* through strengthening the provision of Welsh language services.

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">• Scope current accessibility to welsh language education provision across all commissioned and HEIW delivered programmes• Map placements which can be accessed through the welsh language• Base level understanding of Welsh language awareness incorporated within education contract specification, including the active offer, so that upon qualification students are able to optimise clinical outcomes for Welsh speaking patients.• Establish mechanisms to monitor the number of trainees and students receiving Welsh Language bursaries from the Coleg Cenedlaethol Cymraeg.• All students and trainees have access to welsh language lessons should they wish to learn welsh.	<ul style="list-style-type: none">• Make health and social care careers more accessible and relevant to Welsh speakers.• Continue to develop more health specific learning resources.• Working with the Coleg Cenedlaethol Cymraeg increase the number of posts funded across welsh universities.	<ul style="list-style-type: none">• Build on previous years' work.

<ul style="list-style-type: none"> Continue to promote opportunities to teach, use and recruit through the language in the Outreach programme. 		
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What does success look like in 2023?

Health professional education programmes are available in totality or in part through the Welsh language and they are seen as a positive choice for individuals who wish to study through the Welsh language.

Strategic Objective 2.9: Review career pathways and education opportunities for the clinical academic and research workforce

Executive Lead: Stephen Griffiths / SRO: Angie Oliver

Why?

High quality research can break the legacy of ill health, develop a prosperous society through collaborative engagement with universities, industry and the third sector and create a highly skilled workforce, all of which are included in the key aims set out by the Welsh Government's national strategy 'Prosperity for All'. In support of this, Welsh Government provides R&D funding to all Health Boards and Trusts to encourage and develop a platform of high-quality research. As well as the benefits conferred to patients, research active organisations provide better care not least because research generates evidence which ultimately transforms practice. The development of an evidence base requires skilled and capable clinical academics and research staff with the capacity to develop and test new knowledge, this is not a luxury but a critical component to improve patient safety and ensuring the delivery of high quality of care and is in line with Government policy. This aligns with the national Workforce Strategy Theme 5 (Excellent Education and Learning), Action 20 and will need to form an integral and cohesive element within the implementation plans relating to undergraduate pre-registration education and on continuing professional development.

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">• Identify key stakeholders and establish a national task and finish group.• Map current clinical academic and research workforce.• Identify all current funding mechanisms which support the development of clinical academic careers and those which build research capacity e.g. WCAT, RCBC, Advanced practice funding etc.	<ul style="list-style-type: none">• Develop an agreed work programme which ensures all current investment is maximised against an agreed set of national priorities – these priorities will need to be agreed.• Work with others in HEIW to ensure clinical academic and research career development opportunities are mapped into their programmes of work.• Consider with all other stakeholders how current funding mechanisms could be pooled to gain maximum benefit.	<ul style="list-style-type: none">• Ensure that funding and development opportunities are clearly identifiable.• Ensure that the evidence regarding the contribution to patient safety is clearly available.• Ensure that NHS organisations invest in this workforce.

What does success look like in 2023?

Those wishing to develop a clinical academic career/research career can identify clear career pathways, can identify funding/development opportunities and the NHS recognises that establishing such posts is an investment in patient care and not a cost to be borne.

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

All of the objectives and deliverables under this aim, align with the Workforce Strategy Theme 6 (Leadership and Succession), Actions 25 (develop a strategy to drive a consistent approach to compassionate leadership in health and social care in Wales), Action 26 (establish an accessible range of leadership development resources and programmes for individuals and organisations) and Action 27 (develop a talent management pipeline for the most senior leadership roles). Collectively they provide an opportunity to influence cultural change within NHS Wales towards a more collective and compassionate culture, with significant benefits for staff wellbeing and thus patient outcomes. This Aim also links to Future Generations Act in all five ways of working, i.e. long term, prevention, integration, collaboration and involvement. It also aligns with Social Services and Well-being (Wales) Act 2014. *A Healthier Wales* outlines the responsibility of leaders to improve services for patients and citizens and deliver the transformational agenda.

Strategic Objective 3.1 Lead the implementation of the Health & Care Leadership Strategy through the NHS Wales Compassionate and Collective Leadership framework for action

Executive Lead: Julie Rogers / SRO: Helen Thomas

Why?

This is a continuation of the Annual Plan (2019-20) to develop a leadership strategy with Social Care Wales and Academi Wales for health and care. The Parliamentary Review identified the need for development of effective leadership, and this was reinforced by findings from the NHS Staff Survey and our consultation and engagement exercises undertaken in the last 6 months on the Workforce Strategy and development of this IMTP. NHS Wales, supported by the Welsh Government, has agreed that Compassionate and Collective Leadership at all levels will be the approach for our health workforce. There is a significant amount of research and evidence underpinning the approach, and a clear and explicit link between culture, staff wellbeing and quality and safety of patient care.

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">• Drive the implementation of the framework for action through extensive, marketing and engagement.• Develop and promote a cultural assessment tool that reliably measures compassionate and collective culture and behaviours within organisations.	<ul style="list-style-type: none">• Provide leadership conference and learning events to share best practice.• Influence the inclusion of the enhanced management competences across all manager related job descriptions and person specifications.	<ul style="list-style-type: none">• Create capability and capacity within HEIW to deliver programmes.• Continue to develop Leadership resources that are available bilingually, pan Wales.

<ul style="list-style-type: none"> • Review and promote a range of existing evidence-based culture and leadership tools aimed at creating cultures of collective leadership across organisations and teams. • Create a network of Collective Leadership Champions to support implementation and development/use of resources. • Provide annual leadership conferences and learning events aimed at enabling widespread adoption of best practice. • Influence and support the implementation of undergraduate leadership modules (embedded with quality improvement and digital leadership) across the curriculum. • Commence the curation of 'manager core skills' resource hub that promotes inclusivity and equips managers with essential and portable management skills that compliments local management development programmes. • Review and update the NHS Wales manager competence framework 	<ul style="list-style-type: none"> • Create OD capacity across health through provision of evidence-based leadership, culture tools and assessments. • Develop a range /dashboard of workforce measures to assess the effectiveness of leadership and culture within organisations. • Actively engage and influence the ESR re-procurement to ensure Wales Talent Management requirements are reflected. • Support the development of a senior leadership recruitment process for Director and Executive appointments. • Continue to lead and support a network of Collective Leadership Champions/accredited practitioners. • Partner with The Kings Fund to design evidence-based leadership development opportunities. • Establish a leadership collaboration hub that is externally facing and enables learning from industry. 	<ul style="list-style-type: none"> • Develop expertise within HEIW to provide leadership and OD support for executive leaders. • Establish a network /faculty of Leadership associates who can support Executive development. • Provide leadership conference and learning events to share best practice. • Review the impact of the NHS Leadership framework for action.
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What does success look like in 2023?

Enhanced leadership capacity and capability at all levels across the system, with organisational cultures and leadership capacity created. A growing social movement of compassionate and collective leaders acting as ambassadors for culture change. Leaders will prioritise the health and wellbeing of staff and building positive, safe and compassionate environments. This will in turn generate innovation and continually improve services for the people of Wales whilst promoting NHS Wales as the best place to work.

Strategic Objective 3.2: Lead the implementation and management of the NHS succession planning framework for Tiers 1 -3 and monitor progress

Executive Lead: Julie Rogers / SRO: Helen Thomas

Why?

This is also a continuation of the Annual Plan (2019-20) to implement a succession planning and talent management framework for NHS Wales. We are now in a position to develop and enhance senior leadership capacity and capability across NHS Wales through robust succession planning and establishment of a senior leadership talent pool for tiers 1-3. The Succession Planning Strategy for NHS Wales 2017-2027 places responsibility for succession planning and talent management tiers 4 and below with local organisations. Whilst HEIW's role is not explicit for those other tiers, we do believe we have a supporting role and many of the actions we have outlined will assist local organisations in carrying out their responsibilities.

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">• Develop a map of prioritised senior leadership positions for succession planning.• Provision of a Talent Summit for identified talent to enable the co-design of an inclusive talent management process and leadership development framework.• Support identified talent through provision of a series of master classes that supplement experiential learning opportunities and Academi Wales senior leadership programmes.• Develop the specification and commence the procurement process for a national talent management solution.• Review and refresh existing leadership competence, behaviours and values frameworks to create 'success profiles'.• Develop an inclusive process for senior leadership talent identification that includes positive action schemes, assessment / development centres and a leadership development framework.	<ul style="list-style-type: none">• Monitor the inclusive process for senior leadership talent identification.• Review the NHSE/I digital talent management solution for use across Wales.• Continue delivery of executive and director assessment / development centres to identify possible successors for prioritised posts.	<ul style="list-style-type: none">• Widen access to senior leadership development to reflect local population requirements.• Continued delivery of executive and director assessment / development centres to identify possible successors for prioritised posts.

<ul style="list-style-type: none"> • Develop a marketing and engagement plan to promote the senior leadership talent and succession planning strategy and development frameworks. • Promote the establishment of student leadership academies across all Wales universities that enable progression to leadership networks and talent pools. 		
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What does success look like in 2023?

An equitable, consistent and national approach to attracting and developing senior leaders across NHS Wales and an increased diversity of senior leaders that reflect local population needs. A sustainable pipeline of senior leaders able to create effective compassionate and collective workplace cultures where staff are valued and supported to provide continually improving patient care. Availability of 'home grown' talent that can deliver against strategic objectives and lower turnover at Chief Executive and Executive levels.

Strategic Objective 3.3: Lead the implementation and management of the Digital Leadership portal

Executive Lead: Julie Rogers / **SRO:** Helen Thomas

Why?

Providing access to a range of bilingual digital leadership materials, resources, networks and support is a key enabler to supplementing formal leadership development and influencing the shift towards a compassionate and collective culture in teams, organisations and the system. The HEIW leadership portal will reach diverse audiences providing access to national leadership resources and opportunities as well as signposting to opportunities across NHS Wales organisations. This will promote inclusivity and fairness to accessing leadership development opportunities across the NHS and wider sector workforce.

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">• Commence the curation and establishment of a Leadership resource library that provides evidence-based resources that reflect the leadership strategy and support compassionate and collective approaches.• Develop and implement an operating model for the digital portal for wider implementation across HEIW and NHS Wales organisations.• Brand and extensively market the HEIW Digital Leadership Portal.• Manage digital leadership portal accounts and queries, whilst maintaining and developing the portal in line with user feedback.• Promote the HEIW leadership programmes and link to leadership and management development opportunities across Academi Wales and NHS Wales Health Boards and Trusts.• Utilise the portal for managing conference events, master classes etc to reach diverse audiences.	<ul style="list-style-type: none">• Review and evaluate functionality of software using agreed test scripts in preparation for wider HEIW re-procurement.• Integrate the digital leadership portal contract into the HEIW learning management system contract.• Continue to curate and enhance bi-lingual leadership and management resources available via the portal.• Continue to market and widen access to the Digital Leadership Portal.• Create a Welsh language learning network and resources available through the medium of Welsh to better promote opportunities to engage and learn.	<ul style="list-style-type: none">• Continue to curate and enhance the leadership and management resources available via the portal.• Continue to enhance and market the Digital Leadership Portal.

What does success look like in 2023?

An inclusive, bilingual digital self-service leadership portal available 24/7 providing access to a range of up to date, accessible, evidence-based leadership resources and networks.

Strategic Objective 3.4: Lead the establishment and management of a Wales Leadership alumni and range of leadership networks

Executive Lead: Julie Rogers / **SRO:** Helen Thomas

Why?

This is also a continuation of the Annual Plan (2019-20) to implement an alumni leadership network. Transformation of services require leaders at all levels that can create and maintain relationships across traditional boundaries. Alumni's provide opportunities by connecting people to help them develop personally and professionally. Members of leadership alumni's will be instrumental in promoting senior leadership roles and experiences, whilst offering practical support to aspiring leaders including mentoring, shadowing and coaching. Collective and compassionate leadership is at the heart of what we are aiming to achieve and we would want to develop an Alumni that is championing and role-modelling these behaviours.

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">• Create a collective leadership network providing opportunities for a diverse range of individuals to become actively engaged in promoting and supporting the leadership agenda across NHS Wales.• Create a range of alumni networks to support existing leadership development cohorts.• Provide a series of leadership master classes, webinars, networking events, online videos and resources.• Provide a series of guest leadership blogs and interviews.• Influence the establishment of student leadership academies within all Wales universities that promote access to NHS leadership networks and alumni.• Secondary Care: Establish a leadership alumni and establish collaborative network of trainee leadership roles.• Pilot and evaluate a trainee leadership network meeting/event and review existing wellbeing strategy/courses.	<ul style="list-style-type: none">• Create an online alumni directory to enable existing and aspiring leaders connect.• Create a NHS Wales graduate leadership alumni.• Continue to provide opportunities for alumni's through leadership development opportunities and masterclasses etc.• Further embed a co-ordinated approach to alumni networks across NHS Wales.• Further embed a co-ordinated approach to trainee leadership networks across Wales and continue to arrange network event if successful in 2021.	<ul style="list-style-type: none">• Continue to host alumni networks and provide a range of supplementary master classes, workshops and support for existing and aspiring leaders.

What does success look like in 2023? A range of alumni networks enabling leaders to remain supported, engaged and informed on emerging leadership resources and research.

Strategic Objective 3.5: Lead the adaptation, development and implementation of leadership programmes and resources for clinical leaders from a range of professional backgrounds

Executive Lead: Julie Rogers / SRO: Helen Thomas

Why?

In a changing service landscape, there are significant challenges for leaders within the NHS. An increasing focus on quality, and unprecedented levels of change require leaders to lead in different ways. Whilst we firmly believe that there needs to be an increased focus on integrated professional learning, we also recognise that there is a need for specific clinical programmes. This new objective will ensure that clinical leadership development is maintained but repurposed to include opportunities for clinicians from different professional backgrounds. Collective and compassionate leadership approaches will underpin all of the new programmes.

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">• Review and relaunch the medical leadership programme inherited from Academi Wales to open it up to all clinicians.• Establish the infrastructure to run the programme.• Expand the Welsh Clinical Leadership Fellows scheme to include placements for optometrists; review the potential to expand to other clinicians in future years.• Scope the clinical leadership offer across Wales, identifying gaps.• Support primary care clusters to develop leadership capacity through a range of bespoke leadership and quality improvement modules.• Support a range of experiential leadership opportunities including coaching and mentoring.	<ul style="list-style-type: none">• Use scoping to frame the development of a suite of inclusive clinical leadership development offerings, digital resources and networks.• Evaluate the clinical leadership programmes, recruitment process and employee experience.• Provide a schedule of clinical leadership development programmes and experiential frameworks.• Support Primary Care Clusters to develop and grow leadership capacity.	<ul style="list-style-type: none">• Continue to review and enhance clinical leadership development programmes.• Continue to develop and promote inclusive digital leadership resources.• Continue to support Primary Care Clusters to develop and grow leadership capacity.

What does success look like in 2023?

The development of confident clinical leaders able to effectively lead transformational change through a model of compassionate and collective leadership.

Strategic Objective 3.6: Lead the review, improvement and re-launch of the NHS Wales Graduate training scheme

Executive Lead: Julie Rogers / SRO: Helen Thomas

Why?

To create diverse leadership capacity across NHS Wales requires robust succession planning and talent management strategies. This is a critical element of succession planning through the provision of annual pipelines of aspiring leaders to NHS Wales and the wider system. This is a new objective for HEIW to lead the review, improvement and re-launch of the NHS Wales Graduate training scheme. The NHS Wales graduate leadership scheme will align where practical with the NHS Wales Finance Leadership graduate scheme and the Academi Wales public sector graduate scheme, creating diverse learning networks and shared experiences with collective and compassionate leadership as a core element of the scheme.

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">• Research best practice models to re-establish and re-launch the NHS Wales graduate leadership scheme.• Develop the component elements of the graduate programme including masters qualification and placements.• Establish the operating model for the graduate scheme.• Identify / train a range of mentors and coaches to support the graduates during their placements.• Develop a marketing strategy and engagement plan to attract graduate applicants to the NHS Leadership scheme.• Develop an inclusive recruitment, assessment and induction process	<ul style="list-style-type: none">• Recruit a new cohort of graduates to the NHS Wales graduate scheme.• Evaluate year 1 of the graduate scheme and create lessons learned to inform improvements.• Implement year 2 of the graduate leadership programme.	<ul style="list-style-type: none">• Recruit a new cohort of graduates to the NHS Wales graduate scheme.• Evaluate year 2 of the graduate scheme and create lessons learned to inform improvements.

What does success look like in 2023?

An established NHS Wales graduate leadership scheme that effectively contributes to increased capacity of professionally diverse senior and executive leaders across NHS Wales delivering a sustainable creating a rich and diverse pool of aspiring leaders for senior and executive leadership positions across NHS Wales.

Strategic Objective 3.7: Lead the development, implementation and management of the new NHS Executive Collective and Compassionate Leadership programme

Executive Lead: Julie Rogers / SRO: Helen Thomas

Why?

In a changing service landscape, there are significant challenges for leaders within the NHS. Greater demands for efficiency and unprecedented levels of change require leaders to lead in different ways. A national suite of inclusive clinical and executive leadership development programmes will engage clinical and non-clinical colleagues to create supportive and effective cultures that are conducive to innovating and delivering patient-focused care. This is a new objective for this IMTP.

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">• Develop a suite of inclusive executive leadership development offerings, digital resources and networks.• Provide national executive leadership development programmes, underpinned by collective and compassionate approaches.• Support a range of experiential leadership opportunities including coaching and mentoring.• Develop a suite of alumni masterclasses that enable learning from experts, industry and other public-sector bodies.• Harness talent, maintain visibility and provide continued support to aspiring and existing talent so they are not lost within the system and can remain current and engaged through utilising of a digital talent management solution.	<ul style="list-style-type: none">• Evaluate the executive leadership programmes, recruitment process and employee experience.• Provide scheduled executive leadership development programmes and experiential frameworks.• Scope the option of HEIW playing a leading role in executive leadership recruitment.	<ul style="list-style-type: none">• Continue to review and provide executive leadership development programmes.• Continue to develop and promote inclusive digital leadership resources.• Continue to explore opportunities to develop and grow leadership capacity within NHS Wales.

What does success look like in 2023?

Increased capacity of professionally diverse senior and executive leaders across NHS and public-sector Wales who can create the conditions and infrastructure for continuously improving high quality care.

Strategic Aim 4: To develop the workforce to support the delivery of safety and quality

The objectives in this section have been developed in response to the service delivery challenges of the system as whole and individual organisation IMTPs. These have been developed through our interaction, engagement and dialogue with Health Board and Trust partners and through sitting on respective national groups. Our unique set of functions provides us with a unique position within NHS Wales to collaborate, engage and support addressing these challenges identified through appropriate systems leadership.

Strategic Objective 4.1: To develop a good practice toolkit and resource guide to support the workforce model in unscheduled care

Executive Lead: Push Mangat / **SRO:** Charlette Middlemiss

Why?

Unscheduled care is a complex system which spans urgent in hours primary care, urgent out of hours primary care, ambulance services, Emergency Departments, in patient services and discharge pathways. This “front door” pressure leads to system failures within hospitals. Many of the objectives throughout this plan will contribute to an improvement in the unscheduled care workforce in general terms, for example, as a result of increased numbers of staff being trained, more investment in advanced practice.

The purpose of this objective is to support the improvement work being undertaken by NHS organisations with a specific focus on how to support, develop and redesign the unscheduled care workforce to best effect. Building on the primary care workforce compendium model, this will make good practice, resources, job descriptions, roles, training and other workforce initiatives relevant to unscheduled care much more accessible to front line and leadership teams to help them find solutions.

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">• Scope and review existing support and provision relevant to unscheduled care workforce (wellbeing, skills, training, etc).• Scope and review workforce implications of new models of unscheduled care and good practice in workforce development across the UK.• Consult with front line staff to identify workforce challenges and requirements.	<ul style="list-style-type: none">• Continue to progress development work to support and innovate unscheduled care workforce model.• Review and evaluate first good practice guide.• Continue to research and disseminate good practice and innovation.	<ul style="list-style-type: none">• Continue to research, evaluate and disseminate good practice.

<ul style="list-style-type: none"> • Progress development work for new initiatives to support any gaps identified in what's available in NHS Wales. • Launch the first good practice guide for winter 2020. 	<ul style="list-style-type: none"> • Relaunch the good practice guide for winter 2021. 	
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What does success look like in 2023?

More sustainable and fit for purpose workforce models in unscheduled care and more consistent approach to workforce challenges across NHS Wales.

Strategic Objective 4.2: Contribute to the workforce planning and workforce development requirements for the Major Trauma Network (MTN)

Executive Lead: Push Mangat / SRO: Angie Oliver

Why?

In March 2018, each of the six Health Boards serving the populations of South Wales, West Wales and South Powys formally agreed to recommendations for the development of a Major Trauma Network for the region and HEIW is supporting in terms of the workforce implications of this service development. An analysis of the skills gap across a range of professional groups is being undertaken to assist in identifying other training needs which may benefit from HEIW support. Examples include Advanced Practice in Trauma management and Masters Modules. Additional training needs for paramedic staff are currently being identified.

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">Engage with WHSSC to address overlaps between the workforce needs of the MTN and our Commissioning processesHEIW will work with the MTN assisting with the following Training Requirements: Trauma Triage, Trauma Team working, Trauma Team Leadership, Damage Control Surgery, Rehabilitation Skills.	<ul style="list-style-type: none">Evaluate the impact of the roles that have been appointed in 2020-21.HEIW will work with the MTN assisting with the following Training Requirements: Prehospital Trauma, Scribe Course, Nursing Trauma Ward Course, Paediatric Trauma, Trauma Reception Airway Course, T&O Course, MedTRIM Course, European Trauma Course, Damage Control Orthopaedics, Trauma Theatre Course.	<ul style="list-style-type: none">Evaluate the impact of the roles that have been appointed.

What does success look like in 2023?

The Major Trauma Network will have been supported from an Education and Training perspective by HEIW in respect of improving patient survival and outcomes; enhancing multi-professional training and education; and developing new roles and ways of working.

Strategic Objective 4.3: Lead the workforce development and training requirements to support the Single Cancer Pathway

Executive Lead: Stephen Griffiths / SRO: Head of Healthcare Science Transformation

Why?

The introduction of the Single Cancer Pathway is a key Welsh Government commitment and policy initiative. The Single Cancer Pathway is the culmination of more than three years of work to change how Health Boards identify and report cancers, and to improve patients' cancer experiences, the pathway sets out a maximum of 62 days from point of suspicion to the commencement of the first treatment. In order to deliver this there are significant workforce challenges. The three areas which HEIW is going to target to support in order to realise compliance with the Single Cancer Pathway are imaging, pathology and endoscopy.

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">• Establish a national training programme for clinical endoscopists.• Complete a review of endoscopy, imaging and pathology workforce.• Completed actions from the National Endoscopy Action Plan.• Identify national priorities for investment in extended/advanced roles across endoscopy, imaging and pathology workforce.• Identify best practice workforce models to be adopted locally.	<ul style="list-style-type: none">• Increase capacity to support training and education to train the future workforce.• Health Boards have adopted principles of best workforce model identified in 2020-21.	<ul style="list-style-type: none">• Identify further priorities for investment in education and training to meet service needs.

What does success look like in 2023?

The workforce required for the delivery of the Single Cancer Pathway will clearly identified with plans in place to support education and training of the current and future workforce. The number of vacancies will have reduced and compliance with the Single Cancer Pathway will have improved from the initial base assessment in 2019.

Strategic Objective 4.4: Develop a mental health workforce plan in collaboration with Welsh Government and Social Care Wales to support implementation of Together for Mental Health (this includes CAMHS)

Executive Lead: Stephen Griffiths / SRO Kerri Eilertsen-Feeney

Why?

Welsh Government is about to publish the *Together for Mental Health 2019-22* Delivery Plan, with a requirement for a more detailed mental health workforce plan. This is in recognition of shortages in particular professions (Medical, Nursing and Psychology) and also workforce considerations such as training, leadership, adequate supervision and wellbeing. Welsh Government has asked HEIW and Social Care Wales to work together to develop this plan over the next three years.

Mental health is one of the key commitments in *A Healthier Wales* and aligns with the national Workforce Strategy theme 3 (Seamless Workforce Models), Action 10 (Develop a multi-professional workforce plan to support implementation of Together for Mental Health).

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">• Work with Welsh Government to clarify expectations and timeline• Scope the current mental health workforce and assess implications for future need and models of care.• Review good practice and innovation from across UK and internationally.	<ul style="list-style-type: none">• Develop and consult on a workforce plan.• Enable Welsh Government to publish an agreed and costed plan.	<ul style="list-style-type: none">• Implement and evaluate key actions arising from the plan.

What does success look like in 2023?

A more sustainable pipeline of staff with the right skills to work in mental health.

Strategic Objective 4.5: Improve post registration education, support and training pathways to ensure all health care professionals can develop beyond the point of initial registration.

Executive Lead: Stephen Griffiths / SRO: Charlette Middlemiss

Why?

Initial education and training for all health professionals takes individuals to a point where the professional regulator identifies the newly registered professional is fit to practice. However, at this point individuals are novice practitioners and lack confidence. To maximise their contribution further development is required, this may be formal or informal. There is variation across regulators as to the requirements for each profession post registration, for example medical staff have to undertake further regulated training in order to become a consultant or General Practitioner, for other registrants this is not so prescriptive. The development of newly registered staff beyond initial registration is essential to attract individuals to train and work in Wales, to increase the confidence and competence of the workforce, to extend the scope of practice of registrants which will support workforce redesign.

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">• Implement the planned expansion of the Foundation programme for medicine with placements across secondary Care, GP and the community.• Lead the development and implementation of a learning and development framework for the Health Professional Workforce.• Scope the need for support following registration for all professional groups.• Lead the work on the introduction of new roles e.g. the Anaesthesia Associate in NHS Wales in partnership with the service.• Identify how funding for advanced practice/extended skills can achieve value in the context of service priority areas.	<ul style="list-style-type: none">• Further expand the Foundation Programme with placements across secondary Care, GP and the community.• Support the service with the implementation of the learning and development framework.• Develop an implementation plan for support following registration should the scoping work identify a need for further work.• Support the service with new workforce models to release the time of senior clinicians and establish the potential for other new roles.	<ul style="list-style-type: none">• Final expansion of the Foundation Programme with placements across secondary Care, GP and the community.• Gain recognition as a centre of excellence for workforce transformation.• Increase funding in Advanced practice/extended skills based on demonstration of value achieved in previous years.

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| | <ul style="list-style-type: none">• Advanced practice/extended skills funding targeted to priority areas. | |
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What does success look like in 2023?

By 2023 there will be an increase in the number of foundation doctors appointed. We will also see an increase in the number of trainees accessing GP and community placements and an increase in the retention of trainees following foundation into Specialty training. A new learning and development resource will be used across Wales. More Anaesthesia Associates will be in training to support the theatre service. Also, by 2023 there will be an increase in behavioural science training being rolled out strategically across Wales.

Strategic Objective 4.6: Support implementation of primary care workforce model as part of the Strategic Programme for Primary Care

Executive Lead: Push Mangat / SRO: Charlette Middlemiss

Why?

The Strategic Programme for Primary Care is delivering the strategic direction that has been reinforced in *A Healthier Wales* to strengthen and expand care closer to home. To do this the workforce model in primary care needs to modernise, recognising the central role of the GP, but reflecting the need to support GPs with a wider multi professional team, and the additional opportunities that are part of the primary care cluster approach. For HEIW there is a need to both grow the workforce and support the clusters to develop the skills and expertise needed to work in primary care settings. We need to support clusters as they start to workforce plan, to ensure that there is a coordinated approach to workforce numbers at a national level. There is a link with other objectives in this plan particularly 2.3 related to the education and training infrastructure.

This aligns with the national Workforce Strategy Theme 3 (Seamless Workforce Models), Action 9 (Develop a multi-professional workforce plan to support implementation of the new primary workforce model under the strategic programme for primary care).

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">• Support the development of workforce planning and modelling at cluster level.• Implement the increase in GP trainees and roll out changes to GP training in line with the business case (subject to agreement).• Implement the increased numbers and multi sector pre-registration programme for pharmacy, supported by implementation of a single lead employer model.• Implement phase 2 of the transition programme for pharmacists.• Increase the number of Independent Prescriber pharmacists.• Support implementation of pace setter projects related to workforce.	<ul style="list-style-type: none">• Continue to improve skills and capability in workforce planning in primary care.• Continue to implement the increase in GP trainees and roll out changes to GP training in line with the business case (subject to agreement).• Evaluate the multi sector pre-registration programme.• Review future need for transition programme for primary care.• Continue to increase the number of Independent Prescriber pharmacists in line with need.	<ul style="list-style-type: none">• Consolidate expansion in GP trainee numbers.• Reflect cluster workforce plans in education and commissioning plans.• Continue to develop primary care training hubs/academies

<ul style="list-style-type: none"> • Develop proposals for an education/training infrastructure for primary and community care (academies/hubs) • Implement a communication plan in relation to HEIW's role and primary care clusters. • Role Development – national frameworks and training for new roles. A multidisciplinary approach to care; inter-professional working; community engagement; and leadership. • Develop a digitally enabled compendium of good practice for primary care. 	<ul style="list-style-type: none"> • Continue to share best practice in primary care workforce models. • Implement primary care training hubs/academies subject to investment 	
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What does success look like in 2023?

A more sustainable pipeline of staff with the right skills to work in primary care settings.

Strategic Objective 4.7: Support workforce development requirements of integrated care models being developed by Regional Partnership Boards

Executive Lead: Stephen Griffiths / SRO: Charlette Middlemiss

Why?

Regional Partnership Boards across Wales have been given access to a transformation fund to pump prime new ways of integrated working in line with implementation of *A Healthier Wales*. It is likely that as these projects are implemented they will require changes to the health and social care workforce, some of which will be implemented locally, but some of which will require an all Wales approach. The latter will ensure that local innovation becomes sustainable and can be scaled up as quickly as possible. This may include education and training programmes, role development and commissioning numbers.

This is a key action from the Workforce Strategy for Health and Social Care Theme 3 (Seamless workforce models), Action 11 (Translate the workforce models being developed through Regional Partnership Boards into a good practice guide for integrated working) and will be progressed with Social Care Wales.

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">• Review all transformation fund proposals to assess workforce implications and models.• Engage with Regional Partnership Boards to discuss future plans and ambitions in relation to integrated working.• Review IMTPs with regard to future plans and ambitions for integrated working.• Review best practice across UK and internationally to inform future work.	<ul style="list-style-type: none">• Develop or commission support needed for integrated workforce models.	<ul style="list-style-type: none">• Continue to review and evaluate activities.

What does success look like in 2023?

Development of a clear all Wales offer to support integrated workforce models in place.

Strategic Objective 4.8: Support the implementation of the *Maternity Care in Wales, A Five-year Vision for the Future (2019-2024)*

Executive Lead: Stephen Griffiths / SRO: Kerri Eilertsen-Feeney

Why?

The Welsh Government has published 'The Vision for Maternity Services in Wales' to ensure that 'Pregnancy and childbirth are a safe and positive experience, and parents are supported to give their child the best start in life'.

HEIW can provide the expertise and capacity to lead the implementation of several recommendations contained within the Vision and will enable the multi professional team to deliver family-centred care which display strong leadership within a culture of research and development, continuous learning, best practice and innovation.

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">• Identify inter-professional education opportunities across the university sector in Wales.• Identify how the new undergraduate education contracts can support inter-professional learning.• Identify how simulation training can be maximised for maternity staff including ultrasonography.• Review workforce lessons from the maternity services review	<ul style="list-style-type: none">• Introduce inter-professional learning opportunities.• Monitor introduction of the new education contracts.• Implement actions for increasing ultrasonography education to meet service needs.• Utilise multiple entry points for speciality training.	<ul style="list-style-type: none">• Build on the work undertaken in year 1 and 2.

What does success look like in 2023?

NHS Wales is recognised as an exemplar in the training and development of its maternity workforce through inter-professional education provision, recruitment to all training and student posts are filled and staff feel valued through the investment in their further development.

Strategic Objective 4.9: Secure the transfer of the Nurse Staffing Programme Team to HEIW and lead the further roll out of the programme across NHS Wales

Executive Lead: Stephen Griffiths / SRO: Kerri Eilertsen-Feeney

Why?

The Nurse Staffing Levels (Wales) Act was passed into law by the Welsh Government in 2016. The Act currently applies to acute medical and surgical inpatient wards across NHS Wales. The Welsh Government have committed to extending the Act within this term of Government and to support this the Welsh Government have committed to funding an extension to the programme management team. The Programme Management team which is currently located within Public Health Wales, Improvement Cymru team will be relocated to HEIW and we will be accountable for the delivery of the programme of work.

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">Secure the TUPE transfer of the Programme management team to HEIW and their integration into the organisation.Ensure the team is fully recruited and resourced.Review and revise programme management arrangement and accountabilities between Welsh Government, NHS Health Boards and Trusts and HEIWContinue the work to deliver the extension of the Act by April 2021Agree further areas for roll out of the Act	<ul style="list-style-type: none">Extend the Act into one further clinical arena.Ensure the capacity of the team is appropriate for the delivery of the work programme.	<ul style="list-style-type: none">Continue the work depending on priorities agreed with the new Welsh Government.

What does success look like in 2023?

The Act will have been rolled out to a minimum of one further clinical area and agreement has been reached for further extension of the Act to inform implementation.

Strategic Objective 4.10: Assess the Critical Care workforce needs across Wales and provide a framework which allows healthcare organisations to develop their Critical Care workforce plans

Executive Lead: Push Mangat / SRO: Clem Price

Why?

Welsh Government has provided significant investment to expand critical care capacity in Wales through the Critically Ill Implementation Group. To support this HEIW has been asked to produce a set of workforce planning options that reflect the multi-professional nature of Critical Care Delivery. Different Critical Care units and services will attract different workforce solutions.

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">• Complete analysis and review Health Board assessments to Critical care workforce needs.• Feed initial findings into training requirements for 2021-22.• Update workforce implications of new models of Critical Care and good practice in workforce development across the UK.• Incorporate impact of new Shape of Training in Medicine.• Consider the potential role of Physician Associates in Critical Care.• Complete scoping exercise for Anaesthetic Associates in Wales.• Create a series of options (pull down menu) for Health Boards to use in staffing their Critical Care areas.	<ul style="list-style-type: none">• Review impact of suggested staffing options.• Consider future role of Anaesthetic Associates and Physician Associates once they are regulated.• Continue to update other workforce options.• Review and re-issue staffing options.	<ul style="list-style-type: none">• Continue to review, evaluate and update staffing options.

What does success look like in 2023?

Flexible workforce models and training capacity established in Critical Care across NHS Wales.

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

Strategic Objective 5.1: Implement the People, Inclusion and OD Strategy

Executive Lead: Julie Rogers / **SRO:** Foula Evans

Why?

We want to be an employer of choice created by ensuring excellent colleague experience in a continually improving, inclusive and compassionate organisational culture where a focus on wellbeing underpins everything we do. Evidence shows that this results in staff who are happy in their work and work environment, enabling the attraction and retention of high-quality staff and add to its credibility as a leading NHS organisation in Wales. A culture of compassionate leadership will enable HEIW to achieve its aims in the right way and our aim is to be an exemplar in the public sector. Almost half of our staff are remote workers, many working 1.5 days a week or less for HEIW with the remainder of their employment being in other NHS organisations. Additionally, our staff come from a wide range disciplines and professions, as well as diverse experiences.

During 2019-20 we developed a People, Inclusion and OD Strategy which aims to harness the opportunities of our diverse workforce as well as to drive improvements in internal processes to facilitate working smarter not harder; to set out our approach to workforce flexibility that will eradicate silo working, improving job satisfaction, increasing productivity and removing duplication; as well as to clarify the expectations on our staff. Our values and behaviours framework will be central to all our policies and relationships.

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">• Launch and Implement the People & OD Strategy – actions will include:<ul style="list-style-type: none">○ Second Staff Survey/Pulse Survey – target to improve on the 2018 staff survey completion rate, as well as engagement index score.○ Continue the focus on managing attendance at work with a view to reducing sickness absence to below 4.79%.○ Focussed programme of activity to deliver PADR compliance to >85% and Mandatory Training Compliance to >85%.	<ul style="list-style-type: none">• Continue to implement the strategy - priorities will include:<ul style="list-style-type: none">○ Embed organisational values in recruitment, career progression and capability.○ Identified an organisational talent pool.○ Continue to measure staff experience.○ Evaluate the staff recognition approach developed in 2020-21.	<ul style="list-style-type: none">• Continue to implement the strategy – priorities will include:<ul style="list-style-type: none">○ Work towards and achieve ‘gold’ for IIP/Great Places to Work, building on actions in years 1 and 2.○ Coordinate the third staff recognition scheme.○ Commence second 2 year apprenticeship programme.• Evaluate impact of strategy and begin drafting new strategy in

<ul style="list-style-type: none"> ○ Develop an offer to remote workers including those based in the north that is tailored and appropriate, including in relation to training, engagement and access to offsite facilities such as hot desking. ○ Finalise the suite of employment policies and practices, taking opportunities to develop unified approaches across all staff; deliver training and support to managers. ○ Implement the agreed training plan including actions in relation to digital competencies and capabilities, ensuring HEIW has 'a digitally ready workforce'. ○ Develop a staff recognition approach. 	<ul style="list-style-type: none"> ○ Complete and evaluate first programme of Compassionate Leadership Management Programme. ○ Establish a Coaching network. ○ Complete and evaluate the first tranche of two year apprenticeship programme. ○ Undertake benchmarking of organisational progress against best practice, using research and evidence e.g. from CIPD. ● Focussed campaign on maximising the benefits of ESR across HEIW. 	<p>partnership with staff and staff representatives.</p>
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What does success look like in 2023?

HEIW will be an organisation with motivated, engaged and valued staff who are happy in their work and work environment and will be recognised as an inclusive employer of choice. Compassionate leadership will be lived and we will be seen as an exemplar amongst public sector employers. Our remote workers will feel involved and engaged with the organisation and we will be working smarter not harder with seamless working and cross team flexibility. We will also have achieved Gold Corporate Health Standard accreditation.

Strategic Objective 5.2: Lead, develop and embed a range of actions to support workforce and workplace wellbeing and excellent colleague experience within HEIW

Executive Lead: Julie Rogers / SRO: Angie Oliver

Why?

Building on our work to date and aligned with Strategic Objective 5.1, HEIW is committed to enhance the workforce wellbeing of our own staff. HEIW's commitment is to make both HEIW and the wider NHS Wales, an exemplar employer in its support for wellbeing at work building on work that is already underway in the NHS. This objective flows from actions included in the Annual Plan (2019-20) and will contribute to our external work of supporting the workforce wellbeing agenda across NHS Wales e.g. through piloting initiatives in HEIW before roll out across the staff group. Given the significance of workforce wellbeing and the substantial evidence of the link between staff experience and patient safety and quality, we have purposefully separated out this objective from the broader actions at 5.1.

This aligns with the Workforce Strategy Theme 1 (An engaged, motivated and healthy workforce), Action 1 (Introduction of a Health and Wellbeing Framework) and links to Future Generations Act in all five ways of working, i.e. long term, prevention, integration, collaboration and involvement. It also aligns with Social Services and Well-being (Wales) Act 2014 and *A Healthier Wales* in terms of prevention and early intervention, and the workforce dimension in the quadruple aim to enrich the wellbeing, capability and engagement of the health and social care workforce.

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">• Implement Health and Wellbeing Action Plan (year 1).• Develop and pilot health and wellbeing information, resources and evaluation tools in HEIW prior to sharing across NHS Wales.• Work towards and achieve the Bronze Corporate Health Standard accreditation.• Review the OH support arrangements for staff, including remote workers against best practice.• Ensure that HEIW's needs are represented in once for Wales Health and Wellbeing programmes.	<ul style="list-style-type: none">• Implement the Health and Wellbeing Action Plan (Year 2).• Evaluate the health and wellbeing initiatives through the Health Needs Assessment.• Work towards and achieve the Silver Corporate Health Standard accreditation.	<ul style="list-style-type: none">• Implement the Health and Wellbeing Action Plan (Year 3).• Evaluate the health and wellbeing initiatives in the action plan to inform future years, locally and nationally.• Work towards and achieve the Gold Corporate Health Standard accreditation.

What does success look like in 2023?

We will have developed and embedded a range of actions to support workforce and workplace wellbeing within HEIW, and we will have achieved the Bronze, Silver and Gold Corporate Health Assessment Standards. Our staff will feel valued, supported and levels of absence will be low.

Strategic Objective 5.3: Implement and embed the Welsh Language framework within HEIW

Executive Lead: Dafydd Bebb / **SRO:** Huw Owen

Why?

As a relatively new public body HEIW does not currently come under the Welsh Language Standards as stipulated in the Welsh Language Measure 2011. Nevertheless, we have taken the decision to be pro-active and have begun to implement from May 2019 a bespoke Welsh Language policy based on the Welsh Language Standards.

There are currently 6 sets of Welsh language Standards Regulations in existence, aimed at different types of bodies and reflecting their different operational prerogatives. Three sets of these are currently deemed to be relevant to HEIW: Set 2, (pertaining to National Bodies operating in Wales); Set 6, (relating to Educational Bodies) and Set 7 (relating to Health Bodies). Discussions are underway, with our preference being for HEIW to come under set 6 and 7, in recognition of HEIW's unique position as the education and training provider for the NHS. The outcome of these ongoing conversations will have a material effect on our medium to long term strategic and operational plans with regards to the Welsh Language.

It now seems highly unlikely that we will come Standards this year – and therefore the Welsh Language Commissioner has asked us to prepare a Statutory Language Scheme – as prescribed under the original (1993) Welsh Language Act.

This objective ties in with legislative requirements in Wales and broader policies and aims of the Welsh Government in this area including the Welsh Government's aim of one million Welsh speakers by 2050. Supporting the Welsh Language enables HEIW to support the Wellbeing of Future Generations Act's goal of ensuring a future for Wales with a vibrant culture and thriving Welsh language. It also aligns with the Workforce Strategy and *A Healthier Wales* through promoting Welsh language usage, increasing the Welsh language skills of our staff and extending the provision of Welsh language education for the future workforce of the NHS.

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">• Promoting awareness of the Welsh Language policy and, when they are introduced, the Welsh Language Standards.• In terms of Operational delivery, it will involve embedding behaviours that relate to increase use of the Welsh across the organisation. This shall include focussing on the following: answering the phone, e-	<ul style="list-style-type: none">• Continue to deliver training and awareness around the key operational deliverables outlined above.• Continue to refine our translation resources.	<ul style="list-style-type: none">• Continue to deliver training and awareness around the key operational deliverables outlined above.• Continue to refine our translation resources.• Implement strategic Standards.

<p>mails and other written communications, holding meetings and public events, signage, publications, social media and other digital platforms, offering Welsh lessons to staff, identifying Welsh speaking staff, Recruitment, Assessment of Welsh Language Educational requirements and Policy Development.</p> <ul style="list-style-type: none"> • Improving the translation services provided by HEIW. • Increase awareness of the advantages of the use of the Welsh language for staff, trainees and patients. • Other more strategic requirements will be informed when Standards Regulations are applied to HEIW. 	<ul style="list-style-type: none"> • Continue to increase the profile and use of the Welsh language policy within HEIW. 	
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What does success look like in 2023?

There will be high awareness amongst staff of the Welsh Language Standards. Consideration of Welsh language requirements will have been taken into account by staff at the beginning of projects reflecting that provision of Welsh language services is an embedded part of our culture. There will be increased usage of the Welsh language by staff, trainers and trainees. Welsh language skills will have been improved (ALTE standards) amongst staff across the organisation. There will be a minimal number of complaints submitted to HEIW in connection with the Welsh language as compliance will have been achieved on an ongoing basis.

Strategic Objective 5.4: Implement and embed the HEIW Strategic Equality Plan and further develop equality and inclusion agenda including partnership working across the public sector

Executive Lead Julie Rogers/ SRO Emma Kwaya-James

Why?

To facilitate an organisational commitment to embed equality, diversity and inclusion throughout the work of HEIW. Ensure that HEIW works in a collaborative approach across the organisation and actively engages with those who are affected by the decisions we make both with people who share protected characteristics and those who do not including: all staff, medical and non-medical trainees, service users, public sector partners, Social Care providers from statutory and voluntary sector and the wider NHS family. To facilitate an organisational commitment to developing and embedding strong compassionate, inclusive leadership and demonstrating that HEIW is an exemplar employer and a great organisation to work for. There is a clear legislative framework and policy for this work through the Human Rights Act 1998; Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011; Wellbeing and Future Generations Act (2015); Prosperity for All: The National Strategy (2017); Is Wales Fairer? (2018) and *A Healthier Wales*: our Plan for Health and Social Care (2018).

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">• Develop a Transition at Work policy.• Create co-produced strategic equality action plans and measures to increase workforce diversity, minimise pay gaps, engage with communities, ensure procurement drives equality and service delivery reflects individual need.• Work in partnership with Welsh Government and partners to develop technical guidance in preparation for the enactment of socio-economic duty Part 1, Section 1 Equality Act 2010 on the 1 April 2020• Embed the Integrated Equality Impact Assessment framework into practice• Deliver on accreditation pledges: Stonewall, Time to Change, Disability Confident, Dying to Work, Anti-Violence Collaboration, Communication Access Symbol.	<ul style="list-style-type: none">• Undertake first year review of Diversity and Inclusion Policy.• Implement the co-produced strategic equality action plans and measures to: increase workforce diversity, minimise pay gaps, engage with communities, ensure procurement drives equality and service delivery reflects individual need.• Review the Equality Impact Assessment framework to ensure that it is fit for purpose in relation to political drivers - enactment of socio-economic duty Part 1, Section 1 Equality Act 2010 on the 1 April 2020.	<ul style="list-style-type: none">• Implement co-produced strategic equality action plans to increase workforce diversity, minimise pay gaps, engage with communities, ensure procurement drives equality and service delivery reflects individual need.• Measure outcomes of strategic equality action plans and commence review.• Measure outcomes of strategic equality action plans.• Continue to develop and embed Equality Impact Assessment Framework across HEIW.

<ul style="list-style-type: none"> • Review and develop a new Time to Change Action Plan to be incorporated within the Health and Wellbeing strategy. • Work in collaboration with Trade Unions' to scope expansion of remit of Dying to Work pledge including support for families and work colleagues. 	<ul style="list-style-type: none"> • Continue to deliver accreditation pledges as highlighted in year 1. • Maintain Stonewall Diversity Champion status. • Progress to Level 2 of Disability Confident Scheme. • Commence accreditations which provide in-depth scrutiny of equality, diversity and inclusion within organisations i.e. Great Places to Work; Workplace Inclusion Audit. 	<ul style="list-style-type: none"> • Continue to deliver on accreditation pledges as year 1 and 2. • Maintain Stonewall Diversity Champion status. • Progress to Level 3 of Disability Confident Scheme. • Implement accreditation action plans from Great Places to Work; Workplace Inclusion Audit.
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What does success look like in 2023?

HEIW is able to demonstrate that it is an organisation committed to equality, diversity and inclusion throughout its work.

Strategic Objective 5.5: Progress opportunities for organisational approaches to combat climate change

Executive Lead: Julie Rogers / SRO: Chris Payne

Why?

The Environment (Wales) Act 2016 sets a target to reduce carbon emissions by at least 80% by 2050 with a further ambition for public sector in Wales to be carbon neutral by 2030, and HEIW will strengthen plans to support this in 2020-23. The Act also aims to achieve a zero Waste strategy for Wales with zero landfill. 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. HEIW recognises its responsibility to take action for biodiversity to reverse its decline in Wales. As such this is a new objective for us and we have started to consider different ways in which we can reduce our environmental impact in line with the Wellbeing of Future Generations (Wales) Act 2015 meaning that we are low carbon and efficient with our resources. In terms of low carbon we recognise that as an All-Wales organisation, we have a particular responsibility to consider how we minimise our travel in particular. HEIW recognises that the use of utilities is necessary for the provision of business services, but also understands the responsibility to be an energy efficient organisation by minimising, where possible, consumption of Electricity, Gas and Water. We will also endeavour to improve our approaches to recycling and waste management and using digital to make the organisation paper light.

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">• Scope the impacts, risks, opportunities and threats from climate change over the short, medium and long term with a focus on low carbon and being more efficient with our resources.• Undertake a strategic assessment of energy efficiency opportunities with consultancy support from the Welsh Government Energy Service allowing HEIW to further reduce carbon emissions.• Create a stakeholder group to develop an action plan within HEIW to lessen our impact on the Environment through operational activities and consider opportunities to promote biodiversity on site and in the local area.	<ul style="list-style-type: none">• Implement actions agreed from climate change plan.• Continue to review the strategies that are in place locally or developing across the UK and beyond, and horizon scan for relevant research and developments.• Review the impact and effectiveness of the action plan.• Assess whether HEIW should apply for a Green Dragon Award.	<ul style="list-style-type: none">• Continue implementation of actions agreed.• Continue to review the strategies that are in place locally or developing across the UK and beyond, and horizon scan for relevant research and developments.• Review the impact and effectiveness of the action plan.

What does success look like in 2023?

A reduced impact of HEIW activities and operations on the environment.

Strategic Objective 5.6: Embed multi-disciplinary Quality Improvement capacity and capability within all aspects of HEIW's work and develop partnership working with Improvement Cymru

Executive Lead: Push Mangat / SRO: Anton Saayman

Why?

HEIW has Improvement in the title and a responsibility to embed QI as the bedrock of 'usual' activity. The top 12 worldwide healthcare providers follow this principle and it is well recognised that QI leads to not only improved outcomes for patients and their families and patient safety, but also has economic benefits. Every Health Board in Wales has a QI Hub and HEIW should be no different. Furthermore, a QI Hub will prepare the HEIW workforce for leadership for improvement, develop improvement data scientists, Improvement Advisors and foster a community of improvers within the organisation. HEIW will be an example of an Improvement and patient safety driven organisation and will set the tone for other health boards in Wales (and indeed the UK) to follow.

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">• Scope all current QI resource and ongoing QI internally facing projects in HEIW with a view to establishing a baseline of current configuration (needs assessment) and support.• Develop an options paper and robust business case, including a shared potential physical infrastructure.• Deliver pilot introductory training & project support to HEIW staff.• Develop an online QI project sharing platform for HEIW.	<ul style="list-style-type: none">• Expand the project sharing database.• Coordinate QI projects across areas in HEIW e.g. Quality, Finance and workforce.• Develop QI expertise including improvement science capability, Leadership for Improvement and modelling capabilities.• Evaluate QI Hub and potential for spread and scale.	<ul style="list-style-type: none">• Functional QI Hub supporting and coordinating Improvement activity across all sections of HEIW and QI forming bedrock of usual activity.• Develop expertise in implementation science to promote upscaling of projects.

What does success look like in 2023?

A needs assessment will have been completed and the Hub Infrastructure established. 85% HEIW staff will have completed introductory QI training and 5% of HEIW staff will have been trained in 'intermediate' QI methods. HEIW internal Improvement Experts (IA) will have been trained and will be supporting work across HEIW. Delivery of completed projects impacting on quality of training and function of HEIW. Evaluation of spread and scale will be progressing.

Strategic Aim 6: To be recognised as an excellent partner, influencer and leader

Strategic Objective 6.1 Implementing HEIW Communications and engagement strategy; brand awareness and influencing for success

Executive Lead: Julie Rogers / SRO: Angharad Price

Why?

We recognise how critical effective internal and external communications and engagement are to the success of HEIW and because of this they have been a top priority since our inception. They run through everything we do as key tools for developing and maintaining relationships with colleagues and partners; facilitating effective partnership work and collaboration; informing and shaping our work so that it meets the needs of patients and services so that we are able to influence national agendas and programmes and ensure what we do integrates seamlessly with that of our partners to achieve *A Healthier Wales*.

Building on our work from our Annual Plan (2019-20) where we undertook a range of communication and engagement activities, we want to extend and develop this to enable a wider understanding of who we are and what we do alongside colleagues and partners as well as to have a strong focus on our branding and our opportunity to influence.

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">• Continue to implement the HEIW Communications and Engagement strategy including horizon scanning and key influences such as Brexit, manifestos, Nurse Staffing Act, new regulations - tailoring key messages to the healthcare workforce and services.• Review the scope for influencing national programmes and partners and develop a plan of action alongside the strategy.• Introduce new HEIW organisation branding and style guide and begin to visually 'badge' HEIW work across the organisation.• Provide staff training on branding and creating communications materials to support consistency across the organisation and brand identity.	<ul style="list-style-type: none">• Implement actions associated with Year 2 of updated communications and engagement strategy.• Review introduction of HEIW branding and style guide.• Continue to implement phases of HEIW brand campaign as per schedule.• Evaluate HEIW brand campaign using the outputs, outtakes and outcomes method and use findings to revise campaign where appropriate.	<ul style="list-style-type: none">• Implement Year 3 actions of communications and engagement strategy.• Evaluate brand awareness campaign.

<ul style="list-style-type: none"> • Develop and implement a bilingual three-year sustained HEIW brand awareness campaign using evidence from: <ul style="list-style-type: none"> ○ the review of the core communications and engagement strategy paying particular attention to the key priorities: <ul style="list-style-type: none"> ▪ Raising awareness ▪ Building reputation. ○ review of stakeholder map to inform a segmented and targeted approach to the campaign. ○ evaluation of current methods of communication and engagement with targeted groups and identifying their preferred channels of communication and engagement. • Develop new key bilingual materials and channels such as: <ul style="list-style-type: none"> ○ Short videos ○ Prospectus ○ New website ○ Brochures. • Continue to use successful channels and materials such as: <ul style="list-style-type: none"> ○ HEIW Roadshow ○ Twitter ○ Stakeholder events. 		
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What does success look like in 2023?

Communications and engagement strategy fully implemented. All HEIW materials produced using a consistent visual approach confirming our brand identity. HEIW is a well-established organisation within NHS Wales and across national and international stakeholder organisations. Stakeholders have a comprehensive understanding of the functions we facilitate and the support we can offer.

Strategic Objective 6.2: Supporting HEIW business areas on key national programmes of work through the development and delivery of highly effective communications / engagement / marketing interventions

Executive Lead: Julie Rogers / SRO: Angharad Price

Why?

As well as our work raising awareness of HEIW, it is important for us to ensure we are recognised for our expertise and as an influencer and leader in healthcare education and training, leadership, workforce planning and digitalisation. We will therefore build on our partnership and brand work by ensuring our key national programmes of work as outlined in our Annual Plan (2019-20) and this IMTP are supported and promoted by effective communications, engagement and marketing plans creating a bank of evidence to support our role as experts, influencers and leaders.

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">• Develop and implement tailored communication, engagement and marketing plans in line with the business objectives in Chapter 5 for key national HEIW programmes such as:<ul style="list-style-type: none">○ Workforce strategy○ Leadership strategy and framework○ CPD strategy for NHS Wales○ NHS Wales Careers○ Strategic Review of health professional education○ Sustainable approach to clinical placements.• Undertake evaluation of plans using the outputs, outtakes and outcomes model.	<ul style="list-style-type: none">• Continue to implement ongoing communication, engagement and marketing plans for key national HEIW programmes of work.• Develop and implement tailored communication, engagement and marketing plans for new key national HEIW programmes of work.• Undertake evaluation of plans using the outputs, outtakes and outcomes method.	<ul style="list-style-type: none">• Continue to implement ongoing communication, engagement and marketing plans for key national HEIW programmes of work.• Develop and implement tailored communication, engagement and marketing plans for new key national HEIW programmes of work.• Undertake evaluation of plans using the outputs, outtakes and outcomes method.

What does success look like in 2023?

HEIW individual programme communication, engagement and marketing plans completed and evaluated. Based on evidence of its work, HEIW is recognised as an expert and international leader and influencer in healthcare education, training, leadership, workforce planning and digitalisation.

Strategic Objective 6.3: Review the alignment of internal digital systems and functions, and opportunities to support the Education and training experience for trainees in Wales

Executive Lead: Julie Rogers / SRO: Chris Payne

Why?

As a new organisation, we have an opportunity to shape our internal digital portfolio, systems and contracts so that they are aligned to the new aims and ambitions of our organisation. We have successfully campaigned during our first year for access to Eduroam, which was removed from our trainees during the transition to the new organisation, to be reinstated. This is an important part of supporting our learners to train in the most productive and efficient manner whilst also developing and implementing systems that support and, monitor and assure our approaches to delivery.

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none">• Scope and identify Eduroam availability across all NHS Wales sites and develop a rollout plan to increase availability and usage of the network.• Rollout Eduroam availability at HEIW.• Support NHS Wales organisations in onboarding the network.• Scope the delivery of a single platform for HEIW to support education and training arrangements and to end reliance on disparate and unsupported legacy systems.• Undertake a review of the functionality and capacity of the HEIW digital team in the light of the agreed business priorities, and make recommendations.	<ul style="list-style-type: none">• Implement 2021-22 rollout plan.• Support NHS Wales organisations in onboarding the network.• Implement outcomes of the review of the digital function within HEIW.• Develop and implement approaches towards a Single Platform, costed business case and benefits realisation plan.	<ul style="list-style-type: none">• Implement 2022-23 rollout plan.• Support NHS Wales organisations in onboarding the network.• Embed digital platform.

What does success look like in 2023?

Increased availability across all Health Board and Trust sites with increasing numbers of staff utilising the network for work and educational purposes.

Chapter 6 – Professional and Occupational Perspectives

Chapter 5, the strategic objectives, illustrates that we are striving to take an integrated and multi professional approach to our work, in line with expectations and in line with future requirements. This chapter provides a brief summary of what our strategic framework means for individual professional groups.

6.1 Nursing

2020 is the Year of the Nurse and Midwife and an excellent time to refresh our thinking on nursing roles to ensure they are fit for the future. We know that this is one of the most critical shortage areas in the health workforce and over the next three years we hope to combine the results of improved workforce planning, workforce development, education and training to develop a more sustainable plan for the nursing workforce in Wales. This will also need to take into account the continued implementation of safe staffing levels. Undergraduate education will continue to change in line with new NMC standards and our recent strategic review of health professional education. We will be working closely with NHS partners and Universities to improve the system and quality of clinical placements to deliver the best possible educational outcomes and to manage the future implications of any change to the bursary arrangements.

6.2 Healthcare Support Workers

Healthcare support workers are playing an increasingly important role in the delivery of care across all areas of healthcare provision. HEIW will continue to increase its investment in the education of this workforce to ensure they are competent and confident to take on new areas of care and registered practitioners are confident to delegate work to them.

The development of this workforce will also provide those with the aspiration to continue their career and progress on to formal training programmes to become registered healthcare professionals, thus enabling NHS Wales to 'grow our own' and also enable individuals to 'earn while they learn'.

6.3 Medicine

We have a significant role to play in ensuring that trainees in medicine have a positive experience and excellent training outcome as this has a critical impact on patient care and their own well-being. Improvements in employment arrangements, study leave, training infrastructure and professional support will be part of this. We also need to ensure that the numbers of doctors we are training at each stage of the medical training pipeline meets the needs of the population in Wales and makes NHS Wales as self-sufficient as possible. We will build on the work already being progressed to increase GP trainees and to modernise their training but we will need to align numbers through the pipeline. Staff and Associate Grade doctors make up between 15 and 20% of the medical workforce and therefore it is important that we provide better development and support to maximise their potential. Global links in terms of medical training will also be explored to support the workforce model in a sustainable way.

6.4 Pharmacy

Pharmacy education and training will change rapidly over the course of the IMTP to mirror the pace of change in service models, particularly in primary care. We will be implementing our quality assured multi sector pre-registration pharmacist programme in 2020-21, in parallel with increasing the number of pre-registration pharmacist trainees and supporting this with a single lead employer scheme. We will develop a phased plan to roll out our foundation pharmacists training in line with UK recognised foundation curricula. We will be continuing our transition programme to help qualified pharmacists transition into primary care roles and will be working with other professional groups to expand training opportunities in primary care settings. We will continue to target opportunities to develop extended and advanced practice to meet service needs including Independent Prescribing. We will also be exploring changes to pre-registration training for pharmacy technicians and improvements in the transition from education into practice. Pharmacy will be exploring how we can increase numbers of clinical placements over the next three years for undergraduate, pre-registration and foundation training.

6.5 Dental

We will be continuing to build on achievements to date in supporting developing of the multi professional dental team, with a particular focus on opportunities for inter professional CPD and to extend skills through the development of certificate courses in dental sedation. The development of more robust workforce intelligence will be a key priority to inform future workforce planning. We will be exploring ways of ensuring that we continue to fill our dental foundation training places in Wales, developing new local dental foundation training recruitment processes and supporting training with a single lead employer arrangement. We will also be focusing on quality assurance, new training pathways and good access to simulation.

Workforce development will move further towards a multi-professional approach utilising new opportunities for delivery aligned with regulatory requirements. An emphasis on prevention and collaboration across healthcare professions will ensure a united approach to oral health care of the future patient population.

6.6 Optometry

We will continue to build on the work we have initiated to extend the role of optometrists through additional postgraduate education, to shift the focus of common eye conditions into the community. We will integrate the Wales Optometric Professional Education Centre into HEIW and we will extend the Welsh Clinical Leadership Training Fellowship programme to incorporate optometrists as the next phase of developing this into a multi professional programme.

Evaluating a new mentor and support service for newly qualified optometrists will enable us to determine further plans and scope any necessary changes.

We will build on success in providing multi-professional education and continuing professional development for optometrists, contact lens opticians and dispensing opticians in line with HEIW aspirations with a focus on quality assurance and determining value of CPD in changing practice.

6.7 Allied Health Professionals

The Welsh Government has recently published its *Allied Health Professional Framework for Wales – Looking Forward Together*. The Framework sets an ambition for Allied Health Professionals working across Wales playing a lead role in delivering new service models through a transformed workforce. HEIW will support the delivery of the framework through the provision of education and training which meets service needs, workforce redesign and promoting the role of Allied Health Professionals in primary care.

6.8 Healthcare Scientists

Healthcare Scientists play a critical role in the patient pathway through the diagnostic work they undertake. The development of point of care testing, modernisation of the radiology workforce, delivering the Single Cancer Pathway along with the increasing use of genomics' and precision medicine demonstrate the increasing role of the healthcare scientist workforce. HEIW will support these areas through the increase in training of radiologist, supporting reporting radiography training, increasing its investment in equivalence education and higher levels of scientist education.

6.9 Managers

Alongside the work on leadership we will be refreshing management competences and capabilities to inform management development programmes and career pathways. The reintroduction of the graduate trainee programme will provide an additional pipeline of managerial talent.

Chapter 7 – Education and Training

7.1. Introduction

HEIW is responsible for setting the strategic direction for education and training across a range of health professions as well as supporting education and training in respect of postgraduate Medical and dental. One element of this is commissioning education and training, this chapter sets out progress and plans in more detail.

7.2 Current Performance – Nursing and Allied Health Professions

We commission education for student groups including nursing, midwifery, community nursing, all allied health professions and health science. Advanced practice, non-medical prescribing and return to practice are also measured and benchmarked.

The 2018/19 academic year was the first whole academic year since the establishment of HEIW and the information we collected demonstrated this information about the student population:

41% of students entering health professional education in Wales in 2018/19 were aged 26 or above. This is an increase from 2017/18. Older students are more likely to be domiciled in Wales, have commitments within the community and are more likely to stay in Wales and work locally on graduation. The Nursing Times reports that students over the age of 25 fell by 17% in England.

79% of all students were domiciled in Wales prior to course commencement. For nursing and midwifery students this rose to 87%.

Over 95% of students accepted the bursary scheme and the “2 year tie-in” to Wales.

When compared against the ethnicity statistics on the Stats Wales website, the health professional student population is more diverse than the general Welsh population. Enhanced reporting mechanisms are being developed to track ethnic students through the system to ensure that all students have an equal opportunity to graduate.

A total of 12% of all students declared a disability. A separate budget is available to support students with disabilities. Enhanced reporting mechanisms are being developed to track students with disabilities through the system to ensure that all students have an equal opportunity to graduate.

36% of students entered with ‘A’ levels as their highest qualification. This demonstrates that students from a diverse educational background are gaining places on health professional programmes.

Application rates are generally buoyant which is important in the current climate of increasing commissions. However, there is no room for complacency and it will continue to be an area to which HEIW will pay significant attention.

Application Rates Summary 2019-20

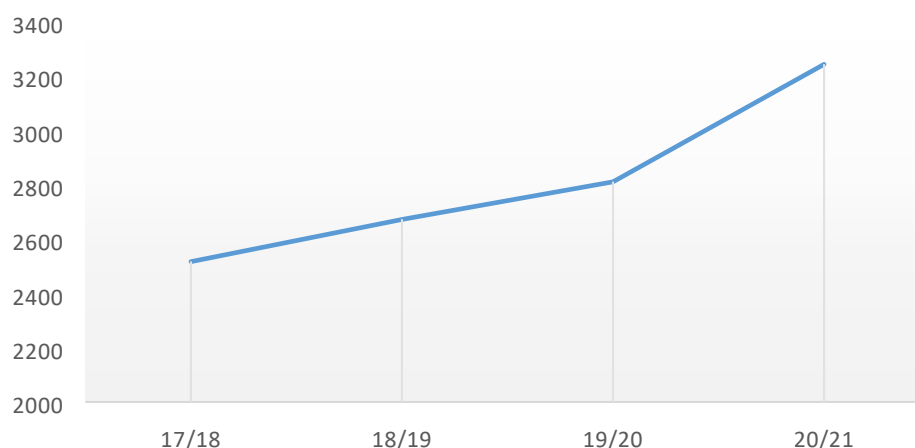
Greater than 5 applicants per place	Pre-Registration Nursing – Child Field Midwifery Physiotherapy Diagnostic Radiography Therapeutic Radiography Paramedics Healthcare Sciences – Neurophysiology Healthcare Sciences – Cardiac Physiology Healthcare Sciences – Radiotherapy Physics & Nuclear Physics
Less than 3 applicants per place	Pre-Registration Nursing - LD Field Podiatry Biomedical Sciences
Between 3 and 5 applications per place	All Other Courses

Overall, in 2018/19, Welsh Universities filled 2,671 pre-registration health professional places. This is an increase of 6.71% (155 more pre-registration health professional students) than in 2017/18.

Forecasts for the 2019/20 year (including the March 2020 nursing intake) indicate total pre-registration places recruited in Wales will increase to 2,810 which is a further increase of 138 students.

In 2020/21 the number of places filled is expected to rise to 3,242 which represents an increase of 726 (29%) over 17/18 levels.

**Pre-registration Health Professional Filled Places 17/18 & 18/19
and forecast for 19/20 & 20/21**



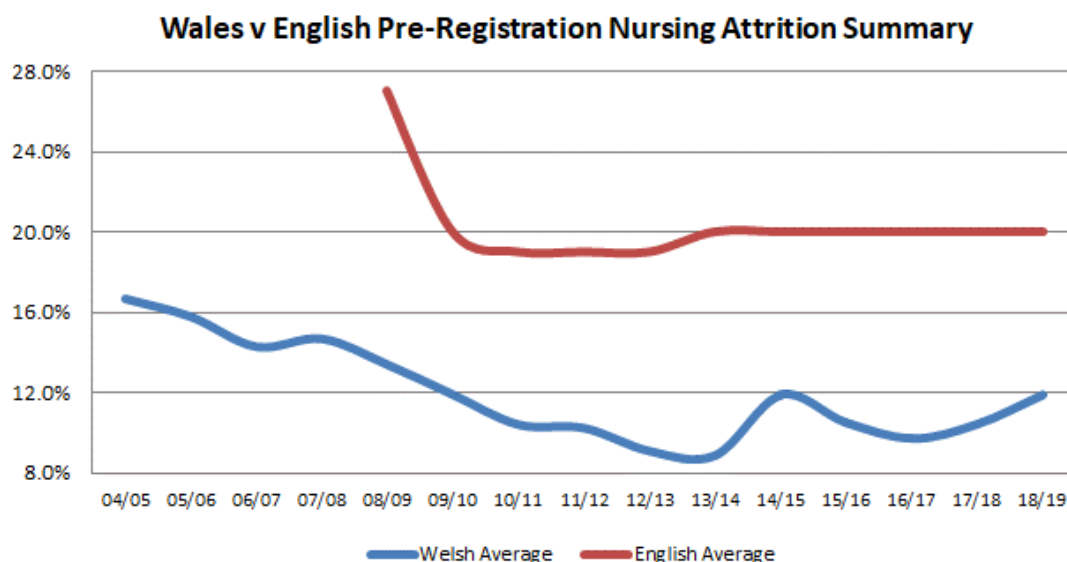
The average achievement of successfully filling commissioned places for full time and part time community nursing across Wales increased in 2018/19 to 99% which is the highest fill rate percentage achieved since this area has been evaluated.

The utilisation of Advanced Practice funding was high. In 2019-20 Advance Practice will be evaluated. This will be in terms of the value and impact on the quality of patient experience, streamlining the patient pathway, patient safety, impact on the MDT (improved skills mix and decision making) in addition to any cost reduction / savings.

92% of all independent prescribing places were filled, the highest level since this initiative was introduced.

The Universities in Wales delivered 96 Return to practice numbers for Wales in 2018/19. With escalating nursing agency costs it is imperative that the return to practice initiative maximises numbers. Partnership working around marketing return to practice courses is in place between HEIW and the universities and there is a drive to further increase these numbers year-on-year.

The 2018/19 pre-registration nursing attrition rate is 11.9%. The English comparator is 20%.



The Welsh average Midwifery attrition rate is 12.4%. The English comparator is 21%.

The Welsh average Allied Health Profession attrition rate is 9.2%. The English average is 13% and Wales is consistently below this.

90% of students that graduated in 2018/19 achieved a 2:2 or higher. 41% graduated with a first-class honours degree. At least 74% of students graduating in 2018/19 secured employment in NHS Wales. Another 7% secured employment within their profession in either local authorities or the private sector in Wales. 9% of students secured employment in the NHS outside Wales. At the time of data collection 1% of students reported they were yet to secure employment and 9% of students did not respond to the University data collection exercise. Of these 9% it is likely that most are working within the NHS but failed to respond to the university correspondence. Students are not obliged to inform universities of their job destinations. Universities have worked to increase the intelligence in this area as 3 years ago over 40% of students were “unknowns”. This graduating cohort were (apart from a few 2 year courses) not subject to the two year tie-in. Mechanisms being developed to track

graduates will assist with both increasing the number of graduates working within Wales and the intelligence surrounding job destinations.

7.3 Current Performance – Medical, Dental & Pharmacy

Medical

For August 2019 HEIW commissioned 2416 Secondary Care Specialty and Foundation Training posts across 58 different training programmes in Wales.

These posts and programmes were occupied by 2245 trainees, 95% of which were actively in training posts and 5% were out of programme either for parental leave or training and development opportunities outside of the structured programme environment.

In August 2019 335 trainees commenced on the Foundation Training Programme and 398 new trainees commenced on Secondary Care Specialty Programmes an increase of 9% for specialty training compared to August 2018. Notable recruitment increases in fill rates were seen for a number of specialties following the 2019 recruitment round including Core psychiatry 21% increase, Paediatrics 18% increase, General Surgery 47% increase and Intensive Care medicine 14% increase. Recruitment challenges remain across higher Psychiatry and Medicine training programmes this is largely as a result of low fill rates through earlier stages of the training pipeline for a number of years. In August 2019 training programme reconfiguration commenced to ensure alignment with new approved training curricula. Over the next 5 years a number of training programmes will be reconfigured as training pathways and programme durations change; this is likely to impact the number of vacancies advertised and along with applicant behaviour.

417 trainees across all grades and programmes (Secondary Care, General Practice and Foundation Training) were registered with HEIW to train on a less than full time basis in August 2019 an increase of 7% compared with the same time in 2018. Over the last 12 months we have seen an increase in trainees applying for less than full time training for reasons other than caring and parental responsibilities. Those specialties that attract high proportions (250% or more) of less than full time trainees include Paediatrics, Emergency Medicine and Public Health medicine.

Each year trainees have 2 windows in which to submit an Inter-Deanery Transfer. Strict eligibility criteria govern this UK process in which trainees can apply to transfer into the same programme in an alternative region. In February 2019 7 trainees (including 1 GP trainee) transferred out and 2 trainees transferred in to Wales. Later that year in August 2019 5 trainees transferred out of Wales whereas 10 trainees (including 1 GP trainee) transferred in to Wales.

Between 01/08/2018 and 06/08/2019, 3173 Annual Reviews of Competence Progression (ARCPs) were undertaken across Foundation, General Practice and Secondary Care training programmes. These ARCPs determine whether trainees have made satisfactory progress within their training programmes.

Through this process trainees were 'signed off' as having completed the following training programmes between the 2018/2019 training year:

- 313 trainees satisfactorily completed Foundation training
- 118 trainees satisfactorily completed Core Training Programmes (i.e. Core Surgery, Core Anaesthetics, Core Medicine and Core Psychiatry)
- 100 Certificates of Completion of Training (CCTs) were awarded to GP trainees.

- 173 Certificates of Completion of Training (CCTs) were awarded across Secondary Care Specialty Training of which 25 were dual CCTs i.e. trainees were awarded a CCT in 2 specialties.

Dental

For August 2019 HEIW commissioned 162 dental trainees across Foundation, Core and dental Specialty training, 99% of which were actively in training posts and 1% were out of programme, either for parental leave or training and development opportunities outside of the structured programme environment.

In August 2019, 68 trainees commenced on the Dental Foundation Training Programme and 71 new trainees commenced on Dental Core Training Programme. A fill rate of 93% was achieved, a slight decrease compared with August 2018. Some rural areas in Wales (and in other parts of the UK) have found it harder than others to recruit and retain dentists. If these difficulties remain, HEIW and our stakeholders will need to consider the development of innovative solutions to meet the oral health needs of the local populations.

8 dental trainees across all grades and programmes were registered with HEIW to train on a less than full time basis in August 2019, an increase of 20% compared with the same time in 2018. Over the last 12 months we have seen an increase in trainees applying for less than full time training for reasons other than caring and parental responsibilities.

Between 01/08/2018 and 06/08/2019, 298 Reviews of Competence Progression (RCPs) were undertaken across Dental Foundation, Dental Core and Dental Specialty training programmes (interim and annual). These RCPs determine whether trainees have made satisfactory progress within their training programmes.

Through this process trainees were 'signed off' as having completed the following training programmes between the 2018/2019 training year:

- 73 trainees satisfactorily completed Foundation Training
- 58 trainees satisfactorily completed Dental Core Training Programmes (i.e. DCT1, DCT2 and DCT3)
- 4 Certificates of Completion of Training (CCTs) were awarded across Dental Specialty Training

Pharmacy

Education	Description
Pre-registration Pharmacist programme	63 trainees enrolled on current model of centrally commissioned single sector and multi-sector training programme. Single sector places: 34 hospital and 12 community. Multi-sector 17.
Pre-registration Pharmacy Technician Apprenticeships	This is a two-year programme. In any year there will be year 1 and year 2 trainee numbers. Year 1: 44 hospital and 26 community apprenticeships - 10 multi-sector training posts. Year 2: 34 hospital and 19 community apprenticeships.

Clinical Diploma	<p>This is a two year centrally funded programme for hospital pharmacists. In any year there will be year 1 and year 2 trainee numbers.</p> <p>2019-20</p> <p>Year 1: 38 and Year 2: 37</p>
Transition Programme: GP practice pharmacists	<p>10 GP practice pharmacists enrolled on transition programme. Supportive programme to provide skills, competence and confidence to practice effectively within GP practice team.</p>
Independent prescribing	<p>50 community pharmacists offered training to support increase in community pharmacy professional services. 39 recruited by January 2020.</p> <p>Issues with recruitment:</p> <p>Funding for IP training was sourced by top slicing the community pharmacy contractual funds.</p> <p>Training bursary £1500 not sufficient to allow community pharmacists to be released to attend training and Designated Supervisory Medical Professional mentorship.</p> <p>Discussions to be held for 2020-21 with Community Pharmacy Wales (CPW), Welsh Government and Health Boards to allocate the places across Wales to maximise the value of the IP training of community pharmacists.</p>
Acute Minor Illness	<p>43 primary and community pharmacist enrolled training to support unscheduled care</p>
NHS 111 training	<p>Pharmacists transitioning to NHS 111 trained on:</p> <p>Telephone triage: 49, sepsis: 41 and minor ailments: 21</p>
Sore throat test and treat	<p>Additional training for 400 community pharmacists to support pharmacy enhanced service</p>
Pilot vocational programme for foundation pharmacists	<p>14 community foundation pharmacists enrolled on pilot of NHS Education Scotland vocational training programme.</p> <p>From this cohort, 8 have withdrawn from training. We are evaluating the reasons for the high rate of attrition and using the evidence to develop our Wales offering going forward.</p>
Pilot of Multi-Professional Practice Base Small Group Learning (PBSGL)	<p>The pilot included 7 multi-professional groups comprised of 22 GPs, 11 Nurses, 6 Pharmacists, 1 Pharmacy Technician, 3 health care assistants and 1 paramedic.</p> <p>The evaluation of the pilot showed practical positive outcomes and value for money. An excerpt from the evaluation can be seen below:</p> <p><i>“The inter-professional element appears to add value to learning, particularly in terms of providing a more holistic perspective of patient care, driving change and reducing feelings of isolation among professionals. The ‘small group’ component of PBSGL seems to</i></p>

	<i>provide a safe and relaxed environment for learning and some participants emphasised the importance of limiting the sizes of groups in order to facilitate equal contribution and involvement among participants.”</i>
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7.4 Education Commissioning Plans for 2020-21

A significant proportion of our recurring budget relates to the commissioning of healthcare professional education. At this point it is important to highlight the complexity of the environment in which HEIW works. Whilst the process over all is a continual cycle of planning, analysis, commission and contract management, as can be seen from the diagram below for a particular intake of trainee or students will span and cut across a number of financial and academic years increasing the complexity of arrangements, planning and budget allocations.



Due to the nature of the academic planning cycle the Education Commissioning Plan for 2020-21 has already been approved by Welsh Government and therefore forms an important part of the IMTP.

In developing the NHS Wales Education Commissioning and Training Plan for 2020-21, HEIW used:

- information from NHS organisations IMTP's (previous three years),
- workforce modelling and wider available workforce intelligence
- Welsh Government strategic direction (*A Healthier Wales*) and wider policy requirements,
- capacity within the system to support training/student/trainees,
- opportunities to transform the workforce through innovation/new roles and new ways of working.

This identified the need for a continued increase in investment in education and training across a range of professional and occupational groups.

The proposals were supported by a wide range of stakeholders including:

- Chief Executive Officers
- Directors of Workforce and OD
- Nurse Directors
- Directors of Therapy and Healthcare Science
- Medical Directors
- Professional bodies/trade unions
- Welsh Government Policy leads
- Training Programme Directors and Heads of Specialty Schools

The increased commissions will include the following:

7.5 Health Professional Education

1. The expansion of the number of education programmes delivered through part time and shortened programmes.
2. An increase in the proportion of pre-registration nursing places delivered by the part time/distance learning route.
3. The expansion of the provision for part time nursing places available to the care home sector.
4. Maintaining the current level of investment in advanced practice and health care support worker development.
5. The commissioning of education to enable existing radiographers to extend their practice and undertake radiography 'reporting' in order to support the cancer/diagnostic workforce challenges by optimising their contribution to the MDT in line with the prudent healthcare principles.
6. The introduction from 2021 paramedic science education being delivered at degree level.
7. Increasing the number of students places as outlined below:

Subject	From	To	% Change
Adult Nursing places	1,216	1,400	15.13%
Mental Health Nursing places	324	356	9.88%
Midwifery places	134	161	20.15%
Diagnostic Radiography places	112	140	25.00%
Therapeutic Radiography places	20	22	10.00%
Dietetic places	42	52	23.81%
Physiotherapy places	147	164	11.56%
Speech and Language Therapy places including Welsh Language Provision	44	49	11.36%
Doctorate in Clinical Psychology places	27	29	7.41%
Healthcare Science:			
STP's places	24	30	25.00%
PTP BMS places	21	24	14.29%
Physicians Associates	42	54	28.57%

Increase post registration modules for community staff	472	560	18.64%
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7.6 Postgraduate Medical Education

Specialty	Agreement
General Practice:	HEIW has agreed with the Welsh Government that following the successful recruitment to the GP trainee scheme the available places can increase from the current 136 to 160 with the intention to increase to 200 by 2021. The Welsh Government have indicated that additional funding will be made available for students recruited in addition to the 136.
Emergency Medicine:	7 higher training posts to commence in 2020; 4 posts to ensure that the additional trainees appointed to the ACCS training scheme are able to complete their training in Emergency Medicine and 3 posts to provide training in Paediatric Emergency Medicine and Pre-Hospital Emergency Medicine.
Intensive Care Medicine:	13 additional CT2 posts from August 2020 to meet the Internal Medicine curriculum requirements for the CT1 trainees appointed in 2019 to progress into CT2. This is an ongoing cost commitment for Internal Medicine Training. No change to training numbers for higher ICM trainees and to be reviewed again in 2020.
Anaesthetics:	3 additional higher training posts for 1 cohort and the specialty reviewed for 2021.
Old Age Psychiatry:	2 additional higher specialty training posts per annum in Old Age Psychiatry using a roll forward of the funding from the 2019 plan. Continuation of the incentive payment for the MR Psych examination fees.
Paediatrics:	No additional funded posts requested through this plan for 2020 but expansion explored with Health Boards directly. Specialty requirements are reviewed again for 2021.
Community Sexual & Reproductive Health (CSRH):	No change to training numbers and a review of the specialty in a couple of years.
Dermatology:	Additional higher training posts to address the current deficit in consultant numbers and provide opportunities for Clinical Fellows appointed following agreement of the CEOs to move into a training programme.
Medical Microbiology:	3 additional posts per year for 5 years and to expand the training programme into Swansea and North Wales to support the increase in the Clinical Infection workforce.

Clinical Radiology:	Increase the current intake to 20 trainees for 2020 intake and review again for 2021. This maximises the capacity of the Imaging Academy.
Rehabilitation Medicine:	1 additional post in Rehabilitation Medicine to be created from August 2021 to support the workforce requirements of the Major Trauma Network.

7.7 Pharmacy

Education	Description
Pre-registration Pharmacist programme	155 trainees enrolled on new model of quality assured centrally employed multi-sector training programme. This is an increase of 60% from 19/20. Training placements in hospital, GP practice and community pharmacies.
Pre-registration Pharmacy Technician Apprenticeships	45 hospital and 50 community apprenticeships offered 2020. 16 of the apprenticeships will be offered as multi-sector training posts across hospital, primary care and GP practice.
Access to pre-registration pharmacy technician apprenticeships	Commission modules of learning to support up to 100 existing pharmacy staff to gain the necessary qualifications to apply for pre-registration technician training
Clinical Diploma	40 clinical diploma hospital pharmacists two-year training posts funded
Transition Programme: GP practice pharmacists	30 GP practice pharmacists to be enrolled on transition programme. Supportive programme to provide skills, competence and confidence to practice effectively within GP practice team
Independent prescribing	50 community pharmacists offered training to support increase in community pharmacy professional services
Independent Prescribing post qualification	45 pharmacists offered vocational support and peer review to embed skills and confidence to maximise the use of the IP qualification
Acute Minor Illness	50 primary and community pharmacist offered training to support unscheduled care
NHS 111 training	Telephone triage, sepsis and clinical skills training for pharmacists transitioning to NHS 111
Sore throat test and treat	Additional training for 200 community pharmacists to support pharmacy enhanced service
Pilot vocational programme for foundation pharmacists	10 foundation pharmacists enrolled on pilot of a model for vocational training programme aligned to the UK agreed curricula

7.8 Dental Postgraduate Education and Training

Recruitment to dental undergraduate and postgraduate programmes remains very competitive. Currently there 162 dental trainees across foundation, core and dental specialty in training. A fill rate of 93%. Some rural areas in Wales (and in other parts of the UK) have found it harder than others to recruit and retain dentists. If these difficulties remain, government and all relevant stakeholders including HEIW will need to develop new and innovative solutions to meet the oral health needs of the local populations.

Chapter 8 – The HEIW Workforce

8.1 Developing our people and organisation

Our people are our most precious asset. HEIW's aspiration is to be an excellent employer and great organisation to work for. This has been a strategic aim since we were created in 2018, and we continue to develop our People, Inclusion and Organisational Development practices to enable us to achieve this aspiration.

It is essential that we have a motivated, engaged and sustainable workforce that is competent, confident and with the appropriate capacity to deliver HEIW's future priorities in support of NHS Wales' delivery of excellent health care provision. It is essential that we continue to support our existing staff, and indeed be attractive to our future workforce as our organisation matures.

We will continue to embed our diversity, equality 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. We will progress this through ongoing communication and engagement with staff, stakeholders and their representatives to inform our future plans.

During 2018, in partnership with all staff, we developed our organisational values and behaviours framework, for which we won the *Improvement in Colleague Engagement and Experience* award at the recent Healthcare People Management Association (HPMA) Wales. This framework underpins all of our business, key examples of which may be found in our Recruitment and Selection processes, Performance Appraisal and Development Review and our Health and Wellbeing programmes.

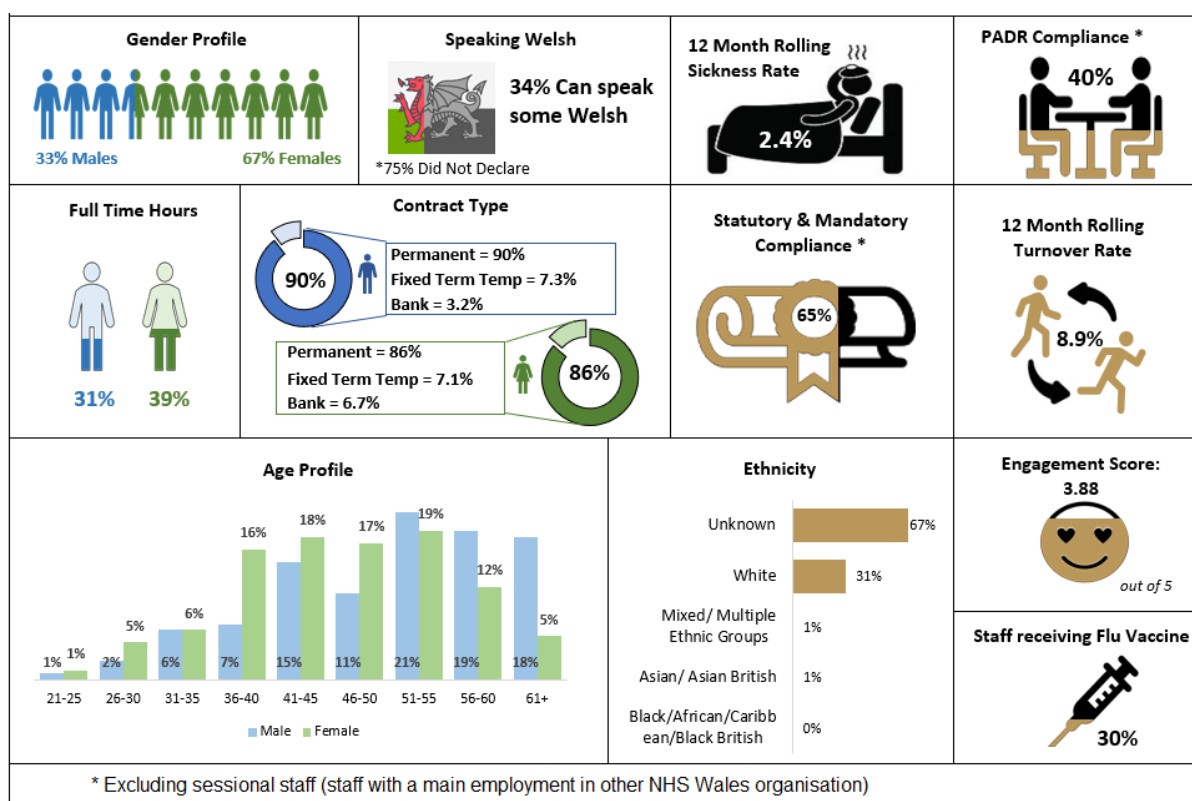
The Director of Workforce and OD is the lead Executive for staff based outside of the headquarters based at Nantgarw. We have undertaken a piece of work mapping travel across Wales and introduced a range of bespoke communications for our staff based across Wales. As mentioned earlier, HEIW has a remit as an All Wales remit and our headquarters are based in Nantgarw, near Cardiff. As such we have contractual arrangements in place for a presence in North Wales. In 2021, we will explore the opportunity to extend the lease for the office in North Wales.

8.2 Shape of our workforce

When HEIW was established in October 2018, it brought together staff from 3 former organisations – Workforce Education and Development Service, Wales Deanery and the Wales Centre for Pharmacy Professional Education. At this point there were 92% of HEIW staff on Cardiff University Terms and Conditions who transferred to HEIW under *Transfer of Undertakings (Protection of Employment) Regulations* (TUPE) arrangements. This is a significant challenge for the People Team, who need to be familiar with two complex sets of employment terms and conditions on a daily basis.

Our long-term plan is to harmonise terms and conditions across the organisation, and we are working in partnership with our Trade Union colleagues to progress this. Former Cardiff University staff have been awarded a pay increase in line with Agenda for Change staff, and where appropriate, policies will be adopted or adapted to ensure fairness and equity across our workforce. 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 current staff profile is shown below:



It is recognised in *Is Wales Fairer?* that across the public sector in Wales there are clear data gaps, which can make it difficult for us to understand the experiences of people sharing protected characteristics. To address this urgent action has been called for within the Health and Social Care Workforce Strategy and Strategic Equality Planning to address this. With real opportunities to build on this at local, regional and national level, will help to inform future-plans.

8.3 Workforce Measures

Figures as at 30 November 2019

- 67% of HEIW's workforce are female.
- Of the total workforce 63% work less than full time. This will include nearly 50% of our workforce who are employed on a sessional basis with HEIW (e.g. GP appraisers) and hold substantive employment elsewhere. Within this group we have at least 114 staff who work less than 1.5 days a week for HEIW.
- HEIW's sickness absence rate is 2.4%.
- The compliance rate of Statutory and Mandatory training for core staff (excluding those with main employment in other NHS Wales organisations) is 65% and increasing.
- 40% of Personal Appraisal Development Reviews (PADR) for core staff have been entered into ESR, an uplift of 11% since Autumn 2019.

8.4 Future Priorities

During 2019-20 we have met with our staff across Wales to gain their views and inform the development of our People, Inclusion and Organisational Development strategy. This will be finalised in Spring 2020. (See Strategic Objective 5.1).

HEIW is a newly created body, and a strong focus on organisational development is vital. We have commenced our journey in relation to understanding our culture and environment through staff surveys, including the All Wales staff survey which showed HEIW's engagement score as 3.88 out of 5 - above the Wales average of 3.82. The results of the 2019 staff survey for Health Education and Improvement in Wales (HEIW) generally compare well to the all Wales scores from the 2018 survey, but there is a need for further work.

We have established a 'Culture Group' with self-selecting memberships to ensure that our journey of staff engagement, motivation and excellent experience continues to improve. This group is also responsible for the development and monitoring of the staff survey improvement plan during 2020.

As part of our Organisational Development journey, we have developed key performance metrics. This will increase in sophistication during 2020-23 as we create and develop our Centre of Excellence for internal data and analytics, bringing together all our quality metrics and performance information relating to our workforce so that we can provide a holistic and comprehensive picture of our organisational performance and inform the priorities for OD interventions.

8.5 Attraction, recruitment and selection

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

During 2020-2023 we will use a variety of attraction methods to advertise our vacancies and use values-based recruitment across all areas. We have commenced this journey and are rolling out recruitment and selection training to managers, which includes training on unconscious bias.

We know that around 80% of our future workforce are with us today. Therefore, we want to ensure that our staff feel included, valued, informed and that their wellbeing is supported. As an organisation with a primary purpose in current and future workforce development, it is vital that our own staff have excellent experience in this area. We must therefore provide excellent opportunities to develop our HEIW people and ensure they are able to enhance their skills and knowledge within their current career pathway, or to gain additional or alternative skills to help them move to an alternative pathway.

Key to this is our Performance Appraisal and Development Review (PADR) policy and procedure. This is now in place and includes a 360° assessment. During the PADR staff have 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. Medical staff take part in the medical appraisal and job planning process.

All HEIW staff are required to complete the All Wales mandatory training in line with NHS Wales Health Boards and Trusts. We are working with managers to ensure that we meet the 85% tier one performance target rate as soon as possible.

We are building a health and social care leadership and succession framework as an integral part of the Workforce Strategy for Health and Social Care. As such there are key elements within this that will be available for HEIW staff. An internal group has been established and is currently developing a framework to support leadership and management development, together with succession planning/talent management for HEIW. This will be progressed throughout 2020-23.

Our relationships with our Trade Union partners is extremely positive. We have established a Partnership Forum which meets bi-monthly and has been well supported by our trade union representatives. We have invited union colleagues to HEIW to deliver clinics to meet staff and talk about union membership, any issues they may have and how union membership can benefit them. We will continue to do this and look forward to supporting our union colleagues as they recruit stewards from HEIW.

Our ability to deliver our IMTP will depend on the capability and capacity of our most important asset, our people.

8.6 Inclusion

During 2019-20 we have been developing a Diversity and Inclusion policy which we anticipate will be approved in January 2020. We have established a Diversity and Inclusion group and a series of workplace inclusion champion roles. We have also become a signatory to Disability Confidence scheme, Dying to Work charter and Anti-violence collaborative for example. Given the importance of this area we have included a specific objective with further detail (See objective 5.4).

Chapter 9 – Our enabling and support functions, risk and governance

Our enabling and support functions play a vital role in supporting the organisation in the delivery of the strategic aims and objectives described within this IMTP as well as the wider NHS.

9.1 Communicating effectively with people, partners and the public

One of our key aims is for HEIW to be recognised as an excellent partner, influencer and leader and is described in objective 6.1 - 6.3. We fully recognise and appreciate how critical effective internal and external communications and engagement are to the success of HEIW and because of this communications and engagement have been a top priority for us since our inception. They run through everything we do as key tools for developing and maintaining relationships with colleagues and partners; facilitating effective partnership work and collaboration; informing and shaping our work so that it meets the needs of patients and services and ensuring what we do integrates seamlessly with that of our partners to achieve *A Healthier Wales*.

9.2 Data analytics and intelligence

HEIW intends to develop our workforce intelligence support to improve the quality of workforce planning and modelling in Wales (objective 1.5). Internally within HEIW the workforce intelligence team will work with the four directorates to provide analytical support with data, baseline modelling, corporate performance reporting and dashboard creation.

In terms of corporate and business reporting, the analytics team maintain the local ESR system and work collaboratively with the Finance team to ensure accuracy on reporting of vacancies and resources. As data controllers of ESR, the team supports the whole organisation with ESR related issues and provide reports and analysis across HEIW. From 2020 onwards, the team will scope the feasibility of bringing together a range of performance related data in one place to give HEIW deeper understanding of its business and enable more intelligence led decision making. The team will also implement a training programme to enable staff to become digitally astute in the use of Microsoft Office.

9.3 Digital and information systems

The digital team will be heavily involved in supporting the delivery of a number of objectives outlined in this IMTP. They will undertake the scoping, design and development of an integrated digital platform for NHS Wales which will result in a single portal to access all HEIW services (objective 1.5). They will also be responsible for scoping the development and implementation of a digital capability framework (objective 5.3).

The digital team will continue to provide advice and support for the development, integration and procurement of new digital solutions for the organisation (e.g. the new Course Management System for HEIW). They will also take a leading role to ensure that HEIW makes use of current, emerging and future technologies to their fullest potential in the context of enhancing learning, teaching and training.

Working collaboratively with NWIS, the digital team will increase their capacity and capability to ensure the resilience and security of the network, print, telephone and compute infrastructure and will develop and implement standards and frameworks to improve service management and delivery.

9.4 Ensuring a safe, sustainable and appropriate working environment

Planning, Performance and Corporate Services Team will continue to contribute to the strategic aims and objectives of the organisation, in particular to Strategic Aim 5: to be an exemplar employer and a great place to work. As Ty Dysgu is the main headquarters of the organisation, the team ensure the provision of facilities and equipment and ensure that the environment is as inclusive as possible for all staff.

Work has commenced to ensure that all staff are safe wherever they are undertaking work on behalf of HEIW and regardless of where their base may be. The Health and Safety Committee established in May 2019 with representatives from across the organisation have been reviewing health and safety policy and procedures. This information is being cascaded to our HEIW workforce via the staff intranet following approval by the Executive Team.

9.5 Planning and Performance

Strong planning arrangements are essential for developing the NHS to be sustainable and fit for the future. We are supporting the development of workforce planning skills across our teams in HEIW through the roll out of workforce planning training to all staff with an interest in planning.

We are also supporting the development of general planning skills across our teams in HEIW. In October 2019, a member of the Planning team joined the first cohort of students undertaking the new postgraduate Diploma in Healthcare Planning delivered by Cardiff University and funded by Welsh Government and NHS Wales. This programme is part of a wider initiative to develop employees already working in healthcare planning in Wales and involves professionals from Health Boards and Trusts, HEIW and supporting organisations across Wales. This will enable us to share knowledge, experience and best practice with other healthcare professionals and share this internally within HEIW. It will also enable us make improvements to our approach to planning and to establish new contacts with the wide variety of participants from across NHS Wales. It may also present the opportunity to undertake collaborative pieces of planning and integrated work thereby strengthening the integrated planning arrangements across NHS Wales.

This IMTP provides assurance that immediate and lasting changes are being implemented. We intend to explore the opportunity to improve the quality of our current performance management reporting processes by undertaking a project and programme maturity matrix assessment to benchmark our current level of provision and to identify areas for improvement. It is likely that this will be around the improvements in terms of consistency and efficiency in providing information and the timeliness of providing that information. We also want to see improvements in terms of consistency of templates used for managing projects and streamlining and simplifying processes associated with managing projects. Furthermore, we wish to introduce a digital solution to improve the timeliness and efficiency of our performance management monitoring and reporting processes.

We are routinely providing our Board with a Performance dashboard and report, providing them with assurance on the progress of projects and programmes and core business delivery. In 2020-21 we shall implement an internal performance management process whereby the Chief Executive and members of the Executive Team will hold biannual review meetings with senior leaders and their teams from across all directorates to hear about progress of key projects or programmes of work and to help remove any barriers or offer support and guidance where required. We shall continue to meet with Welsh Government at the biannual JET meetings to review our performance and attend quarterly Quality and Delivery meetings.

It is important to note that work considered to be business as usual is not described in detail within this IMTP but will be contained within other plans to enable work to be monitored and reviewed.

9.6 Professional Support Unit

The Professional Support Unit is an enabling function for the NHS and sits within our organisation. It's role is to act as a safety net, providing comprehensive support and guidance to doctors in training, specifically dealing with doctors in difficulty to help ensure that training concerns are resolved before any impact on patient safety. The Unit provides guidance and information to all parties involved in postgraduate medical and dental training, as well as the opportunity for trainees to meet with professional caseworkers in a confidential and supportive setting to discuss their concerns and jointly to agree resolution. In more complex circumstances, the Unit will signpost the trainee to a range of specialised support services that will help improve the trainee's well-being and performance. The range of highly specialised support services include:

- Physical Health
- Mental Health
- Psychological Wellbeing (stress/anxiety)
- Assertiveness/Confidence
- Decision making/Problem solving
- Communication/Language Skills
- Leadership/Team working
- Time Management/Personal Organisation
- Examination issues/Study skills
- Specific Learning Difficulties and specifically Dyslexia Assessment
- These specialist support services have been provided by Hammett Street Consultants as part of a formal service level agreement.

These specialist support services are outsourced via the award of a contract; in recent years, Hammett Street Consultants have provided the services under a contract with the Deanery and now HEIW.

The rate of referrals and demand has increased significantly in recent years. As a new organisation we are looking at what this means, gathering data on trends, and beginning to think about how we can assess whether our investment in the Unit is having an impact on training outcomes. Historically, the key data collected has been demand and the fact this has increased over time has been highlighted as a sign of success. However, whilst we acknowledge the high quality of the service offered,

more trainees presenting with difficulties is not good and we feel there is an opportunity to look at what the demand and the nature of the difficulties is telling us.

Therefore, during the coming year we will be looking to collect a broader range of data and information; will be exploring the link between referrals and outcomes; will be exploring whether the balance between the role of the Unit and that of the employers is in the right place, and also whether more needs to be done on promoting awareness of wider wellbeing initiatives for all NHS staff, as well as reinforcing the key role that education supervisors, faculty leads and heads of school have in supporting trainees. The creation of HEIW has provided an opportunity to explore how the learning and evidence from the work of the Unit can be used to inform the commissioning and development of our education programmes and approaches to training, and this will also be a priority for us in the next year.

9.7 Revalidation Support Unit

The aim of the Revalidation Support Unit (RSU) is to support and improve professional standards for medical professionals. The Unit is a core function within HEIW, having been transferred from Cardiff University as part of the Deanery on 1 October 2018. The Unit works closely with the HEIW Digital Team which maintains the IT systems to support activity, and its responsibilities include:

- Management of the Medical Appraisal Revalidation system (MARS)
- Delivery of face to face CPD events, training, online modules and resources
- Management of the GP Appraisal Process
- Leading on Quality Management systems and providing support for Revalidation

The RSU team includes GP Appraisers (93 staff), GP Appraisal Co-ordinators and 3 Regional CPD Leads based across Wales and 14 Office Based staff in Ty Dysgu. The creation of HEIW provides an opportunity to reflect on the work of the Unit and to explore opportunities for the future. The immediate priority is to maintain the high quality of support provided by the Unit, and also to consider what data is collected, what could be collected and how the data could be used to inform HEIW's broader objectives and programmes of work.

9.8 Innovation and Improvement

In many areas of our work there are 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. The Strategic Review of Education will help to influence the content of education provision here in Wales and is something that hasn't been done elsewhere in the UK. The work being undertaken with partners to roll out of new educational frameworks, workforce models, guidance, roles/extended skills are further examples of our innovative work. Our ability to embed our model of compassionate leadership and succession planning work across NHS Wales is unique here in Wales.

We are also going to be utilising new technology to support areas of our work. For example, under the theme relating to a Sustainable Workforce we will be scoping the development of a Wellbeing in Work Impact Resource (WiWIR) and associated

toolkit, which assesses the health and wellbeing indicators at the design stage (e.g. job descriptions, care pathways, shift patterns, buildings, services etc). This has not been done previously and is ground breaking in its approach. We will also be exploring ways to better use our simulation equipment across Wales.

In HEIW, our philosophy is that improvement is seen as core to our agenda and throughout all the work that we do. We will be rolling out improvement training as part of the Improving Quality Together programme and alongside this, we will provide development to support change management with particular reference to cultural change when progressing improvement programmes. We also have plans to develop an approach to facilitate and embed research and evaluation to multiple areas of our work (objective 6.4). This will focus our attention on measuring the impact, supporting innovation and improvement activity, driving up quality and adding value.

9.9 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 2019 HEIW's Board has focussed on the development of our approach to strategic risk. The Risk Management Policy was initially considered at May Board and the July Audit Committee before receiving final approval at July Board. HEIW's Risk Appetite approach was considered at a Board Development Session in December and is expected to be approved at January Board.

Our risk management policy and practice has been assessed by our internal and external auditors, and in a recent internal audit has been rated as providing 'reasonable assurance'. Our Audit and Assurance Committee takes an active interest in our corporate risk register through formal review of regular reports.

Following submission of the IMTP into Welsh Government at the end of January, the Executive and Senior Leadership Team will be focussing on developing the project and programme plans to support delivery of key actions, as well as articulating the risks and mitigating actions for each objective. HEIW's Corporate Risk Register will be amended in line with the IMTP in readiness for the start of the new financial year taking account of the agreed risk appetite.

While innovation requires an appetite for risk this does mean that there is a risk that a project or programme might fail. By taking a well-informed, evidence-based approach to decision making, and operating a risk management approach, we will ensure that any issues relating to the delivery of any objectives are flagged early and responded to appropriately.

Chapter 10 – Financial Plan

10.1 Our approach

The Financial Plan for HEIW is designed to enable the programmes and activities established by HEIW in response to “Transforming the workforce for a healthier Wales” to be taken forward. The funding required is for programmes agreed with Welsh Government and will be managed in order to achieve financial balance in each and every year of the financial plan. The plan recognises that the ‘quadruple aims’ approach of Improving Health, Enhancing Quality and Access, Higher Value Care and a Motivated and Sustainable Workforce go hand in hand with achieving good value in the use of public money. The HEIW financial plan has also been designed to support the ambitions articulated in the 6 strategic aims, which in turn align with ‘A Healthier Wales’ and the Wellbeing of Future Generations Act.

Delivering value in the use of public money is a critical requirement and HEIW will demonstrate value and sustainability of its programmes and activities over the life of the IMTP by:

Leadership

- Clear and effective leadership by the Executive Team.
- Timely planning support by the Finance Team.
- Integrated working with all Executives, Senior Leaders, Budget Holders and Departments
- Visible and timely interaction by all Executives, Senior Leaders and Budget Holders.
- Interrogation and collaboration of strategies, plans and approaches with sister organisations across the UK.

Using a Value Based Approach to Commissioning and Development activities

- 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

- 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.

Ensuring excellent Assurance and Governance

- Effective budget holder engagement to deliver the IMTP 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

- Finance team to 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.
- Use of relevant NHS Benchmarking.
- Application of Efficiency Framework where possible.

HEIW agreed an annual plan with Welsh Government for the 2019-20 financial year. The Financial Plan for the IMTP has been developed over an extended 5 year time frame, given the timescales that the current agreed programmes and those envisaged take to establish their full annual cost commitment. The Financial Plan is therefore presented for the financial years of 2020-2021 to 2024-25, although. here will be other programmes that are yet to start whereby the full cost will mature after 2024-25. It is important that the scale of the stepped commitment over the phasing of programmes is understood since the cost increases 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 was communicated and agreed with the Executive and Senior Leadership Teams. It involved detailed review with individual budget holders of their 2019-20 budgets which were set following agreement of the 2019-20 Annual Plan. The emerging in year financial position and year end outturn forecast as at month six was also considered in establishing the new-year starting base. Due to the inherent complexity involved in pay modelling, the exercise was carried out centrally within the Finance Team, but budget holders were able to subsequently review their proposed budgeted establishment for accuracy.

All agreed 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 2020-21 have also been included. Budget holders were also asked to include within the planning templates essential requests for additional funding that may be required to fully deliver the objectives set out in within the IMTP. These additional schemes have been considered as part of the ongoing process within the organisation to ensure strategic fit with HEIW objectives and strategies. The Financial Plan has considered whether the funding requested could be made available from known existing HEIW resources or due to scale of costs, would require further investment from Welsh Government following a business case submission and approval process.

The proposed additional discretionary investments have been excluded from the draft budget at this stage, but are explored in more detail in 10.3 below.

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

- Following the end of the 3 year pay agreement (ending 2020/21) for NHS staff an Inflationary uplift of 1% on pay scales has been applied for future years.

- A 1% uplift on Cardiff University pay scales has been applied based on current rates.
- A 2.5% uplift on DDRB pay scales has been applied based on current rates.
- A 1% inflationary uplift on non-pay budgets has been applied.

10.2 The 5 Year HEIW Financial Plan

The 5-year HEIW Financial Plan is shown in the table below. It can be seen that the resource requirement for the 2020-21 financial year is £253.7m for existing Welsh Government agreed commissioning commitments which is an increase of £37.8m on the 2019-20 funding. The key elements of the growth in funding requirements for the 2020-21 financial year are for the following training programmes:

• Doctor Training Grades	£3.33m
• Expansion of and New Model Of GP Training	£6.66m
• Pharmacy Commissioning and Pre Reg Trainees	£4.06m
• Dental Commissioning (Transfer of Funding)	£8.90m
• Nursing and other Professions	£11.20m

Over the five-year period, the growth in approved commissioning activity drives the funding requirement to increase from the £253.7m in 2020-21 to £309.30m in 2024-25. In addition to this, within the IMTP we have identified further opportunities for developments over the period of the financial plan which will require further discussion and agreement with Welsh Government. These are articulated in the following table.

5 -Year Plan 2020-21 to 2024-25

2020/21 - 24/25 IMTP Financial Plan - Executive Summary

	Annual 2019/20 Budget	Draft 2020/21 Budget	Draft 2021/22 Budget	Draft 2022/23 Budget	Draft 2023/24 Budget	Draft 2024/25 Budget
Executive Office	£	£	£	£		
Pay	1,324,638	1,387,602	1,414,314	1,438,894	1,462,652	1,486,855
Non Pay	965,815	1,567,473	983,148	992,979	1,002,909	1,012,938
Total Executive Office	2,290,453	2,955,075	2,397,462	2,431,873	2,465,561	2,499,793
Finance & Corporate Services						
Income	-	-	-	-	-	-
Pay	1,995,987	2,139,077	2,189,724	2,225,362	2,258,743	2,292,624
Non Pay	6,478,179	6,604,422	6,665,266	6,726,718	6,788,786	6,851,474
Total Finance & Corporate Services	8,474,166	8,743,498	8,854,990	8,952,081	9,047,528	9,144,097
Medical Director						
Income	608,242	598,871	604,860	610,909	617,018	623,188
Pay	8,769,379	9,580,793	9,820,596	10,026,684	10,177,084	10,329,740
Non Pay	6,436,221	6,768,605	7,017,497	7,255,377	7,327,931	7,401,210
TGS	50,113,583	53,441,349	56,533,146	59,989,005	63,818,148	67,305,042
GP Training	15,309,000	21,973,860	26,221,870	30,848,649	31,777,249	32,111,980
I&R	229,000	231,290	233,603	235,939	238,298	240,681
PGMDE	4,749,997	4,863,894	4,971,894	5,072,890	5,173,369	5,275,848
WCAT	1,779,000	1,769,573	1,787,269	1,805,141	1,823,193	1,841,425
Pharmacy Commissioning	581,724	4,639,297	7,001,814	7,538,426	8,131,515	8,212,830
Dental Commissioning		8,900,000	8,989,000	9,078,890	9,169,679	9,261,376
Relocation Expenses	859,000	1,288,260	1,314,025	1,340,306	1,367,112	1,394,454
Total Medical Director	88,218,662	112,858,050	123,285,854	132,580,398	138,386,559	142,751,398
Nursing Director						
Pay	745,899	1,334,234	1,449,512	1,339,776	1,226,890	1,237,896
Non Pay	155,843	157,401	158,975	160,565	162,171	163,793
Commissioning and Allied Health Professionals	113,753,154	124,948,682	136,597,836	144,303,195	147,917,178	150,605,728
Total Nursing Director	114,654,896	126,440,317	138,206,324	145,803,536	149,306,239	152,007,417
Workforce & OD Director						
Pay	1,659,329	2,055,905	2,107,027	2,145,712	2,177,898	2,210,566
Non Pay	640,520	646,925	653,394	659,928	666,528	673,193
Total Workforce & OD Director	2,299,849	2,702,830	2,760,422	2,805,640	2,844,425	2,883,759
Grand Total	215,938,026	253,699,771	275,505,051	292,573,528	302,050,312	309,286,465

	2019/20	Discretionary Investment 20/21	Discretionary Investment 21/22	Discretionary Investment 22/23	Discretionary Investment 23/24	Discretionary Investment 24/25
Workforce Strategy		£ 1,367,233	£ 2,591,391	£ 4,342,299	£ 4,385,722	£ 4,429,579
Digital & IT		250,000	480,000	500,000	505,000	510,050
Medical Director		733,000	1,145,000	1,900,000	1,919,000	1,938,190
Pharmacy		1,759,925	2,831,497	7,431,903	7,506,222	7,581,284
Grand Total		4,110,158	7,047,888	14,174,202	14,315,944	14,459,103

The following tables detail the total number of students in Education or Training by profession over the five-year period (Table 2) and a breakdown of the total funding requirement by profession (Table 3).

Table 2. Student Numbers by profession

Student numbers	Total 2019/20 Number	Total 2020/21 Number	Total 2021/22 Number	Total 2022/23 Number	Total 2023/24 Number	Total 2024/25 Number
2 yr nursing	101	224	394	394	394	394
3 yr nursing	4,366	4,422	4,573	4,562	4,562	4,562
4 yr nursing	285	529	655	732	758	758
Audiology Assistants	0	15	18	16	16	16
Clinical Photography	10	10	10	9	9	9
Clinical Psychology	82	83	85	87	87	87
Community	409	442	446	446	446	446
Dental	66	69	70	71	71	71
Dietetics	110	130	126	135	135	135
Diploma Pharmacy	80	80	80	40	0	0
Genomics	39	39	39	39	39	39
Midwifery	385	411	444	468	468	468
ODP	135	113	133	141	141	141
OT	341	400	434	462	462	462
Paramedics	132	150	132	180	180	180
Pharmacy Technicians	80	90	90	90	90	90
Physician Associates	82	104	105	105	105	105
Physiotherapy	398	427	450	460	460	460
Podiatry	60	66	68	69	69	69
PTP	155	142	137	132	132	132
PTP - BMS	59	62	66	69	69	69
Radiography	383	410	451	483	483	483
SALT	122	124	135	141	141	141
Scientist STP & HSST	73	92	101	105	105	105
Sonography	15	29	29	29	29	29
GP Trainees	247	320	369	400	400	400
Junior Doctors training in hospital and community	2,346	2,358	2,388	2,418	2,484	2,484
Dental Junior Doctor trainees		72	72	72	72	72
Pre registration Pharmacists	50	160	170	180	190	190
Total student numbers	10,611	11,573	12,270	12,535	12,597	12,597

The following table presents the resource requirement of the Financial Plan in summary by profession training programmes, to aid understanding of the commissioning programme.

Table 3. Commissioning Budget by Profession						
Profession	2019/20 Total £'000	2020/21 Total £'000	2021/22 Total £'000	2022/23 Total £'000	2023/24 Total £'000	2024/25 Total £'000
Audiological Practice	224	257	592	575	578	580
Clinical Photography	292	301	304	308	308	313
Clinical Psychologists	5,053	5,156	5,265	5,398	5,493	5,546
Dental Hygienists/Therapists	1,128	1,115	1,100	1,118	1,126	1,129
Development of Healthcare Support Workers	1,750	2,000	2,000	2,000	2,000	2,000
Diagnostic Radiographers	4,359	4,720	5,319	5,861	6,107	6,211
Dietetics	1,287	1,548	1,552	1,635	1,703	1,733
Genomics	35	242	247	252	257	262
Higher Specialist Scientist Training	96	199	180	157	158	171
Medical Ultrasound / Sonography	349	795	965	977	989	1,002
Midwifery	5,493	5,888	6,548	7,092	7,366	7,420
Non-Medical Prescribing	300	500	500	500	500	500
Nursing Fitness for Practice	3,393	3,592	4,080	4,620	4,894	5,025
Occupational Therapists	4,072	4,786	5,377	5,848	6,015	6,112
Operating Department Practitioners	1,833	1,524	1,806	2,015	2,091	2,125
Other Commitments	3,562	3,618	3,618	3,618	3,618	3,618
Paramedics	2,423	2,441	2,397	2,613	2,922	2,963
Pharmacists	4,516	5,290	5,091	4,239	3,999	4,042
Physician Associates	609	1,605	1,779	1,813	1,837	1,866
Physiotherapists	4,317	4,763	5,210	5,505	5,648	5,746
Podiatry	979	1,072	1,129	1,169	1,194	1,215
Practitioner Training Programme	3,009	3,003	3,071	3,101	3,142	3,194
Pre-Reg Nursing	57,756	63,408	71,762	76,794	78,806	80,601
Scientist Training Programme	2,716	3,404	4,163	4,567	4,787	4,839
SCPHN / Community Nursing	6,564	7,007	7,397	7,612	7,718	7,825
Speech & Language Therapy	1,551	1,658	1,803	1,935	1,997	2,031
Therapeutic Radiographers	724	738	786	840	869	884
Additional Education and Training Plan Costs	-	446	-	-	-	-
NON TAKE UP OF TIE IN	-	4,916	-	8,298	-	8,578
Optometry	224	224	226	229	231	233
GP Trainees	15,309	21,974	26,222	30,849	31,777	32,112
Junior Doctors training in hospital and community	50,114	53,441	56,533	59,989	63,818	67,305
Dental Junior Doctor trainees	-	8,900	8,989	9,079	9,170	9,261
Pre registration Pharmacists	582	4,639	7,002	7,538	8,132	8,213
PGMDE	4,750	4,864	4,972	5,073	5,173	5,276
I&R	229	231	234	236	238	241
WCAT	1,779	1,770	1,787	1,805	1,823	1,841
Relocation Expenses	859	1,288	1,314	1,340	1,367	1,394
Total Commissioning	187,322	221,857	243,440	260,001	269,415	276,249
Corporate Departments						
Medical Director Pay/Non Pay	14,597	15,751	16,233	16,671	16,888	17,108
Nursing Director Pay/ Non Pay	902	1,691	1,817	1,709	1,389	1,402
Executive Office	2,290	2,955	2,397	2,432	2,466	2,500
Finance & Corporate Services	8,474	8,743	8,855	8,952	9,048	9,144
Workforce & OD	2,300	2,703	2,760	2,806	2,844	2,884
Other	52	1	2	2	-	1
Grand Total	215,938	253,700	275,505	292,573	302,050	309,286

10.3 Developments and Investments

Through the process of developing the IMTP and the Workforce Strategy we have identified further opportunities to support the NHS in tackling workforce pressures and service priorities. A number of these would require further investment but would also in the longer-term lead to potential to reduce expenditure across the system on high costs agency and locum staff as well as through better retention and workforce productivity. These areas include;

- Workforce wellbeing and experience
- Leadership Development including NHS Graduate programme, succession planning and compassionate and collective leadership programmes.
- Workforce Strategy, including actions to address key workforce shortages in medical, nursing and primary care (sustainable workforce)
- Implementing a digitally ready workforce and implementing a centre of excellence for workforce data, analytics and forecasting (in line with statutory functions of the organisation).
- A range of measure to support Government policy in areas such as implementation of the SAS doctors charter and Single Lead Employer for Doctors in Training.
- Further investment in pharmacy education and training including programmes and sustainable funding mechanisms.

The IMTP identifies in Chapter 5 the scoping and actions proposed in relation to the areas above. We are aware that investment decisions will need to be supported by robust business cases and further dialogue with partners and Welsh Government. This will include undertaking cost/benefit analysis and articulating the return on investment for the NHS Wales system overall. None of the funding that would be required to deliver the ambitions set out under these headings has been assumed in the HEIW Financial Plan at this stage.

		Discretionary Investment 20/21 £	Discretionary Investment 21/22 £	Discretionary Investment 22/23 £
Directorate.	Notes			
Workforce Strategy				
Careers & Widening Access	Careers & Widening Access - Develop a Sustainable Workforce	44,218	74,332	75,240
	Developing a Centre of Excellence for Workforce Data, Analytics & Intelligence - External	142,630	185,169	185,169
	Developing a Centre of Excellence for Workforce Data, Analytics & Intelligence - Internal	42,107	42,107	42,107
	Strategic Workforce Planning	79,065	30,570	30,570
	Wellbeing of the Healthcare Workforce	84,213	84,213	84,213
Leadership & Succession	Develop / commission & deliver a range of clinical executive leadership programmes	100,000	160,000	220,000
	Leadership Strategy & Delivery framework	70,000	50,000	50,000
	NHS Wales Graduate Leadership Programme	570,000	1,700,000	3,390,000
	Succession Planning	40,000	40,000	40,000
	A range of leadership alumni events	15,000	15,000	15,000
	Annual leadership conference	20,000	20,000	20,000
	Digital Leadership Portal for NHS Wales	20,000	20,000	20,000
	Digital Talent Management System for NHS Wales	20,000	20,000	20,000
	Multiprofessional CPD Strategy	20,000	50,000	50,000
	Workforce Modernisation	100,000	100,000	100,000
		1,367,233	2,591,391	4,342,299
Digital & IT	Digital capability	60,000	100,000	120,000
	Increasing digital education	50,000	80,000	80,000
	Welsh Digital Platform for the Management of Health Training (e.g.Turas)	140,000	300,000	300,000
		250,000	480,000	500,000
Medical	BC - SAS Support and Global Engagement	150,000	500,000	1,200,000
	Multi Professional WCLF BC / WCLTP Proposal plus Pharmacist Expansion DF	333,000	395,000	450,000
	Single Lead Employer Doctors in training	250,000	250,000	250,000
		733,000	1,145,000	1,900,000
Pharmacy	Pharmacy SIFT	25,000	50,000	3,000,000
	Pharmacy advanced practice (Recurrent Impact of Minor Ailment scheme)	134,000	134,000	134,000
	Development of Pre Reg Pharmacy Technician Programme	515,000	515,000	515,000
	Pharmacy Foundation	858,727	1,905,299	3,555,705
	Transitional Programme for Advanced Practice	227,198	227,198	227,198
		1,759,925	2,831,497	7,431,903
Total Requested		4,110,158	7,047,888	14,174,202

A number of smaller schemes were also identified, and it is proposed that these schemes will be prioritised and where appropriate will be funded out of existing recurrent allocations shown within the HEIW Financial Plan

		Discretionary Investment 20/21 £	Discretionary Investment 21/22 £	Discretionary Investment 22/23 £
Table 5 Further Funding requests Internal Funding				
Board	Under-funded translation budget for 19/20, dealt with internally for 19/20 but unsustainable going forward	49,000	49,000	49,000
Careers & Widening Access	Medical Careers Budget. Anticipated £15k additional costs	15,000	15,000	15,000
CEO	8k barrister budget moved to medical; 3.9k VAT for NHS Confed; 12.8k increased Counter Fraud SLA	16,700	16,700	16,700
Digital & IT	Additional Intrepid licences	14,336	14,336	14,336
	Away day	1,000	1,000	1,000
	Other	6,500	6,500	6,500
Finance	Add. Requirement	7,580	7,580	7,580
	Other	5,000	38,813	64,096
Medical	Band 3 Post	24,108	24,108	24,108
	Add. Requirement	100	100	100
	Additional 0.5 FTE Admin support worker NHS Band 3	12,054	12,054	12,054
	Additional amount required in line with FY19/20 costs - 30 users potentially	435	435	435
	Additional budget required in year 2 against new subjective 33500 for recruitment of GP appraisers		5,000	5,000
	Displaced people in Action Contract has increased by £32k	2,426	2,426	2,426
	Increase PSU case worker from 0.4 FTE NHS Band 6	18,588	18,588	18,588
	Legal Fees for appeals	5,000	5,000	5,000
	Medical Deanery - Development of effect of bidirectional channels of engagement	5,000	5,000	5,000
	Medical Deanery - Digitally delivered education & Training	3,000	5,000	5,000
	Medical Deanery - D'ment & M'ment of Simulation Based education	7,500	15,000	20,000
	Medical Deanery - Expansion of Support Network	5,000	7,500	10,000
	Medical Deanery - Professionalism of training faculty within Wales across PG edu.		5,000	5,000
	Medical Deanery - Wales Leadership Alumni & Leadership networks	7,500	5,000	5,000
	Other	20,666	21,666	21,466
	Library Management service	54,000	54,540	78,419
	Increasing resources in PSU	32,000	32,000	32,000
	Development Fund / Continuation of Speciality Lead payments. HB agreed to fund post for 1 year (2020-21)	40,000		
Nursing	T & S relation to additional 3 x 8c FTE posts & increase in staff from 11 to 16 in 19/20	3,000	3,000	3,000
People	Staff Awards funding - 1st year of running - Materila, trophies, promotiono etc	5,000	5,000	5,000
	Training Budget	5,000	5,000	5,000
Comms and Engagement	Various incl "Year of the Nurse"	50,000	50,000	50,000
Pharmacy	See Tab' Workforce'	21,650	21,650	21,650
	Band 4 Administrative post - 1 FTE	26,870	26,870	26,870
	Project Manager Band 8a - 1 FTE	57,455	57,455	57,455
	Inter Professional CPD / Margaret - Rationale	58,250	58,250	58,250
Planning	Add'l budget for 5 annual events	7,000	7,000	7,000
	Simulation Pilot and Launch (CP)	100,000	100,000	100,000
	Add'l travel for simulation work	997	997	997
TGS	Supervisions Costs/ Programme Director Expansion 2019.20	24,000	124,000	301,000
WCAT	Bangor now have 1 trainee		927	927
	WCAT		15,362	15,362
WOPEC	Cluster Based Optom Services	1,000	80,000	80,000
WOPEC	Increasing support/training for primary care service provision	154,295	120,238	30,894
	WCLFT Business Case	53,455	80,182	80,182
Total Requested for Internal Funding		920,464	1,121,423	1,265,540

10.4 Financial Risks and Opportunities

The financial plan has been developed with the best available information at a point in time and within the existing policy environment. The following assumptions have therefore been made in developing the financial plan:

- Welsh Government will continue to fund the costs of Bursary for the lifetime of the IMTP.
- The re-established Bursary system in England will not detrimentally impact on the ability of contracted providers in Wales to recruit to courses resulting in a significant underspend.
- There will not be a material change in University fee level as a result of the Augur Review.
- Brexit will not detrimentally impact on the ability of HEIW to deliver its objectives.
- Any further changes to NHS Pension Scheme Regulations will be funded by Welsh Government.
- HEIW's inclusion into the Welsh Risk Pool- Risk Sharing Agreement will not create a material unfunded liability.

Overall, HEIW's 2020-25 Financial Plan demonstrates the organisation's determination to live within its means and ensure that real value can be demonstrated from the resources made available to take forward its agreed commissioning and development programme.

The 2020-25 Financial Plan provides the means and framework to support the achievement of not only financial balance but also the other delivery components of the HEIW IMTP. As set out in above the Board will aim to explore opportunities for further investment by Welsh Government to accelerate the pace of transformational change.

The plan has set out HEIW's expectations on budget discipline, and containing costs which will require engagement from Executives, Senior Managers and Budget Holders to deliver. Achievement of these will be key to the successful implementation of the plan.

During 2020/21, HEIW will work with Welsh Government colleagues to effect the transfer of SIFT resources to HEIW for the 2021/22 financial year aligned with Objective 2.5. Consideration will need to be given as to the use of the resource to support medical student teaching activity in Health Boards and Trusts and the usefulness of the current mechanisms to meet future need, whilst taking account of previous reviews and mechanisms in the other home countries.

10.5 Capital

HEIW has a recurrent discretionary Capital Allocation of £100k, although this modest allocation will not initially prohibit 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.

Chapter 11 – Appendices

Appendix A

Our values and behaviours have been developed by us and reflect our thoughts, feelings and beliefs in how we will, and won't, behave and treat others. They reflect how we will carry out our work and support the delivery of health and social care to the people of Wales.

Respect for all - <i>in every contact we have we have with others.</i>	Together as a team - <i>we will work with colleagues, across NHS Wales and with partner organisations.</i>	Ideas that improve – <i>harnessing creativity and continuously innovating, evaluating and improving.</i>
We Will	We Will	We Will
<ul style="list-style-type: none"> • Actively listen – make time to listen, to hear, and respond to everyone's views; • Seek to understand alternative viewpoints and see things from others' perspectives; • Challenge constructively and objectively and deal with disagreement quickly and respectfully maintaining peoples' dignity; • Respect other people's expertise and trust people to do their jobs; • Take personal responsibility for our actions and have the confidence to admit mistakes and apologise; • Treat people fairly and equitably according to their needs; • Value all differences not just professional backgrounds, experience and skills. 	<ul style="list-style-type: none"> • Seek out, recognise and value the knowledge skills and experience of others from within HEIW and across our stakeholders; • Openly receive contributions from colleagues and partners; • Work hard for each other, contribute our best whether we are leading or supporting work; • Work collaboratively; • Be open and transparent and work towards shared objectives; • Have fun. 	<ul style="list-style-type: none"> • Be creative, curious and future thinking; • Challenge the status quo and suggest constructive solutions; • Take a positive approach to challenges and problems; • Drive informed innovation and improvement for patients, staff and learners; • Empower staff, teams and partners with skills to improve; • Seek out and respond to feedback from patients, learners, staff and partners; • Talk up and celebrate success; • Embrace and learn from mistakes; • Focus on the 'whys' - the purpose and the outcome; • Create and protect time and space for reflection and evaluation.
We will not	We will not	We will not
<ul style="list-style-type: none"> • Allow challenges or differences of opinion to become personal; 	<ul style="list-style-type: none"> • Withhold important relevant information; 	<ul style="list-style-type: none"> • Behave in a negative or "can't do" way; • Be defensive when challenging existing ways of working;

<ul style="list-style-type: none"> • Behave in a way which could be perceived as bullying; • Exclude others; • Behave in a way which could be perceived as prejudicial; • Give preferential treatment; • Dominate discussions or approaches. 	<ul style="list-style-type: none"> • Forget to communicate with each other; • Lack loyalty towards each other and HEIW; • Work rigidly to defined boundaries. 	<ul style="list-style-type: none"> • Think we know best; • Allow obstacles to stop improvement; • Blame others for mistakes.
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The HEIW Board

Chief Executive Alex Howells	Director of Workforce and OD / Deputy CEO Julie Rogers
<ul style="list-style-type: none"> • Development of strategic direction • Culture of improvement and learning • Advocate for prudent healthcare principles • Embedding a multi professional approach in all activities • Optimising use of resources available for education and workforce development • Development of effective partnerships 	<ul style="list-style-type: none"> • Workforce strategy and planning • Workforce intelligence • Leadership development • Careers and widening access • Internal HR, Inclusion and OD • Communications and engagement • Professional support
Medical Director (Doctors, Dental professionals, Pharmacists) Push Mangat	Nurse Director (Healthcare Scientists, Therapists, Nurses, Midwives, Optometrists) Stephen Griffiths
<ul style="list-style-type: none"> • Education planning and commissioning • Quality management • Supporting regulation • Clinical leadership • Appraisal and professional development • Education development and delivery • Workforce modernisation 	<ul style="list-style-type: none"> • Strategic oversight for education planning and commissioning • Quality management • Supporting regulation • Clinical leadership • Career pathways / role design • Integration • Skills development
Director of Finance Eifion Williams	Board Secretary Dafydd Bebb
<ul style="list-style-type: none"> • Financial strategy and planning • Financial governance and accounting • Budgetary control and reporting • Business planning • Costing, contracting and commissioning • Performance management • IMT / Digital • Corporate Services 	<ul style="list-style-type: none"> • Governance
Chair Dr Chris Jones CBE	
<p>A general practitioner by background, Chris was a practising GP for 32 years as Senior Partner in the Taff Vale Practice in Pontypridd. He was Chairman of Cwm Taf University Health Board between 2009 and 2017, and prior to that, had been Chairman of Rhondda Cynon Taff Local Health Board since 2004. Chris was awarded a CBE for his services to healthcare through NHS Wales in 2007, where his interests have included population health and primary care. He created “Setting the Direction: A Strategic Change Delivery Programme for Primary and Community Services in Wales” in 2009. He also led three Ministerial Reviews: North Wales (2004), Gwent (2006), and Out of Hours Services (2014). Dr Jones has been the Coordinating Chair of Health Boards and Trusts since 2014 and was also Chair of the Welsh NHS Confederation during 2015/16. He is also a member of the Valleys Ministerial Taskforce. Dr Jones has supported the Special Measures in Betsi</p>	

Cadwaladr University Health Board (2016) and has been a member of the 111 Steering Group and Unscheduled Care Programme Board since 2016. Chris has a lifelong commitment to the NHS in Wales, and is married to Babs, with three grown-up children. His key interests are his grandchildren, fishing, woodwork, photography, opera, classical music, and reading.

<p>Independent member Tina Donnelly CBE DL FRCN</p>	<p>Independent member Dr Ruth Hall CBE</p>
<p>Tina has been Director of the Royal College of Nursing in Wales since 2004; she is a registered nurse, who also trained as a midwife, and has also completed specialist training in cardiac care, palliative care and clinical teaching/teaching. Tina has held senior management posts in the NHS, in Higher Education, and has worked in the Welsh Assembly Government as a Nursing Officer, advising on health and nursing policy, regulation, human resources, research, and education. Tina is an honorary Fellow of the University of South Wales, and a Fellow of the Royal College.</p>	<p>Medically-qualified, Ruth practised in paediatrics and child health before specialising in public health medicine in north Wales, then serving as Chief Medical Officer for Wales from 1997 until 2005. She has since held the non-executive board and advisory appointments as a member of NICE's Public Health Advisory Committee, the board of Environment Agency and currently, that of Natural Resources Wales. Since 2015, she has co-chaired the Mid Wales Healthcare Collaborative, focused on improving healthcare services in rural Wales. A governor of the Public Policy Institute Wales hosted by Cardiff University, she also holds a visiting chair at the University of the West of England. She is a Council member of the National Trust, and of the Canal and River Trust and its Wales Board.</p>
<p>Independent member John Hill-Tout</p>	<p>Independent member Gill Lewis</p>
<p>John has 40 years' experience in large and complex organisations within the NHS and Government. He served as Executive Director, and for a period of 6 months as Acting Chief Executive, of North Bristol NHS Trust. He left the NHS in 2001 to take up a post of Director of Performance and Operations within Health Department of Welsh Government, before retiring in 2007. He served as an independent member of Cwm Taf Health Board from 2009 until 2017, where his responsibilities were financial matters, and he served as Chair of the Audit Sub-Committee and Chair of the Finance, Performance and Workforce Committee.</p>	<p>Gill is currently Chair of Public Services Staff Commission in Wales and has worked in the public sector for most of her career. She is a qualified chartered accountant and held several senior positions in the former Audit Commission and the Wales Audit Office. She has more recently undertaken a wide variety of key roles across the public sector in Wales, including Deputy Chief Executive, Director of Resources and Statutory Section 151 Officer, and other director roles in both local government and the health sectors. Gill has served on Housing Association Boards and CIPFA Council and specialises in corporate governance, peer review, and organisational turnaround.</p>
<p>Independent member Prof Ceri Phillips</p>	<p>Independent member Dr Heidi Phillips</p>
<p>Ceri is Head of the College of Human and Health Sciences at Swansea University, and Professor of Health Economics at Swansea</p>	<p>Heidi has been a GP in south Wales since 2001 and is currently Associate Professor for Primary Care. She is a Fellow of the</p>

<p>Centre for Health Economics. He is the University non-officer member of ABMU Health Board, has been heavily involved in the development of the ARCH Programme, and is the current Chair of Council of Deans of Health Wales. He is a member of the Ministerial Taskforce on Primary Care Workforce in Wales. He sat on the Panel commissioned by the Minister of Health and Social Services to review the NHS Workforce in Wales and was a member of the Panel that undertook the Review of Health Professions Education Investment in Wales in 2015, along with the Williams Review, which has led to the establishment of Health Education and Improvement Wales. He was also co-lead of the Review of the appraisal of orphan and ultra-orphan medicines in Wales in 2014.</p>	<p>Academy of Medical Educators, and a Senior Fellow of the Higher Education Academy. Heidi has a special interest in recruitment and retention of GPs in Wales and is leading on the development of a primary care academy. Passionate about widening access to medical school, she sits on the Medical Schools Council Selection Alliance Board and is leading on several equality/disability workstreams.</p>
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The PESTLE Analysis

Political	Economic	Social
Government policies beneficial/detrimental to HEIWs success. Is the political environment stable or likely to change?	Economic factors that will impact on us moving forward. Is current economic performance affecting HEIW? Any impact on our revenue/costs?	How does human behaviour or cultural trends play a role in HEIW
<ul style="list-style-type: none"> Welsh Government policy and legislation (<i>Wellbeing of Future Generations (Wales) Act, A Healthier Wales, Nurse Staffing Levels (Wales) Act 2016, forthcoming Social Care Quality and Engagement Bill, Strategic Programme for Primary Care (2018) Is Wales Fairer? (2018)</i>) Wales has remained relatively stable politically (Welsh Elections not until May 2021) but uncertainty caused by Brexit and UK General Election December 2019. System politics associated with the development of new service models. Response to the <i>Strategic Programme for Primary Care (2018)</i>. Status of equality and human rights in Wales is likely to change and will impact on all public bodies in Wales. National Clinical Plan determining future location of clinical services across Wales. <i>National Workforce Strategy for Health and Social Care.</i> 	<ul style="list-style-type: none"> Economic trend for austerity and spending cuts across public services; uncertain economy caused by Brexit exacerbating Wales' economic difficulties and impact upon our funding settlement. Welsh Government economic policy (Prosperity for all: economic action plan; prudent healthcare) and uncertain WG funding allocation for FE/HEIs in Wales and to meet the increasing funding demands for future social care. Impact of economic and social environment on health inequalities. Changes to the Nursing bursaries in England removed but retained in Wales for two further cohorts until 2023. Contractual changes impacting on T&Cs of junior doctor contract. Pension changes. 	<ul style="list-style-type: none"> Increasing pressures from a growing and ageing population with more complex health needs; an ageing workforce and generating pressures on workforce (staffing shortages) and increasing demand on services in a time of austerity and spending cuts. Welsh Government Social and Economic Duty and policy to widen access and provide greater flexibility in higher education for under-represented groups. Health trends such as mental health, obesity and smoking related illnesses. Trends such as heavy workload, balancing career and personal responsibilities and health resulting in measures to offer more flexible approaches to work and careers for a better work-life balance (part time, portfolio work). Healthcare inequalities i.e. health provision for children and young people, learning disability.

<ul style="list-style-type: none"> • National move to integrated care (Health and Social Care). • National (NHS England, NHS Scotland, HEE/NES/NIMTA) workforce and education plans. 		<ul style="list-style-type: none"> • Patterns of migration to change following Brexit and new immigration system. • Urban/rural geography of Wales resulting in hard to recruit areas. • Impact of different levels of Digital literacy (how to use digital functions and use it properly) is variable amongst different age groups.
Technological	Legal	Environmental
What innovation and technological advancements are available or on the horizon? How will this affect our operations?	What regulation and laws apply to our business? Do they help/hinder HEIW. Do we understand the laws across HEIW?	What are the effects of our geographic location? Are we prepared for future environmental targets?
<ul style="list-style-type: none"> • <i>Topol Review</i> support the aims of the NHS long term plan and the workforce implementation plan (i.e. creating a digitally ready workforce to ready to use new technology and medicines and to adapt to new ways of working). • Continuing medical advances in technology (AI, Genomics, digital medicine, robotics) will require changes to the education and training of the workforce. • Changes within technology and communications infrastructure will require a change in roles and functions of clinical staff. • Digital solutions to analyse data, improve intelligence. 	<ul style="list-style-type: none"> • <i>A Healthier Wales</i> 2018. • <i>Well-being of Future Generations (Wales) Act</i> 2015. • <i>Nurse Staffing Levels (Wales) Act</i> 2016. • <i>Social Services and Well-being (Wales) Act</i> 2014. • <i>Equality Act</i> (2010). • <i>Welsh Language (Wales) Measure</i> 2011 • <i>Health and Social Care (Quality and Engagement) (Wales) Bill</i>. • Education Standards Regulations and Laws (NMC, GMC, GDC, GOC, HCPC, GPC). • Future changes to immigration system in the UK. • Workforce terms and conditions around changes to the Junior Doctor contract. 	<ul style="list-style-type: none"> • <i>Climate Change Act 2008</i> to reduce carbon emissions, a key contributor to the causes of climate change (50% reduction by 2025 and 80% by 2050). • <i>The Environment (Wales) Act 2016</i> requires the government to reduce emissions by 40% by 2020. • Increase the amount of renewable energy used, limit emissions from transport, agriculture, industry and business. • <i>Wellbeing of Future Generations (Wales) Act 2015</i> seeks to reduce our environmental impact in line with the meaning that we are low carbon and efficient with our resources. • Introduction of OFGEM DCP228 will mean a rise in energy costs.

Stakeholder Engagement

We have provided an overview of the extensive stakeholder and staff engagement which underpins the objectives and actions laid out in this three-year plan in 4.4 of Chapter 4. Further detail is outlined below.

Health Board and Trust Challenges and what they want to work with us on

- Understand suitable medical training environments (Paediatrics and Obs).
- Acute medical intakes in 2 sites is problematic and unsustainable.
- Impact of the National Clinical Plan.
- Transformation funding redesign of services across North Powys.
- No university in the Powys footprint; rural agenda and access to education and models of delivery.
- Recruitment and reduction in agency costs.
- How to develop and grow their own staff and retain their graduates.
- Transformational models of care relating to cancer and blood and workforce requirements and succession planning.
- National Clinical Plan.
- Fragility of roles and possible new roles in response to health scientist roles.
- New roles to support doctor based services.
- The national Workforce Strategy for Health and Social Care.
- Workforce modernisation and transformation in response to recruitment issues.
- Leadership and development.
- Data – improving access to high quality data.
- Digital literacy and digital capabilities of staff.
- Workforce planning.
- Education commissioning.
- Intelligence around capability and skills of workforce for planning purposes.
- Workforce planning training.
- Workforce modernisation.
- Challenges around capacity and recruitment.
- Focus on digital.
- Business intelligence.
- Opportunity for peer review of IMTPs.
- Potential to hold a stakeholder event with Health Boards.
- Continuous improvement.
- Leadership programme.

Feedback from North Wales Stakeholder Event (18 September)

Stakeholders included Betsi Cadwaladr University Health Board, Bangor University, British Dietetic Association, Glyndwr University, Remploy, RCN, North Wales Faculty, Open University, Coleg Llandrillo, Rural Health and Care Wales, National Training Federation.

Which session did you find most informative / useful to you?

- Discussions in general – 5 mentions
- Workforce strategy – 4 mentions

- Training and Education session – 5 mentions
- Training and Education (Nursing and AHP) – 3 mentions
- Training and Education (Medical) – 1 mention
- IMPT session – 7 mentions

What would you like to hear about at our next conference?

- Implementation of the workforce strategy.
- Follow up on implementation of HEIW IMTP.
- More information on education and training including apprenticeships, options, provisions, training in Welsh.
- Sharing best practice / success stories / learning achievements.
- HEIW support / provisions for other organisations.
- Partnership working.

Any other feedback?

- Overall, the feedback in this section reflected an excellent informative day and a great opportunity to discuss / network with HEIW.
- Having HEIW staff on every table was well received
- excellent partnership working
- fantastic opportunity to learn and engage in the north
- more availability in the North Wales – we welcome you
- Great location – good timing and timetable
- Other comments made positive suggestions on what HEIW could do differently:
- A bigger 'push' to link and blend learning across professions and sectors.
- Would be great to have further clarity on how HEIW and health boards work together for post-grad training.
- Translation facilities but no Welsh speaking presenters or bilingual slides.

Feedback from South Wales Stakeholder Event (9 October)

Stakeholders included Academi Wales, Health Boards, BDA, BMA, Boots, Cardiff Metropolitan University, Careers Wales, Cardiff University, Community Pharmacy Wales, Chartered Society of Physiotherapy, Diverse Cymru, GMC, NHW Wales Employers, NHS Wales Collaborative, National Imaging Academy, NWIS, NWSSP, Open University, RCM, RCN, RCS, RCGP, Rural Health and Care Wales, Social Care Wales, Swansea University, University of South Wales, Welsh Blood Service, Welsh Government, etc.

Which session did you find most informative / useful to you?

- Vision for education and training
- Information on implementing the workforce strategy
- Information about the workforce and IMTP
- Awareness of plans HEIW
- IMTP and discussions
- The speakers outlining the HEIW priorities – so pleased to note the priority given to building primary and community care services to meet population needs – a sea change!
- Leadership discussion was interesting to hear what the room was looking for.

- Workforce strategy for health and social care, themes and direction
- education and training
- Leadership session very interesting – exciting work
- HEIW (IMTP) introduction to proposed themes and priorities for next 3 years.

What would you like to hear about at our next conference?

- Equality
- How an all Wales approach can be achieved for some of the outstanding projects
- Digital solutions to staff problems
- Digital platforms and tools that could be used to improve education and feedback
- Collaboration with universities and widening access to research across all learners and disciplines to promote excellence and an academic base in education and training
- Health and wellbeing in the workforce and working with organisations outside the NHS
- Our vision for health education
- education and training – how this is being put into action
- How social care will be involved at all levels.
- Partnership working and how it's impacting on the workforce agenda
- Mental health
- Putting strategy into practice
- different healthcare roles
- case studies or people / students and their career pathways and how they think improvements should be made.
- actions / strategy / plan implementation

Any other feedback?

- dialogue with other partners on shared workforce risks and opportunities
- opportunity to hit the health and social care brief

Equality Impact Assessment for HEIW's Integrated Medium Term Plan (2020-23)

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.

Equality Impact Assessment (EIA) HEIW's Integrated Medium Term Plan

Title of Policy/ Procedure/ Strategy or Decision	HEIW Interim Medium-Term Plan 2020-2023
Name of Group/Department	Planning
Name and role of lead individual(s) completing this EIA	Jane Powell, Planning and Performance Business Partner Emma Kwaya-James, HEIW's Inclusion Lead
Contact Details	Jane.Powell5@wales.nhs.uk Emma Kwaya-James@wales.nhs.uk
Date EIA initiated	July 2019
Date EIA agreed by accountable group/department	Approved by Executive Team 23 January 2020
Signed (lead individual(s)/ head or chair of accountable group)	

HEIW Integrated Medium Term Plan - Equality Impact Assessment

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.

Health Education and Improvement Wales (HEIW) was established on 1 October 2018 as a Special Health Authority within NHS Wales. HEIW sits alongside the Health Boards and Trusts and has a leading role in the education, training, development, and shaping of the healthcare workforce in Wales, to ensure high-quality care for the people of Wales. HEIW delivers a number of functions.

It **plans, commissions and delivers education and training** for a wide range of health professional groups, and incorporates the Deaneries for Medicine, Dental and Pharmacy. HEIW also **quality manages education and training provision ensuring it meets required standards**, and improvements are made where required. This includes supporting teachers, trainers, trainees, students and working closely with education providers, NHS organisations and regulators. HEIW also plays a key role **supporting regulation by representing Wales in liaison with regulators**, working within the policy framework established by the Welsh Government. HEIW also undertakes, independently of the Welsh Government, specific regulatory support roles. The organisation is recognised as a **primary source for information and intelligence about the Welsh health workforce**. It provides analytical insight and intelligence to support the development of the current and future shape of the workforce and acts as a central body to identify and analyse sources of intelligence from Wales, UK and abroad. HEIW provides **strategic leadership for workforce strategy and planning**, working with Health Boards/Trusts and the Welsh Government to produce a forward strategy to transform the workforce to deliver new health and social care models of service delivery. In addition, through this process, HEIW identifies and develops new workforce models required within the NHS. It **leads and develops the strategic direction for leadership development and succession planning for NHS Wales**. It also provides the **strategic direction for health careers and the widening access agenda**, delivering an ongoing agenda to promote health careers. 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. The organisation also provides **strategic and practical support for workforce transformation and improvement**, including skills development, role design, CPD and career pathway development. HEIW also has an express function to **support the development of the workforce and OD profession** within Wales.

In the first year of operation, HEIW developed and managed an Annual Plan for 2019-20 but the organisation is now required to develop its first Intermediate Medium Term Plan (IMTP) for the following three years (2020-23). The purpose of the IMTP is to describe the strategic direction for the organisation for the next three years. This is articulated within six overarching Strategic Aims, four of which are externally focussed on the NHS and two are internally focussed on HEIW as an organisation.

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 improve collective leadership capacity in the NHS

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.

Under these six strategic aims there are a total of forty-three objectives.

The table below shows the key stakeholders who are impacted by the IMTP:

All Wales remit	£215m annual budget	c.400 members of staff	1800+ medical and dental trainers and mentors
3,000 training grade staff and associate specialist doctors and dentists	750+ optometrists 60 contact lens opticians 250 dispensing opticians	9,500 students (non-medical education) 5,500 Nurses 362 midwives 2,031 Allied Health Professionals 312 Scientists/Practitioners 862 Community nurses 330 Pharmacists	1,600 dentists
2,500 pharmacists	3,400 dental care professionals	1,600 pharmacy technicians	70+ pre-registration pharmacists and pharmacy technician trainees
Underpinned by population of Wales 3,138,600 (figure from National Statistics)			

The Health and Social Care workforce is made up of a range of people including employees in statutory organisations, contractor professions and the private, independent and third sectors and is inclusive of volunteers and carers. Therefore, the beneficiaries of this

strategy are far reaching and are inclusive of every citizen of Wales. With the ambition to help people live well in their communities, meet their health and care needs effectively and provide more services closer to or at home, ensuring that they only need to use a hospital for treatment that cannot be provided safely anywhere else.

Due to the scale and complexity of this IMTP, we have taken a proportionate approach to the Equality Impact Assessment (EIA). The Workforce Strategy for Health and Social Care EIA was undertaken in parallel with the development of the IMTP and the engagement undertaken during that process serves the developmental stages of the IMTP as many of the actions are articulated within the IMTP. It is also acknowledged that more detailed equality impact assessments will need to be undertaken by the Executive Lead and Senior Responsible Officer when they commence these objectives to meet the needs of people with one or more protected characteristics.

The organisation is ambitious to become an exemplar employer and a great place to work. 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 ensure that inclusivity is thoroughly embedded in all that HEIW does.

The organisation will embed the citizens voice and consider the needs of the current and future diverse workforce and service users. We will consider and embed opportunities to promote good relations between people who share a protected characteristic and those who do not as part of the IMTP planning cycle 2020-2023 and ensure that it is in alignment with *A Healthier Wales* (2018); *Is Wales Fairer?* (2018) and the Wellbeing and Future Generations Act (2015). To ensure this, the implementation plans will be developed to embed actions towards a more equal Wales through positive engagement with our socio-economic duties.

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?*

As an All Wales organisation with a number of strategic functions we have undertaken a range of engagement events, provided opportunities for consultation and extensive communication in the development of our first IMTP planning cycle 2020-23 (as highlighted below). This has included a cross representation of stakeholders from staff, trainees, students, patients to external and internal stakeholders including private, public and third sector partners.

Engagement, consultation and communication activity undertaken:

- Regular stakeholder bulletins
- Social media to inform and update
- Regular workshops, meetings and virtual working groups to inform and involve everyone in discussions on key topics
- Continuation of stakeholder workshops across Wales to inform development of IMTP
- Participation in national boards and all Wales peer groups
- Collaboration and co-production of Wales's first Public Body Equality Partnership to develop and delivery Wales' first shared Strategic Equality Plan across public sector bodies
- Extensive engagement and consultation on the Workforce Strategy for Health and Social Care
- Extensive engagement in the strategic review of health professional education
- All Wales conferences and events to focus on key topics, provide access to CPD and support networking.

Total numbers recorded in process of IMTP objective development:

- HEIW Stakeholder North Wales and South Wales engagement events:
 - 304 attendees
- Workforce Strategy for Health and Social Care:
 - 146: Stage 1 stakeholder interviews
 - 43: Stage 2 stakeholder interviews
 - 300+ Stage 1 On-line survey responses
 - 137 Stage 2 On-line survey responses
 - 350 employees attended engagement workshops and/or 4 online webinars
 - 36 Peer group meetings responses
- People, Inclusion and OD strategy (in development, below figures to date further engagement Jan 2020)
 - Stage 1 – internal stakeholder events 141 staff (on site and remote)
- Education and improvement (on-going, below figures to date further engagement to take place Jan 2020)
 - Contract Review - 79 placement mentors; 137 students
- Leadership and Succession
 - Stage 1 Leadership Conference - 136 attendees

It should also be noted that a thorough consultation and engagement process was undertaken with staff around the development of other significant pieces of work commenced as part of the Annual Plan, e.g. the People and OD Strategy (see EIA People and OD Strategy) and development of the Workforce Strategy for Health and Social Care (see EIA Workforce Strategy). As part of the consultation period stakeholders from 'protected characteristics' were invited to comment. These groups included EHRC, Diverse Cymru, RNIB, RBLI, Age Cymru, Stonewall, Gofal, Delsion, Action for Hearing, Royal College of Speech Therapy, Disability Cymru,

NHS National Equalities Leads Group, Time to Change, Mental Health Forum, Mind Cymru, Diabetes UK Cymru, Macmillan Cymru Wales, Alzheimer's Society Cymru, British Heart Foundation Cymru. This information is therefore referenced as part of this overarching EIA.

Due regard has been given to the difficulty in quantify the actual number of people who share protected characteristics involved in the above events. This is an area of significant concern for HEIW and is reflected as a key theme in the recently published 10 year Workforce Strategy for Health and Social Care in response to *Is Wales Fairer?* (2018) report in relation to lack of consistent equality data collection; upcoming Educational Contracting and the Strategic Equality Plan as outlines in strategic objective 5.4.

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?*

Multiple sources of evidence have been considered as part of the EIA for the Workforce Strategy for Health and Social Care. In relation to our key stakeholders, it is noted that in respect of the NHS, from information sourced directly from [Welsh Government](#), between 30 September 2017 and 30 September 2018 (in terms of full-time equivalent numbers):

- The total number of directly employed NHS staff increased by 1,084 (1.4%) to 79,054
- Medical & dental staff increased by 156 (2.4%) to 6,539.
- Nursing, midwifery and health visiting staff decreased by 47 (0.1%) to 32,927.
- Scientific, therapeutic & technical staff increased by 406 (3.2%) to 13,206.
- Administration and estates staff increased by 511 (2.9%) to 17,895.
- Other staff increased by 46 (0.7%) to 6,392.

Information in relation to overall population data information was taken from Office of National Statistics:

- [Employment and Labour Market](#)
- [People, population and community](#)
- [Cultural identity](#)
- [Healthcare expenditure, UK Health Accounts: 2017](#)
- [Wellbeing](#)
- [Population and migration](#)

The data sourced as part of this equality impact assessment is reflective of research findings such as [Is Wales Fairer? The state of equality and Human Rights 2018](#), the Equality and Human Rights Commissions report, which indicates that there are clear data gaps in the available data that often make it difficult for people to understand the experiences of people sharing protected characteristics especially in relation to sexual orientation, gender reassignment, religion or belief and race. It cites as an example, a report by Citizens Advice Cymru (2017) that found that its clients who were disabled or had a health condition encountered bad practice and discrimination by employers. Similarly, Stonewall Cymru polled over 1,200 gay, lesbian, bisexual and transgender people in Wales and found that many still experience poor treatment while using public services. Analysis of the available evidence and research highlights some of the key challenges across Public Bodies in terms of data collection. Self-disclosure rates are particularly low across all Welsh Government Sponsored Bodies and may be due to individuals not feeling comfortable disclosing their protected characteristic(s) for fear of discrimination. HEIW's equality data is no different. The HEIW Diversity detail figures (correct as at 22 August 2019) also shows multiple gaps.

It is HEIW's intention to undertake work to further improve the confidence of staff to populate this data on their protected characteristics on ESR and will also be included as an action point within this EIA. The data in relation to our staff is taken from the NHS Electronic Staff Record (ESR).

HEIW Diversity Detail @ 22 August 2019 (Exec Chair & Non Executive Directors)

Please note that whilst numbers less than 4 (including 0) should be included and are important for internal analysis. For publication purposes externally an * will be used for figures 4 or less to prevent individuals being identified.

Gender	Headcount
Female	246
Male	127
Total	373

Disability	Headcount
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No	113
Not Declared	*
Prefer Not To Answer	*
Unspecified	242
Yes	12
Total	373

Ethnic Origin	Headcount
A White - British	86
CA White English	*
CC White Welsh	17
D Mixed - White & Black Caribbean	*
E Mixed - White & Black African	*
H Asian or Asian British - Indian	*
N Black or Black British - African	*
Unspecified	263
Z Not Stated	*
Total	373

Religion and or Belief	Headcount
Atheism	25
Buddhism	*
Christianity	72
Hinduism	*
I do not wish to disclose my religion/belief	23
Jainism	*
Other	8
Unspecified	242
Total	373

Sexual Orientation	Headcount
Bisexual	*
Gay or Lesbian	*

Heterosexual or Straight	118
Not stated (person asked but declined to provide response)	12
Undecided	*
Unspecified	238
Total	373

Marital Status	Headcount
Divorced	7
Legally Separated	*
Married	103
Single	25
Unknown	11
Widowed	*
(blank)	223
Total	373

Nationality	Headcount
Beninese	*
British	83
Dutch	*
Scottish	*
Welsh	24
(blank)	263
Total	373

Age Band	Headcount
21-25	*
26-30	14
31-35	23
36-40	46
41-45	66
46-50	60
51-55	72

56-60	51
61-65	28
66-70	7
>=71 Years	*
Total	373

Data Source: ESR BI - NHS WF Profile Dashboard Diversity Detail

Location - based on position detail	Headcount
082 Off Site	172
082 Ty Dysgu	201
Total	373

Data Source: ESR BI - Positions Analysis Dashboard

Further evidence has been developed whilst undertaking the following EIAs and therefore underpinning the IMTP and is summarised in section 3:

HEIW integrated EIA HEIW and SCW
 HEIW EIA People, Inclusion and OD v1
 HEIW EIA Leadership Conference v1
 HEIW EIA Educational Contract v1

To ensure continued communication and engagement with staff and stakeholders in relation to the IMTP, this will be achieved through:
Welsh Government process, Roadshows across Wales, peer groups, March Staff conference.

4. Impact Assessment

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 HEIWs ability to perform its Public Sector Duty to:

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*

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.

Equalities and Welsh Language Impact Assessment

Protected Characteristic	Impact:			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.
	P O S I T I V E	N E G A T I V E	N E G L I G I B L E	

Age

Main categories: under 16 16-24 25-34 35-44 45-54 55-59 60-64 65-74 75+				<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’</p> <p>Concerns about accessing occupational health include fears of being reassigned to a role staff do not wish to do; colleagues not understanding reasonable adjustments; stigma relating to mental ill health; and fears around fitness to practice. These are heightened for older people.</p> <p>Research carried out by CIPD (2015) highlighted the strong link between life stage and working experience on work priorities along with benefits such as knowledge-</p>
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			<p>sharing, different perspectives and enhanced customer experience were identified as key benefits of age diversity.</p> <ul style="list-style-type: none"> • Spontaneously, 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. • Different perspectives are seen as a way of harnessing new ideas and working styles. <p>Research continues to highlight some of the key challenges in relation to age diversity being a lack of shared interest and values. Age discrimination has been stated in evidence as being innate at the recruitment stage. Older employees looking to change career and or enter more junior roles could be restricted by their age during the recruitment process.</p> <p>The Is Wales Fairer? (2018) report indicates that insecure employment has increased for those aged 16–24 and for women. Is Wales Fairer? (2018) also highlighted pay gap differences between ages, with median hourly earnings increased by age in 2016/17 to peak at £12.77 for those aged 35–44, before declining for older age groups. However, the lowest median earnings were for those aged 16–24 (£7.22)</p> <p>Those aged 35–44 and 45–54 had the highest employment rates in 2016/17 (82–84%). The rates for those aged 16–24 (50.4%) and 55–64 (59.0%) were much lower.</p> <p>‘A Healthier Wales’ is clear that ‘...everyone in Wales should have longer, healthier and happy lives, able to remain active and independent, in their own homes, for as long as possible’. Its ambition is’ ...to bring health and social care services together,</p>
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			<p>so that they are designed and delivered around the needs and preferences of individuals, with a much greater emphasis on keeping people healthy and well.' To support this is requires that... 'The workforce of the future will be defined by new models of integrated health and social care, based upon good practice and sustainability, to deliver better health and well-being.'</p> <p>There are real barriers which have developed over the years between professions and organisations which makes seamless working difficult at times. These include some national policies as well as some professional practices, different training opportunities, information sharing arrangements and budget responsibilities.</p> <p>True seamless working will need to be underpinned by fair, equitable and inclusive working conditions which enable people of all ages to play their full role in supporting patients and service users.</p> <p>Evidence from the CIPD Shows the value of flexible working both as a retention tool and to help people to make an effective return to work acts as an invaluable strategic tool to support improved individual and seamless business performance through developing greater diversity and increasing levels of job satisfaction and commitment from workers across all ages. However, the CIPD report <i>Employee Outlook: Focus on older people</i> showed that: 76% of employers had not made reasonable adjustments to enable older employees to carry on working.</p> <p>The majority (34%) of staff working for local authority regulated services in Wales were aged 51 to 60 years. This was also reflected at regional level. Across Wales, 25% of regulated service staff were aged 41 to 50, and 16% were aged 31 to 40. Across providers, 7% of the commissioned care provider staff aged under 25 were employed by mixed care providers, while 1% of day and other staff were aged 25 and under 3% of day and other care staff were aged 71 and over, while 1% or less all other provider types employed staff aged 71 and over.</p> <p>The average age of Adult Care Home Managers on the Register of Social Care Workers is 49. There is a significant increase in the numbers of younger people (under 19) completing apprenticeships in the social care sector over the past 5</p>
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			<p>years. This is in line with the Welsh Government's policy to divert funding to the statutory requirements for people under 19 years; although the overall numbers remain small in proportion for our sector.</p> <p><i>Is Wales Fairer?</i> (2018) highlights that those aged 35–44 and 45–54 had the highest employment rates in 2016/17 (82–84%). The rates for those aged 16–24 (50.4%) and 55–64 (59.0%) were much lower.</p> <p>Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs</p> <p>The national workforce strategy states the need to make sure all of the people working in health and social care are competent and capable to do their existing job, and that they are supported to continue learning and developing throughout their career. As 'A Healthier Wales' recognises, this requires a need to increase the effectiveness and relevance of education and learning if we are to help people working in health and social care to keep up with the changes taking place in services in the future.</p> <p>The Commission for Rural Communities (CRC) has looked at whether there is a rural dimension to the issue of young people accessing education and training. Moreover, CRC explored whether there are any rural barriers to education, employment and training for young people in rural areas, in the context of changing Government policy. The report concluded that young people living in rural areas face a number of uniquely rural barriers, particularly concerning access to transport, careers advice, employment and training support, and youth services. Above all, there is a lack of focal point and representation for rural youth affairs within and across central government. There is no clear, overarching responsibility for securing the development and employment of young people in rural areas, and consequently insufficient consideration is being given to addressing the additional challenges associated with this in a co-ordinated and strategic way.</p> <p>Studies have demonstrated that lifelong learning has positive outcomes for individuals, communities and the economy. However, despite the well-established</p>
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			<p>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 indicate that those aged 50+ comprise around 5% of the university student population. However, the rates are lowest, and the fall is steepest for those aged 60–69 years.</p> <p>According to research there are three main types of barriers that might prevent someone from undertaking lifelong learning: attitudinal, situational and institutional. A review commissioned by the UK central as part of the Foresight Future of an Ageing Population project stated that addressing the issue of developing a new approach and commitment to lifelong learning, relevant to the challenges of an ageing population, is now an urgent issue for public policy in the UK.</p> <p>Strategic Aim 3: To work with partners to improve collective leadership capacity in the NHS</p> <p>Effective leadership across and throughout health and social care, the public, private and third sectors is recognised by <i>A Healthier Wales</i> as a key element in turning good intentions into practice and one of the priorities outlined in the workforce strategies for leadership related to the development of a shared approach to collective and compassionate leadership across health and social care which the public, private and third sectors are all committed to.</p> <p>Research from Centre of Aging Better has 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>CIPD research shows that the need for leadership has changed following the global shifts within the last decade that impact on the ways UK Businesses work and operate. The CIPD research report <i>Leadership – easier said than done</i> looks in detail at the barriers to leadership and good people management in practice. The</p>
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			<p>report explores the systemic barriers to leadership, challenges present in some organisations today. A key barrier was the lack of managers ability in embracing workforce diversity, particularly relating to ageism e.g. employees aged between 16-24 were far less likely to be appointed or promoted into management and leadership roles. People management processes (for example lengthy and rigidly enforced behavioural frameworks) were often cited as inadvertently favouring 'sameness' over the desirable level of identifying talent and skills in local teams and corporately regardless of age.</p> <p>Strategic Aim 4: To develop the workforce to support the delivery of safety and quality</p> <p>Strategic Aim 5: To be an exemplar employer and a great place to work The development of the People and OD Strategy is inclusive of the HEIW Strategic Equality Plan. The EIA for the People and OD Strategy has shown a potential for age discrimination and that this will need to be acknowledged and addressed at recruitment, training and development. The HEIW Diversity and Inclusion policy will set out the organisations 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>Strategic Aim 6: To be recognised as an excellent partner, influencer and leader</p>
Disability			
<p>Disability as defined in the Equality Act 2010: Those with any physical, sensory, learning, cognitive or mental health impairment or health condition which causes individuals to face barriers to employment, equal</p>			<p>Part A</p> <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' Flexible career opportunities and work-life balance must include ensuring that all staff at all levels feel able and supported to access these opportunities. These are vital to attracting and retaining disabled people.</p>

<p>opportunities, access to goods, facilities or services lasting or expected to last 12 months or more, or terminal.</p>				<p>Concerns about accessing occupational health include fears of being reassigned to a role staff do not wish to do; colleagues not understanding reasonable adjustments; stigma relating to mental ill health; and fears around fitness to practice. These are heightened for disabled people.</p> <p><i>Is Wales Fairer?</i> (2018) highlights that non-disabled people in Wales are twice as likely as disabled people to be employed and the disability employment gap has widened in recent years. The report continued to highlight pay gaps between disabled and non-disabled people with median hourly earnings were higher in 2016/17 for non-disabled (£10.67) than for disabled (£9.72) employees, a disability pay gap of 8.9%. Earnings increased for non-disabled employees between 2013/14 and 2016/17. EHRC highlight that by raising the participation of disabled people organisations could reduce the annual cost of people being out of work by £100 billion.</p> <p>NHS Wales Confederation policy forum subgroup on long-term conditions and mental health aims to drive forward the vision of <i>A Healthier Wales</i> 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. To ensure that care for long term conditions are holistic, co-ordinated and delivered predominantly in the community, by a multidisciplinary team, including psychology services, and is timely. The group have identified opportunities within the strategy to meet this vision and that of <i>A Healthier Wales</i> by recommending:</p> <ul style="list-style-type: none"> • Good practice in the delivery of holistic care that addresses the mental and physical health needs of people living with long term conditions should be promoted with a view to scaling up and rolling out services delivering positive outcomes • The exploration of opportunities to develop a tiered pathway of mental health support for people living with long term conditions, with care delivered in primary and secondary settings across the scale of need, from resilience and early intervention programmes to specialised care for severe needs.
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				<p><i>Is Wales Fairer</i> (2018) 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. 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 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>EHRC highlight in their consultation response that the most significant workplace barriers that people with disabilities face relate to recruitment, promotion and the ability to stay within the workforce. Clear direction within the strategy as to how these workforce barriers will be overcome is critical.</p> <p>Disabled people continue to be under-represented in the social care workforce in Wales, only 1% of the commissioned care provider staff who responded to recent workforce survey stated that they considered themselves to have a disability. This ranged from 3% of staff who work for care providers commissioned by Carmarthenshire and Bridgend to less than 0.5% commissioned by the Isle of Anglesey. Only 1.4% of Residential Childcare workers on the register identified as having a disability.</p> <p>NHS Wales Confederation policy forum subgroup on long-term conditions and mental health aims to drive forward the vision of <i>A Healthier Wales</i> 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. To ensure that care for long term conditions are holistic, co-ordinated and delivered predominantly in the community, by a multidisciplinary team, including psychology services, and is timely. The group have identified opportunities within the strategy to meet this vision and that of <i>A Healthier Wales</i> by recommending:</p>
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			<ul style="list-style-type: none"> • An audit of clinical health psychology roles should be undertaken to assess the scale of recruitment needed to meet current NICE guidelines related to treating the mental health of people with long term conditions. • In addition to merely meeting guidelines, work must also be undertaken to forecast and meet the future growth in the need for psychology across physical health conditions. • The role of clinical health psychology in a workforce fit for the future should be developed to ensure this part of the workforce is sustainable from a recruitment perspective. This should include incentives around the training and development of psychologists that will make Wales an attractive place for a long-term career in the field. • Clinicians and third sector representatives should be formally engaged in workforce planning and modelling to address shortfalls in delivering psychological support for those living with long term conditions. • The delivery of this support should be based in the community, close to home and should be treated as routine part of treating individual's health needs, not as a separate service. <p>Feedback from Service users as part of the consultation process highlights that there is a demand from service users for peer support workers, peer trainers, peer engagement workers, peer evaluators, and peer navigators.</p> <p>Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs</p> <p>Targeted mentoring, training, and support to address barriers to progression for a range of under-represented groups, including disabled people, should be part of the vision, priorities, and actions within this theme.</p> <p>The Welsh Government has published a disability action plan to increase the very low proportion of disabled people on apprenticeships, within the workforce strategy there is the opportunity to address and reflect the Welsh Government Disability Action Plan in respect of how widening access for people with disabilities into apprenticeships.</p>
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				<p>NHS Wales Confederation policy forum subgroup on long-term conditions and mental health aims 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. To ensure that care for long term conditions are holistic, co-ordinated and delivered predominantly in the community, by a multidisciplinary team, including psychology services, and is timely. The group have identified opportunities within the strategy to meet this vision and that of A Healthier Wales by recommending:</p> <ul style="list-style-type: none"> • Education, training and CPD of all health and social care professionals who work with people affected by long term conditions in Wales should be reviewed to consider whether content adequately recognises the emotional and psychological aspects of living with a LTC or caring for someone who does. This should include the provision of funding and protected time to undertake new learning to meet patients' holistic needs. • All health and social care professionals should be trained to a standard at which they can recognise signs and symptoms of mental health problems, and are able to refer appropriately. <p>Strategic Aim 3: To work with partners to improve collective leadership capacity in the NHS</p> <p>In July to September 2018, the Office of National Statistics reported that the employment rate for disabled people stands at 51.3% compared to 81.4% for non-disabled people. The research also highlighted that there is a real lack of representation (7%) of disabled people employed in senior management and board level positions.</p> <p>A 2010 report by RADAR (now Disability Rights UK) 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.</p>
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				<p>The Equality and Human Rights Commissions report Is Wales Fairer? (p29) key findings were that disabled people are less likely than non-disabled people to work in managerial or professional occupations, which tend to have high pay.</p> <p>Strategic Aim 4: To develop the workforce to support the delivery of safety and quality</p> <p>Strategic Aim 5: To be an exemplar employer and a great place to work The People and OD EIA has identified that we are already undertaking 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.</p> <p>In July to September 2018, The Office of national statistics reported that the employment rate for disabled people stands at 51.3% compared to 81.4% for non-disabled people. The research also highlighted that there is a real lack of representation (7%) of disabled people employed in senior management and board level positions. HEIW will need to ensure that potential disability discrimination is tackled acknowledged and addressed, through recruitment, training including leadership and development of policies and practice.</p> <p>The HEIW Diversity and Inclusion policy will set out the organisations 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>Strategic Aim 6: To be recognised as an excellent partner, influencer and leader</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 aspects of how an individual expresses gender, including clothing, mannerisms and other aspects of expression.</p>			<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'</p> <p>Research and feedback highlights that all workers should be ensured an adequate standard of living, safe and healthy working conditions, fair wages, time to rest, and the opportunity to take part in public life.</p> <p>'Is Wales Fairer?' reported that women report high levels of sexual harassment in the workplace across Wales. A 2017 study reported that 26% of people living in Wales had experienced unwanted sexual behaviour at work (ComRes, 2017). Our 'Turning the tables: ending sexual harassment at work' report reminds us that no workplace is immune to sexual harassment and that employers are responsible for ensuring that employees do not face harassment in their workplace.</p> <p>LGBT in Britain – Work report (Stonewall 2018)</p> <ul style="list-style-type: none"> • One in eight trans people (12 per cent) have been physically attacked by customers or colleagues in the last year because of being trans. • Almost a third of non-binary people (31 per cent) and one in five trans people (18 per cent) don't feel able to wear work attire representing their gender expression. <p><i>Is Wales Fairer?</i> (2018) highlights the gender pay gap for full-time employees, although narrower in Wales than in England and Scotland, remains, and women are more likely than men to work in low-pay occupations.</p> <p>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 to report on their gender pay gaps has recently focused attention on the existence of, and reasons for, pay gaps.</p> <p>A listed body in Wales needs to comply with the specific duties, which are set out in the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011.</p> <p>The Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 requires listed public bodies in Wales to:</p>
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			<ul style="list-style-type: none"> • Publish an equality objective in relation to addressing any gender pay difference identified or publish reasons why it has not done so. • Publish an action plan in respect of gender pay difference setting out: <ul style="list-style-type: none"> ○ Any policy it has that relates to the need to address the of any gender pay difference. ○ Any gender pay equality objective it has published (including any revisions). Where it has identified a gender pay difference amongst its staff but has not published an equality objective to address the causes of that pay difference, the action plan must set out the reasons for not doing so. ○ A statement about the steps it has taken or intends to take to fulfil its gender pay objective and how long it expects to take. <p>Considering pay and the causes of unequal pay are critical to achieving equality outcomes for all protected groups.</p> <p>EHRC highlight in their consultation response that the most significant workplace barriers that women face relate to harassment, recruitment, promotion and the ability to stay within the workforce. Therefore, clear direction within the strategy as to how these barriers will be overcome is critical.</p> <p>The workforce strategy consultation report refers to a strong consensus amongst people working in health and social care that: 'People need advice, help and guidance to ensure that they can work creatively and pro-actively 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>LGBT in Britain – Work report (Stonewall 2018): Only three in five LGBT staff (61 per cent) agree that their workplace has equalities policies that protect lesbian, gay and bi people at work. The number decreases for LGBT staff living in a rural area to 54 per cent compared to 62 per cent of LGBT staff in urban areas.</p> <p>Employers who take active steps towards establishing inclusive work policies, by showing visible commitment to LGBT equality and showcasing best practice equality</p>
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				<p>policies, have a real impact on the lives of LGBT staff, boost work morale and create a work environment that people are proud to work in.</p> <p>Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs</p> <p>Targeted mentoring, training, and support to address barriers to progression for a range of under-represented groups, including women, should be part of the vision, priorities, and actions within this theme.</p> <p>Learning and education opportunities must include removing barriers to progression and targeted mentoring and development programmes for women and are vital to addressing pay gaps.</p> <p>Practices must include values-based working, embedding equality and diversity, supporting employees with one or more protected characteristics, zero tolerance approaches to workplace bullying and discriminatory language, and ensuring a culture that values diversity and respects individuals.</p> <p>Learning and education opportunities must include removing barriers to progression and targeted mentoring and development programmes for women are vital to addressing pay gaps and barriers to promotion.</p> <p>According to the Equality and Human Rights Commission apprenticeships remain strongly gender segregated. In 2016/17, there were only 360 female apprentices on the 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). The 2016 Apprenticeship Pay Survey also found that there were large differences in pay by apprenticeship framework in Wales, with the basic hourly pay rate for Level 2 and 3 apprentices being lowest in the female-dominated hairdressing framework.</p> <p>Strategic Aim 3: To work with partners to improve collective leadership capacity in the NHS</p>
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			<p>It should be noted that EHRC in their consultation response under Leadership highlight that there are continued challenges to women's safety and career progression within the workplace as highlighted within their report <i>Is Wales Fairer?</i> (2018). EHRC continue by highlighting the cost of domestic abuse on UK businesses as being over £1.9 billion and that over 75% of victims are targeted at work.</p> <p>Strategic Aim 4: To develop the workforce to support the delivery of safety and quality</p> <p>Strategic Aim 5: To be an exemplar employer and a great place to work We are already signed up to the Stonewall Diversity Champion scheme, which has provided us with assistance in developing our policies and procedures when considering gender identity and to minimise the discrimination that could be encountered. HEIW will need to ensure that potential gender discrimination is acknowledged and addressed, through training, leadership and development of policies and practice.</p> <p>The HEIW Diversity and Inclusion policy will set out the organisations 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>Strategic Aim 6: To be recognised as an excellent partner, influencer and leader</p>
Marriage or civil Partnership			
			<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' Flexible career opportunities and work-life balance must include ensuring that all staff at all levels feel able and supported to access these opportunities. These are vital to attracting and retaining parents.</p>

				<p>Feedback from employees referenced in the consultation report emphasised the importance of effective governance across agencies and services, and not to understate the challenge faced in changing cultures and existing behaviours (e.g. parity of esteem) which can undermine the aim of seamless working.</p> <p>The Equality Act 2010 makes it unlawful to discriminate against or treat someone unfairly because they are married or in a civil partnership.</p> <p>It is important to ensure terms and conditions of employment, including contractual benefits, do not generally disadvantage or exclude people because they are married or a civil partner. Also, terms and conditions and benefits given to opposite-sex married employees and their spouses, same-sex married employees and their spouses, and civil partner employees and their partners should generally be the same.</p> <p><i>Is Wales Fairer</i> (2018) highlights 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. The workforce strategy consultation report recognised that workforce data is patchy in terms of quality and quantity across health and social care.</p> <p>To date the workforce is configured in very traditional profession or job silos, and not in terms of shared competences or capabilities that has not sufficiently planned to secure a diverse workforce, able to meet the language and cultural needs of the population of Wales.</p> <p>Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs</p> <p>Strategic Aim 3: To work with partners to improve collective leadership capacity in the NHS</p>
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				<p>Strategic Aim 4: To develop the workforce to support the delivery of safety and quality</p> <p>Strategic Aim 5: To be an exemplar employer and a great place to work Unconscious Bias training has been introduced for staff and ensure that our policies are reviewed by Stonewall Cymru to ensure that they are not discriminatory.</p> <p>The HEIW Diversity and Inclusion policy will set out the organisations 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>Strategic Aim 6: To be recognised as an excellent partner, influencer and leader</p>
Pregnancy and maternity				
				<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’ Flexible career opportunities and work-life balance must include ensuring that all staff at all levels feel able and supported to access these opportunities. These are vital to attracting and retaining parents.</p> <p><i>Is Wales Fairer?</i> (2018) highlights that the majority of mothers have had a negative or possibly discriminatory experience during pregnancy or maternity leave, or on their return from maternity leave.</p> <p>Feedback within the consultation report highlighted the need to break down workforce and practice barriers was recognised. There were many points made</p>

			<p>about parts of the workforce which are facing particular complexities and stress at the current time in relation to recruitment and retention.</p> <p>A survey conducted for the Is Wales Fairer? Report and the Department for Business, Innovation and Skills in 2016 found that 71% of mothers in Wales 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 Department for Business, Innovation and Skills (BIS) and the Equality and Human Rights Commission commissioned a programme of research and surveys to investigate the prevalence and nature of pregnancy discrimination and disadvantage in the workplace. The Equality Act 2010 legislation prohibits pregnancy and maternity discrimination. A key element of the research was to understand managers' attitudes around pregnancy and maternity discrimination.</p> <p>The research found that:</p> <ul style="list-style-type: none"> • Six in 10 employers (59%) agree that a woman should have to disclose whether she is pregnant during the recruitment process. • Almost half (46%) of employers agree it is reasonable to ask women if they have young children during the recruitment process. • 44% of employers agree that women should work for an organisation for at least a year before deciding to have children. <p>Many respondents from the consultation report suggested that this theme should focus more on the importance of seamless and integrated professions, skill mix and shared capacity across care pathways rather than being limited to existing jobs and roles.</p> <p>The Equality & Human Rights Commission (EHRC) state 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.</p>
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			<p>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. According to the EHRC It is not just mothers who suffer from maternity leave discrimination; once women reach childbearing age they are perceived as a risk and a potentially costly choice for employers to promote as they may fall pregnant and take paid time off work.</p> <p>The current system of parental leave is not flexible and does little to promote shared parenting in the first year of a child's life. It also perpetuates gender imbalance as it reinforces a culture where women do the majority of caring and are therefore the riskier choice for employers.</p> <p>Other concerns within the consultation report focussed on the significance of the scale of workforce analysis and planning challenge facing partners across sectors which are not fully recognised, and that there needs to be a more robust emphasis on ensuring that sufficient resources are put in to both introducing systems and practices in some parts of the sector and transforming the current systems and practices in others.</p> <p>Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs</p> <p>The consultation summary report's responses strongly described the importance of ensuring that investment in education and learning will result in more effective care, support more flexible careers, and able to respond to changing needs and demands.</p> <p>In addition, widening access to learning provision was highlighted as an area to be developed and a number of options were put forward including the development of 'earn and learn' programmes, part time roles and remote/ distance learning</p> <p>The is Wales Fairer? Report found that 71% of mothers in Wales 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</p>
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			<p>negative impact on opportunity, status and equality in career development as a result of their experiences.</p> <p>7% of employers in Wales found it difficult to protect employees from being treated unfavourably because they were pregnant or on maternity leave (compared with only 1% of employers in England and less than 0.5% of those in Scotland). A higher proportion of establishments in Wales (10%) than in England (4%) or Scotland (3%) offered no flexible working practices that could both enhance retention but also offer more favourable opportunities for access to education and learning</p> <p>Strategic Aim 3: To work with partners to improve collective leadership capacity in the NHS The EHRC have developed six recommendations to tackle pregnancy and maternity discrimination in their 'Pregnancy and maternity discrimination in the workplace: Recommendations for change' report. These are:</p> <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 have 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.</p> <p>Strategic Aim 4: To develop the workforce to support the delivery of safety and quality</p> <p>Strategic Aim 5: To be an exemplar employer and a great place to work HEIW has already introduced a Flexible Working Policy and policies for new and expectant mothers are being developed. This will help promote HEIW as a family-</p>
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				<p>friendly workplace, creating conditions for staff to perform well and avoid the loss of skills and experience.</p> <p>The HEIW Diversity and Inclusion policy will set out the organisations 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>Strategic Aim 6: To be recognised as an excellent partner, influencer and leader</p>
Race				
Race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers.				<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’</p> <p>Learning and education opportunities must include removing barriers to progression and targeted mentoring and development programmes for BME people and are vital to addressing pay gaps and barriers to promotion.</p> <p>Concerns about accessing occupational health include fears of being reassigned to a role staff do not wish to do; colleagues not understanding reasonable adjustments; stigma relating to mental ill health; and fears around fitness to practice. These are heightened for BME people.</p> <p>In the UK today, one in 10 employed people are BAME, yet only one in 16 of top management positions and 1 in 13 management positions are held by BAME people. By 2051, the report states 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 the Top: a review of BAME leadership in the UK, 2015).</p>

			<p>GMC reports into Differential Attainment: evaluating the impact of interventions aimed at addressing variation in progression associated with protected characteristics known as ‘Differential Attainment’ Final Report - Submitted 13th August 2018. Differential attainment refers to ‘systematic differences in outcomes when grouping cohorts by protected characteristics and socio-economic background’, according to the GMC. The biggest gaps in attainment during medical training are linked to race – with both UK BME and international medical graduates affected.</p> <p>One in ten black, Asian and minority ethnic LGBT staff (10 per cent) have similarly been physically attacked because of their sexual orientation and/or gender identity, compared to three per cent of white LGBT staff. One in eight black, Asian and minority ethnic LGBT employees (12 per cent) have lost a job in the last year because of being LGBT, compared to four per cent of white LGBT staff. (LGBT in Britain – Work report Stonewall 2018).</p> <p>Pay gaps between individuals of different ethnic backgrounds have been highlighted in <i>Is Wales Fairer?</i> (2018) for example in 2016/17, Indian people (£14.43) had higher median hourly earnings than White British people (£10.60), their earnings having risen since 2010/11. Black people (£8.71) had lower median hourly earnings than White British people.</p> <p>EHRC highlight the financial benefits to organisations in addressing the ethnicity pay gap stating that by ‘improving the employment rate and workplace progression for people from ethnic minorities could contribute £24 billion per year’. However, EHRC also highlight in their response to the BEIS ethnicity pay gap consultation in January 2019 that pay gap data alone will not be enough to drive reductions. EHRC argue that more nuanced analysis and understanding of the impact of pay gaps transparency is needed to show its effectiveness in reducing inequalities. With the aim of measuring pay gaps not just to assess their size, but to understand their causes and identify potential solutions to addressing them.</p> <p>Exemplar employment practices must include values-based working, embedding equality and diversity, supporting employees with one or more protected</p>
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				<p>characteristics, zero tolerance approaches to workplace bullying and discriminatory language, and ensuring a culture that values diversity and respects individuals.</p> <p>Feedback from participants within the consultation report focussed on the need to emphasise the importance of effective governance across agencies and services, and not to understate the challenge faced in changing cultures and existing behaviours which can undermine the aim of seamless working.</p> <p>The McGregor Smith Review 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 huge missed opportunity for businesses and impacts the economy as a whole. In 2015, 1 in 8 of the working age population were from a BME background, yet BME individuals make up only 10% of the workforce and hold only 6% of top management positions.</p> <p>It is important in terms of increasing recruitment of BME people that creating and implementing values-based recruitment, support, and development must be specifically mentioned in the vision.</p> <p><i>Is Wales Fairer</i> (2018) shows that Indian (76.9%), Pakistani (74.4%) and White people excluding White British and White Irish people (71.8%) all had higher employment rates in 2016/17 than the White British rate (55.9%). The relatively small Chinese population had the lowest employment rate (24.6%).</p> <p>Within the Social Care field unpublished research has highlighted the lack of apprentices from the black and ethnic minority communities ranging from 8% in 2013-14 falling to 2.9% in 2016-17 and recovering to 3.6% in 17-18. With the exception of registration figures these are the only robust ethnic figures we have for the sector. Over the past five years we have seen a fall of almost 50% in the numbers of people from black or minority ethnic backgrounds completing apprenticeships.</p>
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			<p>2013-14 falling to 2.9% in 2016-17 and recovering to 3.6% in 17-18. With the exception of registration figures these are the only robust ethnic figures we have for the sector. Over the past 5 years we have seen a fall of almost 50% in the numbers of people from black or minority ethnic backgrounds completing apprenticeships. This is backed up by evidence from <i>Is Wales Fairer</i> which highlights that the great majority of people on apprenticeship programmes in 2016/17 (97.3%) self-identified as White. Only 485 people (1.1%) identified as Indian, 330 (0.7%) as of Mixed ethnicity and 260 (0.6%) as Black.</p> <p>Strategic Aim 3: To work with partners to improve collective leadership capacity in the NHS</p> <p>CIPD's Addressing the Barriers to BAME Employee Career Progression to the Top (2017) found BAME employees are more likely than white British employees to say their career progression to date has failed to meet their expectations. They are also more likely than those from a white British background to say experiencing discrimination is a problem. Indian/Pakistani/ Bangladeshi employees are significantly more likely than white British employees to say a lack of role models and 'people like me' is a progression barrier. Significantly more BAME employees overall than white British say their career to date has failed to meet their expectations (40% versus 31%), in particular those from black (44%) or mixed-race (42%) backgrounds. Seventeen per cent of respondents from Chinese or other Asian backgrounds say they don't have any career expectations, significantly higher than all other ethnic groups.</p> <p>The top three cited work-related factors that BAME employees overall feel have prevented them from achieving their career progression expectations are</p> <ol style="list-style-type: none"> 1. Their skills and talent have been overlooked; 2. Negative office politics; 3. A lack of effective training and development programmes at work. <p>Strategic Aim 4: To develop the workforce to support the delivery of safety and quality</p>
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			<p>Strategic Aim 5: To be an exemplar employer and a great place to work To mitigate the risk of discrimination against staff joining, working in HEIW or barriers to progressing within the organisation based on this protected characteristic, we have introduced Unconscious Bias Training for staff. Targeted mentoring, training, and support to address these issues will also be required.</p> <p>Strategic Aim 6: To be recognised as an excellent partner, influencer and leader</p>
Religion or Belief			
Religion includes any religion as well as lack of religion. Belief means any religious or philosophical belief.			<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’ Learning and education opportunities must include removing barriers to progression and targeted mentoring and development programmes for different religions and faiths are vital to addressing pay gaps and barriers to promotion.</p> <p><i>Is Wales Fairer?</i> (2015) highlighted the low employment rates of Muslims in Wales – they are least likely to be working of all faith groups. This is despite the proportion of Muslim adults with a degree being slightly above the Welsh average.</p> <p>Miller and Ewest (2014) Faith-friendly organisations go beyond minimum legal requirements and seek to attract, welcome, support and retain people of all faiths.</p> <p>Workforce implementation plans have the opportunity to pull on best practice in creating a faith-friendly organisation by: developing and promoting a workplace policy for religion and belief that embraces all beliefs and promotes a culture of respect; having an all-faith staff network that provides a forum for peer support and celebrates diversity; implementing all-staff training on different religions and beliefs to help create a culture change and explore stereotypes and assumptions about different faiths; exploring how employees can maintain their faith in the workplace and promoting different religious events to encourage the integration of faith and work for all religions and beliefs. - recommendations section.</p>

			<p>The <i>Is Wales Fairer?</i> Research report (2018) concludes that there is also 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 <i>A Healthier Wales</i> principles of prudent health and social care.</p> <p>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 the potential barriers in the health and social care workforce for specific protected characteristics. Combined with inconsistent monitoring, this makes it difficult to assess the true level of equality in this area</p> <p>It is important in terms of increasing recruitment of people of different faiths that creating and implementing values-based recruitment, support, and development must be specifically mentioned in the vision.</p> <p><i>Is Wales Fairer</i> (2018) identifies that people of no religion (65.4%) had a higher employment rate in 2016/17 than either Christians (50.0%) or Muslims (48.3%), and the rate for the no religion group had risen by 4.4 percentage points since 2010/11</p> <p>Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs</p> <p>Strategic Aim 3: To work with partners to improve collective leadership capacity in the NHS</p> <p>The greatest benefits for an employer will be experienced when diversity is completely embedded and is 'business as usual'. This means more than simply reaching set targets and changing the processes. It means that everyone in an organisation sees diverse teams as the norm and celebrates the benefits that a truly inclusive workforce can deliver. The NHS Workforce Race Equality Standard</p>
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			<p>(WRES) were introduced in 2015 and provide us with an overview of the experiences of the BAME staff who make up 19% of the workforce. White and BAME staff have very different and unequal experiences of the NHS as a workplace.</p> <p>The recently published Interim NHS People Plan states the NHS must recognise its 'shortcomings' in inclusion and religious diversity. The plan sets out an action to support boards to set targets for BAME representation across their workforce (including at senior levels) which goes some way to making the NHS more reflective of its patient populations, religions and beliefs. The bigger challenge is to acknowledge, address and change the behaviours that result in so many BAME people feeling marginalised and excluded especially from obtaining leadership roles.</p> <p>The workforce consultation report noted that the leadership theme is not clear enough about the importance of fairness, equality and promoting diversity, or the importance of Welsh language. Other comments asked for clarification about what compassionate leadership means in practice</p> <p>Strategic Aim 4: To develop the workforce to support the delivery of safety and quality</p> <p>The Welsh Government's annual report on Equality (2018) recognises the impact Austerity and Welfare Reform has had on the Public sector bodies in Wales whom are finding it increasingly difficult to deliver during a time of decreasing funding allocations and capacity.</p> <p>Gathering and analysing data specifically in respect of Religion & beliefs remains a challenge for all local authorities across Wales. Services have many demands to report information on their services to regulatory bodies. If these regulatory bodies do not include monitoring, analysing and reporting on protected characteristics, it may be given less priority in the context of competing demands.</p> <p>Strategic Aim 5: To be an exemplar employer and a great place to work</p> <p>This is already addressed as part of recruitment and selection training seek to attract, welcome, support and retain people of all faiths. We also run unconscious bias training for staff to consider different religions and beliefs to help create a culture</p>
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			<p>change and explore stereotypes and assumptions about different faiths. The building has been provided with a multipurpose room that can be used for prayer and separate washing facilities. We are also introducing a compassionate inclusive leadership model.</p> <p>The HEIW Diversity and Inclusion policy will set out the organisations 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>Strategic Aim 6: To be recognised as an excellent partner, influencer and leader</p>
Sexual Orientation			
<p>A person's orientation towards people of the same sex, the opposite sex or more than one gender.</p>			<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'</p> <p>Flexible career opportunities and work-life balance must include ensuring that all staff at all levels feel able and supported to access these opportunities. These are vital to attracting and retaining parents.</p> <p>Concerns about accessing occupational health include fears of being reassigned to a role staff do not wish to do; colleagues not understanding reasonable adjustments; stigma relating to mental ill health; and fears around fitness to practice. These are heightened for LGBT people as evidenced in Stonewalls report LGBT Britain work report with key findings:</p> <ul style="list-style-type: none"> • Almost one in five LGBT staff (18 per cent) have been the target of negative comments or conduct from work colleagues in the last year because they're LGBT. • One in ten black, Asian and minority ethnic LGBT staff (10 per cent) have similarly been physically attacked because of their sexual orientation and/or gender identity, compared to three per cent of white LGBT staff. • Almost one in five LGBT people (18 per cent) 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 in the last year.

			<ul style="list-style-type: none"> • One in eight black, Asian and minority ethnic LGBT employees (12 per cent) have lost a job in the last year because of being LGBT, compared to four per cent of white LGBT staff. • Almost two in five bi people (38 per cent) aren't out to anyone at work about their sexual orientation. • More than a third of LGBT staff (35 per cent) have hidden or disguised that they are LGBT at work in the last year because they were afraid of discrimination. • One in eight lesbian, gay and bi people (12 per cent) wouldn't feel confident reporting any homophobic or biphobia bullying to their employer. One in five trans people (21 per cent) wouldn't report transphobic bullying in the workplace. • https://www.stonewall.org.uk/lgbt-britain-work-report <p>Feedback from employees referenced in the consultation report emphasised the importance of effective governance across agencies and services, and not to understate the challenge faced in changing cultures and existing behaviours (e.g. parity of esteem) which can undermine the aim of seamless working.</p> <p>It is important to ensure terms and conditions of employment, including contractual benefits, do not generally disadvantage or exclude people because their sexual orientation. Also, terms and conditions and benefits given to opposite-sex married employees and their spouses, same-sex married employees and their spouses, and civil partner employees and their partners should generally be the same.</p> <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. It covers employment and vocational training. To avoid inadvertent discrimination, ACAS recommend that employers start by taking a closer look at different areas of work e.g. how employees are recruited, employment rules and contracts, workplace promotions, training, and dismissal procedures.</p> <p>The consultation feedback report highlighted the need to address out dated approaches to selecting people that are predominantly based on qualifications and</p>
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			<p>experience, to an approach that needs to attract people to the sector who hold the right values and who have potential to make a difference to the lives of individuals who require health and social care.</p> <p>According to ACAS One in five (19 per cent) lesbian, gay and bisexual employees have experienced verbal bullying from colleagues, customers or service users because of their sexual orientation in the last five years. One in eight (13 per cent) lesbian, gay and bisexual employees would not feel confident reporting homophobic harassment in their workplace.</p> <p>Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs</p> <p>Strategic Aim 3: To work with partners to improve collective leadership capacity in the NHS</p> <p>Strategic Aim 4: To develop the workforce to support the delivery of safety and quality</p> <p>Strategic Aim 5: To be an exemplar employer and a great place to work HEIW has signed up to Stonewall Diversity Champion scheme providing assistance in development of policies and practice and also has a Stonewall representative on Diversity and Inclusion Committee.</p> <p>The HEIW Diversity and Inclusion policy will set out the organisations 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>Strategic Aim 6: To be recognised as an excellent partner, influencer and leader</p>
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Carers				
<p>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, cognitive, learning, or mental health impairment and cannot cope without their support. The care they give is unpaid.</p>				<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’</p> <p>Flexible career opportunities and work-life balance must include ensuring that all staff at all levels feel able and supported to access these opportunities. These are vital to attracting and retaining carers.</p> <p>Age Cymru’s consultation feedback supported in principle Welsh Government’s introduction of an accredited qualification for carers, to provide carers with recognition of their skills and opportunities to develop them. However, there is concern that the accreditation programme may pigeonhole carers’ skills within a social care context and fail to recognise that many carers may wish to develop skills and seek opportunities which have nothing to do with their caring role. It is essential that no carer feels obliged to undertake training or to deliver types of care which they are uncomfortable delivering.</p> <p>Carers Policy Individual’s consultation feed back states that emphasis on carer friendly policies in health and social care would help recruitment and retention of staff and could also bring about an improvement in worker’s health and well-being and absence levels within the sectors. Carers UK’s research shows that women aged 45-54 are more than twice as likely to have reduced working hours due to unpaid caring responsibilities. Being an exemplar employer and having carer positive policies could help retain and recruit more staff into the sector. Health and Social Care services need to become exemplar employers and develop carer friendly policies and practices to help enable unpaid carers in the workforce to balance their caring and work responsibilities.</p> <p>Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs</p> <p>There are at least 370,000 carers in Wales. At 12 per cent, Wales has the highest proportion of carers in the UK, many of whom provide more than 50 hours of care a</p>

			<p>week. Census records 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.</p> <p>Social Care Wales Preventative support for adult carers in Wales: rapid review (2018) report describes the challenges that carers can face multiple demands none more so than those who combine their caring responsibilities with paid employment. Many carers give up work when they feel they can no longer juggle work and caring, with others reducing their hours or changing to more flexible types of employment to accommodate a better work-life balance. Those who have spent years caring face significant challenges in returning to paid employment when their caring role ends.</p> <p>The report advocates that training, which offers accreditation or skills transfer recognition, can also help carers seeking employment or volunteering opportunities – employability skills, numeracy, literacy, job applications, interviewing and back to work support.</p> <p>Opportunities to take on a carer representative role and contribute to service development and evaluation of services are valuable in both confidence building and evidence of transferable skills. training that provides carers with a good understanding of how to work with different people and respond to specific needs arising from specific conditions, such as dementia, multiple sclerosis, mental health diagnoses.</p> <p>The consultation report placed a strong emphasis on the importance of ensuring that investment in education and learning will result in more effective care, support more flexible careers, and able to respond to changing needs and demands including more active support for carers and working carers.</p> <p>Strategic Aim 3: To work with partners to improve collective leadership capacity in the NHS</p> <p>Carers UK's Missing Out report noted that in Wales 55 per cent of carers took more than a year to recognise their caring role, while 24 per cent took more than five years to identify as a carer (Carers UK, 2016). Early intervention, identifying carers before they reach crisis point, is crucial, as is identifying priorities and outcomes for carers</p>
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				<p>on an individual basis once they have come forward to provide the right level and type of support.</p> <p>Issues of identification are compounded by those of accessibility. Crossroads Care (Carers Trust) has highlighted the specific needs of carers living in remote or rural communities in Wales where social isolation, poverty, deprivation, lack of transport and long distances to travel to access health and care services mean that rural carers face additional challenges in accessing services.</p> <p>In its strategic plan for 2017 to 2022, Social Care Wales acknowledges that more can be done by leaders and managers to support unpaid carers and families. provision and delivery of initiatives through new partnerships and joint working, including social enterprises, co-operatives and small community organisations using new ways to deliver existing services and making them more accessible, for example, through information or assistive technologies or the creation of new whole system models.</p> <p>Participant feedback in the consultation report relates to concerns that the theme did not recognise all of the activities taking place elsewhere in the public and private sectors on leadership in Wales and the need to link carefully with them. It will be important that any commitments to leadership development in the strategy build on existing leadership programmes across health and social care that are proving to be effective in supporting carers.</p> <p>Strategic Aim 4: To develop the workforce to support the delivery of safety and quality Part B</p> <p>Strategic Aim 5: To be an exemplar employer and a great place to work Wales 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. In response, HEIW has developed a Flexible Working Policy.</p>
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				<p>The HEIW Diversity and Inclusion policy will set out the organisations 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>Strategic Aim 6: To be recognised as an excellent partner, influencer and leader</p>
Welsh Language - In Wales, the Welsh and English languages will be treated on a basis of equality				
<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. Opportunities to create more favourable conditions for the Welsh language to flourish ought to be sought when creating policies. Any new policies should be discussed with the Welsh Language Services Manager with regards to positive and negative impacts on the Welsh language</p>				
Welsh Language Opportunities for persons to use the Welsh Language. Treating the Welsh language no less favourably than the English language.	Impact			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’ Objective 5 of the <i>More Than Just Words</i> Action plan 2019-20 focuses on ‘Creating favourable conditions infrastructure and context so that people are assured that health and social care inspectorates are reviewing and reporting on their experiences of services. The evaluation work to assess progress and impact of More than just words will include the gathering and views of service providers and service users. More Than Just Words recognises that the ability to speak Welsh is a skill to be valued and utilised in a positive manner in the workplace and must be seen as a professional skill. In the care sector it is a communication skill that is essential for some jobs and desirable for others. In many instances, as referenced in the More than Just Words strategy, it is a vital skill for working with individuals and families. Feedback from responders within the consolation report stated that terms,
	P O S I T I V E	N E G A T I V E	N E G L I G B L E	

			<p>conditions and the esteem in which people are held varies greatly for people working in different parts of health and social care without any sensible rationale. Workplaces are seen to not be fair enough and people are not supported well enough.</p> <p><i>The More than Just Words Strategic Framework for Welsh Language Services in Health, Social Services and Social Care</i> presents a current challenge in that there is lack of capacity within the workforce and differing levels of understanding among staff regarding the Welsh language as a component of care. There is also inadequate use of the hidden Welsh language skills among the workforce with some good practice, but more often than not it is the result of the commitment of individuals, not a planned element of service provision and seamless working that spreads good practice in a systematic way and to mainstream into all aspects of service planning and delivery.</p> <p>Responders within the consultation report felt that rates of pay between people doing similar jobs in different sectors vary, which people perceive as being unfair. It also makes retaining people difficult in some areas and undermines integrated working in seamless services.</p> <p>Real barriers have also developed over the years between professions and organisations which makes seamless working difficult at times. These include some national policies as well as some professional practices, sharing arrangements and budget responsibilities, however challenges relating to the Welsh Language were not cited as a barrier.</p> <p>The Social Care Wales strategic plan (2017) makes a commitment to support the sustainability of the workforce by developing and implementing a recruitment, retention and careers framework and producing resources to support employers and the workforce.</p> <p>The literature recognises the significant challenges in this area which will need to be factored into securing the staff in the right places across health and social care which recognise that the Welsh language is not fully integrated into these practices on a consistent basis nationally and needs to be developed to provide services for people who speak Welsh and to ensure the needs of service users and staff who speak</p>
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			<p>Welsh are met.</p> <p>A number of specific areas were proposed for priority in the consolation report including Welsh language, staffing shortages in the independent care sector, registered nursing, volunteers and under-represented population groups in the workforce – others suggested that targeted recruitment should not be needed if wider branding and recruitment activities were sufficiently ambitious.</p> <p>The Welsh Language Commissioner highlights 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 (see priorities more than just words in this regard). 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. • To ensure that Welsh language knowledge and linguistic awareness are part of national and international recruitment campaigns. People across the world are used to working in multilingual countries and contexts, so Wales is not unique in this regard. 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 Wales. <p>The 'Doctors of Tomorrow' scheme was set up with the aim of increasing the number of Welsh speaking students applying successfully for places on medical courses in Wales. The model has proved successful with the first year pilot resulting in the largest number of Welsh speaking students ever admitted to the School of Medicine at Cardiff University. Coleg Cymraeg Cenedlaethol suggests that this work could be further expanded as an integral part of the work of HEIW and Social Care Wales in developing the profile of careers in Health and Care in our schools and FE Colleges.</p> <p>The <i>Parliamentary Review of Health and Social Care in Wales</i> recognises that Wales recommended that the vision for health and social care should aim to deliver against four mutually supportive goals called 'The Quadruple Aim':</p>
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			<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>Within the review there are number of recommendations made to support the delivery of the quadruple aim relating to the future model of service delivery and the workforce.</p> <p>New models of care must have a particular focus on Welsh language provision, building on the standards of <i>More than Just Words</i> so that more people can communicate in their language of choice.</p> <p>Feedback from responders within the consolation report proposed a number of priority areas as immediate priorities for integrated national and regional workforce analysis and planning, including domiciliary care, nursing, medicine and social work. These priorities are referenced as actions in the workforce strategy but the importance of the Welsh language as a critical factor in developing new service models needs to be clearly articulated further.</p> <p>The key recommendations that have the potential to impact on the future configuration of the workforce in delivering new innovative service models need 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>Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs</p> <p>A number of specific areas were proposed for priority in the consolation report including Welsh language, staffing shortages in the independent care sector,</p>
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			<p>registered nursing, volunteers and under-represented population groups in the workforce – others suggested that targeted recruitment should not be needed if wider branding and recruitment activities were sufficiently ambitious.</p> <p>The Welsh Language Commissioner highlights 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 (see priorities more than just words in this regard). 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. • To ensure that Welsh language knowledge and linguistic awareness are part of national and international recruitment campaigns. People across the world are used to working in multilingual countries and contexts, so Wales is not unique in this regard. 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 Wales. <p>The <i>Doctors of Tomorrow</i>'scheme was set up with the aim of increasing the number of Welsh speaking students applying successfully for places on medical courses in Wales. The model has proved successful with the first year pilot resulting in the largest number of Welsh speaking students ever admitted to the School of Medicine at Cardiff University. Coleg Cymraeg Cenedlaethol suggests that this work could be further expanded as an integral part of the work of HEIW and Social Care Wales in developing the profile of careers in Health and Care in our schools and FE Colleges. HEIW will be ensuring the delivery of improvements in CPD opportunities for Doctors and Pharmacists following a review completed in 2016 and will be responding to bodies such as Public Health Wales which set out its priorities to develop the skills, knowledge and experience of the health sector within its strategic plan (2017). These include developing resources to implement the Welsh Language Standards Regulations 2018.</p> <p>In addition, The Well-being of Future Generations (Wales) Act 2015 sets out an</p>
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			<p>ambition for a prosperous, resilient, sustainable, healthier, more equal Wales with cohesive communities, a vibrant culture and thriving Welsh language. The development of new models of care and support and supporting and developing a workforce with the right skills, knowledge, experiences and qualifications and who are deployed in response to identified areas of need will be essential in contributing to the achievement of these ambitions.</p> <p>Objective 4 of the <i>More Than Just Words</i> action plan 2019-20 relates to ensuring the increase in the use of the Welsh language across health and social care workplaces, this includes, but is not limited to:</p> <ul style="list-style-type: none"> • Further promoting best practice, including use of tutors to develop the Welsh language skills of staff and promotion of relevant resources and provision including relevant Work Welsh programmes. • Providing ongoing support to staff to deliver services in Welsh, focusing in particular on encouraging and empowering Welsh speakers to use and develop their Welsh language skills. <p>Responses in the consultation report suggested that there should be a stronger emphasis on the skills of all the workforce to work in a co-productive partnership with service users and patients including through the medium of Welsh.</p> <p>Strategic Aim 3: To work with partners to improve collective leadership capacity in the NHS</p> <p>Feedback from participants cited in the consultation report noted that the leadership theme is not clear enough about the importance of fairness, equality and promoting diversity, or the importance of Welsh language.</p> <p>Objective 6 of the <i>More Than Just Words</i> action plan 2019-20 states that ‘people are assured of the commitment of those in leadership roles across health and social care on providing and developing Welsh language services according to choice and need’. Senior leaders are required to demonstrate commitment to progress in Welsh language services including ensuring they have Welsh language officers and resources in place to deliver and support the work within their own organisations.</p>
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				<p>In addition, leaders are required to further support the development of the regional More than just words forums across Wales which draw together representatives from a number of health and care organisations in order to promote joint working, share best practice and support progress on a regional level</p> <p>Strategic Aim 4: To develop the workforce to support the delivery of safety and quality</p> <p>Strategic Aim 5: To be an exemplar employer and a great place to work HEIW undertakes bilingual recruitment and adverts and bilingual social media. Internal documents and policies are produced bilingually. Staff make bilingual phone greetings and staff have access to Welsh language and culture awareness training and Welsh language courses. Strategic Objective 2.8 aims to improve opportunities for trainees and students to undertake education and training through the medium of Welsh and 5.3 articulate the actions that we intend to do to implement and embed the Welsh Language framework within HEIW. These are articulated in detail within our IMTP.</p> <p>Strategic Aim 6: To be recognised as an excellent partner, influencer and leader</p>
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5. Please describe and provide evidence of potential impacts on different socioeconomic groups

As a public sector provider HEIW recognises its role to utilise its funding to ensure value for money and the provision of a workforce which reflects future healthcare needs. Findings from The National Survey for Wales 2017-18 Poverty and Deprivation, are pertinent to the implementation of IMTP objectives; with the findings highlighted below along with a full list of significant factors linked with being in material deprivation:

- 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.

- 37% of people in material deprivation are lonely compared with 12% of those who are not deprived.
- Material deprivation is less common in older people. 7% of pensioners are materially deprived.

List of significant factors linked with being in material deprivation:

- Age between 25 and 44.
- Being female.
- Being separated or divorced.
- Being in poor general health.
- Having low-level or no qualifications.
- 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.
- Feeling anxious.
- Having low life satisfaction.
- Being dissatisfied with accommodation.
- Living in rural areas.
- Living in the 20% most deprived areas of Wales.
- 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.

For example, when exploring digital expansion as identified in (insert objectives) implementation and action planning will need to give due regard to the digital divide not only of its workforce but of the population of Wales as a whole. 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 (are unable to do any of the activities described in the five 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, an estimated 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%).

In relation to Universal Credit registration the Welsh Government's analysis of the 'Impact of the UK Government's Welfare Reforms on Households in Wales' (2019) found that:

- In a significant proportion of cases, rent arrears are reported to have increased because of the way that UC was rolled out, with computer and literacy skills mentioned as big issues.
- Just under a third (30 per cent) of those who registered their claim online found it difficult, particularly the process of verifying their identity. Overall, 43 per cent of claimants said they needed more support registering their UC claim and 31 per cent said they would need more ongoing support using their UC digital account.

Ofcom's 2018 Full Report, *Connected Nations UK* highlights unsatisfactory broadband and 4G coverage in rural Wales; 13% (42,000) of rural premises are unable to receive decent broadband from a fixed line and though coverage varies considerably among mobile operators it remains poor in many places, with only 57% of geographic area covered by good 4G services from all operators in Wales.

The Department for International Development collates findings from recently published papers on digital development and gender inequality. A key finding related to the fact that digitalisation will lead to increased polarisation and widening income inequalities, (e.g. gender, income and rural-urban divisions) (UNCTAD, 2017, p.1). This mixed picture suggests that digital development is not necessarily disrupting development pathways, but is also a continuation of traditional development challenges and divides.

Direct engagement with citizens at Side by Side Peer Support Event, Mind Cymru (2019) as part of workforce strategy EIA engagement highlighted that people with one of more protected characteristics can find using digital technology, mobile applications and social media, 'scary' and daunting. Therefore, other forms of accessible/inclusive communication must remain.

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 needs to be given to the evidence provided within section 4 of this equality impact assessment (EIA). To ensure health and social care organisations perform their public sector equality duties positively, there are a number of actions and opportunities which can be located in section 10 of this EIA. There are some common themes in relation to potential impacts across the 'protected characteristics' which highlight the need for:

- Health and social care providers to not only report but fully explore the reasons for pay gaps across the 'protected characteristics'.

- Introduction of a standardised minimum data set across health and social care with invest 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 impact and implications of the decision's organisations make on people who share protected characteristics and those who do not.
- A review of practices across the sector to transform recruitment to be a more attractive, digitally enabled, streamlined, speedy, efficient and smooth experience. It should be fair for all, fully bi-lingual and promote diversity in the workforce. It should place a strong emphasis on values-based recruitment as one key element of the selection process.
- True seamless working will need to be underpinned by fair, equitable and inclusive working conditions which enable all people to play their full role in supporting patients and service users.
- Fair, equal, diverse and multi-lingual practice. It should also 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.
- A common leadership framework for health and social care for use by partners across the public, private and third sectors, which are complementary to other national leadership frameworks relevant to Wales with clear progression, mentoring and coaching routes for people who share characteristics and those who do not.
- The workforce strategy to be designed to give employees who share protected characteristics and those who do not a voice and provide them with all of the tools they need to self-serve, collaborate and work efficiently.
- Service planning at a local level to be under-taken in a co-productive manner directly with people who share protected characteristics and those who don't.
- Engagement with citizens, service users, staff and trade unions in ongoing development of implementation plans is explicit.

When considering the socio-economic impacts due regard needs to be given to not only the divide in Wales between rural and urban settings but also the impact of inequitable work practices across the health and social care and the impact of digitalisation. Couple with these factors' awareness of impactful political drivers such as Universal Credit and Brexit need to be considered when implementing workforce strategy action 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.

Sustainable Development Principle	
	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



Long Term

Balancing short term with long term needs

term, expensive solutions which often have a negative impact on the wellbeing 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.

For example, our strategic objective to lead, develop and implement a sustainable national workforce plan for key shortage professional areas to achieve a better match between demand and supply in Wales 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.




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.

Develop our workforce intelligence functions to improve the quality of workforce data, planning and modelling for NHS Wales demonstrates that we are working towards the longer-term vision of bringing together workforce data for the health and social care to help make informed decisions relating to workforce planning in both the long and the short term.

Lead 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.

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.

Objective to Implement and embed the Welsh Language framework within HEIW supports the Welsh Language and enables HEIW 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>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.</p> <p>Develop education and training to support NHS organisations to improve the quality of workforce planning expertise and capability across the system to help achieve higher value from system-wide workforce planning expertise and capability.</p> <p>Develop effective and reciprocal international/global mechanisms to enhance education and training arrangements. 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>Progress opportunities for organisational approaches to combat climate change and reduce our environmental impact in line with the Wellbeing of Future Generations (Wales) Act 2015 meaning that we are low carbon and efficient with our resources.</p>
	<p>Our strategic objective to 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 also links to prevention by upskilling the workforce and reducing risk to the safety and care of patients.</p> <p>Lead the development and management of a multi-professional infrastructure and strategy for Simulation Based Education meets the Wellbeing of Future Generations 5 ways of working in that this demonstrates long term planning for simulation based education, prevention in terms of improving</p>

<p>Prevention</p> <p>Putting resources into preventing problems occurring or getting worse</p>	<p>patient safety by training the workforce effectively and collaboration in terms of working with multiple partners and stakeholders to inform the strategy</p>
<div data-bbox="210 344 488 616" data-label="Image"> </div> <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, To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels provide an opportunity to influence cultural change within NHS Wales towards a more collective and compassionate culture, with significant benefits for staff wellbeing and thus patient outcomes and links to Future Generations Act in all five ways of working, i.e. long term, prevention, integration, collaboration and involvement.</p> <p>Implement and embed the HEIW Strategic Equality Plan and further develop 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>There will be potential positive actions taken under specific objectives (include couple of examples)</p>	
<p>9. Human Rights</p> <p><i>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 ?</i></p> <ul style="list-style-type: none"> <i>If yes, please state which rights and briefly explain the reason for your answer, making reference to any relevant evidence.</i> 	

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 highlighted below have been identified during EIA of consultation document and engagement responses. Therefore, they are to be utilised, reviewed and finalised once draft strategy approved as it is envisaged that most of these actions will be addressed as part of strategy development. Once draft strategy is signed off remaining actions will be spilt into strategy and implementation with clear outcomes, lead agency and timescales.

Actions to be taken across 'protected characteristics'

- The workforce strategy has the opportunity to ensure health and social care providers explore and report on pay gaps across 'protected characteristics'.
- The workforce strategy's implementation plan should introduce a standardised minimum data set across health and social care and invest 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 impact and implications of the decision's organisations make on people who share protected characteristics and those who do not.
- The workforce strategy should review practices across the sector to transform recruitment to be a more attractive, digitally enabled, streamlined, speedy, efficient and smooth experience. It should be fair for all, fully bi-lingual and promote diversity in the workforce. It should place a strong emphasis on values-based recruitment as one key element of the selection process.
- The workforce strategy should state that true seamless working will need to be underpinned by fair, equitable and inclusive working conditions which enable all people to play their full role in supporting patients and service users.
- The strategy should emphasise the importance of fair, equal, diverse and multi-lingual practice. It should also 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.
- The workforce strategy should develop a common leadership framework for health and social care for use by partners across the public, private and third sectors, which are complementary to other national leadership frameworks relevant to Wales with clear progression, mentoring and coaching routes for people who share characteristics and those who do not.
- The workforce strategy should be designed to give employees who share protected characteristics and those who do not have a voice and provide them with all of the tools they need to self-serve, collaborate and work efficiently.

- The workforce strategy should ensure that service planning at a local level is undertaken using co-productive approach with people who share protected characteristics and those who don't.
- Recommend adding a point to the vision of 'Creating opportunities, support, and specific and targeted campaigns to recruit under-represented groups and people with protected characteristics.

Age

- The workforce strategy should be clear that more support is required to attract young people to work and qualify to practice in health and social care to help them to be successful in their jobs and their careers. In particular young people in rural areas.
- The workforce strategy should be clear on how it will support older people enter health and social care professions including expectation of reasonable adjustments to be made; flexible working.
- The workforce strategy has the opportunity to promote the benefits of intergenerational working especially in light of growing population in Wales with complex needs.
- This risk should be addressed within the strategy via an action to work with the education sector to widen access to education and learning for all of our people and encourage greater diversity in our workforce & to work with education and CPD providers to ensure that learning and education is better at helping people build flexible skills and portfolios to enable them to take on a range of roles throughout their career.
- The workforce strategy should emphasise the importance of fair, equal, diverse and bi-lingual practice. It should also address the skills required to lead and manage change at both a whole system and local level and will develop a range of leadership resources for people at all levels for use across health and social care.
- The workforce strategy should make it clear how it intends to set out supporting its workforce become digital literate.
- The workforce strategy should be clear in its actions to work with the education sector to widen access to education and learning for all of our people and encourage greater diversity in our workforce. This includes developing new and innovative routes into pre-qualification education recognising experience and skills acquired through non-traditional routes.

Disability

- The workforce strategy should be clear in its intention to ensure that there are a range of leadership resources for people at all levels for use across health and social care and that they are accessible and equitable for all employees.
- The workforce strategy should review the governance arrangements for multi-disciplinary teams in each of the regions of Wales, and from this develop national guidance on appropriate governance arrangements that addresses issues such as changing cultures, understanding roles and responsibilities and the behaviours that facilitate seamless working.
- The workforce strategy should develop bilingual digital literacy skills in the whole workforce through a national joint digital education programme for the public, private and third sectors in health and social care., also supporting the development of digital learning approaches to roles and skills development in health and social care wherever appropriate.

- The vision for leadership in the workforce strategy should be that leaders throughout health and social care work together to secure the culture and services needed by 'A Healthier Wales', and that they do this by role modelling values and behaviours; creating safe, fair and open environments for people to work in; developing their own leadership abilities; helping people and services to continually improve and by taking responsibility for their work and behaviours.
- Learning and education opportunities must include removing barriers to progression and targeted mentoring and development programmes for disabled people.
- It is important in terms of increasing recruitment of disabled people that creating and implementing values-based recruitment, support, and development must be specifically mentioned in the vision.
- Recommend adding a point to the vision of 'Creating opportunities, support, and specific and targeted campaigns to recruit under-represented groups, including disabled people and embedding schemes such as Disability Confident.

Gender Identity

- The workforce strategy has the opportunity to lead the way in terms of expectations on health and social care organisations to eliminate bullying and harassment associated with gender identity
- The workforce strategy should provide a clear steer in terms of address gender inequalities within organisations through clear measurable equality objectives
- The workforce strategy should review the governance arrangements for multi-disciplinary teams in each of the regions of Wales, and from this develop national guidance on appropriate governance arrangements that addresses issues such as changing cultures, understanding roles and responsibilities and the behaviours that facilitate seamless working.
- Learning and education opportunities must include removing barriers to progression and targeted mentoring and development programmes for including a person's orientation towards people of the same sex, the opposite sex or more than one gender are vital to addressing pay gaps and barriers to promotion.

Marriage or civil partnership

- Ensure that we are using our money to get the best possible balance of funding of education and training to meet the education and ongoing learning needs of our people, and optimise digitally enabled education, learning and knowledge management
- The workforce strategy should work with professions and clinicians to ensure that personal development programmes and job plans provide the opportunity for increased leadership opportunities on a fair and equitable basis.

Pregnancy and maternity

- The workforce strategy should draw on the experience of the different regional developments to propose further guidance for health and social care on how to promote and deliver fair and equitable seamless working.
- A priority of the workforce strategy should be to ensure that the sector obtains the best possible balance of funding of education and training to meet the education and ongoing learning needs of our people, and optimise digitally enabled education, learning

and knowledge management, working through the medium of Welsh, multi-disciplinary working and core practice principles, and managing ongoing flexible learning and development

Race

- The strategy should ensure that the adoption of new technologies enhances rather than undermines equality, fairness and diversity in the workplace, and enhances the ability of all employees to engage with patients and services users with different language and cultural needs.
- The workforce strategy should state that true seamless working will need to be underpinned by fair, equitable and inclusive working conditions which enable all people to play their full role in supporting patients and service users.
- Recommended that targeted work be undertaken to create opportunities, support, and specific campaigns to recruit under-represented groups, including Black and Minority Ethnic groups.
- Recommend adding a point to the vision of 'Creating opportunities, support, and specific and targeted campaigns to recruit under-represented groups, including Black and Minority Ethnic groups.

Religion and belief

- Workforce implementation plans have the opportunity to pull on best practice in creating a faith-friendly organisation by: developing and promoting a workplace policy for religion and belief that embraces all beliefs and promotes a culture of respect; having an all-faith staff network that provides a forum for peer support and celebrates diversity; implementing all-staff training on different religions and beliefs to help create a culture change and explore stereotypes and assumptions about different faiths; exploring how employees can maintain their faith in the workplace and promoting different religious events to encourage the integration of faith and work for all religions and beliefs

Carers

- The workforce strategy should emphasise the importance of fair, equal, diverse and bi-lingual practice. It will also address the skills required to lead and manage change at both a whole system and local level in supporting carers (and working carers) on an equitable basis.
- The strategy is an opportunity to ensure that carers and volunteers receive training, support, and development to fulfil their role as volunteers or carers.

Welsh Language

- The workforce strategy should develop bilingual digital literacy skills in the whole workforce through a national joint digital education programme for the public, private and third sectors in health and social care., also supporting the development of digital learning approaches to roles and skills development in health and social care wherever appropriate.

- Future configuration of the workforce in delivering new innovative service models need 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
- The workforce strategy proposes actions to consider the recommendations of the Fair Work Commission and the Welsh Language Commissioner and identify what this means for agencies across health and social care and develop a shared strategy and action plan to drive fairer work practices, greater equality of opportunity and promote diversity across all levels of the workforce.

11. Monitoring Arrangements

- *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.

Thank you for completing this Integrated Equality Impact Assessment (EIA)

For further guidance, assistance and submission, please contact Emma Kwaya-James HEIW Inclusion Lead

emma.kwaya-james@wales.nhs.uk

Appendix C - IMTP Mandatory & Discretionary Templates 2020/21 to 2022/23

Mandatory Templates - Sheets

- C2 Service Shift from Secondary to Primary and Community Care
- C3 Finance – Statement of Comprehensive Net Income/Expenditure – 3 yrs
- C4 Finance – Statement of Comprehensive Net Income/Expenditure NET profile
- C5 Finance – Financial Plan Summary
- C6 Finance – RP Assumptions
- C7 Finance – Revenue Resource Limit Assumptions
- C8 Income and Expenditure Assumptions (Wales NHS)
- C9 Finance – Year 1 Savings Plan
 - C9a - Year 1 Savings Tracker
- C10 Finance – Years 2 & 3 Savings Plan
- C11 Finance – Risks and Opportunities
- C12 Asset Investment Summary
- C13 Asset Investment Approved
- C14 Asset Investment Unapproved
- C15 Revenue Funded Infrastructure
- C16 Workforce - WTE
- C17 Workforce - £'000
- C18 Workforce - Recruitment Difficulties
- C19 Educational Commissioning information
 - C19.1 Nursing & Midwifery
 - C19.2 AHPs
 - C19.3 HCS
 - C19.4 Pharmacy
 - C19.5 Other Professions
 - C19.6 Adv.Pract-Extended Skills MSc
 - C19.7 Adv.Pract-Extended Skills Modules
 - C19.8 Non Medical Prescribing
 - C19.9 Additional Requirements

Discretionary Template - Sheet

- C20 Delivery - LHB & Trust Specific Internal Service Delivery Plans & Measures

Other

- C21 Hyperlinks

This template can be adjusted to suit local need. What is important is that service change and service shift priorities and the key risks, benefits and milestones associated with them are identifiable.

LIST IN ORDER OF PRIORITY / IMPORTANCE

[illegible]

NOTE

1 Status & Timetable

Status - What is currently being implemented and what is in the pipeline (forward look)

Timetable - expected timetable for **implementation** and **completion**

Select Organisation from Drop Down Menu

Enter Date of Submission: 31/01/2020

STATEMENT OF COMPREHENSIVE NET INCOME/EXPENDITURE

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Please note that this Table is populated automatically from Table C4

	Annual Plan 2020/21 £'000	Annual Plan 2021/22 £'000	Annual Plan 2022/23 £'000
Revenue/Income (positive entries)			
1 Revenue Resource Limit	253,700	275,504	292,573
2 Miscellaneous Income - Capital Donation\Government Grant Income	0	0	0
3 Miscellaneous Income - Other (including non resource limited income)	599	605	611
4 Welsh NHS Local Health Boards & Trusts Income	0	0	0
5 WHSSC Income	0	0	0
6 Welsh Government Income	0	0	0
7 Total Revenue/Income	254,299	276,109	293,184
Operating Expenses (positive entries)			
8 Primary Care Contractor (excluding drugs, including non resource limited expenditure)	0	0	0
9 Primary Care - Drugs & Appliances	0	0	0
10 Pay	16,498	16,981	17,176
11 Non Pay (excluding drugs & depreciation)	16,513	16,272	16,616
12 Secondary Care - Drugs	0	0	0
13 Healthcare Services Provided by Other NHS bodies	0	0	0
14 Non Healthcare Services Provided by Other NHS bodies	96,342	96,342	96,342
15 Continuing Care and Funded Nursing Care	0	0	0
16 Other Private & Voluntary Sector	124,426	145,994	162,530
17 Joint Financing and Other	0	0	0
18 Depreciation/Impairments	520	520	520
19 Other	0	0	0
20 Total Operating Expenses	254,299	276,109	293,184
21 Forecast Surplus/(Deficit)	0	0	0

Select Organisation from Drop Down Menu

31 January 2020

31 January 2020

31 January 2020

MONTHLY SUMMARISED STATEMENT OF COMPREHENSIVE NET EXPENDITURE

This Table is currently showing 0 errors

Enter Current YTD Month					Current Year				Year 1												Year 2					Year 3				
					9				1												2					3				
					YTD	YTD Monthly Average	FY FC	FY Monthly Average	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Forecast year-end position	AV 1-3	AV4-6	AV7-9	AV 10-12	Forecast year-end position	AV 1-3	AV4-6	AV7-9	AV 10-12
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			
1	Revenue Resource Limit	155,586	17,287	214,394	17,916	21,142	21,142	21,142	21,142	21,142	21,142	21,142	21,142	21,142	21,142	21,142	253,700	22,959	22,959	22,959	22,959	275,504	24,381	24,381	24,381	24,381	292,573			
2	Miscellaneous Income - Capital Donation/Government Grant Income		0		0												0					0					0			
3	Miscellaneous Income - Other (including non resource limited income)	569	63	797	66	50	50	50	50	50	50	50	50	50	50	50	599	50	50	50	50	605	51	51	51	51	611			
4	Welsh NHS Local Health Boards & Trusts Income		0		0												0					0					0			
5	WHSSC Income		0		0												0					0					0			
6	Welsh Government Income		0		0												0					0					0			
7	Income Total	156,155	17,351	215,791	17,983	21,192	21,192	21,192	21,192	21,192	21,192	21,192	21,192	21,192	21,192	21,192	254,299	23,009	23,009	23,009	23,009	276,109	24,432	24,432	24,432	24,432	293,184			
8	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	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			
9	Primary Care - Drugs & Appliances		0		0												0					0					0			
10	Provided Services - Pay	10,301	1,145	14,076	1,173	1,375	1,375	1,375	1,375	1,375	1,375	1,375	1,375	1,375	1,375	1,375	16,498	1,415	1,415	1,415	1,415	16,981	1,431	1,431	1,431	1,431	17,176			
11	Provided Services - Non Pay (excluding drugs & depreciation)	9,728	1,081	14,932	1,244	1,376	1,376	1,376	1,376	1,376	1,376	1,376	1,376	1,376	1,376	1,376	16,513	1,356	1,356	1,356	1,356	16,272	1,385	1,385	1,385	1,385	16,616			
12	Secondary Care - Drugs		0		0												0					0					0			
13	Healthcare Services Provided by Other NHS Bodies		0		0												0					0					0			
14	Non Healthcare Services Provided by Other NHS Bodies		0		0	8,029	8,029	8,029	8,029	8,029	8,029	8,029	8,029	8,029	8,029	8,029	96,342	8,029	8,029	8,029	8,029	96,342	8,029	8,029	8,029	8,029	96,342			
15	Continuing Care and Funded Nursing Care	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			
16	Other Private & Voluntary Sector	134,593	14,955	186,293	15,524	10,369	10,369	10,369	10,369	10,369	10,369	10,369	10,369	10,369	10,369	10,369	124,426	12,166	12,166	12,166	12,166	145,994	13,544	13,544	13,544	13,544	162,530			
17	Joint Financing and Other		0		0												0					0					0			
18	DEL Depreciation/Accelerated Depreciation/Impairments	361	40	490	41	43	43	43	43	43	43	43	43	43	43	43	520	43	43	43	43	520	43	43	43	43	520			
19	AME Donated Depreciation/Impairments		0		0												0					0					0			
20	Non Allocated Contingency		0		0												0					0					0			
21	Profit/Loss Disposal of Assets		0		0												0					0					0			
22	Cost - Total	154,981	17,220	215,791	17,983	21,192	21,192	21,192	21,192	21,192	21,192	21,192	21,192	21,192	21,192	21,192	254,299	23,009	23,009	23,009	23,009	276,109	24,432	24,432	24,432	24,432	293,184			
23	Net surplus/ (deficit)	1,174	130	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			

Table C4.1 - Net Expenditure Profile Analysis

A. PROVIDER PAY EXPENDITURE ANALYSIS

Pay - Expenditure Profiles					Current Year				Year 1												Forecast year-end position £'000	Year 2					Year 3				
					9				1	2	3	4	5	6	7	8	9	10	11	12		AV 1-3	AV4-6	AV7-9	AV 10-12	AV 1-3	AV4-6	AV7-9	AV 10-12		
					YTD	YTD Monthly Average	FY FC	FY Monthly Average	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		Average month Q1	Average month Q2	Average month Q3	Average month Q4	Forecast year-end position	Average month Q1	Average month Q2	Average month Q3	Average month Q4	Forecast year-end position
					£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
24	Establishment	9,849	1,094	13,459	1,122	1,243	1,243	1,243	1,243	1,243	1,243	1,243	1,243	1,243	1,243	1,243	14,918	1,375	1,375	1,375	1,375	16,503	1,415	1,415	1,415	1,415	16,981				
25	Variable	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				
26	Agency/Locum	452	50	617	51	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
27	Inflationary/Cost Growth	0	0	0	0	126	126	126	126	126	126	126	126	126	126	126	1,517	33	33	33	33	400	27	27	27	27	324				
28	Demand/Service Growth	0	0	0	0	13	13	13	13	13	13	13	13	13	13	13	151	0	0	0	0	0	(11)	(11)	(11)	(11)	(131)				
29	Local Service/Cost Pressures	0	0	0	0	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(88)	7	7	7	7	78	(11)	(11)	(11)	(11)	(131)				
30	Committed Reserves	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				
31	Other	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				
32	Total Gross Pay Expenditure	10,301	1,145	14,076	1,173	1,375	1,375	1,375	1,375	1,375	1,375	1,375	1,375	1,375	1,375	1,375	16,498	1,415	1,415	1,415	1,415	16,981	1,431	1,431	1,431	1,431	17,176				
33	Establishment Savings	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				
34	Variable Pay Savings	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				
35	Locum	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				
36	Agency/Locum Paid at a Premium Savings	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				
37	Changes in Bank Staff	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				
38	Other Workforce Savings	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				
39	Total Pay Savings	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				
40	Unidentified Savings (Inc Red & Pipeline)	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				
41	Mitigating Actions to be Identified	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				
42	Total Pay Savings / Mitigating Actions to be Identified	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				
43	Accountancy Gains	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				
44	Net Pay Expenditure (as per Table C4)	10,301	1,145	14,076	1,173	1,375	1,375	1,375	1,375	1,375	1,375	1,375	1,375	1,375	1,375	1,375	16,498	1,415	1,415	1,415	1,415	16,981	1,431	1,431	1,431	1,431	17,176				

B. NON PAY (excluding drugs & depreciation) EXPENDITURE ANALYSIS

					Current Year				Year 1													Year 2						Year 3				
Non Pay - Expenditure Profiles					9				1	2	3	4	5	6	7	8	9	10	11	12												
					YTD	YTD Monthly Average	FY FC	FY Monthly Average	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		Forecast year-end position					Forecast year-end position					
					£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
45	Non Pay	9,726	1,081	14,932	1,244	1,070	1,070	1,070	1,070	1,070	1,070	1,070	1,070	1,070	1,070	1,070	1,070	1,070	1,070	1,070	12,839	1,280	1,280	1,280	1,280	15,354	1,258	1,258	1,258	1,258	15,091	
46	Non Pay Other		0		0																0					0					0	
47	Inflationary/Cost Growth		0		0	216	216	216	216	216	216	216	216	216	216	216	216	216	216	216	2,589	111	111	111	111	1,336	113	113	113	113	1,357	
48	Demand/Service Growth		0		0	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	470	15	15	15	15	182	14	14	14	14	168	
49	Local Service/Cost Pressures		0		0	51	51	51	51	51	51	51	51	51	51	51	51	51	51	51	615	(50)	(50)	(50)	(50)	(600)					0	
50	Committed Reserves		0		0																0					0					0	
51	Total Gross Non Pay Expenditure	9,726	1,081	14,932	1,244	1,376	1,376	1,376	1,376	1,376	1,376	1,376	1,376	1,376	1,376	1,376	1,376	1,376	1,376	1,376	16,513	1,356	1,356	1,356	1,356	16,272	1,385	1,385	1,385	1,385	16,616	
52	Non Pay Savings		0		0																0					0					0	
53	Unidentified Savings (inc Red & Pipeline)		0		0																0					0					0	
54	Mitigating Actions to be Identified		0		0																0					0					0	
55	Total Non Pay Savings / Mitigating Actions to be Identified	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	
56	Accountancy Gains		0		0																0					0					0	
57	Net Non Pay Expenditure (as per Table C4)	9,726	1,081	14,932	1,244	1,376	1,376	1,376	1,376	1,376	1,376	1,376	1,376	1,376	1,376	1,376	1,376	1,376	1,376	1,376	16,513	1,356	1,356	1,356	1,356	16,272	1,385	1,385	1,385	1,385	16,616	

C. DRUGS EXPENDITURE ANALYSIS

	Current Year				Year 1													Year 2					Year 3				
	9				1	2	3	4	5	6	7	8	9	10	11	12	Forecast year-end position £'000	AV 1-3	AV4-6	AV7-9	AV 10-12	Forecast year-end position £'000	AV 1-3	AV4-6	AV7-9	AV 10-12	Forecast year-end position £'000
	YTD	YTD Monthly Average	FY FC	FY Monthly Average	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		Average month Q1	Average month Q2	Average month Q3	Average month Q4		Average month Q1	Average month Q2	Average month Q3	Average month Q4	
Drugs/Medicines Management - Expenditure Profiles	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		£'000	£'000	£'000	£'000		£'000	£'000	£'000	£'000	
58 Primary Care Drugs		0		0													0					0					0
59 Secondary Care Drugs		0		0													0					0					0
60 Inflationary/Cost Growth		0		0													0					0					0
61 Demand/Service Growth		0		0													0					0					0
62 Local Service/Cost Pressures		0		0													0					0					0
63 Committed Reserves		0		0													0					0					0
64 Total Gross Drugs Expenditure	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
65 Medicines Management Savings				0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
66 Unidentified Savings (inc Red & Pipeline)		0		0													0					0					0
67 Mitigating Actions to be Identified		0		0													0					0					0
68 Total Drugs Savings / Mitigating Actions to be Identified	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
69 Accountancy Gains		0		0													0					0					0
70 Net Drugs Expenditure (as per Table C4)	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

D. PRIMARY CARE CONTRACTOR (excl drugs, incl Non Resource Limited) EXPENDITURE ANALYSIS

	Current Year				Year 1													Year 2					Year 3				
	9				1	2	3	4	5	6	7	8	9	10	11	12	Forecast year-end position £'000	AV 1-3	AV4-6	AV7-9	AV 10-12	Forecast year-end position £'000	AV 1-3	AV4-6	AV7-9	AV 10-12	Forecast year-end position £'000
	YTD	YTD Monthly Average	FY FC	FY Monthly Average	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		Average month Q1	Average month Q2	Average month Q3	Average month Q4		Average month Q1	Average month Q2	Average month Q3	Average month Q4	
Primary Care Contractor - Expenditure Profiles	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		£'000	£'000	£'000	£'000		£'000	£'000	£'000	£'000	
71 Primary Care Contractor Expenditure		0		0													0					0					0
72 Primary Care - Agency/Locum Paid at a Premium		0		0													0					0					0
73 Inflationary/Cost Growth		0		0													0					0					0
74 Demand/Service Growth		0		0													0					0					0
75 Local Service/Cost Pressures		0		0													0					0					0
76 Committed Reserves		0		0													0					0					0
77 Total Gross Primary Care Contractor Expenditure	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
78 Primary Care Savings				0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
79 Unidentified Savings (inc Red & Pipeline)		0		0													0					0					0
80 Mitigating Actions to be Identified		0		0													0					0					0
81 Total Primary Care Contractor Savings / Mitigating Actions to be Identified	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
82 Accountancy Gains		0		0													0					0					0
83 Net Primary Care Contractor Expenditure (as per Table C4)	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

E. CONTINUING HEALTHCARE/ FUNDED NURSING CARE EXPENDITURE ANALYSIS

	Current Year				Year 1													Year 2					Year 3				
	9				1	2	3	4	5	6	7	8	9	10	11	12	Forecast year-end position £'000	AV 1-3	AV4-6	AV7-9	AV 10-12	Forecast year-end position £'000	AV 1-3	AV4-6	AV7-9	AV 10-12	Forecast year-end position £'000
	YTD	YTD Monthly Average	FY FC	FY Monthly Average	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		Average month Q1	Average month Q2	Average month Q3	Average month Q4		Average month Q1	Average month Q2	Average month Q3	Average month Q4	
Continuing Healthcare / Funded Nursing Care - Expenditure Profiles	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		£'000	£'000	£'000	£'000		£'000	£'000	£'000	£'000	
84 Continuing Healthcare / Funded Nursing Care		0		0													0					0					0
85 Inflationary/Cost Growth		0		0													0					0					0
86 Demand/Service Growth		0		0													0					0					0
87 Local Service/Cost Pressures		0		0													0					0					0
88 Committed Reserves		0		0													0					0					0
89 Total Gross CHC/FNC Expenditure	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
90 Continuing Healthcare / Funded Nursing Care Savings		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
91 Unidentified Savings (inc Red & Pipeline)		0		0													0					0					0
92 Mitigating Actions to be Identified		0		0													0					0					0
93 Total CHC/FNC Savings / Mitigating Actions to be Identified	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
94 Accountancy Gains		0		0													0					0					0
95 Net CHC/FNC Expenditure (as per Table C4)	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

F. COMMISSIONED SERVICES (Health Care & Non HealthCare) EXPENDITURE ANALYSIS

Commissioned Services - Expenditure Profiles	Current Year				Year 1													Forecast year-end position £'000	Year 2					Year 3				
	9	YTD Monthly Average	FY FC	FY Monthly Average	1	2	3	4	5	6	7	8	9	10	11	12	AV 1-3		AV4-6	AV7-9	AV 10-12	AV 1-3	AV4-6	AV7-9	AV 10-12			
	YTD				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Average month Q1		Average month Q2	Average month Q3	Average month Q4	Average month Q1	Average month Q2	Average month Q3	Average month Q4			
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		£'000	£'000	£'000	£'000	£'000	£'000	£'000			
96 Health/Care Services Provided by Other NHS Bodies		0		0													0											
97 Non Health/Care Services Provided by Other NHS Bodies				0	8,029	8,029	8,029	8,029	8,029	8,029	8,029	8,029	8,029	8,029	8,029	8,029	96,342	8,029	8,029	8,029	8,029	96,342	8,029	8,029	8,029			
98 Other Private & Voluntary	134,593	14,955	186,293	15,524	7,660	7,660	7,660	7,660	7,660	7,660	7,660	7,660	7,660	7,660	7,660	7,660	91,917	10,465	10,465	10,465	10,465	125,584	12,265	12,265	12,265			
99 Joint Financing & Other		0		0													0					0						
100 Inflationary/Cost Growth		0		0													0					0						
101 Demand/Service Growth		0		0	2,709	2,709	2,709	2,709	2,709	2,709	2,709	2,709	2,709	2,709	2,709	2,709	32,509	1,701	1,701	1,701	1,701	20,410	1,279	1,279	1,279			
102 Local Service/Cost Pressures		0		0													0					0						
103 Committed Reserves		0		0													0					0						
104 Total Comm Serv Gross Expenditure	134,593	14,955	186,293	15,524	18,397	18,397	18,397	18,397	18,397	18,397	18,397	18,397	18,397	18,397	18,397	18,397	220,768	20,195	20,195	20,195	20,195	242,336	21,573	21,573	21,573			
105 Commissioned Services Savings		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
106 Unidentified Savings (inc Red & Pipeline)		0		0													0					0						
107 Mitigating Actions to be Identified		0		0													0					0						
108 Total Comm Serv Savings / Mitigating Actions to be Identified	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			
109 Accountancy Gains		0		0													0					0						
110 Net Comm Serv Expenditure (as per Table C4)	134,593	14,955	186,293	15,524	18,397	18,397	18,397	18,397	18,397	18,397	18,397	18,397	18,397	18,397	18,397	18,397	220,768	20,195	20,195	20,195	20,195	242,336	21,573	21,573	21,573			

INTEGRATED MEDIUM TERM PLAN SUMMARY - 2020/21 to 2022/23

This Table is currently showing 0 errors

		2020/21		2021/22		2022/23	
		In Year	Recurring Full Year Effect (N/R items enter 0)	In Year	Recurring Full Year Effect (N/R items enter 0)	In Year	Recurring Full Year Effect (N/R items enter 0)
		£'000	£'000	£'000	£'000	£'000	£'000
1	Revenue Resource Limit (RRL) LHB only (positive values)	253,700	253,700	275,505	275,505	292,574	292,574
2	Income (For Trusts)/Other Income (positive values)	599	599	605	605	611	611
3	Total Revenue Allocation/Income	254,299	254,299	276,110	276,110	293,185	293,185
	High Level Summary						
4	1. Underlying Position b/f						
5	1.1 b/f Recurring Cost Pressures (by speciality) / Developments (by title) - (negative values):						
6	Primary Care		0		0		0
7	Mental Health		0		0		0
8	Continuing HealthCare		0		0		0
9	Commissioned Services		0		0		0
10	Scheduled Care		0		0		0
11	Unscheduled Care		0		0		0
12	Children & Women's		0		0		0
13	Community Services		0		0		0
14	Specialised Services		0		0		0
15	Executive / Corporate Areas		0		0		0
16	Support Services (inc. Estates & Facilities)		0		0		0
17	Total Underlying Position b/f: Deficits and Cost Pressures (negative)/ Surplus (positive)	0	0	0	0	0	0
18	2. New Cost Pressures (negative values)						
19	2.1 Cost Growth						
20	Pay Inflation						
21	- Pay Award	(409)	(409)	(245)	(245)	(250)	(250)
22	- Increments	(62)	(62)	(155)	(155)	(74)	(74)
23	- Pensions & Other Pay Oncost Changes						
24	- Terms & Conditions (incl T&S)						
25	Pay Modelling Adjustment	(1,046)	(1,046)				
26							
27							
28							
29	Sub Total Pay Inflation	(1,517)	(1,517)	(400)	(400)	(324)	(324)
30	Non pay Inflation	(1,302)	(1,302)	(1,336)	(1,336)	(1,357)	(1,357)
31	Statutory Compliance and National Policy						
32	Continuing Heath Care						
33	Funded Nursing Care						
34	Prescribing						
35	GMS						
36	Quality & Safety Developments						
37	Non Pay Modelling Adjustment	(1,287)	(1,287)				
38							
39							
40							
41							
42							
43							
44	Total Inflationary/Cost Growth	(4,106)	(4,106)	(1,736)	(1,736)	(1,681)	(1,681)
45	2.2 Demand / Service Growth (negative values)						
46	Primary Care Contractor						
47	NICE and New High Cost Drugs						
48	Continuing Heath Care						
49	Funded Nursing Care						
50	Prescribing						
51	Specialist Services - Direct						
52	Specialist Services - via WHSSC						
53	Welsh Risk Pool						
54	EASC						
55	RTT (associated with planned activity stated in IMTP)						
56	Treatment Fund (associated anticipated funding to be reported in Section 5)						
57	Demographic / Demand on Acute Services: Please Specify below						
58	Training Grade Allocations	(1,421)	(1,421)	(840)	(840)	(193)	(193)
59	Postgraduate Medical Education Allocations	(19)	(19)	(11)	(11)	(2)	(2)
60	Dental Foundation Training Team	(8,900)	(8,900)	(89)	(89)	(89)	(89)
61	NMET Occupational Therapy	(10,995)	(10,995)	(11,636)	(11,636)	(7,701)	(7,701)
62	Business Cases - Digital & IT	(22)	(22)				
63	Business Cases - Medical	(7,314)	(7,314)	(5,585)	(5,585)	(6,952)	(6,952)
64	Business Cases - Dental	(29)	(29)				
65	Business Cases - Pharmacy	(4,188)	(4,188)	(2,357)	(2,357)	(531)	(531)
66	Business Cases - Workforce Modernisation Team	(43)	(43)	(63)	(63)	(50)	(50)
67	Business Cases - WOPEC	(198)	(198)	(10)	(10)		
68							
69							
70							
71							
72	Total Demand/Service Growth	(33,129)	(33,129)	(20,591)	(20,591)	(15,518)	(15,518)
73	2.3 Local Service/Cost Pressures (negative values)						
74	Development Fund Carry Forward	(600)		600			
75	Other Local Pressures	73	0	(79)	0	131	
76							
77							
78							
79							
80							
81							
82							
83							
84							
85							
86							
87							
88							
89	Total Local Cost Base Challenge	(527)	0	521	0	131	0
90	Total Opening Financial Challenge (Deficit)/Surplus	(37,762)	(37,235)	(21,806)	(22,327)	(17,068)	(17,199)
91	3. Identified Savings Plans (positive values)						
92	Continuing Care and Funded Nursing Care	0	0	0	0	0	0
93	Commissioned Services	0	0	0	0	0	0
94	Medicine Management (Primary and Secondary Care)	0	0	0	0	0	0
95	Non Pay	0	0	0	0	0	0
96	Pay	0	0	0	0	0	0
97	Primary Care	0	0	0	0	0	0
98	Total Identified Savings Plans	0	0	0	0	0	0
100	Total Red / Pipeline Saving schemes	0	0				
101	Total Savings / Mitigating Actions Yet To Be Identified (positive value)						
102	Total Net Income Generation (positive value)	0	0				
103	Total Planned Accountancy Gains (positive value)	0	0				
104	Total Unallocated Reserves (positive value)						
105	Total In Year Performance/Position Before Repayment of Prev Years Deficit - (Deficit)/Surplus	(37,762)	(37,235)	(21,806)	(22,327)	(17,068)	(17,199)
106	4. Repayment of Previous Years Deficit (negative value)						
107	Total In Year Performance/Position After Repayment of Prev Years Deficit - (Deficit)/Surplus	(37,762)	(37,235)	(21,806)	(22,327)	(17,068)	(17,199)
108	5. WG Revenue Assistance/Funding Requested (positive values) (breakdown to be provided in Commentary)						
109	Recurring - Inflation						
110	Recurring - Other						
111	Non Recurring						
112	Total WG Assistance	0	0	0	0	0	0
113	6. Provider Income						

Select Organisation from Drop Down Menu

31 January 2020

Resource Planning Assumptions

		Local Resource Planning Assumptions Used		
		2020/21 % Cost	2021/22 % Cost	2022/23 % Cost
Inflationary Pressure				
1	Cost Growth			
2	Pay Inflation (inc. awards, T & Cs inc. Travel etc)	1.00%	1.00%	1.00%
3	Incremental Drift			
4	Pensions & Other Pay Oncost Changes			
5	Non pay Inflation	1.00%	1.00%	1.00%
6	Statutory Compliance and National Policy			
7	Continuing Health Care			
8	Funded Nursing Care			
9	Prescribing			
10	GMS			
11	Quality & Safety Developments			
13	Total Cost Growth	2.00%	2.00%	2.00%
14	Demand / Service Growth			
15	Primary Care Contractor			
16	NICE and New High Cost Drugs			
17	Continuing Health Care			
18	Funded Nursing Care			
19	Prescribing			
20	Specialist Services - Direct			
21	Specialist Services - via WHSSC			
22	Welsh Risk Pool			
23	EASC			
24	RTT			
25	Treatment Fund			
26	Specialist Services			
27	Demographic / Demand on Acute Services			
28	Total Demand / Service Growth	0.00%	0.00%	0.00%
29	Total Inflationary Pressure	2.00%	2.00%	2.00%

		2020/21		2021/22		2022/23	
		£'000	%	£'000	%	£'000	%
Pay Related Cost Assumptions - Local							
1	Pay Awards						
2	- A 4 C Staff		0.00%		0.00%		0.00%
3	- Consultants		0.00%		0.00%		0.00%
4	- Specialty and associate specialist doctors (SAS)		0.00%		0.00%		0.00%
5	- Junior Doctors		0.00%		0.00%		0.00%
6	- Staff Grades		0.00%		0.00%		0.00%
7	- Salaried GPs		0.00%		0.00%		0.00%
8	Total Pay Awards	0	0.00%	0	0.00%	0	0.00%
9	Increments	£'000	%	£'000	%	£'000	%
10	Cost of Increments						
11	- A 4 C Staff		0.00%		0.00%		0.00%
12	- Consultants		0.00%		0.00%		0.00%
13	- Specialty and associate specialist doctors (SAS)		0.00%		0.00%		0.00%
14	- Junior Doctors		0.00%		0.00%		0.00%
15	- Salaried GPs		0.00%		0.00%		0.00%
16	- Consultant Commitment Awards		0.00%		0.00%		0.00%
17	Total Increments	0	0.00%	0	0.00%	0	0.00%
18	Pensions & Other Pay Oncost Changes	£'000	%	£'000	%	£'000	%
19	1 - NHS Pension						
20	Employers Contribution		0.00%		0.00%		0.00%
21			0.00%		0.00%		0.00%
22	Total Pensions	0	0.00%	0	0.00%	0	0.00%
23	Comparator						

Select Organisation from Drop Down Menu

31 January 2020

Revenue Resource Limit Assumptions

LHB COMPLETION ONLY		2020/21 £'000	2021/22 £'000	2022/23 £'000
1	RRL used in SCNE profiled analysis	253,700	275,504	292,573
2	Made up of:- Allocation Letter/ Resource Planning Figure	215,938	253,700	275,504
3	Plus the following additional anticipated allocations:-			
4	DEL- Funded in Previous Years:			
6	Substance Misuse			
7	Clinical Excellence/Distinction Awards			
8	Orthopaedics			
9	Immunisations (Vaccine & GMS fees) & HPV			
10	Treatment Fund - see note at foot of table			
11	Other....specify			
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24	Sub Total - Funded in Previous Years	215,938	253,700	275,504
25	DEL New Funding Issues			
26	1.Recurring			
27	Pay Award	409	245	250
28	Increments	62	155	74
29	Pay Modelling Adjustments	1,046		
30	Non Pay Inflation	1,302	1,334	1,358
31	Non Pay Modelling Adjustments	1,287		
32	Training Grade Allocations	1,421	840	193
33	Postgraduate Medical Education Allocations	19	11	2
34	Dental Foundation Training Team	8,900	89	89
35	NMET Occupational Therapy	10,995	11,636	7,701
36	Business Cases - Digital & IT	22		
37	Business Cases - Medical	7,314	5,585	6,952
38	Business Cases - Dental	29		
39	Business Cases - Pharmacy	4,188	2,357	531
40	Business Cases - Workforce Modernisation Team	43	63	50
41	Business Cases - WOPEC	198	10	
42				
43	Sub Total - New Funding Issues - Recurring	37,235	22,325	17,200
44	2. Non Recurring			
45	Development Fund Carry Forward	600	-600	
46	Other Local Pressures	-73	79	-131
47				
48				
49				
50				
51				
52				
53				
54				
55				
56				
57				
58				
59	Sub Total - New Funding Issues - Non Recurring	527	-521	-131
60	AME			
61	Donated Depreciation			
62	Impairments			
63	Other....specify			
64				
65				
66				
67				
68	Sub Total - AME	0	0	0
69	Total RRL used in SCNE profiled analysis	253,700	275,504	292,573
70	Check total = zero	0	0	0

N.B. Treatment fund should be reported within Section 5 of Table C5 to offset the associated costs reported on within Section 2.2 (Line Ref 80) of Table C5

Select Organisation from Drop Down Menu

31 January 2020

Income and Expenditure Assumptions (Wales NHS)

This Table is currently showing 0 errors

A. Annual Forecast 2020/21

		Contracted Income	Non Contracted Income	Total Income
	LHBs / Trusts	£'000	£'000	£'000
1	Swansea Bay			0
2	Aneurin Bevan			0
3	Betsi Cadwaladr			0
4	Cardiff & Vale			0
5	Cwm Taf Morgannwg			0
6	Hywel Dda			0
7	Powys			0
8	Public Health Wales			0
9	Velindre			0
10	Welsh Ambulance			0
11	WHSSC			0
12	EASC			0
13	HEIW			0
14	NHS Wales Executive			0
15	Total	0	0	0

Contracted Expenditure	Non Contracted Expenditure	Total Expenditure
£'000	£'000	£'000
	11,671	11,671
	9,188	9,188
	14,288	14,288
	18,593	18,593
	11,277	11,277
	6,779	6,779
	520	520
	1,154	1,154
	22,147	22,147
	725	725
	0	0
	0	0
	0	0
	0	0
0	96,342	96,342

Select Organisation from Drop Down Menu

31 January 2020

This Table is currently showing 0 errors

NOTE: Tables automatically populated with Green & Amber identified savings plans entered in C9a

YEAR 1 SAVINGS PLANS - All Positive Entries

To include Cost Improvement & Cost Containment schemes

Savings Plans:-

Savings Plans:-		Year 1												
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Total £'000
1	CHC and Funded Nursing Care	0	0	0	0	0	0	0	0	0	0	0	0	0
2	Commissioned Services	0	0	0	0	0	0	0	0	0	0	0	0	0
3	Medicines Management (Primary & Secondary Care)	0	0	0	0	0	0	0	0	0	0	0	0	0
4	Non Pay	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Pay	0	0	0	0	0	0	0	0	0	0	0	0	0
6	Primary Care	0	0	0	0	0	0	0	0	0	0	0	0	0
7	Total Savings Plans	0	0	0	0	0	0	0	0	0	0	0	0	0

Pay Savings: Analysis

	Pay Category	Year 1												
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Total £'000
8	Pay - Changes in Staffing Establishment	0	0	0	0	0	0	0	0	0	0	0	0	0
9	Pay - Variable Pay	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Pay - Locum	0	0	0	0	0	0	0	0	0	0	0	0	0
11	Pay - Agency/Locum Paid at a Premium	0	0	0	0	0	0	0	0	0	0	0	0	0
12	Pay - Changes in Bank Staff	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Pay - Other (Please Specify)	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Total Pay Savings: Analysis	0	0	0	0	0	0	0	0	0	0	0	0	0

15	Check - Agrees to Savings Plan Line 5	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
----	--	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

Agency/Locum paid at a premium Savings: Analysis

Agency/Locum paid at a premium		Year 1												
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Total £'000
16	Agency - Reduced usage of Agency/Locums paid at a premium	0	0	0	0	0	0	0	0	0	0	0	0	0
17	Agency - Non Medical 'off contract' to 'on contract'	0	0	0	0	0	0	0	0	0	0	0	0	0
18	Agency - Medical - Impact of Agency pay rate caps	0	0	0	0	0	0	0	0	0	0	0	0	0
19	Agency - Other (Please Specify)	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Total Agency/Locum paid at a premium Savings: Analysis	0	0	0	0	0	0	0	0	0	0	0	0	0

21	Check - Agrees to Savings Plan Line 11	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
----	---	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

Select Organisation from Drop

31 January 2020

Cba Summary of Savings / Tracker (£000's)	Cash-Releasing Saving (Pay)	Cash-Releasing Saving (Non Pay)	Cost Avoidance	Savings Total	Income Generation	Accountancy Gains
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	-	-	-	-	-	-

Select Organisation from Drop Down Menu

31 January 2020

This Table is currently showing 0 errors

NOTE: Tables to be populated with Green & Amber rated identified savings plans only

YEAR 2 & 3 SAVINGS PLANS - All Positive Entries

Savings Plans:-

		Year 2					Non Recurring £'000	Recurring £'000	FYE of Recurring £'000	Year 3				
		Qtr 1 £'000	Qtr 2 £'000	Qtr 3 £'000	Qtr 4 £'000	Total £'000				Qtr 1 £'000	Qtr 2 £'000	Qtr 3 £'000	Qtr 4 £'000	Total £'000
1	Continuing Care and Funded Nursing Care					0								0
2	Commissioned Services					0								0
3	Medicine Management (Primary and Secondary Care)					0								0
4	Non Pay					0								0
5	Pay					0								0
6	Primary Care					0								0
7	Total Savings Plans	0	0	0	0	0	0	0	0	0	0	0	0	0

Pay Savings: Analysis

Pay Category	Year 2					Non Recurring £'000	Recurring £'000	FYE of Recurring £'000	Year 3				
	Qtr 1 £'000	Qtr 2 £'000	Qtr 3 £'000	Qtr 4 £'000	Total £'000				Qtr 1 £'000	Qtr 2 £'000	Qtr 3 £'000	Qtr 4 £'000	Total £'000
8	Changes in Staffing Establishment				0								0
9	Variable Pay				0								0
10	Locum				0								0
11	Agency / Locum paid at a premium				0								0
12	Changes in Bank Staff				0								0
13	Other (Please Specify in Narrative)				0								0
14	Total Pay Savings: Analysis	0	0	0	0	0	0	0	0	0	0	0	0

15	Check - Agrees to Savings Plan Line 5	Yes	Yes	Yes	Yes	Yes
----	--	-----	-----	-----	-----	-----

Yes	Yes	Yes	Yes	Yes
-----	-----	-----	-----	-----

Agency/Locum paid at a premium Savings: Analysis

Agency/Locum paid at a premium	Year 2					Non Recurring £'000	Recurring £'000	FYE of Recurring £'000	Year 3				
	Qtr 1 £'000	Qtr 2 £'000	Qtr 3 £'000	Qtr 4 £'000	Total £'000				Qtr 1 £'000	Qtr 2 £'000	Qtr 3 £'000	Qtr 4 £'000	Total £'000
16	Reduced usage of Agency/Locums paid at a premium				0								0
17	Replacing 'off contract' with 'in contract'				0								0
18	Impact of Agency pay rate caps				0								0
19	Other (Please Specify in Narrative)				0								0
20	Total Agency/Locum paid at a premium Savings: Analysis	0	0	0	0	0	0	0	0	0	0	0	0

21	Check - Agrees to Savings Plan Line 11	Yes	Yes	Yes	Yes	Yes
----	---	-----	-----	-----	-----	-----

Yes	Yes	Yes	Yes	Yes
-----	-----	-----	-----	-----

Select Organisation from Drop Down Menu

31 January 2020

Overview Of Worse & Best Case Outturn Positions		2020/21		2021/22		2022/23	
		Worst Case	Best Case	Worst Case	Best Case	Worst Case	Best Case
		£'000	£'000	£'000	£'000	£'000	£'000
	Current Reported Financial Plan Outturn	0.4	0.4	0	0	0	0
1	Risks (negative values)						
2	Non Identification of Unidentified Savings						
3	Non Identification of Red/Pipeline						
4	Non Delivery of Identified Savings Schemes						
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21	Total Risks	0		0		0	
22	Financial Challenge excluding opportunities	0	0	0	0	0	0

		2020/21		2021/22		2022/23	
		Worst Case	Best Case	Worst Case	Best Case	Worst Case	Best Case
		£'000	£'000	£'000	£'000	£'000	£'000
23	Opportunities (positive values) (record value in Worst column and Best column will populate automatically)		0		0		0
24			0		0		0
25			0		0		0
26			0		0		0
27			0		0		0
28			0		0		0
29			0		0		0
30			0		0		0
31			0		0		0
32			0		0		0
33			0		0		0
34			0		0		0
35			0		0		0
36			0		0		0
37			0		0		0
38			0		0		0
39			0		0		0
40			0		0		0
41			0		0		0
42	Total Opportunities	0	0	0	0	0	0
43	Total Amended Forecast Plan Outturn Surplus/(Deficit)	0	0	0	0	0	0

Property & Asset Investment

Summary

	2020-21	2021-22	2022-23	2023-24	2024-25
	£m	£m	£m	£m	£m
Gross Capital Expenditure	0.1	0.1	0.1	0.1	0.1
less: Receipts					
Disposals:					
Net Capital Expenditure					

	2020-21	2021-22	2022-23	2023-24	2024-25
	£m	£m	£m	£m	£m
Welsh Government Funding					
Discretionary (Group 1 - CRL / CEL)	0.1	0.1	0.1	0.1	0.1
Approved Schemes (Group 2 - CRL / CEL)					
WG Funding Required (approved)					
Funding for identified schemes not approved by Welsh Government					

Key Performance Indicators

	2017-18 as per EFPMS	2022-23 Forecast
	£m	£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		

Property & Asset Investment

Capital Expenditure

DISCRETIONARY	2020-21	2021-22	2022-23	2023-24	2024-25
	£m	£m	£m	£m	£m
IT					
Equipment					
Statutory Compliance					
Estates					
Other	0.1	0.1	0.1	0.1	0.1
Sub total DISCRETIONARY	0.1	0.1	0.1	0.1	0.1

Revenue Implications (Incremental consequences)

Discretionary Non Cash Costs	2020-21	2021-22	2022-23	2023-24	2024-25
	£m	£m	£m	£m	£m
Discretionary Other Revenue Costs					
Discretionary Revenue Savings					
Discretionary Net Revenue					

	2020-21	2021-22	2022-23	2023-24	2024-25		2020-21	2021-22	2022-23	2023-24	2024-25
APPROVED SCHEMES	£m	£m	£m	£m	£m	Approved Schemes	£m	£m	£m	£m	£m
Scheme 1 - INSERT TITLE						Scheme 1 - INSERT TITLE					
						Scheme 1 - Non Cash - DEL					
						Scheme 1 - Non Cash - AME					
						Scheme 1 - Other Revenue Costs					
						Scheme 1 - Revenue Savings					
						Scheme 1 - Net Revenue					
Scheme 2 - INSERT TITLE						Scheme 2 - INSERT TITLE					
						Scheme 2 - Non Cash - DEL					
						Scheme 2 - Non Cash - AME					
						Scheme 2 - Other Revenue Costs					
						Scheme 2 - Revenue Savings					
						Scheme 2 - Net Revenue					
Scheme 3 - INSERT TITLE						Scheme 3 - INSERT TITLE					
						Scheme 3 - Non Cash - DEL					
						Scheme 3 - Non Cash - AME					
						Scheme 3 - Other Revenue Costs					
						Scheme 3 - Revenue Savings					
						Scheme 3 - Net Revenue					
Scheme 4 - INSERT TITLE						Scheme 4 - INSERT TITLE					
						Scheme 4 - Non Cash - DEL					
						Scheme 4 - Non Cash - AME					
						Scheme 4 - Other Revenue Costs					
						Scheme 4 - Revenue Savings					
						Scheme 4 - Net Revenue					
Scheme 5 - INSERT TITLE						Scheme 5 - INSERT TITLE					
						Scheme 5 - Non Cash - DEL					
						Scheme 5 - Non Cash - AME					
						Scheme 5 - Other Revenue Costs					
						Scheme 5 - Revenue Savings					
						Scheme 5 - Net Revenue					
Scheme 6 - INSERT TITLE						Scheme 6 - INSERT TITLE					
						Scheme 6 - Non Cash - DEL					
						Scheme 6 - Non Cash - AME					
						Scheme 6 - Other Revenue Costs					
						Scheme 6 - Revenue Savings					
						Scheme 6 - Net Revenue					
Scheme 7 - INSERT TITLE						Scheme 7 - INSERT TITLE					
						Scheme 7 - Non Cash - DEL					
						Scheme 7 - Non Cash - AME					
						Scheme 7 - Other Revenue Costs					
						Scheme 7 - Revenue Savings					
						Scheme 7 - Net Revenue					
Scheme 8 - INSERT TITLE						Scheme 8 - INSERT TITLE					
						Scheme 8 - Non Cash - DEL					
						Scheme 8 - Non Cash - AME					
						Scheme 8 - Other Revenue Costs					
						Scheme 8 - Revenue Savings					
						Scheme 8 - Net Revenue					
Scheme 9 - INSERT TITLE						Scheme 9 - INSERT TITLE					
						Scheme 9 - Non Cash - DEL					
						Scheme 9 - Non Cash - AME					
						Scheme 9 - Other Revenue Costs					
						Scheme 9 - Revenue Savings					
						Scheme 9 - Net Revenue					
Scheme 10 - INSERT TITLE						Scheme 10 - INSERT TITLE					
						Scheme 10 - Non Cash - DEL					
						Scheme 10 - Non Cash - AME					
						Scheme 10 - Other Revenue Costs					
						Scheme 10 - Revenue Savings					
						Scheme 10 - Net Revenue					
Scheme 11 - INSERT TITLE						Scheme 11 - INSERT TITLE					
						Scheme 11 - Non Cash - DEL					
						Scheme 11 - Non Cash - AME					
						Scheme 11 - Other Revenue Costs					
						Scheme 11 - Revenue Savings					
						Scheme 11 - Net Revenue					

Scheme 12 - INSERT TITLE						Scheme 12 - INSERT TITLE					
						Scheme 12 - Non Cash - DEL					
						Scheme 12 - Non Cash - AME					
						Scheme 12 - Other Revenue Costs					
						Scheme 12 - Revenue Savings					
						Scheme 12 - Net Revenue					
Scheme 13 - INSERT TITLE						Scheme 13 - INSERT TITLE					
						Scheme 13 - Non Cash - DEL					
						Scheme 13 - Non Cash - AME					
						Scheme 13 - Other Revenue Costs					
						Scheme 13 - Revenue Savings					
						Scheme 13 - Net Revenue					
Scheme 14 - INSERT TITLE						Scheme 14 - INSERT TITLE					
						Scheme 14 - Non Cash - DEL					
						Scheme 14 - Non Cash - AME					
						Scheme 14 - Other Revenue Costs					
						Scheme 14 - Revenue Savings					
						Scheme 14 - Net Revenue					
Sub Total Approved Schemes Total	0	0	0	0	0						

Other Capital Expenditure:					
Donated Assets Additions					
Capital Grants					
Other					
Sub Total Other Capital Expenditure	0	0	0	0	0
Gross Capital Expenditure	0.1	0.1	0.1	0.1	0.1
Receipts					
Land & Property Disposals (list individually)	0	0	0	0	0
Capital Grants Received					
Donations					
Other					
Sub Total Receipts	0	0	0	0	0
Net Capital Expenditure	0.1	0.1	0.1	0.1	0.1

Other Capital Expenditure:					
Non Cash Costs					
Other Revenue Costs					
Revenue Savings					
Net Other Capital Expenditure					

	2020-21	2021-22	2022-23	2023-24	2024-25
Land and Property Disposals	£m	£m	£m	£m	£m
Scheme 1					
Scheme 2					
Scheme 3					
Scheme 4					
Scheme 5					
Scheme 6					
Scheme 7					
Scheme 8					
Scheme 9					
Scheme 10					
etc					
Total	0	0	0	0	0

	Business Case Position (inc if scoping discussion held)	2020-21	2021-22	2022-23	2023-24	2024-25				2020-21	2021-22	2022-23	2023-24	2024-25
UNAPPROVED SCHEMES		£m	£m	£m	£m	£m	Business Case Status	Internal Approval Process Status	Unapproved Schemes	£m	£m	£m	£m	£m
Priority Scheme 1 - INSERT TITLE	Yes / No								Priority Scheme 1 - INSERT TITLE					
									Scheme 1 - Non Cash - DEL					
									Scheme 1 - Non Cash - AME					
									Scheme 1 - Other Revenue Costs					
									Scheme 1 - Revenue Savings					
									Scheme 1 - Net Revenue					
Priority Scheme 2 - INSERT TITLE	Yes / No								TITLE					
									Scheme 2 - Non Cash - DEL					
									Scheme 2 - Non Cash - AME					
									Scheme 2 - Other Revenue Costs					
									Scheme 2 - Revenue Savings					
									Scheme 2 - Net Revenue					
Priority Scheme 3 - INSERT TITLE	Yes / No								Priority Scheme 3 - INSERT TITLE					
									Scheme 3 - Non Cash - DEL					
									Scheme 3 - Non Cash - AME					
									Scheme 3 - Other Revenue Costs					
									Scheme 3 - Revenue Savings					
									Scheme 3 - Net Revenue					
Priority Scheme 4 - INSERT TITLE	Yes / No								Priority Scheme 4 - INSERT TITLE					
									Scheme 4 - Non Cash - DEL					
									Scheme 4 - Non Cash - AME					
									Scheme 4 - Other Revenue Costs					
									Scheme 4 - Revenue Savings					
									Scheme 4 - Net Revenue					
Scheme 5 - INSERT TITLE	Yes / No								Scheme 5 - INSERT TITLE					
									Scheme 5 - Non Cash - DEL					
									Scheme 5 - Non Cash - AME					
									Scheme 5 - Other Revenue Costs					
									Scheme 5 - Revenue Savings					
									Scheme 5 - Net Revenue					
Scheme 6 - INSERT TITLE	Yes / No								Scheme 6 - INSERT TITLE					
									Scheme 6 - Non Cash - DEL					
									Scheme 6 - Non Cash - AME					
									Scheme 6 - Other Revenue Costs					
									Scheme 6 - Revenue Savings					
									Scheme 6 - Net Revenue					
Scheme 7 - INSERT TITLE	Yes / No								Scheme 7 - INSERT TITLE					
									Scheme 7 - Non Cash - DEL					
									Scheme 7 - Non Cash - AME					
									Scheme 7 - Other Revenue Costs					
									Scheme 7 - Revenue Savings					
									Scheme 7 - Net Revenue					
Scheme 8 - INSERT TITLE	Yes / No								Scheme 8 - INSERT TITLE					
									Scheme 8 - Non Cash - DEL					
									Scheme 8 - Non Cash - AME					
									Scheme 8 - Other Revenue Costs					
									Scheme 8 - Revenue Savings					
									Scheme 8 - Net Revenue					
Scheme 9 - INSERT TITLE	Yes / No								Scheme 9 - INSERT TITLE					
									Scheme 9 - Non Cash - DEL					
									Scheme 9 - Non Cash - AME					
									Scheme 9 - Other Revenue Costs					
									Scheme 9 - Revenue Savings					
									Scheme 9 - Net Revenue					
Scheme 10 - INSERT TITLE	Yes / No								Scheme 10 - INSERT TITLE					
									Scheme 10 - Non Cash - DEL					
									Scheme 10 - Non Cash - AME					
									Scheme 10 - Other Revenue Costs					
									Scheme 10 - Revenue Savings					
									Scheme 10 - Net Revenue					
Scheme 11 - INSERT TITLE	Yes / No								Scheme 11 - INSERT TITLE					
									Scheme 11 - Non Cash - DEL					
									Scheme 11 - Non Cash - AME					
									Scheme 11 - Other Revenue Costs					
									Scheme 11 - Revenue Savings					
									Scheme 11 - Net Revenue					
Scheme 12 - INSERT TITLE	Yes / No								Scheme 12 - INSERT TITLE					
									Scheme 12 - Non Cash - DEL					
									Scheme 12 - Non Cash - AME					
									Scheme 12 - Other Revenue Costs					
									Scheme 12 - Revenue Savings					
									Scheme 12 - Net Revenue					
Scheme 13 - INSERT TITLE	Yes / No								Scheme 13 - INSERT TITLE					
									Scheme 13 - Non Cash - DEL					
									Scheme 13 - Non Cash - AME					
									Scheme 13 - Other Revenue Costs					
									Scheme 13 - Revenue Savings					
									Scheme 13 - Net Revenue					
Scheme 14 - INSERT TITLE	Yes / No								Scheme 14 - INSERT TITLE					
									Scheme 14 - Non Cash - DEL					
									Scheme 14 - Non Cash - AME					
									Scheme 14 - Other Revenue Costs					
									Scheme 14 - Revenue Savings					
									Scheme 14 - Net Revenue					
Sub Total unapproved Schemes Total		0	0	0	0	0								

**Revenue Funded Infrastructure (including Primary Care Pipeline 3PD and
Mutual Investment Model (MIM) investments)**

	Scheme Capital Value	Annual Revenue Repayment				
		2020-21	2021-22	2022-23	2023-24	2024-25
Prioritised Schemes (to be named individually)	£m	£m	£m	£m	£m	£m
Scheme 1						
Scheme 2						
Scheme 3						
Scheme 4						
etc						
Total	0	0	0	0	0	0

Health Board

XXX

Workforce Plans - WTE

	A	B	C	D	E	F	F	G
	Actual Workforce @ 31/01/2020 WTE	Planned WTE @ 31/03/2020 WTE	2020/21 Profiled Workforce at end of each Quarter				Workforce at end of	
			30/06/2020 WTE	30/09/2020 WTE	31/12/2020 WTE	31/03/2021 WTE	31/03/2022 WTE	31/03/2023 WTE
Core workforce:-								
Board Members	7	7				7	7	7
Medical & Dental	50.68	52.98				52.98	52.98	52.98
Nursing & Midwifery Registered	4	5				5	5	5
Additional Professional, Scientific and Technical	15.73	16.73				16.73	16.73	16.73
Healthcare Scientists	0	1				1	1	1
Allied Health Professionals								
Additional Clinical Services	2.6	2.6				2.6	2.6	2.6
Administrative and Clerical (inc Senior Managers)	160.4	211.9				211.9	210.9	208.9
Estates and Ancillary								
Students								
Sub total	240.41	297.21	0	0	0	297.21	296.21	294.21
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								
Sub total	0	0	0	0	0	0	0	0
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)								
Estates and Ancillary								
Students								
Sub total	0	0	0	0	0	0	0	0
Total workforce plans	240.41	297.21	0	0	0	297.21	296.21	294.21

NOTES

Column A: Baseline actual WTE

Column B - G: Projected WTE (funded/budgeted WTE)

Core Workforce: Total Staff WTE with a contract of employment including fixed term, temporary and contracted locums

Variable Workforce: Hours worked above contract including additional hours worked at plain time, overtime, bank, additional sessions for medical staff.

Agency/Locum: WTE estimate of agency/locum use.

Health Board

XXX

Workforce Plans - £'000

	2020/21 Workforce Quarterly Profile				Workforce Annual	
	Qtr 1 £'000	Qtr 2 £'000	Qtr 3 £'000	Qtr 4 £'000	2021/22 £'000	2022/23 £'000
Core workforce:-						
Board Members				105	105	105
Medical & Dental				5178	5317	5450
Nursing & Midwifery Registered				404	420	432
Additional Professional, Scientific and Technical				1070	1102	1123
Healthcare Scientists				81	82	84
Allied Health Professionals						
Additional Clinical Services				127	129	130
Administrative and Clerical (inc Senior Managers)				9533	9826	9853
Estates and Ancillary						
Students						
Sub total	0	0	0	16,498	16,981	17,177
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						
Sub total	0	0	0	0	0	0
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)						
Estates and Ancillary						
Students						
Sub total	0	0	0	0	0	0
Total workforce plans	0	0	0	16498	16981	17177

NOTES

Core Workforce: Total staff £ - with a contract of employment including fixed term, temporary and contracted locums

Variable Workforce: £ hours worked above contract including additional hours worked at plain time, overtime, bank, additional sessions for medical staff

Agency / Locum £

Integrated Planning Framework - Recruitment Difficulties Summary

This pro-forma links to Planning Stage 1

In the below section, a recruitment difficulty is defined as a post/specialty which you have advertised for recruitment more than once, with no appointment having been made due to:

- no applications being received;
- no suitable candidates being identified from those who did apply; or

Professional Group	Role	Specialty	Band / Grade	Reason / impact
Additional Clinical Services				
Additional Professional, Scientific & Technical				
Allied Health Professionals				
Admin & Estates (Inc. Managers, Senior Managers and VSMs)				
HCA and Support Staff				
Health Care Scientists				
Medical & Dental				
Nursing & Midwifery				

In addition, please specify any posts or specialties that you anticipate **future difficult** to recruit:

Professional Group	Role	Specialty	Band / Grade	Reason / impact
Additional Clinical Services				
Additional Professional, Scientific & Technical				
Allied Health Professionals				
Admin & Estates (Inc. Managers, Senior Managers and VSMs)				
HCA and Support Staff				
Health Care Scientists				
Medical & Dental				
Nursing & Midwifery				

For Academic intake 2020/21					
Course Title	Course duration	Year of output	Numbers Required	HEI Provider	
Medical Ultrasound/Sonography	1-2 years	2021/2022		University West of England	
For Academic intake 2021/22					
SPECIALIST PRACTICE QUALIFICATION OR COMMUNITY HEALTH STUDIES AWARDS					
Students can undertake specialist community nursing education on a part time or modular basis to achieve either a Specialist Practice Qualification (SPQ) as recognised by the Nursing and Midwifery Council (NMC) or BSc/PG Dip Community Health Studies degree. Part time: usually completed over a period of 2 years. Modular: allows students to undertake one or more specific taught modules over an undefined period of time. Students following the modular route complete the Fundamentals of Community practice, as their first module.					
Course Title	Course duration	Year of output	New Graduates Required - Employed Workforce - Head count	New Graduates Required - Independent Sector/ Local Authority	Indicate any Recruitment Difficulties / Reason for commissions
District Nursing (Part-time)	2 years	2023			
District Nursing Modules (in modules)	3-6 months	2022			
Practice Nursing (Part-time)	2 years	2022			
Practice Nursing Modules (in modules)	3-6 months	2022			
Community Paediatric Nursing (Part-time)	2 years	2023			
Community Paediatric Nursing Modules (in modules)	3-6 months	2022			
CPN (Part-time)	2 years	2023			
CPN Modules (in modules)	3-6 months	2022			
CLDN (Part-time)	2 years	2023			
CLDN Modules (in modules)	3-6 months	2022			
Additional Modules	1 year	2022			
For Academic intake 2021/22					
Course Title	Course duration	Year of output	New Graduates Required - Employed Workforce - Head count	New Graduates Required - Independent Sector/ Local Authority	Indicate any Recruitment Difficulties / Reason for commissions
NURSING & MIDWIFERY					
Bachelor of Nursing (B.N.) Adult	3 years	2024			
Bachelor of Nursing (B.N.) Child	3 years	2024			
Bachelor of Nursing (B.N.) Mental Health	3 years	2024			
Bachelor of Nursing (B.N.) Learning Disability	3 years	2024			
Shortened Nursing Degree Programme-Adult	2 years	2023			
Shortened Nursing Degree Programme-Child	2 years	2023			
Shortened Nursing Degree Programme-Mental Health	2 years	2023			
Shortened Nursing Degree Programme-Learning Disability	2 years	2023			
Bachelor of Nursing (B.N.) Adult (Part-time)	4 years	2025			
Bachelor of Nursing (B.N.) Child (Part-time)	4 years	2025			
Bachelor of Nursing (B.N.) Mental Health (Part-time)	4 years	2025			
Bachelor of Nursing (B.N.) Learning Disabilities (Part-time)	4 years	2025			
B.Sc. Midwifery Direct Entry	3 years	2024			
B.Sc. Midwifery Conversion Programme	18 months	2023			
Return To Practice	6 months	2022			
For Academic intake 2021/22					
Course Title	Course duration	Year of output	New Graduates Required - Employed Workforce - Head count	New Graduates Required - Independent Sector/ Local Authority	Indicate any Recruitment Difficulties / Reason for commissions
SPECIALIST COMMUNITY PUBLIC HEALTH NURSING					
Specialist Community Public Health Nurse (SCPHN) courses are registerable NMC qualifications Full time: takes the student up to 52 weeks to complete Part time: usually completed over 2 years Modules: Students undertake one or more specific taught modules over an undefined period of time.					
Health Visiting (Full-time)	1 year	2022			
Health Nursing (Part-time)	2 years	2023			
Health Visiting (modules)					
School Nursing (Full-time)	1 year	2022			
School Nursing (Part-time)	2 years	2023			
School Nursing (modules)					
Occupational Health (Full-time)	1 year	2022			
Occupational Health (Part-time)	2 years	2023			
For Academic intake 2021/22					
Programme	Level 2 Numbers required	Level 3 Numbers required	Level 4 Numbers required	Comments	Indicate any Recruitment Difficulties / Reason for commissions
HEALTHCARE SUPPORT WORKER					
HCSW Clinical Induction					
Diploma in Health and Social Care					
Diploma in Clinical Healthcare Support					
Diploma in Maternity and Paediatrics Support					
Diploma in Perioperative Support					
Level 4 education for HCSW's to access Yr 2 of nurse training					

Units for learning specific to role					
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For Academic intake 2020/21					
Course Title	Course duration	Year of output	Numbers Required	HEI Provider	
Medical Ultrasound/Sonography	1-2 years	2021/2022			
For Academic intake 2021/22					
Course Title	Course duration	Year of output	New Graduates Required - Employed Workforce - Head count	New Graduates Required - Independent Sector/ Local Authority	Indicate any Recruitment Difficulties / Reason for commissions
ALLIED HEALTH PROFESSIONALS					
B.Sc. Diagnostic Radiography	3 years	2024			
B.Sc Therapy Radiography	3 years	2024			
B.Sc. Human Nutrition - Dietician	3 years	2024			
PG Diploma Human Nutrition - Dietician	2 years	2023			
PG Diploma Medical Illustration	2 years	2023			
B.Sc. Occupational Therapy	3 years	2024			
B.Sc. Occupational Therapy (Part time)	4 Years	2025			
PG Diploma Occupational Therapy	2 years	2023			
Degree in ODP	3 years	2024			
B.Sc. Physiotherapy	3 years	2024			
B.Sc. Podiatry	3 years	2024			
B.Sc Orthoptist	3 years	2024			
PhD Clinical Psychology Doctorate	3 years	2024			
B.Sc. Speech & Language Therapy	3 years	2024			
B.Sc. Speech & Language Therapy - Welsh Language	3 years	2024			
Ambulance Paramedics	2 years	2023			
Ambulance Paramedics - EMT conversion	1 year	2022			
B.Sc Paramedicine	3 years	2024			
For Academic intake 2021/22					
Course Title	Course duration	Year of output	New Graduates Required - Employed Workforce - Head count	New Graduates Required - Independent Sector/ Local Authority	Indicate any Recruitment Difficulties / Reason for commissions
RADIOGRAPHY - Assistant Practitioners					
Assistant Practitioners Radiography - Diagnostic	1 year	2022			
Assistant Practitioners Radiography - Therapy	1 year	2022			
For Academic intake 2020/21					
Programme	Level 2 Numbers required	Level 3 Numbers required	Level 4 Numbers required	Comments	Indicate any Recruitment Difficulties / Reason for commissions
HEALTHCARE SUPPORT WORKER					
HCSW Clinical Induction					
Diploma in Health and Social Care					
Diploma in Clinical Healthcare Support					
Diploma in Dietetics Support					
Diploma in Occupational Therapy Support					
Diploma in Physiotherapy Support					
Diploma in Maternity and Paediatrics Support					
Diploma in Perioperative Support					
Certificate in Clinical Imaging					
Units for learning specific to role					

For Academic intake 2021/22					
Course Title	Course duration	Year of output	New Graduates Required - Employed workforce - Head count (In Service Applicants)		Indicate any Recruitment Difficulties / Reason for commissions
HIGHER SPECIALIST SCIENTIST TRAINING - HSST					
Physical Sciences					
Clinical Biomedical Engineering	5 years	2026			
Medical Physics	5 years	2026			
Bioinformatics	5 Years	2026			
Life Sciences					
Genetics-Genomics	5 years	2026			
Molecular Pathology of Infection	5 years	2026			
Molecular Pathology of acquired Disease	5 years	2026			
Histopathology and Immunology	5 years	2026			
Embryology and Reproductive Science	5 years	2026			
Physiological Sciences					
Audiology	5 years	2026			
Vascular Science	5 years	2026			
For Academic intake 2021/22					
Course Title	Course duration	Year of output	New Graduates Required - Employed workforce - Head count		Indicate any Recruitment Difficulties / Reason for commissions
			Direct Applicant	In service Applicant	
SCIENTIST TRAINING PROGRAMME-STP					
Physiological Sciences - STP					
M.Sc. Clinical Science in Neurosensory Sciences - Audiology	3 years	2024			
M.Sc. Clinical Science in Neurosensory Sciences - Neurophysiology	3 years	2024			
M.Sc. Clinical Science in Neurosensory Sciences - Cardiac Physiology	3 years	2024			
M.Sc. Clinical Science in Neurosensory Sciences - Resp & Sleep	3 Years	2024			
Life Science -STP					
M.Sc. in Infection Science - Clinical Microbiology	3 years	2024			
M.Sc. in Blood Sciences - Clinical Immunology	3 years	2024			
M.Sc in (Blood Sciences) Haematology and Transfusion Science	3 years	2024			
M.Sc in (Blood Sciences) Histocompatibility and Immunogenetics	3 years	2024			
M.Sc. in Blood Sciences - Clinical Biochemistry	3 years	2024			
M.Sc. in Blood Sciences - Genomics (formally Genetics)	3 years	2024			
M.Sc. in Blood Sciences - Cancer Genomics	3 years	2024			
M.Sc in Genomic Counselling (formerly Genetic Counselling)	3 years	2024			
M.Sc in Cellular Sciences - Reproductive Sciences - Clinical Embryology and Andrology	3 years	2024			
M.Sc in Cellular Sciences - Histopathology	3 years	2024			
M.Sc in Cellular Sciences - Cytopathology	3 years	2024			
M.Sc in Reconstructive Science	3 Years	2024			
Physical Sciences and Biomedical Engineering - STP					
M.Sc. in Clinical Science - Medical Physics-Radiotherapy Physics	3 years	2024			
M.Sc. in Clinical Science - Medical Physics-Imaging with Non Ionising Radiation	3 years	2024			
M.Sc. in Clinical Science - Medical Physics-Imaging with Ionising Radiation	3 years	2024			
M.Sc. in Clinical Engineering - Rehabilitation Engineering	3 years	2024			
M.Sc. in Clinical Engineering - DRMG	3 years	2024			
Clinical Bio Informatics -STP					
MSc in Clinical Bioinformatics (Health Informatics)	3 years	2024			
MSc in Clinical Bioinformatics (Genomics)	3 years	2024			
M.Sc in Clinical Bioinformatics (Physical Sciences)	3 years	2024			
Post Graduate Education					
MSc Genomic Medicine (This is not an STP)	2 Years	2023			
For Academic intake 2021/22					
Course Title	Course duration	Year of output	New Graduates Required - Employed workforce - Head count		Indicate any Recruitment Difficulties / Reason for commissions
			Direct Applicant	In service Applicant	
HEALTHCARE SCIENTIST					
Physiological Science - PTP					
B.Sc. (Hons) Healthcare Science - Cardiac Physiology	3 years	2024			
B.Sc. (Hons) Healthcare Science - Audiology	3 years	2024			
HE Cert in Audiological Practice	2 Years	2023			
B.Sc. (Hons) Healthcare Science - Respiratory and Sleep Science	3 years	2024			
B.Sc. (Hons) Healthcare Science - Neurophysiology	3 years	2024			
Physical and Biomedical Engineering - PTP					
B.Sc. (Hons) Healthcare Science- Clinical Engineering in Rehab	3 years	2024	This programme is only for employed staff		
B.Sc. (Hons) Healthcare Science - Clinical Engineering (Medical Engineering)	3 years	2024			
B.Sc. (Hons) Healthcare Science - Nuclear Medicine & Radiotherapy Physics	3 years	2024			
Life Science - PTP					
B.Sc. (Hons) Healthcare Science - Biomedical Science - Blood,	3 years	2024			
B.Sc. (Hons) Healthcare Science - Biomedical Science - Infection	3 years	2024			
B.Sc. (Hons) Healthcare Science - Biomedical Science - Cellular	3 years	2024			
B.Sc. (Hons) Healthcare Science - Biomedical Science - Genetics	3 years	2024			

For Academic Intake 2022/23				
Course Title	Course duration	Year of output	New Graduates Required - Employed Workforce - Head count	New Graduates Required - Independent Sector/ Local Authority
Pre Reg Pharmacy -Hospital programme	1 year	2023		
Pre Reg Pharmacy - Combined programme	1 year	2023		
Pharmacy Diploma	2 years	2024		
For Academic intake 2021/22				
Pharmacy Technician	2 years	2023		

For Academic intake 2021/22

Course Title	Course duration	Year of output	New Graduates Required - Employed Workforce - Head count	Indicate any Recruitment Difficulties / Reason for commissions
Diploma in Dental Hygiene	2 years	2022		
Degree in Dental Hygiene & Therapy	3 years	2023		
Physicians Associates	2 years	2022		

Guidance Notes: -

Advanced practice education is at Masters level, and will either be a full advanced practice masters degree pathway or modules from an advanced practice degree pathway.

Extended practice education are modules of education which extends a registrant's skill set and may be at masters level or level 5 and 6. This funding does **not** extend to modules at level 4 and below.

Target group: Non-Medical Registered Healthcare professionals across Secondary/Community and Primary care/GP practice/cluster environments.

Course Name	Nursing and Midwifery	AHP	HCS	Pharmacy	Other Professionals
Advanced Clinical Practice					
Advanced Clinical Practice (MSc)					
Advanced Clinical Practitioner (MSc)					
Advanced HEMS Practice (MSc/PGCert/PGDip)					
Advanced Manipulative Physiotherapy (MSc)					
Advanced Physiotherapy (MSc)					
Advanced Practice (Dietetics) (MSc)					
Advanced Practice (MSc)					
Advanced Practice in Health Care (PGDip)					
Advanced Practice in Health Care (MSc/PGDip)					
Advanced Professional Practice in Neurological rehabilitation (MSc)					
Advanced Specialist Blood Transfusion (MSc/PGCert/PGDip)					
Advancing Healthcare Practice (MSc)					
Ageing Health and Disease (MSc)					
Anticoagulation Management Theory and Practice (MSc)					
Autism and Related conditions (MSc/PGCert/PGDip)					
Biomedical Science (Clinical Data Interpretation) (MSc)					
Certificate in Psychiatric Therapeutics					
Child Public Health (MSc/PGCert/PGDip)					
Clinical Medicine					
Community & Primary Healthcare Practice(MSc/PGCert/PGDip)					
Computed Tomography (Radiographers) PGCert					
Critical Care (MSc)					
Diabetes (MSc/PGCert/PGDip)					
Diagnostic Imaging (PGCert)					
Dietetics (MSc)					
Diploma in Paediatric Dentistry (Online)					
Diploma in Therapeutics					
Education for Health Professions (MSc/PGDip/PGCert)					
Enhanced Professional Practice MSc					
Ergonomics in Health and Community Care (MSc/PGCert/PGDip)					
Expert Practice in Immunocytochemistry (PGDip)					
Gastroenterology (MSc/PGDip)					
Health and Public Service Management (MSc)					
Health Informatics (MSc/PGCert/PGDip)					
Healthcare Management (MSc)					
Higher Specialist Diploma in Cellular Pathology					
Infection, Prevention & Control (MSc)					
Language and Communication Impairment in Children (MSc/PGCert/PGDip)					
Leadership for Healthcare Professionals (MSc/PGCert/PGDip)					
Long Term & Chronic Condition Management (MSc)					
Managing care in perioperative and anaesthesia practice (MSc)					
Managing Care in Perioperative and Anaesthesia Practice (MSc)					
Master of Research (Health) Mres/PGCert					
Medicines Optimisation					
Midwifery and Women's Health (MSc)					
Mres Health					
MSc Diagnostic & Interventional Ultrasound (MSc)					
MSc in Clinical Pharmacy					
MSc Pharmaceutical Technology and Quality Assurance					
Musculoskeletal Medicine (MSc)					
Musculoskeletal Studies (MSc/PGCert/PGDip)					
Musculoskeletal Ultrasound (PGCert)					
Nuclear Medicine (MSc/PGCert/PGDip)					
Occupational Therapy (MSc)					
Paediatric Physiotherapy (MSc)					
Pharmaceutical Technology and Quality Assurance					
Pharmaceutical Technology and Quality Assurance (MSc)					
Physiotherapy (MSc)					
Play Therapy (MSc)					
Professional Practice (MSc)					
Public Health (MSc)					
Public Health(MSc)					
Radiographic Reporting (PGDip/PGCert)					
Radiography (CT) PGCert					
Respiratory Medicine (MSc)					
Respiratory Medicine (MSc/PGDip)					
Rheumatology (MSc/PGDip)					
SLT Advanced Practitioner (MSc in Public Health)					
Stem Cells and Regeneration (MSc)					
Systemic Practice in Psychotherapy (PGDip)					
Systemic Psychotherapy (MSc)					
Theory of Podiatric Surgery (MSc)					
Therapeutics					
Understanding Domestic and Sexual Violence (MSc)					
Vision and Strabismus (MMedSci/Diploma/Certificate)					
Wound Healing & Tissue Repair (MSc)					

Guidance Notes: -

Extended practice education are modules of education which extends a registrant's skill set and may be at masters level or level 5 and 6. This funding does **not** extend to modules at level 4 and below.

Target group: Non-Medical Registered Healthcare professionals across Secondary/Community and Primary care/GP practice/cluster environments.

Course Name	Nursing and Midwifery	AHP	HCS	Pharmacy	Other Professionals
Achieving Excellence in Care of Older People					
Advanced Assessing & Decision Making					
Advanced Telephone Consultation Skills					
Advancing complex assessment, decision making and care management (HCT 201)					
Analysis and interpreting advanced practice					
ANP Research Methods					
Appendicular/Axial Image appreciation (HCT208)					
Applied Research Methods					
Assessing your current practice					
Assessment and Treatment of Sports Injuries HCT022)					
Assessment Prevention and Management of Falls					
Assistive Technology in Health and Social Care					
Asthma module from diploma in respiratory medicine					
Bone Health, falls and fraility					
BSCCP Nurse Colposcopist					
BTEC Level 4 Professional Diploma in Pharmacy Clinical Services					
Cardio-Respiratory Physiology and Pathophysiology					
Cardiovascular disease and diabetes					
Changing Health Behaviour & Reflection for Advanced Professional Practice					
Clinical Kinaesiology and Tissue Pathology					
Clinical Assessment and Diagnostics					
Clinical assessment for Health Care Scientists					
Clinical Assessment in Advanced Practice (20 cr)					
Clinical Competence in Mammography (HCT053)					
Clinical Decision Making					
Clinical Dietetics for children and infants					
Clinical Endoscopist Training Programme					
Clinical Examination/Pathology					
Clinical infection Therapy					
Clinical Patient Assessment					
Clinical Risks					
Consultation & History Taking					
Critically Exploring Professional Practice					
Transforming Health Service Delivery Service					
Dermatology for Health professionals online distance learning					
Developing Advanced Practice					
Developing Advanced Practice Module					
Developing Expertise					
Developing Leadership, Innovation and Change					
Developing yourself as a leader					
Diabetes in Pregnancy					
Diploma in Therapeutics					
Emergency Practitioner					
Epidemiology					
Ethics					
Ethics in Health and Social Care					
Evidence based practice and assessment PTY40002					
Evidencing Learning in Specialist Professional Practice					
Examination & Diagnostics					
Extended Scope Practice					
Facilitating Learning and Teaching (Non-NMC)					
Foundation in advanced clinical assessment					
Foundations in ADV Clinical Assessment for Health Care Professionals					
Foundations in Advanced Clinical Assessment for Healthcare Professionals					
Foundations in neuroscience					
Foundations in Physiology and Health Assessment					
From assessment to practice					
Global Public Health					
Health Policy and Economics					
Health Psychology of Long Term and Chronic Illness					
Healthcare professionals: end of life care					
Histopathology BMS Reporting					
History Taking and Consultation					
Image guided Interventional procedures of the breast					
Image interpretation and reporting in Mammography (HCT119)					
Independent Study					
Injection therapy course					
Insulin pump					
Introduction to image appreciation and evaluation					
Leadership & Professional Module					
Leadership / Quality / Innovation and Change					

Leadership and Negotiated Module					
Leadership in Context					
Leading Quality Improvement					
Lower Quadrant Neuromuscular Physiotherapy Dysfunction					
Management of Parkinson's disease related conditions					
Masters Certificate of Professional Development in Medicines Use in Paediatrics and neonates (20 Credits)					
Maternity Ultrasound Anomalies					
Medical Education Practice module - MSE4031 Teaching Settings Evaluation					
Minor illness management					
Motivational Interviewing: Strategies for Lifestyle Changes					
MSc Clinical Pharmacy (Research module)					
Musculoskeletal Diagnosis and Treatment					
Neuromusculoskeletal I (Upper Quadrant)					
Neuropsychology					
Neurorehabilitation – A Theoretical Basis					
Non-Medical Prescribing					
Nutrition and Dietetics in common paediatric Disorders					
Nutrition for the Older Adult					
Occupational Science and Occupational Therapy Theory and application					
Optimizing asthma management					
Paediatric cardiorespiratory physio					
Paediatric Dietetics					
Paediatric Hearing Impairment (Speech and Language Therapy)					
Patient safety and clinical risk					
PG Cert Clinical Medicine					
PgDip in Diabetes					
PgDip Psychiatric Pharmacy					
Philosophy, ethics & medicine SHPM48					
PMLM Developing Leadership, innovation and change/mentoring and supervision					
Policies & practice for an ageing population					
Post graduate diploma in pain management					
Post graduate diploma in respiratory medicine					
Postgraduate certificate in Psychiatric therapeutics					
Postgraduate Diploma in Diabetes					
Postgraduate Diploma in Respiratory Medicine					
Postgraduate Diploma in Therapeutics					
Practice of joint and soft tissue injection PTY40015					
Public health, health economics and policy					
Quality & Safety					
Quality and Safety Module (Radiographers)					
Quality Improvement					
Research Methods					
Research Methods & Health Improvement in Health and Social Care					
Research Methods and Health Improvement in Health and Social Care					
Research Methods and Leadership & Professional Module					
Science of performance & Injury in sport					
Society of Musculoskeletal Medicine (SOMM modules)					
Special Tests in MSK Medicine					
Specialist Certificate in Clinical Transfusion Practice					
Sport and Exercise Participation					
Strategy and leadership					
The Social Aspects of Long Term and Chronic Illness					
Theory and practice of injection therapy					
Theory and Practice of long term and chronic conditions management					
Transforming Care, Systems and Leadership					
Transforming Care, Systems and Services through Leadership					
Transforming Individual Practice Module					
Understanding Cancer: Patient and Professional Perspectives (HCT150)					

Independent prescribers: may prescribe for any medical condition within their area of competence
 Supplementary prescribers: can only prescribe in partnership with a doctor or dentist.
 Limited Prescribing: Prescribing by Community Practitioners from the Nurse Prescribers' Formulary for Community Practitioners. I.e District Nurses and Health Visitors, are able to prescribe independently from a limited formulary comprising a limited range of medicines, dressings and appliances suitable for use in community settings.
 Postgraduate Certificate in Blood Component Transfusion enables experienced non-medical Healthcare Practitioners to make the clinical decision and provide the written instruction for blood component transfusion to patients within their own clinical specialty, and within their own areas of competence and expertise.

Course Name	Nursing and Midwifery	AHP	Optometrist / Orthoptists	HCS	Pharmacy	Other Professionals
Full Independent Prescribing						
Supplementary Prescribing						
Limited Independent Prescribing						
PGCert in Blood Component Transfusion (NABT) - Swansea University						
Therapeutic Prescribing for Optometrists (PgCert) - Cardiff University						

Please add any education on this sheet that is not included on the Advanced Practice / Extended Skill Worksheets									
Course Title and Educational Level	Course duration	Is This Advanced / Extended Practice Education?	HEU/Provider	Reason for Request	Nursing and Midwifery	AHP	HCS	Pharmacy	Other Professionals

LHB & Trust Specific Internal Service Delivery Plans & Measures

Each LHB & Trust should identify their proposed delivery areas from both the national outcome/delivery domains and their local needs assessment

NOTE - Discretionary Template

Measure	Target	Profile												
		Projected end of March 2020 position	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Monthly														
Monthly														
Monthly														
Monthly														
Monthly														
Monthly														
Monthly														
Monthly														
Monthly														
Quarterly assessment														
Quarterly assessment														
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Annual assessment														
Annual assessment														
Annual assessment														
Annual assessment														
Annual assessment														
Annual assessment														

C21**Hyperlinks**

Please use this template to provide links to key documents, delivery and programme plans which you reference in your IMTP.

Document		Hyperlink	Page ref
Delivery Plans	Antimicrobial resistance Cancer Cardiac Critically ill Diabetes End of life Eye Liver disease Mental health Neurological New conditions Oral health Public health information Rare diseases Respiratory Stroke		
Programme Boards	Planned Care Unscheduled Care Primary Care Efficiency		
SSWB assessments			
Long term and/or clinical strategy			
Any other documents referenced			



GIG
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WALES

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

Meeting Date	30 January 2020	Agenda Item	3.2
Report Title	Update on the Strategic Review of Education of Health Professional Commissioning in Wales		
Report Author	Martin Riley		
Report Sponsor	Stephen Griffiths		
Presented by	Stephen Griffiths		
Freedom of Information	Open		
Purpose of the Report	<p>To share with the Board the final KPMG Report, their 22 recommendations and the Nursing Directorates response to the recommendations.</p> <p>The report outlines the work currently being undertaken with each of the 22 recommendations as part of the current core business and strategic review and highlights the future actions proposed to address each recommendation.</p> <p>The report additionally highlights the procurement timeline, stakeholder engagement, communication plan and project management arrangements.</p>		
Key Issues	<p>The key themes for further development are:</p> <ul style="list-style-type: none"> • Supporting newly qualified staff • Improvements in practice learning • Incorporating the student voice in the QI process of contract management • Closer tripartite working arrangements • Embedding digital skills • Measuring the value and impact of education • Developing local and regional solutions to education delivery • Increasing part-time and flexible routes to training • Enhanced approach to Inter Professional Education • Consideration of Welsh language provision within commissioning 		
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 contents of the draft key themes emerging from the KPMG Review ➤ Note the response to the KPMG Review, the work already being undertaken in each area and the work planned to fully address the recommendations ➤ Note the Communication strategy ➤ Note the project management arrangements and the detailed project plan.
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UPDATE ON THE STRATEGIC REVIEW OF EDUCATION OF HEALTH PROFESSIONAL COMMISSIONING IN WALES

1. INTRODUCTION

One of HEIW's core responsibilities is the commissioning and contracting of undergraduate and postgraduate health professional education. Investment in healthcare education and training has increased from £76m in 2014/15 to circa £113m in 2019/20.

This enabled in excess of 3,500 new students to commence education and training programmes in 2019/20. Including those healthcare professionals that are continuing their education, there are now more than 9,000 students and training places currently compared to 6,881 in 2015/16.

The contracts HEIW commission are due to expire in 2021 and will be retendered for through a full procurement exercise. The high level procurement timetable is set out below.

Key Action	Date
Place OJEU Notice to trigger procurement	May 2020
Clarification with bidders	August 2020
Evaluation of bids	September – October 2020
Clarifications / Award procedures / sign-off	November – December 2020
Award of Contracts	December 2020
Contract Commencement	August 2021
New education programmes commence	September 2022

To support and inform the process HEIW commissioned KPMG – via a competitive tendering process - to undertake a review of health professional education across Wales to consider the future education provision required to deliver the health and care workforce of the future.

The scope of the work considered the current education provision, access to education, inter-professional learning and Welsh language provision. A core element of the review was to engage with 130 stakeholders, across education, health and care, government and professional bodies between May and August 2019.

This review comes at an important time given the multiple initiatives, plans and strategies across the healthcare and education sectors, within Wales and beyond, such as 'A Healthier Wales' and the development of a 'Workforce Strategy for Health and Social Care'.

HEIW received the final report of the KPMG stakeholder engagement on 31st October 2019. The recommendations for consideration highlighted in [Appendix](#)

1 have been considered by the Nursing Directorate having taken into consideration:

- A Healthier Wales
- A Workforce Strategy for Health and Social Care – currently being developed by HEIW and Social Care Wales in partnership with NHS Wales and Local Government, the voluntary and independent sectors as well as regulators, professional bodies and education providers.
- Welsh language standards and schemes
- The Topol Review – preparing the healthcare workforce to deliver the digital future
- Research of best practice being undertaken by HEIW staff from other health economies throughout the world

The full KPMG report is attached at appendix 2.

2. KEY THEMES

The key themes add value to developing a new education contract covering all Health Professional Education in Wales which will focus on:

- HEIW developing its role in **supporting newly qualified staff**
- Further development of a strategic role in **placement provision**
- **Local / regional approach** to commissioning where appropriate
- Building **resilience** in the system
- Using **technologies** to enhance teaching, student support and placement preparation
- Integrate the **digital environment** into learning
- Develop education and training across the **whole career pathway**
- Establish an enhanced approach to **inter-professional education**
- Developing **flexible routes**
- Closer **tripartite working arrangements**
- **Improve responsiveness** to Service Need/ WG Policy
- **Supporting students** from disadvantaged backgrounds
- **Dispersed Learning**
- Clinical **Leadership**

3. OUTCOMES

The outcomes are identified in appendix 1 where the 22 KPMG recommendations are listed. Many of the areas identified by KPMG already form an integral part of the commissioning and performance management currently in place within HEIW. Therefore, appendix 1 additionally identifies the work already being undertaken by HEIW across all recommendations.

Appendix 1 also includes the Nursing Directorates draft plan to fully address the 22 recommendations.

4. HIGH LEVEL ENGAGEMENT PLAN

To ensure the new contract derives the maximum benefit and meets the needs of the Service and Universities the following engagement plan has been developed to explore the key themes above further.

Date	Engagement
11th October 2019	Event in Cardiff for all interested bidders. The morning consisted of a series of presentations delivered by HEIW on the emerging themes, draft lotting strategy and key procurement information. The afternoon was available for interested parties to book 25 minute individual sessions with key HEIW staff.
November / December 2019	HEIW visited each Health Board and Trust to share emerging themes, draft lotting strategy and key procurement information. The focus of these visits was to ensure that, as far as possible, the new contract addresses the needs of individual regions to act as an enabler in providing the right workforce at the right time with the necessary skills to support quality and safe patient care.
November/ December 2019	<p>HEIW, visited all Universities:</p> <ul style="list-style-type: none">a) For currently contracted Universities a “Part B” was added to the scheduled Contract Quality visitb) For other interested parties a separate visit was arranged <p>This provided the Universities the opportunity to seek further clarification and provide more feedback on the draft contract and strategy.</p>
January 2020	<p>Student Engagement events to be held across Wales</p> <p>Key themes will be tested with students and this will assist the Commissioner in ensuring that the new contracts are fit for purpose and reflect student needs.</p>
February 2020	<p>Engagement with service users and patient groups across Wales</p> <p>Key themes will be tested with patients and service users and this will assist the Commissioner in ensuring that the new contracts are fit for purpose and reflect patient needs.</p>
March 2020	<p>Final stakeholder events where final contract and strategy are presented to all interested parties.</p> <p>There will be 3 events: North, West and South Wales.</p>

In addition, regular updates will be posted on the HEIW website and a brief monthly summary will be developed to ensure that all stakeholders with which KPMG engaged are kept informed and afforded the opportunity to share their views.

5. THE PROJECT PLAN

The work is overseen by a Project Management Group, Chaired by the Director of Nursing. There are two sub-groups focusing on communication and documentation. The groups comprise key internal staff from HEIW including the Nursing Directorate, Workforce and Finance and external colleagues from Legal and Risk Services and Procurement Services in NWSSP. HEIW's inclusion officer and Welsh Language Manager are co-opted in when appropriate.

When necessary task and finish groups are established to lead on specific aspects of the plan. Currently there are two task and finish groups that are operational covering evaluation and TUPE.

A full range of project management tools are being utilised to manage the process, including a risks and issues register.

The detailed project plan is attached at appendix 3.

6. RISKS, ISSUES AND MITIGATION

The risks include not incorporating many of these themes into the new contract as opportunities to ensure that the new contract is fit for purpose, aligned with a Healthier Wales and the new workforce strategy will be lost. Other risks, for example the implications of the bursary scheme announcement are not directly related to this report.

7. FINANCIAL IMPLICATIONS

There are no additional cost pressures relating directly to this report. However, an enhanced contract, incorporating the recommendations, with increased requirements on Universities could potentially increase the fee per student reflected in the upcoming contract process. Price will be evaluated together with a range of other evaluation criteria to ensure there is the right balance between quality and value.

8. RECOMMENDATION

The findings and recommendations made in this review should help to ensure that HEIW develops and clarifies its role in shaping the future healthcare workforce. HEIW has an opportunity to do this through the commissioning of education programmes and developing the collaborative relationships between education providers and healthcare providers.

The Board is asked to:

- Note the contents of the draft key themes emerging from the KPMG Review
- Note the response to the KPMG Review, the work already being undertaken in each area and the work planned to fully address the recommendations
- Note the Communication strategy
- Note the project management arrangements and the detailed project plan.

Appendix 1: KPMG Recommendations and HEIW Response

- 1. HEIW and education providers to consider their role in supporting newly qualified and registered nurses, midwives and allied health professionals and whether a consistent approach across HEIW would be appropriate and have a positive impact.**

Current:

HEIW is currently developing a learning and development multi professional careers framework for Wales which includes preceptorship aspects of a registrants first year in practice.

Future:

HEIW will implement the newly created professional careers framework for Wales

HEIW will scope, in partnership with both Service and Universities, measures to build confidence and resilience in students and will work to find innovative solutions and common principles.

- 2. HEIW to consider how practice learning funding is provided to education providers and placement providers across all programmes. In particular, linking to recommendation 6 and the aims to increase multi-professional education and the breadth of placement provision to include increased primary and community experience.**

Current/Previously addressed:

The 2002 Fitness for Practice Initiative (nursing only) introduced funding to help students to transition from 'chalk board to ward'. The initiative established a new role of the Practice Education facilitator to support students in placement. It introduced a unified approach to mentor preparation, mentor support in the clinical setting, audit of the clinical environment and a single documentation for the clinical assessment of student nurses.

In 2016 the Workforce Education and Development Service commissioned a report seeking to understand how fitness for practice funding (FfP) has been applied to support the quality of practice learning and the transition from student to registrant practitioner in light of the changing healthcare environment. In 2019, having transitioned into HEIW the Nursing Directorate revisited the report, conducting a further internal review of the fund. Both reviews highlighted three overarching issues. Firstly, a lack of accountability in how HEIs utilise the funding, secondly a lack of consistency in the role and remit of the practice education facilitator (PEF) and thirdly a lack of parity of support across all preregistration professions. These findings led to the development of a set of recommendations for the future of the fund which will be implemented in conjunction with the 2021 Health Education Contracts.

Future:

Placement provision is primarily secondary care focussed and this will need significant expansion given the aims for placement learning to provide a much broader range of experience in the future. In particular, incorporating primary and community sectors as well as independent providers into the practice learning elements of programmes.

HEIW will assume strategic responsibility for pre-registration student placements in conjunction with managerial oversight of The Fitness for Practice fund and will ensure that broader placement experience is delivered; redirecting the focus from hospital to community care to support the move to provide care closer to home. Students will experience placement in multiple health boards and care environments; enabling the widest experience, the sharing of best practice and a uniform approach to care. Secondary Care, Primary, Community and Social Care placements, when feasible will enable inter professional education.

HEIW are creating a role for a National Placements Lead, supported by Regional Practice Education Facilitators to oversee the modernisation of the placement experience. In alignment with the 2021 Health Education contracts, all practice funding relating to the Universities will be absorbed into the contract price and all funding relating to service will be paid directly to service. Initially the short-term plan proposed includes:

- Scope all current Practice Education Facilitators across all Health Boards and staff groups.
- Review Job Descriptions and standardise responsibilities ensuring equitable level of support and service across all parts of Wales.
- Establish baseline of current configuration and support.
- Scope areas with potential for new placements – work closely with University and Health Board colleagues to deliver new safe, quality placement opportunities.
- Scope opportunities for multi-professional placement opportunities – both within Universities where students are being prepared for placements and within the Service.
- Establish links with HEIW Primary Care Board to create a plan to develop new multi-professional placement opportunities within Primary Care clusters.

Current service provision will be mapped to enable parity of funding across all professional groups. The role of the PEF will be clarified, with the introduction of a uniform remit enabling Health Board and Trust staff to have a clearer understanding of the PEFs role. In addition to this PEFs will support all students in their placement areas regardless of which university they are enrolled at.

HEIW will ensure the placement provision of education programmes across Wales includes placements that are broader than secondary care. This should meet the multi-professional needs of the service as well as the aims set out in 'A Healthier Wales'.

Enhanced usage of technology within a multi-disciplinary team approach to placements and preparation for placements helps prepare the students for the changing and digital and technology world within a modern healthcare system.

Students learning more holistically together as part of Multi-Disciplinary Teams will lead to improved safety and quality patientcare.

Improved quality student experience.

3. HEIW to continue to consider routinely how student views inform its work, including the quality of education provision.

Current:

The Student Health Forum is an innovative group of health students who represent their wider peer group. Comprised of 60+ students covering nursing, midwifery, AHPs, Sciences, Clinical Psychology and Medicine across all Universities we contract with. These students have a passion to ensure a quality learning experience is provided for both current and future students. Facilitated by HEIW the group meets quarterly to provide HEIW with a student's perspective on specific health education related topics. The forum allows them to share their views and therefore have a voice in how HEIW performance and quality manages its contractual relationships with HEIs.

Student health forum members network with their wider cohort, garnering views on strategic developments in HEIW, the NHS and Welsh Government that may affect them as a student or as part of the future health workforce of Wales.

HEIW facilitates the bi-annual Health Student Conference. Delegates benefit from various presentations which aid them to learn more about their NHS whilst also benefiting from sharing and networking with fellow students. These events always incorporate a number of "new speaker slots" in which students' feedback on their work and experiences. This event is always well attended with 250+ students from across Wales attending.

Aimed at undergraduates, the National Student Survey (NSS) commissioned by the Office for Students on behalf of the Higher Education Funding Council for Wales (HEFCW) gathers opinion from students about their time in higher education. The NSS asks 27 questions relating to eight aspects of the student experience. In addition, students studying NHS funded courses are asked questions about placements. This feedback provides HEIs with a picture of the learning experience of students completing their courses that year. Benchmarking course by course and against other HEIs the NSS scores allow HEIs identify areas of strength and weakness across specific course provision which aids the HEI to make changes to improve the learning experience for both current and prospective students. Results from the NSS are presented to HEIW as part of the annual quality contract meeting. Should any concerns be raised HEIW directs the HEI to make improvements as part of the quality action plan.

Annually HEIW undertakes contract meetings with each contracting HEI focusing on the quality of education provided. The contract team leads a focus group of students who respond to semi structured questions that aim to highlight areas of satisfaction and dissatisfaction with the quality of service they have experienced. The outcome of this is fed back to the HEI with a quality action plan for improvement when necessary.

Future:

The student voice is an important indicator of the quality of education and as such engagement is a priority of HEIW. We will continue to strengthen student's opportunities to share their experiences with us and May 2020 will see the finalisation of the commissioning teams' student engagement strategy which will include –

- Continued support of the Student Health Forum.
- Continued engagement with students as part of the annual quality contract meetings.
- Continued issuing of action plans to HEIs following the publication of NSS scores.
- Annual presentations on the role of HEIW to all Health Education Students during University induction week; giving students the opportunity to ask any questions around the scope and remit of the commissioning team.

In addition to this In January 2020 HEIW will undertake nine engagement events across Wales, inviting all health education students from every contracting HEI to provide feedback on the proposed themes of the 2021 contracts.

The current structure and agenda of the three business meetings each year is currently being reviewed. One of the challenges to be addressed is how HEIW incorporates the student voice and student experience into this forum. This will be scoped early in 2020.

HEIW staff will present to students as part of the Universities induction weeks for new students. This will raise awareness of HEIW, its strategic objectives and its role in funding / supporting students and their value to NHS Wales.

HEIW recognise that with a growing and diversifying student population that more engagement needs to happen to fully reflect the student voice in the development and enhancement of education provision and placement experience. This “enhanced student engagement strategy” will be scoped and presented to the Exec team for consideration in (March 2020) – it will include a review of the current arrangements and recommend improved engagement

- 4. HEIW to consider taking a lead role in facilitating closer working between education providers and health and care services. This should ensure that changing demands, locally, regionally and nationally, are taken into account in the development of commissioned education programmes and workforce needs.**

Current:

Currently HEIW utilises various forums to garner the views of health services which are then fed back to education providers and vice versa. In addition to this the Post Graduate Deanery meets with each Health Board annually.

Future:

The health sector relies on universities to produce large parts of its future workforce, which they do in collaboration with Health Boards/Trusts and other providers of clinical placements. Healthcare is a significant portfolio area for universities across Wales. The relationship between HEIW, Universities and the Health Boards/Trusts is critical, and it is

essential this operates in an open and collaborative environment. HEIW as the lead health organisation for education and training needs to establish formal and informal mechanisms to ensure its relationship with the university sector and NHS organisations is strong and robust.

The Nursing Directorate will create a Health, Care and Education Tripartite Collective, led by HEIW, bringing together Health board and Trust colleagues with HEIs to discuss areas specific to the delivery and management of nursing, midwifery, science and allied health professional education. The focus of the proposed biannual meetings, will be to ensure that key themes and objectives arising out of the Workforce Strategy for Health and Social Care, to address the increasing demands and new challenges as set out in *A Healthier Wales*, are met.

These meetings would address, local and national need, the expansion of placements into primary, community and the independent sectors; quality of placements; preceptorship; new training requirements and the creation of new roles and professions, student streamlining, staff pathways to registered practitioner and other matters pertaining to health education

- 5. HEIW to consider taking a strategic role in ensuring the placement provision of education programmes across Wales includes placements that are broader than secondary care. This should meet the multi-professional needs of the service as well as the aims set out in 'A Healthier Wales'.**

Current:

At this time the responsibility for developing and managing placements sits with Universities working with Health Boards/Trusts and other placement providers.

Future:

As outlined in recommendation two, HEIW will be revising how HEIs utilise Fitness for Practice Funding. HEIW will assume strategic oversight for placement quality and student placement allocation through newly appointed National and Regional Leads. These new leads will actively engage with Health Boards and Trusts to facilitate the expansion of quality placements in Primary and Community Care and in the Independent sector.

- 6. HEIW to consider the strategic, contractual and financial roles it currently has and develop these further to facilitate broader placement experience to be achieved by education providers and placement providers, in collaboration with Regional Partnership Boards.**

Current:

HEIW utilises bespoke digital tools, which link together IMTP workforce needs and commissioning trends. This data is used in conjunction with the commissioning teams experience to create an annual student placement matrix. The placement matrix guides HEIs in the allocation of student placements across Health Boards and Trusts.

Future:

As outlined in recommendation 2, HEIW is revising Fitness for Practice funding allocation. We will strengthen both how we direct HEIs in the utilisation of funds and the contractual obligations we place upon HEIs in their management of student placements.

The proposed tripartite meetings afford the opportunity to share best practice with medical colleagues that have a sophisticated quality management system in place for placements and this will enable sharing good practice and building common principles across all Healthcare professions. The introduction of the Health and Education Tripartite Collaborative and the introduction of National and Regional Lead Practice Education Facilitators will further allow HEIW to take a strategic partnership approach to broadening placements.

The HEIW led national simulation work will also ensure that resources, training equipment and facilities are utilised more effectively across all health professionals in addition to doctors and dentists.

HEIW will scope and explore the Scottish national placement model and evaluate whether a similar system in Wales will add value to the current system.

7. HEIW, education providers, Health Boards and Trusts to consider the current and future digital skills required from the health and care workforce and incorporate within education programmes.

Current:

HEIW is reviewing the scope of digital learning that partner HEIs need to encompass going forward; considering strategic drivers including the new NMC standards and the Topol review.

Future:

HEIW's 2021 Health Education contracts will direct education providers to embed the use of digital technologies within their courses as a key enabler of change; ensuring that our health education system is 'fit for the future' and better able to respond more quickly to future challenges and opportunities.

HEIW will work to ensure education providers, Health Boards and Trusts consider the current and future digital skills required from the health and care workforce and incorporate within education programmes. The Topol review (2019) makes numerous recommendations for the preparation of the future healthcare workforce - *"Within five years, ensure that the education and training for future employees equips them to achieve their full potential as staff in the technology enhanced NHS."*

Initially there will be a specific focus on:

- Future healthcare professionals to understand the possibilities of digital healthcare technologies and the ethical and patient safety considerations.

- Ensure students gain an appropriate level of digital literacy at the outset of their study for their prospective career pathway
- Investment in VR to enhance student skills and learning opportunities

8. HEIW and the Welsh Government to consider developing a longer-term strategic healthcare professional workforce plan, in partnership with Health Boards, Trusts and education providers

Current:

A Healthier Wales set the path for HEIW and Social Care Wales' development of a long-term workforce strategy in partnership with NHS, Local Government, the Voluntary and Independent Sectors as well as regulators, professional bodies and education providers. This workforce strategy will be finalised in November 2019.

Future:

HEIW will ensure that the annual education and training plan aligns with the health and social care workforce strategy. We will plan and commission education and training for the future which focuses on service challenges, improving population health, ill-health prevention and reducing health inequalities.

9. HEIW to consider developing its added value approach to consider the wider value of education and return on investment to inform the commissioning.

Current:

Return on investment is currently assessed through both financial and non-financial measures. Significant emphasis is placed on the quality of course provision and HEIs ability to prepare students to transition seamlessly into the workforce as newly qualified professionals. Annually HEIs and HEIW meet to review the quality of education offered, focusing on the student experience and the quality of support delivered by HEIs.

Financial measures are calculated using bespoke mathematical formulas which take into account the investment in education as compared to the output of newly qualified professionals. These figures are benchmarked against English comparators to provide a more comprehensive measure of performance

Future:

HEIW will continue to utilise current financial formulas, continuing to take into account fees and attrition as measures which impact on outputs. We will continue to benchmark our performance against English comparators.

HEIW is expanding the scope of performance metrics and setting challenging KPIs to ensure the highest quality education is provided to Welsh Health Education students. There will be greater expectations for HEIs to widen access to disadvantaged and underserved groups and enable the entry of students from non-traditional pathways into higher education.

Set up a group and mechanisms within the contractual framework to ascertain the impact of the investment in Education and Training, including,

1. Improved decision-making powers
2. Impact on work of others in the MDT (including doctors)
3. More efficient patient pathway
4. Better quality patient experience
5. Improved safety for patients in service delivery
6. Cost reductions or cost savings

10. HEIW to consider a regional approach to commissioning to ensure that all regions of Wales have available education provision, for those programmes where the numbers commissioned are feasible and are reflective of the need in that region. HEIW should allow potential new and existing providers to demonstrate how their proposed programmes meet the regional demand for future healthcare professionals.

Current:

Education is currently commissioned largely from the land-based universities in Wales with students attending at campus to fulfil academic requirements. We are mindful that this has impacted on the ability of all potential students to have access to education. In September 2018, to overcome some of these barriers, HEIW commissioned distance learning education from the Open University which widened access to pre-registration nursing for NHS employed Health Care Support Workers across all of Wales. In 2019/20 this distance learning route will also be open to our Support Worker colleagues working in independent care homes.

Future:

The future contracts will be designed to better meet local need. Commissioning education will be influenced by a bespoke weighted formula that takes account of the shape of Wales and the needs of different regions. Commissions will be tailored to match population levels, DGH provision, primary care clusters and staff challenges all based around each Health board foot print; separating Wales into 10 regions. The plan is, where financially viable and where an excellent student experience can still be delivered, to move away from single providers to widen access, build resilience in the system and ensure that workforce needs are better met.

Digitalisation has allowed HEIW to reimagine the delivery of Healthcare Education for Wales. The new contracts will require all contractors to deliver courses through traditional, distance and blended routes of study both full, part time and accelerated where feasible. Contractors will be required to take their education out to the student in their own community, widening access to people who may previously have been unable to access health education due to caring or financial responsibilities.

HEIW will support students from the poorest regions of Wales to enter our commissioned courses. To ensure our NHS workforce reflects the Welsh population as a whole by allocating additional funding to HEIs that actively recruit students from the poorest areas to further engage with deprived communities, schools and colleges. We will fund HEIs to provide tailored support services for students from these areas in the form of additional tutoring, mentorship and peer support.

Contractors will be directed to interview all eligible applicants who have studied an access to higher education diploma or similar level 3 course. Ensuring that mature applicants entering education through non-traditional routes are equally represented in the workforce.

11. HEIW to consider the feasibility of commissioning additional providers for the programmes that currently have a single provider in Wales.

Current:

There is risk in the current “shape of contracts” across Wales. Notably,

- Diagnostic Radiography: the recent increases in commissioning numbers to meet the growing needs of the cancer network have placed pressures on the two providers and fully meeting the commissioning numbers is significantly more difficult than if there were three providers.
- ODP: The all Wales course is not fit for purpose for meeting the workforce need in North Wales where only two graduating students from the South Wales course have taken up employment in BCU in the last 5 years.
- The LD nursing field is a UK wide problem and despite enhanced marketing campaigns delivered by the current two providers, supported by HEIW, full recruitment to commissioned places is very unlikely. A third provider, strategically placed within Wales, would assist in addressing this problem.

Future:

The new contracts will be vital in addressing these issues. A draft lotting strategy has been developed which is being shared widely with Universities and Health Board and Trust Executive Teams. The lotting strategy will be modified following the stakeholder engagement and will represent the “best fit” for Wales.

12. HEIW to consider requiring those education providers who are sole providers of a programme in Wales to demonstrate how their programmes supply sufficient numbers of qualified professionals to service demand within the whole of Wales.

Current:

There are several sole providers. This is being reviewed and evaluated as part of the Strategic Review of Health Professional Education.

Future:

As outlined in recommendation 11, HEIW will, where appropriate, move away from single providers to widen access and ensure that multiple health board’s workforce needs are better met. However, where a single provider is the only feasible option the provider will be expected to deliver some or all their provision through distance and blended routes. Contractors bidding as sole providers will be evaluated on their ability to supply sufficient numbers of qualified professionals to service demand within the whole of Wales.

13. HEIW to consider increasing the availability of part time and shortened programmes across Wales and increase the number of commissioned places on these programmes, in line with regional workforce plans and availability of part time students.

Current:

HEIW currently commissions several part time and accelerated routes to registration along with many post registration and modular part time and short courses. The agreed 2020/21 education plan sees an increase in both part time and accelerated commissioned places.

Future:

This provision is being reviewed as part of the Strategic Review of Health Professional Education. Equity surrounding the principles and application across the full range of education provision is being considered.

Our new contracts will require all contractors to deliver courses through traditional, distance and blended routes of study both full, part time and accelerated where feasible to meet the needs of all potential healthcare students across Wales.

HEIW will review each area commissioned and consult with the Service on,

1. Offering enough routes across a broad range of professions
2. Ensuring routes are equitable – i.e. same principles apply for AHPs and sciences as well as nursing
3. The challenge surrounding should we be training more students at differing levels of education within each area we currently commission
4. If areas are being missed
5. Reviewing the Workforce Strategy to ensure the new contracts are an enabler for service delivery and development.

14. HEIW, Health Boards, Trusts and the Welsh Government to consider developing a standard and equitable approach for the funding arrangements for all part time programmes, including 'back fill' cover costs.

Current:

There are currently several financial models of the funding of both pre and post registration part time programmes. Each funding stream was developed within our legacy organisations to meet the workforce needs of service. Support may include bursary funding, salary during training or backfill for staff.

Future:

HEIW is currently undertaking a review to establish the feasibility of standardising approaches to funding arrangements for all part time courses.

15. HEIW and Welsh Government to consider the increased use of apprenticeships in health and care professions if it meets the 'Workforce Strategy for Health and Social Care'.

Current:

HEIW works closely with the Welsh Government and NHS organisations in the development of apprenticeships, this however do not currently include apprenticeships leading to professional registration as a health care professional.

Future:

HEIW is considering applying to be a main contractor to draw down funding from Welsh Government to deliver health apprenticeships. If this progresses HEIW will develop a draft Quality Assurance Framework for Work Based Learning to include HEIW's role in standardisation of work-based learning. In order to achieve this HEIW will,

- Scope organisations' current models of work based learning delivery, including Apprenticeships and identify the added value that HEIW could bring to this arena. This might include the development of models for the delivery of the very specialist support worker qualifications
- Work with Welsh Government to develop a suite of health apprenticeship frameworks that meet the needs of the NHS Wales workforce. Following a review of all the health HCSW qualifications, relevant Apprenticeship Frameworks need to be amended to reflect the changes to the qualifications.
- Identify any other areas across health where an Apprenticeship Framework would be the appropriate resource to develop and work with WG to develop them.
- HEIW to be the NHS Wales representative on all appropriate workforce and education subgroups of the 3 Regional Skills Partnerships (RSPs). These partnerships pull together representatives from all sectors to look at the future skills needs of their region. HEIW has a strong presence on the Human Foundation Economy sub group of the South East Wales Regional Skills Policy. However, most of the issues that with regards to the NHS Wales workforce are not confined to the south east wales area but affect the whole of Wales. Working in partnership with organisations, HEIW would be best placed to provide this information to all 3 RSPs
- Identification of those qualifications which HEIW should manage the delivery of in order to achieve value for money, e.g. highly specialist qualifications which only attract low numbers of learners.
- HEIW to expand the number and range of qualifications it is permitted to deliver by Agored and City and Guilds.
- Scope the resources required to deliver and assess the qualifications identified
- Support NHS Wales with all Wales standardisation events
- Draft Quality Assurance Framework

- 16. HEIW to consider requiring increased flexibility to be incorporated in the programmes commissioned, such as exit award qualifications, potential combined programmes or other approaches education providers may be open to develop, to allow for flexible career pathways to be developed. This should be considered with the requirements for 'A Healthier Wales' and the 'Workforce Strategy for Health and Social Care'.**

Current:

Students graduate with a certificate or diploma at the end of years 1 and 2 respectively but these awards are not mapped to the HCSW framework.

Future:

HEIW's new contracts will require HEIs to provide exit qualifications following completion of each undergraduate academic level. Incorporating the Health Care Support Worker Framework, students will develop core competencies allowing students to step on and off courses whilst still possessing skills which allow them to work in clinical roles. In addition this will reduce attrition levels and provide the NHS with staff which could potentially have been lost to healthcare.

- 17. HEIW to consider its role across the whole career pathway of healthcare professionals by commissioning a broad range of pre and post registration programmes across professionals' careers and with a mix of qualification levels, to meet future workforce demands. HEIW should work with Health Boards, Trusts, Welsh Government and education providers in planning the education needs to support healthcare professional career pathways and frameworks.**

Current:

Currently HEIW works with, utilises various forums to garner the views of health services which are then fed back to education providers and vice versa. Responding to Health Boards IMTPs with a focus on priority areas and engaging directly with Welsh Government ensures that HEIW is commissioning a broad range of pre and post registration programmes from levels 3 to 8 that meet current and future need

Future:

To be sufficiently responsive to changing health care needs contractors will be required to provision generic core modules across pre-registration programmes. Core learning will support our health professionals to be adaptable to meet the requirements of existing, changing and emerging occupational groups. It will enable the future workforce to expand their skills and capabilities without having to return to the beginning of a new qualification or programme.

The contracts will allow us to direct Universities to integrate emerging evidence-based initiatives such as MECC (Make every contact count) and PROMPT (Practical obstetric multi professional training) into the curriculum as needed. Our direction will ensure students integrate improvement into everyday working; eliminating harm, variation and waste. Education will promote prevention, anticipating health needs, preventing illness, and reduce the impact of poor health.

The Tripartite Collaborative will further support for a direct conduit between Education Providers, Health Boards and Trusts. The collaborative will allow for better coordination of research, innovation and improvement, in pursuit of higher quality and value on a local as well as national level.

18. HEIW to continue to assess and consider, in partnership with education providers, the potential and appetite for education providers to provide additional healthcare programmes.

Current:

The shape of training is currently being reviewed with all stakeholders as part of the Strategic Review of Health Professional Education.

Future:

The Tripartite Collaborative will further support the conduit between Education Providers, Health Boards and Trusts. The Collaborative will facilitate communication to allow for proposals and subsequent planning of future roles and the education required to facilitate those roles.

19. HEIW to consider continuing to require multiple intakes for the programmes providing them and to consider whether multiple intakes for other programmes would be beneficial.

Current:

HEIW currently contracts with HEIs to provision multiple intakes for pre and post registration courses.

Future:

As part of the new contracts HEIW will continue to require HEIs to recruit to multiple intakes where student numbers make course provision feasible.

20. HEIW to consider taking a lead role, in partnership with education providers, Health Boards and Trusts, to establish an enhanced approach to inter-professional education which facilitates the delivery of the generalist skills and core common education requirements across professions. HEIW should consider requiring education providers to deliver a minimum amount or standard of inter-professional activity as a part of the commissioned programme and encourage education providers to innovate and develop this further.

Current:

The WHO define IPE as “When two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes”. HEIW has reviewed IPE in Wales and there are differing interpretations of IPE between Universities and differing levels of IPE being delivered.

- All HEIs are undertaking some form of IPE. There are some excellent examples of best practice, however but not all in line with the IPE definition.
- Two institutions are rolling out a new IPE strategy that does meet the definition of IPE and will be delivered across all three levels of learning.
- Significant internal barriers exist to the successful delivery of IPE in all institutions and no cross-institution activity was found.
- Teams are open to using e-learning for the purposes of IPE but raised concerns about losing valuable face-to-face contact and team working opportunities.
- Very little IPE facilitated activity is happening in placement settings and there are no specific placement requirements set by PSRBs.
- Some students have given poor feedback resulting in modules being withdrawn. Primary reason is lack of engagement with assessed group work.

Future:

A Healthier Wales requires seamless services and information which are less complex and better co-ordinated for the individual; close professional integration, joint working, and information sharing between services and providers to avoid transitions between services which create uncertainty for the individual.

This provides a real opportunity to re-evaluate education and training, develop more flexible career pathways, increase skills and the understanding and recognition of the value and role of other professionals in a MDT. It also encourages and enables challenge which can lead to improved student outcomes.

HEIW's new contracts will require HEIs to embed a minimum level of credits of inter professional learning across all pre-registration courses (IPE). Embedding IPE in undergraduate learning will enable professional integration and joint working skills, ultimately improving professional collaboration and the quality of care in service following registration.

IPE core modules will also allow students to develop generalist skills enabling flexible career pathways where students will be able to build on existing qualifications without having to return to the start of a new programme.

Rather than classroom learning and shared lectures, this will be focused on the preparation for practice with students from all healthcare professions plus medical students, where appropriate, learning together.

To achieve this HEIW will ensure Universities:

- Provide the students with learning that meets the WHO IPE definition '*when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes*'.
- Provide students with the opportunity to work collaboratively with the professional groups that they are likely to work with in their future careers.

- Identify the professional groups that their students would benefit from working with from outside of their portfolio of training programmes. They should then aim to work with some partner institutions that deliver IPE across a reasonable range of professions. Where appropriate online and distance learning could be utilised to facilitate cross institution learning.
- Provide the students with BOTH formative and summative assessment experiences that meet the WHO definition of IPE.
- Deliver immersive simulation activities where the students are required to work with other healthcare professionals in multi-disciplinary teams.
- Provide the students with opportunities to learn with other healthcare professions during their placement weeks. The minimum requirement for joint placement provision is 4 weeks of total placement learning.
- Provide the students with IPE opportunities to work with and learn from each other at all levels of study.

21. HEIW, Health Boards and Trusts to consider incorporating the Welsh language skills required from the workforce in their workforce plans.

Current:

This is currently identified with the education requirements of the IMTP process although it is recognised this is in its early stages of maturity. Health Boards/Trusts are currently working to increase the identification of welsh Language needs.

Future:

HEIW is currently developing its programme of support for Health Boards/Trusts in regard to workforce planning, Welsh Language requirements will be included within this.

HEIW will continue to work with Health Boards and Trusts to improve workforce planning, including ensuring welsh language needs are identified.

22. HEIW to consider Welsh language provision as a part of its commissioning approach, possibly setting requirements or targets for the proportion of students that qualify from commissioned programmes that have a defined level of Welsh language skill. HEIW could monitor this and adjust the requirement or target based on information that becomes available from Health Boards and Trusts about the number of Welsh speaking professionals the service requires.

Current:

Existing education providers work closely with the Coleg Cymraeg Cenedlaethol, and as a result several posts have been funded across universities and programmes to support the accessibility of welsh language education provision whilst studying health education programmes. Universities also make available welsh language classes to healthcare students. Communication skills and language awareness is a central requirement of all regulatory bodies requirements and as such curriculum are designed to reflect these needs.

Future:

This is currently being discussed and scoped with the HEIW Welsh Language Services Manager who is undertaking a stakeholder engagement exercise, however it will ultimately be for Welsh Government to set any targets. The Welsh Language Manager has agreed to assist in developing the terms to incorporate into the new contract and advice on the Welsh Language aspects contained submitted within bids as part of the tender evaluation process.



Health Education and Improvement Wales

Review of health professional education and training across Wales

31 October 2019

Final Report

This document's use is limited – see
Notice on page 2.

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Important notice: about this report

This report, a review of health professional education and training across Wales, has been prepared by KPMG LLP (“KPMG”) solely for Health Education and Improvement Wales (“the Client”) in accordance with terms of engagement agreed by the Client with KPMG.

This report should not therefore be regarded as suitable to be used or relied on by any other person for any purpose. This report is issued on the basis that it is for information purposes only. Should anyone choose to rely on this report, they do so at their own risk. Without prejudice to KPMG’s liability to the Client subject to and in accordance with the terms of engagement agreed between them, KPMG will accordingly accept no responsibility or liability in respect of this report to any person. This report does not give rise to a client relationship between KPMG and any person (other than the Client).

KPMG’s work for the Client, on which this report is based, was conducted between March 2019 and October 2019, and the work comprised understanding stakeholder perspectives and reviewing and analysing available information and data for the undergraduate and postgraduate education programmes commissioned by Health Education and Improvement Wales.

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The opinions and conclusions expressed in this report are (subject to the foregoing) those of KPMG and do not necessarily align with those of Health Education and Improvement Wales.

1 Executive summary

1.1 Introduction

Health Education and Improvement Wales (HEIW) was established in October 2018, bringing together the Wales Deanery, NHS Wales' Workforce Education and Development Services, and the Wales Centre for Pharmacy Professional Education.

One of HEIW's core responsibilities is the commissioning and contracting of undergraduate and postgraduate health professional education. According to HEIW, investment in healthcare education and training has increased from £76m in 2014/15 to £106m in 2018/19. This enabled 3,300 new students to commence education and training programmes in 2018/19. Including those healthcare professionals that are continuing their education, there are 9,000 students and training places currently compared to 6,881 in 2015/16¹.

HEIW are due to run a new commission for health education provision. To support the commissioning HEIW appointed KPMG to undertake a review of health professional education across Wales to consider the future education provision required to deliver the health and care workforce of the future. The scope of the work considered the current education provision, access to education, inter-professional learning and Welsh language programmes. A core element of the review was to engage with 130 stakeholders, selected by HEIW, across education, health and care, government and professional bodies between May and August 2019.

This review comes at an important time given the multiple initiatives, plans and strategies across the healthcare and education sectors, within Wales and beyond, such as 'A Healthier Wales' and a draft 'Workforce Strategy for Health and Social Care'.

1.2 Findings

1.2.1 Current education provision

1.2.1.1 Quality

Health Boards, Trusts and professional bodies were in the main positive about the quality of education provision in Wales and felt that newly qualified health care professionals were well prepared for their roles. Students whom we engaged with were generally satisfied with their programmes, however some had concerns about placement experience.

There were some concerns from health professionals and students about the level of support provided to newly qualified nurses and midwives. Through the analysis a difference in approach was identified for this post qualification and professional registration phase across HEIW which depended on the profession.

Through our engagement with stakeholders, we found that there was a lack of awareness from Health Boards about how practice learning was funded and we identified a variation in approach between education providers about funding that goes towards the practice placement element.

1.2.1.2 Responsiveness of health education to the health and care system

There are regular discussions between education providers and Health Boards in Wales to ensure that programmes meet the needs of health and care services, such as Partnership Boards between Health Boards and universities. It was found that these tend to happen at a local or regional level and to differing degrees of detail and consistency across types of programmes. Despite these forums being in place, it was identified that those delivering health and care services would appreciate more opportunities to shape education programme development, to ensure their needs are being met. There are also opportunities for education providers to work more closely together.

Through the engagement it was noted that there was a need to increase student numbers further. However, stakeholders expressed concerns about any potential increase in student numbers resulting

¹ HEIW. University annual performance reports, 2018.

in an increase in placements required. This would have an impact on the resource to supervise and assess students within Health Boards and Trusts, especially at a time of high staff vacancy rates for some professions.

Linked to this, an area where HEIW could take a key role is in the development of the placement provision for education programmes, given the aims for placement learning to provide a much broader range of experience in the future and include primary and community sectors as well as independent providers. This could align with the aims of 'A Healthier Wales' to develop a seamless local health and social care approach, by developing and educating the future workforce to work across and understand multiple sectors. Placements are a core element of health professional education and any increase in programmes needs to ensure there are appropriate placements.

In relation to workforce planning, stakeholders felt there was a need to increase numbers of students that are commissioned for most of the professions considered, due to the demand in the health service from unfilled vacancies and/or use of agency staff. Workforce planning was an area that Health Boards and Trusts agreed could be much improved. Education providers were also concerned about the short term 'year to year' nature of the commissioning process which in some cases meant that universities needed to increase their provision substantially at short notice.

Implementing improved longer term strategic workforce planning would allow for a more robust workforce plan to be developed which aligns with health and care workforce and system strategies and facilitate longer term forecasting and commissioning of education.

1.2.2 Access to education

Through the engagement, concerns were raised about limited access to healthcare education in rural or more remote areas such as West and Mid Wales. As well as the lack of access to education locally, there are difficulties in recruiting to health and care positions, leading to increased agency staff costs for the Health Boards and Trusts. Having more local education provision may help with securing the local workforce. This could be achieved through new providers or existing providers increasing access to programmes through satellite campuses and/or distance learning. Through our discussions with universities, we identified that some have reviewed their portfolio of healthcare commissioned programmes to determine the viability of continuing to provide certain programmes. Others are keen to expand their portfolio of healthcare programmes to incorporate more students on programmes and also to add new healthcare programmes to their portfolio.

There was wide stakeholder support for increased flexibility for education programmes, in particular the use of part time programmes, apprenticeships and module based education. Stakeholders felt that providing education opportunities through part time programmes for those already working in healthcare, e.g. Healthcare Support Workers, should be enhanced.

The review identified no education programmes that are currently commissioned which were felt by stakeholders to be no longer needed or relevant. However, there was a view that HEIW should, through the education commissioning process, be considering the whole career pathway of professionals and therefore spanning pre-undergraduate education, through undergraduate, post registration training and continued professional development.

1.2.3 Inter-professional education

The review identified varied approaches to inter-professional education being delivered in education programmes and that this is taking place at different levels. Education providers running multiple healthcare education programmes provide a greater amount of inter-professional education due to having the opportunity to do this across multiple programmes in the same university college or school. Even though this happened within established university colleges or schools we found that there was limited inter-professional education between colleges or schools of the same university and even less between universities themselves. Some stakeholders felt that there is a "silo approach" to healthcare professional education which impacts the level of inter-professional education provided. This needs to be addressed through collaboration, to be able to deliver on the aims of a multi-professional workforce across health and social care.

Overall, there is a consistent view that more can be done in providing inter-professional education to healthcare students, in particular to be able to meet the aims of 'A Healthier Wales' to expand generalist skills and provide a seamless close professional integration of services. In addition, the draft 'Workforce Strategy for Health and Social Care' proposes specifying core or common educational requirements and inter-professional learning opportunities to promote multi-disciplinary and multi-agency learning opportunities.

In order to achieve these aims, consideration could be given to new, innovative approaches to inter-professional education in order to provide robust and effective multidisciplinary education and service. This will require new approaches to be developed and implemented.

1.2.4 Welsh language provision

Most of the education providers offer some level of Welsh language content on their programmes. Support for those wishing to be educated in Welsh is available to differing degrees through Welsh language lectures, placements, tutors and submitting assignments in Welsh. Some universities provide bilingual programmes and many spoke of aims to move to providing bilingual programmes and becoming a bilingual college or school.

Even though there was little demand identified to study healthcare professional programmes solely in the Welsh language, there is a demand for those studying to be able to learn elements of the programme through the Welsh language or develop Welsh language skills whilst on the programme. Good work is being done currently to allow for this, but more could be done to increase the amount of Welsh language component on programmes to meet the needs of students to study through the Welsh language and increase the Welsh language skills of the future healthcare professional workforce. Information that will be developed by Health Boards and Trusts through compliance with the Welsh language standards should inform the demand level and need for qualified students that have the necessary Welsh language skills. Therefore, workforce plans could include the required need for Welsh language professionals to deliver the services needed in a region and the education commissioning process could respond to this by providing the future workforce with the required Welsh language skills.

1.3 Conclusion and recommendations

The findings and recommendations made in this review should help to ensure that HEIW develops and clarifies its role in shaping the future healthcare workforce. HEIW has an opportunity to do this through the commissioning of education programmes and developing the collaborative relationships between education providers and healthcare providers.

HEIW's upcoming procurement exercise provides an ideal opportunity to put this into action and secure the education programmes required. It is proposed that HEIW do this in a flexible and collaborative way given the expected developments and changes in the healthcare workforce in the future, as the 'Workforce Strategy for Health and Social Care' is finalised and delivered.

Recommendations for consideration:

1. HEIW and education providers to consider their role in supporting newly qualified and registered nurses, midwives and allied health professionals and whether a consistent approach across HEIW would be appropriate and have a positive impact.
2. HEIW to consider how practice learning funding is provided to education providers and placement providers across all programmes. In particular, linking to recommendation 6 and the aims to increase multi-professional education and the breadth of placement provision to include increased primary and community experience.
3. HEIW to continue to consider routinely how student views inform its work, including the quality of education provision.
4. HEIW to consider taking a lead role in facilitating closer working between education providers and health and care services. This should ensure that changing demands, locally, regionally and nationally, are taken into account in the development of commissioned education programmes and workforce needs.

5. HEIW to consider taking a strategic role in ensuring the placement provision of education programmes across Wales includes placements that are broader than secondary care. This should meet the multi-professional needs of the service as well as the aims set out in 'A Healthier Wales'.
6. HEIW to consider the strategic, contractual and financial roles it currently has and develop these further to facilitate broader placement experience to be achieved by education providers and placement providers, in collaboration with Regional Partnership Boards.
7. HEIW, education providers, Health Boards and Trusts to consider the current and future digital skills required from the health and care workforce and incorporate within education programmes.
8. HEIW and the Welsh Government to consider developing a longer term strategic healthcare professional workforce plan, in partnership with Health Boards, Trusts and education providers.
9. HEIW to consider developing its added value approach to consider the wider value of education and return on investment to inform the commissioning.
10. HEIW to consider a regional approach to commissioning to ensure that all regions of Wales have available education provision, for those programmes where the numbers commissioned are feasible and are reflective of the need in that region. HEIW should allow potential new and existing providers to demonstrate how their proposed programmes meet the regional demand for future healthcare professionals.
11. HEIW to consider the feasibility of commissioning additional providers for the programmes that currently have a single provider in Wales.
12. HEIW to consider requiring those education providers who are sole providers of a programme in Wales to demonstrate how their programmes supply sufficient numbers of qualified professionals to service demand within the whole of Wales.
13. HEIW to consider increasing the availability of part time and shortened programmes across Wales and increase the number of commissioned places on these programmes, in line with regional workforce plans and availability of part time students.
14. HEIW, Health Boards, Trusts and the Welsh Government to consider developing a standard and equitable approach for the funding arrangements for all part time programmes, including 'back fill' cover costs.
15. HEIW and Welsh Government to consider the increased use of apprenticeships in health and care professions if it meets the 'Workforce Strategy for Health and Social Care'.
16. HEIW to consider requiring increased flexibility to be incorporated in the programmes commissioned, such as exit award qualifications, potential combined programmes or other approaches education providers may be open to develop, to allow for flexible career pathways to be developed. This should be considered with the requirements for 'A Healthier Wales' and the 'Workforce Strategy for Health and Social Care'.
17. HEIW to consider its role across the whole career pathway of healthcare professionals by commissioning a broad range of pre and post registration programmes across professionals' careers and with a mix of qualification levels, to meet future workforce demands. HEIW should work with Health Boards, Trusts, Welsh Government and education providers in planning the education needs to support healthcare professional career pathways and frameworks.
18. HEIW to continue to assess and consider, in partnership with education providers, the potential and appetite for education providers to provide additional healthcare programmes.
19. HEIW to consider continuing to require multiple intakes for the programmes providing them and to consider whether multiple intakes for other programmes would be beneficial.
20. HEIW to consider taking a lead role, in partnership with education providers, Health Boards and Trusts, to establish an enhanced approach to inter-professional education which facilitates

the delivery of the generalist skills and core common education requirements across professions. HEIW should consider requiring education providers to deliver a minimum amount or standard of inter-professional activity as a part of the commissioned programme and encourage education providers to innovate and develop this further.

21. HEIW, Health Boards and Trusts to consider incorporating the Welsh language skills required from the workforce in their workforce plans.
22. HEIW to consider Welsh language provision as a part of its commissioning approach, possibly setting requirements or targets for the proportion of students that qualify from commissioned programmes that have a defined level of Welsh language skill. HEIW could monitor this and adjust the requirement or target based on information that becomes available from Health Boards and Trusts about the number of Welsh speaking professionals the service requires.

2 Introduction

2.1 Background

Health Education and Improvement Wales (HEIW) was established in October 2018, bringing together the Wales Deanery, NHS Wales's Workforce Education and Development Services, and the Wales Centre for Pharmacy Professional Education.

HEIW is responsible for the education, training, development, and shaping of the healthcare workforce in Wales. HEIW's strategic objectives are:

- Establishing HEIW as a valued and trusted partner, an excellent employer, and a reputable and expert brand.
- Building a sustainable and flexible health and care workforce for the future.
- With Social Care Wales, shaping the workforce to deliver care closer to home, and to better align service delivery.
- Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges.
- Improving opportunities for use of technology and digitalisation in the delivery of education and care.
- Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales.
- Demonstrating value from investment in the workforce and the organisation.

One of HEIW's core responsibilities is the commissioning and contracting of undergraduate and postgraduate health professional education.

According to HEIW, investment in healthcare education and training has increased from £76m in 2014/15 to £106m in 2018/19. This enabled 3,300 new students to commence education and training programmes in 2018/19, compared to 2,498 in 2015/16. Including those healthcare professionals that are continuing their education, there are 9,000 students and training places currently compared to 6,881 in 2015/16².

The health professional education and training budget in Wales covers education contracts with universities for tuition fees, student bursaries, student salaries and related support costs (e.g. travel, childcare payments). The number of students and the fee per student are negotiated annually between HEIW and the university. Figure 1 shows the universities and the education programmes that HEIW commissioned at the time of the review. HEIW also contracts with some universities outside Wales for student places on some programmes (also shown in Figure 1).

The current contracts with universities have been extended to 2021, at which point new contracts will need to be in place. To inform what HEIW may want to commission, HEIW appointed KPMG to undertake a review of health professional education across Wales to consider the future education provision required to deliver the health and care workforce of the future. The scope of the work considered the current education provision, access to education, inter-professional learning and Welsh language programmes.

² HEIW. University annual performance reports, 2018.

Figure 1: HEIW commissioned university undergraduate and postgraduate programmes³

University of South Wales	Undergraduate Pre-Registration programmes: <ul style="list-style-type: none"> — BSc/BN Nursing (all four fields) — BMid Midwifery 	Postgraduate/Registration and Postgraduate Pre-Registration programmes: <ul style="list-style-type: none"> — Specialist Community Public Health Nursing; <ul style="list-style-type: none"> - Health Visiting - Occupational Health - School Nursing — Specialist Practice Qualifications (SPQs) <ul style="list-style-type: none"> - District Nursing - Practice Nursing - Community Paediatric Nursing - Community Psychiatric Nursing - Community Learning Disability Nursing — Return to Practice (Nursing/Midwifery & AHP's) — Non-Medical prescribing — Advanced Extended Practice MSCs & Modules
Bangor University	Undergraduate Pre-Registration programmes: <ul style="list-style-type: none"> — BSc/BN Nursing (all four fields) — BMid Midwifery — BSc Diagnostic Radiography 	Postgraduate/Registration and Postgraduate Pre-Registration programmes: <ul style="list-style-type: none"> — Clinical Psychology — Community Health Studies (Modules) — Return to Practice (Nursing/Midwifery & AHP's) — MSc/PG Dip Nursing — PG Dip/MSc Physicians Associate Studies — Non-Medical prescribing — Advanced and Extended Practice MSC's & Modules — PG Cert/Dip/MSc Genomic Medicine
Swansea University	Undergraduate Pre-Registration programmes: <ul style="list-style-type: none"> — BSc/BN Nursing (all four fields apart from Learning Disability) — BMid Midwifery — BSc (Hons) Health Science; <ul style="list-style-type: none"> - Audiology - Respiratory and Sleep Science - Neurophysiology - Nuclear Medicine & Radiotherapy - Physics - Cardiac Physiology — DipHE Paramedic Science — Certificate of Higher Education in Basic Audiological Practice 	Postgraduate/Registration and Postgraduate Pre-Registration programmes: <ul style="list-style-type: none"> — Specialist Community Public Health Nursing; <ul style="list-style-type: none"> - Health Visiting - Occupational Health - School Nursing — Specialist Practice Qualifications (SPQs); <ul style="list-style-type: none"> - District Nursing - Practice Nursing - Community Paediatric Nursing - Community Psychiatric Nursing - Community Learning Disability Nursing — MSc/PG Dip Nursing — PG Dip/MSc Physicians Associate Studies — MSc Clinical Science-Medical Physics (STP) — Return To Practice (Nursing/Midwifery & AHP's) — Non-Medical prescribing — Advanced and Extended Practice MSC's & Modules — PG Cert/Dip/MSc Genomic Medicine
Cardiff University	Undergraduate Pre-Registration programmes: <ul style="list-style-type: none"> — BSc/BN Nursing (all four fields apart from Learning Disability) — BMid Midwifery — BSc Diagnostic Radiography — BSc Therapeutic Radiography — BSc/PG Dip Occupational Therapy — BSc Operational Department Practice — BSc Physiotherapy — DipHE Dental Hygiene — BSc in Dental Hygiene & Therapy — Cert HE in Assistant Radiographic Practice 	Postgraduate/Registration and Postgraduate Pre-Registration programmes: <ul style="list-style-type: none"> — Clinical Psychology — Specialist Community Public Health Nursing; <ul style="list-style-type: none"> - Health Visiting - Occupational health - School Nursing — Specialist Practice Qualifications (SPQs) <ul style="list-style-type: none"> - District Nursing - Practice Nursing - Community Paediatric Nursing - Community Psychiatric Nursing - Community Learning Disability Nursing — Return to Practice (Nursing/Midwifery & AHP's) — Non-Medical prescribing — Advanced Extended Practice — MSCs & Modules

³ Information provided by HEIW.

Cardiff Metropolitan University	Undergraduate Pre-Registration programmes: <ul style="list-style-type: none"> — BSc (Hons) Healthcare Science - Biomedical Science - Blood, Infection, Cellular and Genetics — BSc Dietetics — BSc Podiatry — BSc Speech & Language Therapy 	Postgraduate/Registration & Postgraduate Pre-Registration programmes: <ul style="list-style-type: none"> — Advanced and Extended practice MSC's and Modules — PG Dip Dietetics
Wrexham Glyndwr University	Undergraduate Pre-Registration programmes: <ul style="list-style-type: none"> — BSc Occupational Therapy 	Postgraduate/Registration & Postgraduate Pre-Registration programmes: <ul style="list-style-type: none"> — Specialist Community Public Health Nursing; <ul style="list-style-type: none"> - Health Visiting - Occupational health - School Nursing — Specialist Practice Qualifications (SPQs); <ul style="list-style-type: none"> - District Nursing - Practice Nursing - Community Paediatric Nursing - Community Psychiatric Nursing - Community Learning Disability Nursing — Return To Practice (Nursing/Midwifery & AHP's) — Non-Medical Prescribing — Advanced and Extended Practice MSC's & Modules
Open University	Undergraduate Pre-Registration programmes: <ul style="list-style-type: none"> — BSc/BN Adult Nursing — BSc/BN Mental Health Nursing 	
Other education providers and programmes where HEIW commission specific places on the programmes	University of West England: <ul style="list-style-type: none"> — BSc (Hons) Healthcare Science – Clinical — Engineering – Rehabilitation Engineering (undergraduate) — PG Cert/Dip/MSc Medical Ultrasound Newcastle University: <ul style="list-style-type: none"> — MSc in Clinical Science (Scientist Training programme STP- Cardiac Science) King's College London: <ul style="list-style-type: none"> — MSc in Clinical Science – Rehabilitation and engineering Liverpool University: <ul style="list-style-type: none"> — HSST – PHD Clinical Engineering — HSST – PHD Medical Physics 	Manchester University: <ul style="list-style-type: none"> — MSc in Clinical Science (STP) in; <ul style="list-style-type: none"> - Audiology - Neurophysiology - Bioinformatics – Health Informatics - Bioinformatics – Genomics — Cancer Genomics Clinical Biochemistry — Reproductive Science — HSST – PHD Transfusion Science — HSST – PHD Microbiology — HSST – PHD Histocompatibility & Immunogenetics — HSST – PHD Molecular Pathology of Acquired Disease — HSST – PHD Genetics Queen Mary University of London: <ul style="list-style-type: none"> — MSc in Clinical Science – Microbiology

2.2 Context

The review comes at an important time given the multiple initiatives, plans and strategies across the healthcare and education sectors, within Wales and beyond. These have been taken into account through the course of this review and outlined in this section is a brief summary of each, focusing on the key points that are relevant to the review and to HEIW more broadly.

2.2.1 The Parliamentary Review of Health and Social Care in Wales – A Revolution from Within: Transforming Health and Care in Wales⁴

The Parliamentary Review of Health and Social Care outlined the pressures on health and social care in Wales, such as shortages in workforce, the need to improve patient outcomes and a lack of consistently good service delivery.

The review puts forward that the future vision for health and social care should deliver against a 'Quadruple Aim' through focusing on prevention, improving experience and quality of care, enriching the workforce and increasing the value from funding.

⁴ Welsh Government. The Parliamentary Review on Health and Social Care, A Revolution from Within: Transforming Health and Care in Wales. 2018. <https://gov.wales/sites/default/files/publications/2018-01/Review-health-social-care-report-final.pdf>. Accessed: August 2019.

To achieve this, recommendations were made which included delivering seamless care that is closer to home, developing quality improvement and continuous learning strategies, maximising the benefits of technology and aligning the workforce with new service models. On workforce planning, the review outlines that there should be joint planning at regional level which is supported by HEIW, Social Care Wales (SCW) and Academia.

This should focus on expanding generalist skills and new ways of working that enable staff to work at the top of their skill set and across professional boundaries. The current and future workforce should be skilled in shared decision-making, team working, prevention and population health and wellbeing, formal quality improvement techniques and the use of new technologies. The review also makes the point that Welsh language should also be considered and factored into workforce planning.

2.2.2 A Healthier Wales: Our Plan for Health and Social Care⁵

In response to the Parliamentary Review ⁶, the Welsh Government published 'A Healthier Wales', a plan that sets out a long term future vision of a whole system approach to health and social care, which is focused on health and wellbeing and on preventing illness. The plan will develop new models of seamless local health and social care, overseen by a national transformation programme and through a dedicated fund. Expanding on existing Primary Care Clusters and the national primary care pacesetter programme to transform access to and the sustainability of local health and care through the Regional Partnership Boards.

The plan outlines that the best new models being developed in Wales all share the need for a broad multidisciplinary team approach where well trained people work effectively together. This requires strengthening of support, training, development and services available to the workforce, with a clear and coherent approach to developing and planning the workforce. HEIW and SCW will develop a long-term workforce strategy in partnership with others, to allow for joint data led regional workforce planning, expanding generalist skills and enable staff to work at the top of their skillset and across professional boundaries.

2.2.3 A Healthier Wales: A Workforce Strategy for Health and Social Care⁷

The long-term workforce strategy is being developed by HEIW and SCW in partnership with NHS Wales and Local Government, the voluntary and independent sectors as well as regulators, professional bodies and education providers.

A consultation document for the strategy was released during the time of our review which sets out the themes that have emerged during the engagement period. The draft key priorities focus on seamless working, utilising digital opportunities, attracting and retaining health and care professionals, developing leadership, workforce planning and education and learning. On education, the document outlines the need for flexible innovative approaches to education, specifying core or common educational requirements and inter-professional learning opportunities, funding models, strategic partnerships and planning.

2.2.4 The Review of Higher Education Funding and Student Finance Arrangement in Wales (Diamond)⁸

The review considered widening access to education, skills needs, part-time and postgraduate education provision and long-term financial stability.

The review recommended a re-working of the student support package to move towards a simple system that recognises the holistic costs of higher education study to students, namely fees and maintenance. The review outlined that part-time study should be encouraged, with an opportunity for Wales to develop degree apprenticeships or other employer-sponsored provision, a need to increase postgraduate education and that delivery of higher education through the medium of Welsh should be enhanced.

⁵ Welsh Government. Welsh Government. A Healthier Wales: our Plan for Health and Social Care. 2018.

<https://www.basw.co.uk/system/files/resources/180608healthier-wales-mainen.pdf>. Accessed: August 2019.

⁶ Welsh Government. The Parliamentary Review on Health and Social Care, A Revolution from Within: Transforming Health and Care in Wales. 2018.

<https://gov.wales/sites/default/files/publications/2018-01/Review-health-social-care-report-final.pdf>. Accessed: August 2019.

⁷ Health Education Improvement Wales and Social Care Wales. A Healthier Wales - A Workforce Strategy for Health and Social Care consultation. 2019.

https://socialcare.wales/cms_assets/file-uploads/Health-and-social-care-workforce-strategy-consultation-document.pdf. Accessed: August 2019.

⁸ Welsh Government. The Review of Higher Education Funding and Student Finance Arrangements in Wales. 2016.

<https://gov.wales/sites/default/files/publications/2018-02/higher-education-funding-final-report-en.pdf>. Accessed: August 2019.

2.2.5 NHS Wales Bursary Scheme

To qualify for NHS Wales financial support, students must be accepted for an NHS Wales funded place on a full or part time course which leads to professional registration as a nurse, midwife, chiropodist, podiatrist, dietician, occupational therapist, physiotherapist, radiographer, healthcare scientist, paramedic, speech and language therapist, dental hygienist, dental therapist, doctor or dentist (eligible during the later stages of pre-registration training). All new students applying for support for the first time (excluding students undertaking courses to become doctors or dentists) will need to decide whether they wish to commit to working in Wales for two years following completion of their course, with different timescales applying for courses that are shorter or longer than three years.

The financial support currently available for students on NHS Wales funded courses include the cost of tuition fees, a non-means tested grant of £1,000 and a means tested bursary. The Welsh Government have confirmed that the NHS Wales Bursary Scheme will remain in place for individuals electing to study an eligible healthcare related programme in Wales commencing in the 2020/21 academic year⁹. The Welsh Government is currently undertaking further engagement with stakeholders about the options on the future arrangements for supporting healthcare students in Wales.

2.2.6 Welsh language standards and schemes

Welsh language duties (namely Welsh language standards and Welsh language schemes) explain how organisations in Wales should use Welsh in the workplace and with the public. The purpose of the Welsh language standards¹⁰ is to ensure clarity to organisations in relation to the Welsh language, clarity to Welsh speakers on what services they can expect to receive in Welsh and greater consistency in Welsh language services and improve quality to users. Public organisations are required to prepare a language scheme to explain which services they will provide in Welsh.

Every public services organisation in Wales, including universities, Health Boards, Trusts and HEIW, have to comply with language duties and part of the Welsh Language Commissioner's work is to ensure that organisations comply with their language schemes.

The aim of the language duties is to ensure that organisations in Wales should not treat Welsh less favourably than English. According to the Welsh language standards, organisations should also promote the Welsh language, ensuring that Welsh has an active role in the organisation's internal administration and that the language is accessible to the public. The Welsh language standards are centred around service delivery, policy making, operational and record making.

2.2.7 The Topol Review – Preparing the healthcare workforce to deliver the digital future¹¹

The Topol review advised on how technological developments are likely to change the roles and functions of clinical staff, the implications for the skills required by professionals and the consequences for the selection, curricula, education and training of current and future NHS staff. The educational recommendations included that NHS organisations need to have a strong workplace learning infrastructure allowing staff dedicated time for proactive development and reflection on their learning, adopt a multi-professional learning collaborative approach, develop educators and trainers and that staff should have the opportunity to access information about genomics and digital technologies. It also recommended that the NHS should commission flexible and responsive training for specialist roles, that education providers should ensure genomics, data analytics and artificial intelligence are prominent in undergraduate curricula for healthcare professionals and that students gain an appropriate level of digital literacy at the outset of their study.

⁹ Welsh Government announcement of NHS Bursary extension. <https://gov.wales/nhs-bursary-extended-wales-health-minister-vaughan-gething>. Accessed August 2019.

¹⁰ The Welsh Language Standards (No. 7) Regulations 2018. <http://www.legislation.gov.uk/wsi/2018/441/made>. Accessed: August 2019.

¹¹ Health Education England. The Topol Review, Preparing the healthcare workforce to deliver the digital future. 2019. <https://topol.hee.nhs.uk/wp-content/uploads/HEE-Topol-Review-2019.pdf>. Accessed: August 2019.

2.2.8 The NHS England Long Term Plan¹² and interim NHS England People Plan¹³

The Long Term Plan sets out a 10-year vision for healthcare in England with a new service model to take more action on health inequalities, improve quality of care and health outcomes, harness technology to transform services and get the most out of tax payers' investment.

The interim People Plan sets out a vision for people who work in the NHS in England and explains that the NHS needs different people in different professions working in different ways and also needs to address the cultural changes that are necessary. It proposes to develop a new operating model for workforce through continuing to work collaboratively and being clear what needs to be done locally, regionally and nationally, with more planning activities undertaken by local integrated care systems. It also puts forward the need for the health and care workforce to have a more varied and richer skill mix including technological knowledge in line with the needs of the service. Through integration of primary care and community health services, staff will be working in different ways, with a greater focus on preventative care and stronger links between health and social care, with new roles and significant changes to existing roles.

Although these set out plans for England, there may be impacts for the NHS workforce in Wales and also developments in education may impact all UK universities.

2.2.9 Independent panel report to the Review of Post-18 Education and Funding in England (Augar)¹⁴

An independent review on post-18 education in England highlighted several challenges within education which may also impact on Wales, such as gaps in access, reduction in university funding, decline in level 4/5 qualifications and lack of clarity on university spending. Key recommendations from this review included increasing education opportunities for all, reduction of tuition fees to £7,500, improving flexible learning through studying for one module at a time rather than a full qualification and awarding interim qualifications within degrees. Although the review was carried out in England there are relevant considerations for HEIW as they think through their commissioning of education. It is however currently unclear which of the Augar recommendations the new Secretary of State for Education will take forward.

¹² NHS. The NHS Long Term Plan 2019. 2019. <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan-june-2019.pdf>. Accessed: August 2019.

¹³ NHS. Interim NHS People Plan. 2019. https://www.longtermplan.nhs.uk/wp-content/uploads/2019/05/Interim-NHS-People-Plan_June2019.pdf. Accessed: August 2019.

¹⁴ Secretary of State for Education. Independent panel report to the Review of Post-18 Education and Funding. 2019. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/805127/Review_of_post_18_education_and_funding.pdf. Accessed: August 2019.

3 Approach

3.1 Scope

The scope of the review focused specifically on understanding stakeholder perspectives and to review and analyse available information and data for the undergraduate and postgraduate education programmes included in Figure 1 (page 9), across the following areas:

Current provision: Does the current education provision provide high quality education for the investment made, focusing on whether:

- Current provision provides high quality education as determined by student experience, employers and by professional regulators of the programmes.
- Newly registered health care professionals are fit for purpose as considered by employers, the students feel well prepared for their professional role and employers have confidence in their competence.
- The current provision delivers value for money as determined by investment made and outputs from the universities, is Wales receiving a return on its investment?
- Current provision is responsive to the ever changing healthcare landscape and education providers are flexing their curriculum to reflect these changes and whether they will be able to meet the future workforce and education needs as identified in 'A Healthier Wales'.
- Placement provision is expanding to reflect the drive to increase the amount of care delivered within the community/primary care setting.

Access to education: Does the spread of current education provision across Wales meet the needs of prospective and current students and healthcare providers, focusing on whether:

- Education is accessible and available across Wales and that rural and remote areas are considered in this context.
- Single providers should be able to demonstrate they provide a programme which meets the needs of all of Wales.
- There are any gaps in the current education provision which HEIW should consider commissioning to meet the future demands as identified in 'A Healthier Wales' and other key strategic drivers.
- There is education being delivered which no longer meets the needs of the service.
- There are further opportunities to extend flexible education pathways e.g. part time, shortened and distance learning.
- That where education is not delivered in Wales whether there is the potential for this to be commissioned locally.
- Multiple intakes remain a viable option for education programmes and should consideration be given to expand intakes to other programmes.

Inter-professional education: Considering:

- Alternative education delivery models to ensure all programmes have inter-professional learning and support embedded within their curriculum.
- Whether the development of regional hubs including collaboration between education providers would support the delivery of inter-professional education and whether this model could be used across the whole of Wales or whether a mixed model would be advised.

Welsh language provision: The viability of delivering programmes solely through the medium of Welsh.

3.2 Methodology

3.2.1 Stakeholder engagement

In order to understand stakeholder views and to inform the review, 130 stakeholders, selected by HEIW, were engaged through individual organisation meetings and workshops between May and August 2019. A full list of those who informed the review is included in Appendix 1 and a summary across different stakeholder groups in Figure 2. In order to obtain a baseline of views, key lines of enquiry were developed to ensure consistency in approach, the ability to analyse responses and to align with the scope of work.

Figure 2: Stakeholders engaged

Type of stakeholder organisation or stakeholder	Number of representatives
Education providers	35
Health Boards and Trusts	48
Government organisations	13
Professional bodies and Unions	19
Students	15

As well as meeting with stakeholders, some organisations provided written responses to the review and these organisations are also listed in Appendix 1.

3.2.2 Data and information

To inform the review and conduct the analysis a number of key data items were requested from HEIW relevant to the education programmes being considered. Examples of the information provided by HEIW include:

- **University performance reports:** This includes information on attrition rates, value for money, student demographic and funding of each university commissioned by HEIW.
- **Student university and placement quality questionnaire results:** This includes views from students on the quality of placements and teaching in 2018.
- **HEIW summary annual plan:** This outlined strategic objectives and what HEIW would like to achieve by the end of 2019/20.
- **NHS Wales education commissioning and training plan for 2019/20:** This report makes recommendations on the level of education commissioning.

To supplement the above data the National Student Survey (NSS) results were analysed to understand student satisfaction for the commissioned university programmes.

In addition key published reviews, strategies and plans were analysed relevant to the review, as outlined in section 1.3.

A full list of documents that informed the review can be seen in Appendix 2.

3.2.3 Costing analysis

As part of the review a full value for money costing analysis was not completed but instead a high level overview and comparison for initial view. HEIW's current approach to assessing value for money was reviewed from university annual performance reports. For the comparison the programme cost, number of students, attrition rates and any other support provided for programmes were considered. This was then compared to the weighted average total cost in Wales for Subjects and Professions Allied to Medicine¹⁵.

¹⁵ Department for Education. KPMG. Understanding costs of undergraduate provision in Higher Education: Costing study report. 2019. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/804975/Understanding_costs_of_undergraduate_provision_in_higher_education.pdf. Accessed: August 2019

3.2.4 Evaluation of recommendations and options

From the stakeholder engagement and analysis possible recommendations and options were developed which were evaluated using criteria agreed with HEIW. This allowed for a consistent approach to be applied to considering and evaluating the recommendations. The agreed evaluation criteria included the following and further information on these can be found in Appendix 3:

- **Strategic intent:** Potential to align with the strategic aims of HEIW as well as wider strategic initiatives in Wales.
- **Access and flexibility:** Potential to increase access to health professional education across Wales.
- **Quality:** Potential to improve the quality of health professional education.
- **Practical:** Potential to implement the option and minimise the time and resource commitment across HEIW, universities and/or Health providers (where applicable).
- **Future focussed:** Potential to ensure a long term positive impact which adds value and meets strategic intent.
- **Financial:** Potential to achieve the financial efficiencies required.
- **Risk:** Potential to minimise the risk to HEIW of making the change and is within legal and regulatory frameworks.

3.3 Limitations

During this review some limitations were encountered:

- **Education programmes:** The work focused on the undergraduate and postgraduate programmes commissioned by HEIW set out in Figure 1. HEIW's role in relation to medical, dental and pharmacy education or those programmes outside Wales where HEIW commission specific student places was not considered in detail.
- **Information and data:** The same level of data and information was not available for all the programmes commissioned by HEIW, such as attrition rate, student numbers and cost.
- **Stakeholder availability:** A range of stakeholders were engaged during the review, however not everyone responded or were available.
- **Student input:** A range of students were engaged through HEIW's student forum, but there was not student representation from all the programmes that HEIW commissions.

4 Findings and recommendations

4.1 Current education provision

This section presents the findings associated with the quality of the current education provision, whether it provides added value and how the education being delivered meets the future workforce needs of Wales. The programmes that have been considered in the review are included in Figure 1 (page 9). The findings and related recommendations are presented throughout this section and a summary of all the recommendations made in this review are in Appendix 4.

4.1.1 Quality

4.1.1.1 Health Boards, Trusts and professional bodies

Through our engagement with Health Boards, Trusts and professional bodies there were positive responses about the quality of education provision in Wales and a view that newly qualified health care professionals were well prepared for their roles. There was a lack of quantitative evidence to understand the quality of newly qualified health care professionals. However, quality of education programmes can be ensured to a certain degree by the quality assurance undertaken by professional regulators and also for some programmes by the relevant professional body.

There were some concerns from health professionals and students about the level of support provided to newly qualified nurses and midwives at a key time when they enter the profession. The existence of well-managed and well-run preceptorship programmes was highlighted as an essential way to provide this support and has been widely commented on in research studies¹⁶. Nursing students also felt that it was essential to have clarity on the preceptorship programme that would be in place to support them transition into the workplace.

A difference in approach was noted for this post qualification and professional registration phase across HEIW which depended on the profession. For example, HEIW does not currently have a role in this newly qualified and registered phase for nurses, midwives and allied health professionals, whereas for pharmacy there is a HEIW commissioned structured programme (currently a diploma) and HEIW has an established role in post graduate medical and dental training.

Recommendation 1: HEIW and education providers to consider their role in supporting newly qualified and registered nurses, midwives and allied health professionals and whether a consistent approach across HEIW would be appropriate and have a positive impact.

As a result of the 1999 UKCC Fitness for Practice report, chaired by Sir Leonard Peach, the Welsh Government has provided financial support to education providers in Wales providing pre-registration nursing and midwifery programmes to support implementation of the recommendations in the report. The aims being to improve integration of theory and practice within the education programmes to produce 'knowledgeable doers' who could transition from being a student to a registered practitioner. This funding is widely referred to as 'fitness for practice' funding.

We found that there was a lack of awareness from Health Boards about how this additional funding was being used to achieve its aims and a degree of 'surprise' from allied health professional representatives that this additional funding was available for nurses and midwives but not for allied health professionals.

This also led to views being shared about the funding of education more generally, given the practice component and funding being made available to placement providers. Through the discussions a variation in approach was identified between education providers about funding that goes towards the practice placement element.

¹⁶ Health Education England (2018) Reducing Pre-registration Attrition and Improving Retention Report, <http://healtheducationengland.sharepoint.com/:b/g/Comms/Digital/EeNMV6yMRILQk3zKaV8nIMBi78dT-8MUWvJXJ8uAMvCq?e=b1VlyY> (Accessed: August 2019)
University of Derby Supporting newly qualified nurses in the UK: a systematic literature review, <https://derby.openrepository.com/bitstream/handle/10545/292598/UDORA%20Literature%20Review%20Preceptorship%2020121030%20NET.pdf?sequence=3> (Accessed: August 2019).

Recommendation 2: HEIW to consider how practice learning funding is provided to education providers and placement providers across all programmes. In particular, linking to recommendation 6 and the aims to increase multi-professional education and the breadth of placement provision to include increased primary and community experience.

4.1.1.2 Students

In assessing the views of students on the quality of education programmes in Wales, the NSS results for 2018 and 2019 (undergraduate programmes), HEIW's student survey as well as views from the students that were met with were analysed.

The NSS gathers students' opinions on the quality of their courses. Every university in the UK takes part in the NSS and response rates are consistently high. The NSS is managed by the Office for Students on behalf of the UK funding and regulatory bodies, which includes the Higher Education and Funding Council for Wales.

The NSS results to the statement 'Overall, I am satisfied with the quality of the course', showed that most healthcare education programmes/subject areas being delivered in Wales scored highly in comparison to the UK average (detailed information in Appendix 5). Figure 3 includes the results from the 2019 survey for this question which shows Midwifery, Adult Nursing, Children's Nursing, Nutrition and Dietetics and Physiotherapy programmes/subject areas having higher student satisfaction rates for programmes run in Wales compared to the UK average. However, within these averages, there are specific programmes/subject areas being delivered in Wales that rate lower than the UK average (as shown in Appendix 5).

Figure 3: NSS 2019 average response to the question 'Overall, I am satisfied with the quality of the course' for programmes in Wales and for all programmes

Programme/subject area	Average % (range) for programmes in Wales	Average % (range) for all programmes
Adult Nursing	82% (73%-90%)	81% (48% - 100%)
Children's Nursing	96% (93% - 100%)	86% (42% - 100%)
Mental Health Nursing	80% (70% - 94%)	80% (40% - 98%)
Learning Disability Nursing	81% (72% - 89%)	85% (64% - 100%)
Midwifery	99% (94% - 100%)	89% (59% - 100%)
Physiotherapy	93% (93%)	86% (42%-100%)
Nutrition and Dietetics	91% (91%)	81% (32% - 100%)
Counselling, Psychotherapy and Occupational therapy	86% (70% - 100%)	80% (30% - 100%)
Others in subjects allied to medicine	81% (64% - 91%)	82% (25% - 100%)
Others in Biosciences	80% (73% - 91%)	86% (60% - 100%)

The students with whom we engaged were generally satisfied with their programmes. However some students had concerns regarding placement experience, in particular not being able to be involved in practice tasks, not feeling valued and not feeling supported through the programme.

The results from the NSS data (2019) (see Figure 4) for placement experience of students for the key commissioned programmes/subject areas across Wales (detailed information in Appendix 6) were analysed. These results were based on statements on student satisfaction on suitable placement allocation, receiving enough preparatory information, supervision, meeting student outcomes, feeling valued by clinical staff and practice supervisors.

Figure 4: NSS 2019 average responses to the placement questions for programmes in Wales and for all programmes

Programme/ subject area		I received sufficient preparatory information prior to my placement(s)	I was allocated placement(s) suitable for my course	I received appropriate supervision on placement(s)	I was given opportunities to meet my required practice learning outcomes/ Competence	My contribution during placement(s) as part of the clinical team was valued	My practice supervisor(s) understood how my placement(s) related to the broader requirements of my course	Average across placement questions
Adult Nursing	Wales	72% (69%-76%)	89% (89%-90%)	83% (80%-87%)	92% (88%-96%)	89% (87%-90%)	90% (88%-91%)	86%
	All	75% (41%-92%)	88% (71%-95%)	82% (65%-97%)	90% (73%-96%)	87% (73%-95%)	84% (64%-93%)	84%
Children's Nursing	Wales	75% (59%-93%)	87% (79%-94%)	86% (71%-94%)	98% (93%-100%)	94% (88%-100%)	93% (86%-100%)	89%
	All	77% (33%-100%)	92% (68%-100%)	90% (68%-100%)	95% (83%-100%)	93% (82%-100%)	89% (74%-100%)	89%
Mental Health Nursing	Wales	66% (58%-64%)	86% (82%-92%)	82% (83%-88%)	95% (89%-96%)	91% (92%-93%)	94% (91%-98%)	86%
	All	70% (23%-95%)	88% (40%-100%)	80% (46%-97%)	91% (67%-100%)	88% (50%-100%)	85% (43%-100%)	84%
Learning Disability Nursing	Wales	67% (67%-68%)	89% (89%)	84% (78%-89%)	89% (78%-100%)	92% (83%-100%)	87% (78%-96%)	85%
	All	76% (53%-92%)	85% (73%-100%)	85% (67%-100%)	86% (71%-100%)	90% (73%-100%)	90% (73%-96%)	85%
Midwifery	Wales	86% (56%-100%)	97% (89%-100%)	97% (94%-100%)	100% (100%)	94% (85%-100%)	99% (95%-100%)	95%
	All	78% (47%-100%)	97% (80%-100%)	91% (67%-100%)	94% (73%-100%)	91% (73%-100%)	90% (64%-100%)	90%
Nutrition and Dietetics	Wales	77% (77%)	95% (95%)	82% (82%)	100% (100%)	86% (86%)	82% (82%)	87%
	All	85% (63%-97%)	95% (83%-100%)	91% (82%-100%)	95% (85%-100%)	87% (65%-100%)	90% (87%-100%)	91%
Others in subjects allied to medicine	Wales	68% (59%-75%)	93% (86%-100%)	80% (64%-93%)	89% (83%-93%)	77% (64%-82%)	76% (64%-89%)	80%
	All	77% (53%-97%)	91% (50%-100%)	84% (44%-100%)	89% (70%-100%)	85% (53%-100%)	82% (50%-100%)	85%
Physiotherapy	Wales	92% (92%)	99% (99%)	96% (96%)	95% (95%)	94% (94%)	88% (88%)	94%
	All	85% (50%-100%)	95% (85%-100%)	94% (82%-100%)	95% (85%-100%)	95% (85%-100%)	90% (77%-100%)	92%
Counselling, Psychotherapy and Occupational Therapy	Wales	94% (92%-96%)	97% (96%-98%)	94% (88%-100%)	95% (90%-100%)	90% (84%-96%)	94% (88%-100%)	94%
	All	84% (52%-100%)	93% (79%-100%)	93% (73%-100%)	94% (79%-100%)	92% (79%-100%)	89% (78%-100%)	84%

Overall, students on Welsh programmes/subject areas were on average more satisfied with placement learning experience when compared to the average across all programmes. Examples of this include Adult Nursing, Mental Health Nursing, Midwifery and Physiotherapy. Programmes/subject areas where the level of satisfaction was lower on average for Welsh programmes/subject areas compared to the average for all programmes were Nutrition and Dietetics and other subjects allied to medicine. This was largely due to scoring lower on statements related to receiving preparatory information for placements, appropriate supervision and practice supervisors understanding how placements related to the broader requirements of a student's course.

As well as discussing the NSS results with education providers as a part of their quality reviews, HEIW conduct a student university and placement questionnaire quarterly. The questionnaire asks students to rate different aspects of placements such as support from mentors and organisation of placement. This provides more specific information than the NSS survey, however the number of respondents answering this questionnaire is low, averaging at 24 respondents across the four questionnaires in 2018. HEIW also have a student forum that meets four times a year to provide a forum for students to help shape the learning experience of students within Wales.

It is important that HEIW continues to hear directly from students about their views of programmes and any specific concerns. This allows HEIW to consider and take action if required and provides a key information source when HEIW are reviewing programme performance and quality.

Recommendation 3: HEIW to continue to consider routinely how student views inform its work, including the quality of education provision.

4.1.2 Responsiveness to the health and care system

4.1.2.1 Regulatory standards

As outlined in the context section, there are a number of factors impacting and influencing the education and health sectors in Wales. In addition, there are new regulatory standards and requirements that have been issued or being developed that education providers and placement providers will need to meet through their new education programmes. The Nursing and Midwifery Council (NMC) have issued new standards for pre-registration nursing programmes. The pre-registration midwifery standards are in development and expected to be finalised and published in 2020. The NMC are also considering reviewing their post registration programmes and are conducting early engagement on this. The Health Care Professions Council (HCPC) issued new standards of education and training in 2017 and are now reviewing their standards for prescribing which will be implemented during the 2019/2020 academic year.

A number of the elements that are included within the scope of this review are also included in the new or draft versions of the regulatory standards, such as the need for inter-professional learning and multi-agency learning content within programmes. The NMC standards for pre-registration nursing include aspects on broadening the placement learning experience of students.

The way in which the education providers and placement partners may meet these outcome focussed standards is dependent on the way the new curricula and criteria is developed. This provides an opportunity for the specific elements of education required for the Welsh health and care sectors to also be incorporated within the programmes as the curricula is being revised, such as specific skills and broader placement experience. For nursing, we heard about an 'all Wales' approach being adopted in response to the new nursing standards.

4.1.2.2 Collaboration

As well as the advent of new standards, there are regular discussions between education providers and Health Boards in Wales to ensure that programmes meet the needs of health and care services. An example being the Partnership Boards between Health Boards and universities. The review highlighted that these conversations tend to happen at a local or regional basis and to differing degrees of detail and consistency across types of programmes.

It was also identified during the review that those delivering health and care services would appreciate more opportunities to shape education programme development, to ensure their needs are being met. There are also opportunities for education providers to work more closely together.

This is particularly important as the 'Workforce Strategy for Health and Social Care' is finalised and agreed, to ensure that the education needs of the future health and care workforce in Wales is met.

Recommendation 4: HEIW to consider taking a lead role in facilitating closer working between education providers and health and care services. This should ensure that changing demands, locally, regionally and nationally, are taken into account in the development of commissioned education programmes and workforce needs.

4.1.2.3 Placements

Placement learning is an essential part of health professional education and successful delivery of an education programme and a qualified student depends on it.

The total number of students and training places has grown from 6,881 in 2015-16 to 9,000 in 2018-19¹⁷. Through the engagement it was noted that there was a need to increase student numbers further, however, stakeholders expressed concerns about any potential increase in student numbers resulting in an increase in placements required. This would have an impact on the resource to supervise and assess students within Health Boards and Trusts, especially at a time of high staff vacancy rates for some professions. Education providers explained that the number of places they could offer per commissioned programme was dependent on the number of placements available.

We found that placement provision is primarily secondary care focussed and this will need significant expansion given the aims for placement learning to provide a much broader range of experience in the future. In particular, incorporating primary and community sectors as well as independent providers into the practice learning elements of programmes.

As mentioned in section 4.1.2.1, some of the health and care professional regulators are requiring a broadening of the placement learning experience provided to students. In addition, this could align with the aims of 'A Healthier Wales' to develop a seamless local health and social care approach, by developing and educating the future workforce to work across and understand multiple sectors.

Stakeholders were aware of the need for development of the types of practice learning experience provided, however there was limited detail provided on how it would be achieved. There is a placement plan currently in place which provides management and clarity of current placement arrangements in Wales. This will need to be developed further given the complexity expected from increasing the breadth of placement provision such as supervision and responsibility for students, as well as funding and governance arrangements.

Given the importance of placement learning, pressure on existing provision, the need to expand the experience gained through placement learning and the increased complexity this brings, this is an area where HEIW could take a lead role to ensure that the development of the placement provision for education programmes meets the future aims for the health workforce and service in Wales.

Recommendation 5: HEIW to consider taking a strategic role in ensuring the placement provision of education programmes across Wales includes placements that are broader than secondary care. This should meet the multi-professional needs of the service as well as the aims set out in 'A Healthier Wales'.

Recommendation 6: HEIW to consider the strategic, contractual and financial roles it currently has and develop these further to facilitate broader placement experience to be achieved by education providers and placement providers, in collaboration with Regional Partnership Boards.

4.1.2.4 Digital skills

The Topol review¹⁸ advised on how technological developments are likely to change the roles and functions of clinical staff, the implications for the skills required by professionals and the consequences for the selection, curricula, education and training of current and future NHS staff. In

¹⁷ HEIW. University annual performance reports, 2018.

¹⁸ Health Education England. The Topol Review, Preparing the healthcare workforce to deliver the digital future. 2019. <https://topol.hee.nhs.uk/wp-content/uploads/HEE-Topol-Review-2019.pdf>. Accessed: August 2019.

addition, some health and care professional regulators are increasing the requirements for digital skills and literacy as a part of pre-registration education programmes.

In order to inform the digital skills that are included within education programmes, it is important that health and care services are clear on the skills required in the future. Even though stakeholders agreed with the need for increased digital skills, our discussions with stakeholders did not identify the specific digital skills that needed to be developed. This is a key area that requires close collaboration between the health and care services, education providers and HEIW, as outlined in section 4.1.2.2.

As well as the digital skills required by health professionals, some education providers are further developing their digital learning offering in order to facilitate easier and more efficient access to programmes and education material. This applied across the theoretical and practical elements of programmes, with advances in digital applications being used in simulated learning.

Recommendation 7: HEIW, education providers, Health Boards and Trusts to consider the current and future digital skills required from the health and care workforce and incorporate within education programmes.

4.1.2.5 Workforce planning

The current student numbers are based on the use of the Integrated Medium Term Plans (IMTPs), wider workforce intelligence and placement capacity information.

Throughout the review, concerns were raised about the number of students, the volume of vacancies and need and the requirement to increase those for certain professions due to the demand in the health service from unfilled vacancies and/or use of agency staff. We heard this in relation to most of the professions we considered.

Education providers were concerned about the short term 'year to year' nature of the commissioning process which in some cases meant that universities needed to increase their provision substantially at short notice, which can risk successful education delivery and performance.

There is a need for improved longer term strategic workforce planning. This could allow for more robust workforce plans to be developed which aligns with health and care workforce and system strategies and facilitate longer term forecasting and commissioning of education.

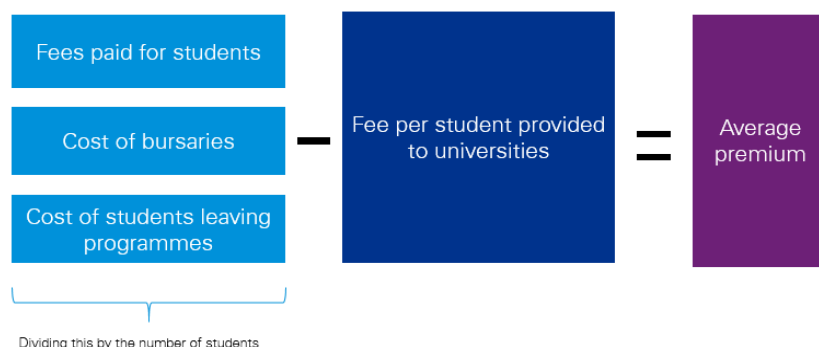
Recommendation 8: HEIW and the Welsh Government to consider developing a longer term strategic healthcare professional workforce plan, in partnership with Health Boards, Trusts and education providers.

4.1.3 Added value

Achieving value for money can be described as using public resources in a way that creates and maximises public value¹⁹. A full value for money costing analysis has not been completed and instead a high level overview and comparison is included which enables an indicative view of value.

From the 2018 university performance reports provided by HEIW, we have reviewed added value according to the analysis undertaken by HEIW, which includes calculating an average premium per student (Figure 5).

¹⁹ Value for money framework, Department for Transport. 2017.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/630704/value-for-money-framework.pdf. Accessed: August 2019

Figure 5: How average premium per student is calculated by HEIW

The fee per student, as well as other additional costs, was compared against the weighted average total unit cost for Subjects and Professions Allied to Medicine in Wales from KPMG's report for the Department for Education on 'Understanding costs of undergraduate provision in Higher Education'²⁰. This report found that the weighted average total unit cost for Subjects and Professions Allied to Medicine in Wales was £10,541. This includes teaching costs comprising course delivery staff costs, non-pay, departmental running costs, student related central services, corporate services, estate and sustainability. For most programmes the cost per student per programme is lower in comparison to the weighted average total cost for Subjects and Professions Allied to Medicine in Wales.

This provides a basic comparator understanding of costs and further work could be undertaken to understand this in more depth and for each subject area. The cost of education and training is only one part of a detailed added value assessment with other factors to be considered such as quality of education, student attrition, return on investment, e.g. the length of time qualified professionals practice in the health service in Wales, and sustainability of education provision (in particular when there are single or low numbers of education providers).

Recommendation 9: HEIW to consider developing its added value approach to consider the wider value of education and return on investment to inform the commissioning.

4.2 Access to education

In this section the distribution and access to healthcare professional education and training across Wales is considered, assessing whether the spread of current education provision meets the needs of prospective and current students and healthcare providers.

4.2.1 Distribution of education across Wales

Seven universities across Wales are commissioned by HEIW to deliver healthcare professional education. Figures 6 and 7 show the number of specific commissioned programmes available across Wales.

Figure 6: Number of undergraduate commissioned programmes in Wales

Programme	Number of commissioned programmes
Undergraduate	
BSc Nursing	5
BMid Midwifery	4
BSc Diagnostic Radiography	2
BSc Therapeutic Radiography	1
BSc/PGDip Occupational Therapy	2

²⁰ Department for Education. KPMG. Understanding costs of undergraduate provision in Higher Education: Costing study report. 2019. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/804975/Understanding_costs_of_undergraduate_provision_in_higher_education.pdf. Accessed: August 2019

Programme	Number of commissioned programmes
BSc Operational Department Practice	1
BSc Physiotherapy	1*
BSc Dental Hygiene	1
DipHE Dental Hygiene & Therapy	1
BSc Healthcare Science	2
DipHE Paramedic Science	1
BSc Dietetics	1
BSc Podiatry	1
BSc Speech & Language Therapy	1
Cert HE in Assistant Radiographic Practice	1
Cert HE in Basic Audiological Practice	1

Source: During our review an additional provider was commissioned to deliver this in Wales.

Figure 7: Number of postgraduate commissioned programmes in Wales

Programme	Number of commissioned programmes
Postgraduate	
Specialist Community Public Health Nursing	4
Specialist Practice Qualifications (SPQs)	4
Return To Practice (Nursing/Midwifery & AHPs)	5
Non-Medical prescribing	5
Advanced and Extended practice MSC's & Modules	6
MSc/PG Dip Nursing	2
PG Dip/MSc Physicians Associate Studies	2
MSc Clinical Science-Medical Physics (STP)	1
PG Cert/Dip/MSc Genomic Medicine	1
PG Dip Dietetics	1
Clinical Psychology	2

We heard concerns about access to healthcare education in rural or more remote areas such as West and Mid Wales. Rural Health and Care Wales has a current research project on the education, training and continuous professional development of health and social care professionals in rural areas that will seek to recognise the gaps in current skills and identify training and action to address them²¹.

As well as the lack of access to education locally, there are difficulties in recruiting to health and care positions, leading to increased agency staff costs for the Health Boards and Trusts. Expenditure on agency staff by NHS Wales has increased markedly in recent years with a rise of 117% over seven years to £135.7 million in 2017-18 and with 82% of agency expenditure in 2018-19 providing cover for vacant positions²².

Having more local education provision may help with securing the local workforce that is required and through the stakeholder engagement, phrases such as “train local, stay local” were used. Ways in which this could be achieved include:

- **Introducing new providers:** During the review education providers in Wales that did not currently run HEIW commissioned programmes commented that they were considering the possibility of doing so, in particular in the areas of Wales where there was limited provision currently.
- **Existing providers increasing access to programmes:** Some education providers recognise the need to incorporate more geographical flexibility in their programmes and are doing this through:

²¹ Rural Health and Care Wales. Research project on the education, training and continuous professional development of health and social care professionals in rural areas. <https://ruralhealthandcare.wales/research-academic-contribution/research-projects/>. Accessed August 2018.

²² Wales Audit Office. Expenditure on agency staff by NHS Wales. 2019. https://www.audit.wales/sites/default/files/press_releases/expenditure-on-agency-staff-by-nhs-2019-eng-online.pdf. Accessed: August 2019.

- **Satellite campuses** that are set up in multiple locations to allow students to be educated closer to their home or their placement setting.
- **Distance learning** being an increased element of their programmes, incorporating digital learning within their programmes to reduce the impact on students who are based far from the main university location.

Recommendation 10: HEIW to consider a regional approach to commissioning to ensure that all regions of Wales have available education provision, for those programmes where the numbers commissioned are feasible and are reflective of the need in that region. HEIW should allow potential new and existing providers to demonstrate how their proposed programmes meet the regional demand for future healthcare professionals.

Figures 6 and 7 also show those HEIW commissioned programmes which are delivered by a single university in Wales. This provides risks if the provider decides to discontinue the programme in particular for those programmes with a high number of applications per place and number of students. It also requires the provider to take an all Wales approach to provide the health and care professionals required across Wales. This is managed in part through the placement learning allocation process but there still remains the need for students to attend the academic elements of the programme in a specific location.

Figure 8 shows further information on the undergraduate single programmes available in Wales, such as student number and application ratios. Stakeholders voiced some concern that there were only single programmes available for Speech and Language Therapy, Dietetics and Podiatry programmes in particular. However, the number of student places is relatively low at 53 for Podiatry and 102 for Speech and Language Therapy. For these programmes the applications per place is also low, with 2-4 applications per place.

Figure 8: Further information on single programmes commissioned in Wales

Commissioned Programme	Applications per place (2017/18)	Number of students (2017/18)	Attrition rate (2017/18)
BSc Podiatry	2.1	53	5.5%
BSc Dietetics	4.4	87	5.0%
BSc Therapeutic Radiography	6.4	144*	14.9% ^(a)
BSc Operational Department Practice	3.1	11	12.3%
BSc Physiotherapy	6.9	374	5.1%
BSc Speech & Language Therapy	Information not available	102	14.3%

Note: (a) Data also includes BSc Diagnostic Radiography information.

From the engagement there is an understanding that universities in Wales are considering the possibility of adding additional programmes to their portfolio in the future and in particular reference to the following undergraduate programmes were made:

- Nursing
- Physiotherapy
- Occupational therapy
- Speech & Language Therapy
- Dietetics
- Radiography.

Recommendation 11: HEIW to consider the feasibility of commissioning additional providers for the programmes that currently have a single provider in Wales.

Recommendation 12: HEIW to consider requiring those education providers who are sole providers of a programme in Wales to demonstrate how their

programmes supply sufficient numbers of qualified professionals to service demand within the whole of Wales.

4.2.2 Flexible education programmes

There are part-time and shortened programmes commissioned by HEIW, in particular for nursing and post-graduate programmes. Previous reviews and strategies have outlined the need for more flexible approaches to education, such as the Review of Higher Education Funding and Student Finance Arrangement in Wales (Diamond) and the draft 'Workforce Strategy for Health and Social Care'.

There was wide stakeholder support for increased flexibility for education programmes, in particular the use of part time programmes, apprenticeships and module based education. Stakeholders felt that providing education opportunities through part time programmes for those already working in healthcare, e.g. Healthcare Support Workers, should be enhanced. This allows those that are already experienced in working in healthcare to upskill and develop their education as well as potentially addressing the regional shortage of roles by educating those based locally. This would require the education to be delivered relatively local or through distance learning.

The part time programmes already available in Wales are also being utilised alongside the Health Care Apprenticeship programme in Wales that include a Foundation Apprenticeship in Health Care Support Services (Level 2), progressing to an Apprenticeship in Clinical Health Care Support (Level 3) before embarking on a part-time university education programme. Another example of a possible introduction to a nursing career is the RCN Prince of Wales Nursing Cadet Scheme which is currently being piloted, whereby cadets are supported to be educated in health and care that can result in them working as a Healthcare Support Worker and support them towards employment in nursing.

The students spoken to also welcome increased flexibility and some of those that were currently studying nursing, but previously had been Healthcare Support Workers, would have considered a part time programme instead if it had been available to them.

A key consideration for part time programmes is the impact on the healthcare service and the employer whilst the student/employee is being educated, which will require role cover and funding.

Recommendation 13: HEIW to consider increasing the availability of part time and shortened programmes across Wales and increase the number of commissioned places on these programmes, in line with regional workforce plans and availability of part time students.

Recommendation 14: HEIW, Health Boards, Trusts and the Welsh Government to consider developing a standard and equitable approach for the funding arrangements for all healthcare part time programmes, including 'back fill' cover costs.

Recommendation 15: HEIW and Welsh Government to consider the increased use of apprenticeships in health and care professions if it meets the 'Workforce Strategy for Health and Social Care'.

Another element of flexibility that stakeholders commented on was the opportunity to provide 'stepping off' points within programmes, with two main points being raised. Firstly, the need for more flexibility for students to take breaks and re-join programmes, rather than the current situation which is based on the rigidity of the academic year. Secondly, for those students that do not complete the programme that there are relevant and adequate exit award qualifications provided to allow students that do not complete the programme to be able to practice in some capacity or allow transfer to another programme of education. An example provided was the new Paramedicine degree where there will be suitable 'stepping off' points to allow students to leave the programme and take on another role such as a Technician position.

There was also support for combination degrees to be developed, where an education programme could be designed in a way to allow those that qualify to potentially lead to registration in two professions e.g. social care and nursing.

Recommendation 16: HEIW to consider requiring increased flexibility to be incorporated in the programmes commissioned, such as exit award qualifications, potential

combined programmes or other approaches education providers may be open to develop, to allow for flexible career pathways to be developed. This should be considered with the requirements for 'A Healthier Wales' and the 'Workforce Strategy for Health and Social Care'.

4.2.3 Types of commissioned education programmes

There was stakeholder support for the programmes currently commissioned and there were no programmes identified that are currently commissioned which were felt by stakeholders to be no longer needed or relevant. However, there was a view that HEIW should, through the education commissioning process and in line with 'A Healthier Wales' and the 'Workforce Strategy for Health and Social Care', be considering the whole career pathway of healthcare professionals and therefore spanning pre-undergraduate education, through undergraduate, post registration training and continued professional development. HEIW already do this to a certain extent through commissioning pre and post registration programmes for some professions, however, the areas specifically identified where HEIW could increase their involvement through commissioning include:

- Healthcare Support Worker education and training.
- Clinical academics and increased specialist practice qualifications.
- Four year Masters programmes, in particular for nursing, occupational therapy and diagnostic radiotherapy.

In particular, stakeholders felt that there could be a more structured and focussed approach on the commissioning and delivery of post registration programmes to allow further development of the existing workforce and support career pathways and established career frameworks.

Some universities have reviewed their portfolio of healthcare commissioned programmes to determine the viability of continuing to provide certain programmes. This includes consideration of the cost of running particular programmes compared to the funding received for them, which may impact what programmes universities deliver in the future. Other universities are keen to expand their portfolio of healthcare programmes to incorporate more students on programmes and also to add new healthcare programmes to their portfolio, as outlined in section 4.2.1.

HEIW commissions a number of student places on programmes delivered by universities outside Wales. Some are for one or two student places per programme, however for the programmes where there are larger numbers of student places commissioned, there may be the potential to explore whether the programme can be delivered in Wales.

Recommendation 17: HEIW to consider its role across the whole career pathway of healthcare professionals by commissioning a broad range of pre and post registration programmes across professionals' careers and with a mix of qualification levels, to meet future workforce demands. HEIW should work with Health Boards, Trusts, Welsh Government and education providers in planning the education needs to support healthcare professional career pathways and frameworks.

Recommendation 18: HEIW to continue to assess and consider, in partnership with education providers, the potential and appetite for education providers to provide additional healthcare programmes.

4.2.4 Multiple intakes

Representatives from Health Boards and Trusts felt that there should be multiple intakes across the academic year, especially for programmes that have a high number of graduates that enter the profession, such as nursing. This would provide a spread of newly qualified and registered professionals into the health service across the year. This would allow the health service to better manage and support the new professionals by providing less of a peak in demand at one point in the year. However, some education providers and students that were spoken to felt that recruiting to the non-September intake group was difficult and that students in the non-September intake tend to be a smaller cohort, providing less of a 'typical' student experience and resulting in higher attrition in some cases.

This is an example of a specific area that would benefit from more collaborative and partnership working between the education provider, health service and HEIW to deliver programmes that meet the need of the health service. In particular to identify if there are other programmes that would benefit from multiple intakes, as this was unclear from the work we undertook.

Recommendation 19: HEIW to consider continuing to require multiple intakes for the programmes providing them and to consider whether multiple intakes for other programmes would be beneficial.

4.3 Inter-professional education

The Centre for the Advancement of Interprofessional Education defines inter-professional education as “occasions when two or more professions learn with, from and about each other to improve collaboration and the quality of care”²³

Through the review it was noted that there are varied approaches to inter-professional education being delivered in education programmes and that this is taking place at different levels. Some education providers have core academic modules that apply across different education programmes and involve different professionals learning together. There is also inter-professional education provided during the practice learning element of the programmes, where students of different professions will learn together in the practice setting, however we found that universities had different levels of oversight and management of the practice learning setting, to ensure that this happened.

It was identified that those education providers that were running multiple healthcare education programmes provided a greater amount of inter-professional education due to having the opportunity to do this across multiple programmes in the same university college or school. Even though this happened within established university colleges or schools we found that there was limited inter-professional education between colleges or schools of the same university and even less between universities themselves. Some stakeholders were of the view that there still remains a silo approach to healthcare professional education which impacts the level of inter-professional education provided. This needs to be addressed to be able to deliver on the aims of a multi-professional workforce across health and social care and requires intra and inter collaboration of education providers.

To facilitate inter-professional education, stakeholders felt it was important to ensure that the right learner groups were together and at the same education level for the education content being delivered. Some education providers had received negative feedback from students on inter-professional modules and had discontinued them as a result. This should not be a reason to not provide inter-professional education but instead redevelop and refine the approach that draws on the specific common learning outcomes set out for education curricula across curriculums and expand on these to show how inter-professional education can further enhance the required learning outcomes.

Suggestions were made that the whole first year of some healthcare programmes could be delivered across different professional groups, whereas others were more conservative and felt that possibly this could cover a module or two at most. Areas of commonality across healthcare education programmes that could allow for inter-professional education include understanding the health and care system, leadership, management, health literacy and quality improvement.

Some stakeholders questioned whether the regulatory system for the education programmes, due to different regulators being responsible for the approval and quality assurance of different professional programmes, would allow for inter-professional education to be increased. However, on review of current regulatory standards and requirements, it was found that the professional regulators have in fact increased the requirements and emphasised the importance of inter-professional education by requiring knowledge and experience of interdisciplinary team working and a broader spectrum of placements.

²³ The Centre for the Advancement of Interprofessional Education. <https://www.caipe.org/about-us> Accessed: August 2019.

Overall, there is a consistent view that more can be done in providing inter-professional education to healthcare students, in particular to be able to meet the aims of 'A Healthier Wales' to expand generalist skills and provide a seamless close professional integration of services. In addition, the draft 'Workforce Strategy for Health and Social Care' proposes specifying core or common educational requirements and inter-professional learning opportunities to promote multi-disciplinary and multi-agency learning opportunities.

In order to achieve these aims, consideration needs to be given to new innovative approaches to inter-professional learning to be able to achieve robust and effective multidisciplinary education and service. This will require more than continuing to provide an increased amount of what is currently being done by some education providers and would benefit from collaboration between education providers.

Recommendation 20: HEIW to consider taking a lead role, in partnership with education providers, Health Boards and Trusts, to establish an enhanced approach to inter-professional education which facilitates the delivery of the generalist skills and core common education requirements across professions. HEIW should consider requiring education providers to deliver a minimum amount or standard of inter-professional activity as a part of the commissioned programme and encourage education providers to innovate and develop this further.

4.4 Welsh language provision

In this section the Welsh language provision of commissioned education programmes is considered, the demand for Welsh language programmes and the future impact.

The Welsh Government has a vision that by 2050 there will be a million Welsh speakers in Wales and to increase the percentage who speak Welsh daily to 20 per cent. This includes increasing the number of Welsh speakers in post-compulsory education, the education workforce and increasing the use of Welsh in the workplace and in delivering services²⁴. The Employers Skills Survey²⁵ (2017) found that in Wales, around one in five skills gaps involved a need to improve written Welsh language skills (22 per cent) and oral Welsh language skills (20 per cent).

The 'Mwy na geiriau' or 'More than just words' follow-on strategic framework²⁶ aims to maintain momentum of the original framework and support a greater level of recognition among service providers that the use of the Welsh language is not just a matter of choice but also a matter of need. Its aims are to strengthen Welsh language provision in health, social services and social care as many people can only communicate and participate in their care as equal partners effectively through the medium of Welsh. This is especially true for the elderly, people with dementia or a stroke, or young children who may only speak Welsh. The 'Active Offer' presented means providing a service in Welsh without someone having to ask for it.

During the review consideration was given to the current Welsh language content of the education programmes commissioned by HEIW. Views were sought from stakeholders about the availability of Welsh language content and support on programmes, as well as the demand from students to study in Welsh and from patients and people to be treated and cared for through the Welsh language.

Most of the education providers offer some level of Welsh language content on their programmes and support for those wishing to be educated in Welsh is available to differing degrees through Welsh language lectures, placements, tutors and submitting assignments in Welsh. Some universities provide bilingual programmes and many spoke of aims to move to providing bilingual programmes and becoming a bilingual college or school. This is being promoted through including Welsh language skills in the recruitment and selection process, holding interviews in the Welsh language and promoting Welsh language programmes at Schools.

²⁴ Welsh Government. Cymraeg 2050: A million Welsh speakers. 2017. <https://gweddi.gov.wales/docs/dcells/publications/170711-welsh-language-strategy-eng.pdf>. Accessed: August 2019.

²⁵ Department for Education. Employers Skills Survey 2018. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733509/Employer_Skills_Survey-report.pdf. Accessed: August 2019.

²⁶ Welsh Government. Follow-on Strategic Framework for Welsh Language Services in Health, Social Services and Social Care. 2016. <https://gweddi.gov.wales/docs/dhss/publications/160317morethanjustwordsen.pdf>. Accessed: August 2019.

Universities have to comply with the Welsh language standards that require them to support Welsh delivery for services, policy making, operational delivery and record keeping. There are specific standards that relate to programme content and support for students through the Welsh language, where education providers are required to:

- Inform their students that any written work submitted as part of an assessment or examination may be submitted in Welsh, and will be treated no less favourably;
- Allocate a Welsh speaking personal tutor to a student if the student wishes to have one;
- Assess and publish the need for a public learning opportunity to be offered in Welsh;
- Consider what effects, if any (and whether positive or negative), that a new or revised course (or any component of the course) would have on opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language;
- Assess the Welsh language skills of their employees.

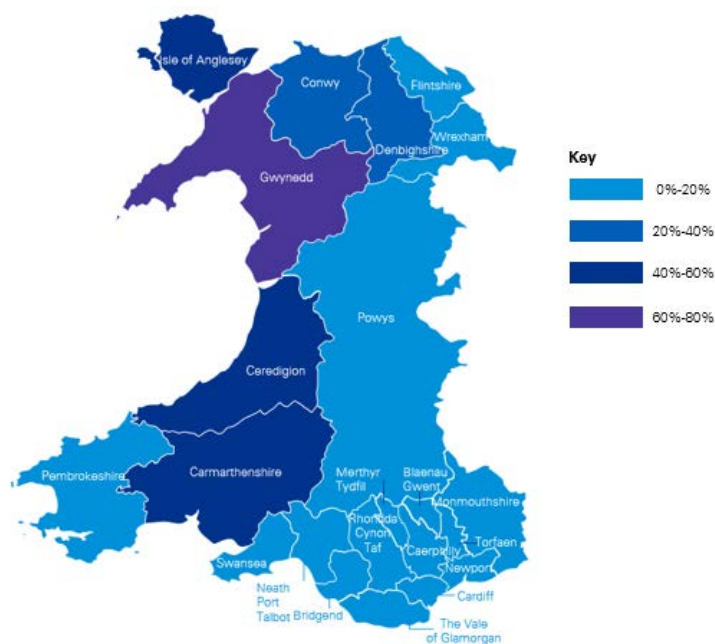
Education providers are supported by Y Coleg Cymraeg Cenedlaethol to develop Welsh language provision for their programmes such as providing initial funding for Welsh language lecturers, ongoing subject grants and providing scholarships to those studying in Welsh. Some of the commissioned education providers are a recipient of this funding. Rather than developing education programmes solely in the Welsh language, the aims are to develop bilingual programmes and the level of Welsh language content available on these programmes is measured at a 40 credit (1/3) or 80 credit (2/3) per year level. The additional support provided to develop Welsh language content and support for programmes is welcomed by education providers due to the increased cost implications for programme delivery.

Even though we heard limited demand to study healthcare professional programmes solely in the Welsh language, there is a demand for those studying to be able to learn elements of the programme through the Welsh language or develop Welsh language skills whilst on the programme. Good work is being done currently to allow for this but we are of the view that more can be done to increase the amount of Welsh language component on programmes to meet the needs of students to study through the Welsh language and increase the Welsh language skills of the future healthcare professional workforce. Given the differences across Wales in the proportion of the population that speak Welsh (see Figure 9), there needs to be better data collection and analysis of the Welsh speaking population that use healthcare services and wish to be treated through the Welsh language, as well as the existing Welsh language skills of the healthcare workforce.

Now that the Welsh language standards are in place we expect that the availability of information related to the scale of the Welsh language health care workforce will improve. In particular the specific standards that require Health Boards and Trusts to:

- Assess the Welsh language skills of their employees and keep a record of the number of employees with Welsh language skills at the end of each financial year along with the skill level of those employees.
- Assess the need for Welsh language skills in new or vacant posts, and categorise it as a post where one or more of the following apply – (a) Welsh language skills are essential; (b) Welsh language skills need to be learnt when appointed to the post; (c) Welsh language skills are desirable; or (ch) Welsh language skills are not necessary.
- Publish a plan for each 5 year period setting out – (a) the extent to which they are able to offer to carry out a clinical consultation in Welsh; (b) the actions to take to increase ability to offer to carry out a clinical consultation in Welsh; (c) a timetable for the actions.
- Provide opportunities during work hours for employees to receive basic Welsh language lessons and provide opportunities for those that have completed basic training to receive further training to develop their language skills.
- Provide training courses so that employees can develop - (a) awareness of the Welsh language (including awareness of its history and its role in Welsh culture); (b) an understanding of the duty to operate in accordance with the Welsh language standards; and (c) an understanding of how the Welsh language can be used in the workplace.

Figure 9: Percentage of people speaking Welsh from the 2011 census²⁷



Information that will be developed by Health Boards and Trusts through compliance with these and wider standards could inform the demand level and need for qualified students that have the necessary Welsh language skills. Therefore, workforce plans could include the required need for Welsh language professionals to deliver the services needed in a region and the education commissioning process could respond to this by providing the future workforce with the required Welsh language skills.

Recommendation 21: HEIW, Health Boards and Trusts to consider incorporating the Welsh language skills required from the workforce in their workforce plans.

Recommendation 22: HEIW to consider Welsh language provision as a part of its commissioning approach, possibly setting requirements or targets for the proportion of students that qualify from commissioned programmes that have a defined level of Welsh language skill. HEIW could monitor this and adjust the requirement or target based on information that becomes available from Health Boards and Trusts about the number of Welsh speaking professionals the service requires.

²⁷ Stats Wales. Welsh speakers by local authority, 2011 census. <https://statswales.gov.wales/Catalogue/Welsh-Language/Census-Welsh-Language/welshspeakers-by-localauthority-gender-detailedagegroups-2011census>. Accessed: August 2019.

5 Conclusions

Overall, the review found that stakeholders are generally content with the quality of current healthcare education provision in Wales and that those being educated and entering the profession have the required skills and knowledge. There are considerable changes and developments in the health and education sectors in Wales, with multiple strategies and initiatives aimed at developing the way health and care services are delivered and the workforce required to support this. The recommendations are aimed at further developing health professional education to meet the service needs.

5.1 Role of HEIW

HEIW has an opportunity to further shape and lead key areas in the education of health professionals and ultimately the future healthcare workforce and deliver against their strategic aims. Greater clarity for all stakeholders on the role of HEIW would help ensure that HEIW can take a strategic role in health education provision in Wales. Areas identified where HEIW can take such a role include:

- **Collaboration and partnership working between Health Boards, Trusts and education providers:** Collaboration between the health service and education providers occurs routinely for healthcare professional programmes due to the balance of academic and practice learning delivered. However, given the expected change in service provision, there needs to be strategic and informed collaboration so that views about what is needed from the workforce in the future, such as new roles, skillsets and knowledge, inform curricula development and delivery. HEIW is in a position to be able to coordinate and increase this collaboration on a local, regional and national basis to ensure alignment between service needs and education provision.
- **Workforce planning:** There needs to be a new longer term strategic workforce planning approach, in partnership with Health Boards, Trusts and education providers to provide a clear plan that aligns with strategic initiatives for healthcare workforce and individual professions. This could consider the workforce requirements across all roles and professions in the health service and align with the education needs to support healthcare career pathways and frameworks.

5.2 Access to education

There are opportunities through the commissioning approach to further enhance access to education programmes, these include:

- **Flexible education delivery:** The review found that education providers are incorporating more flexible approaches to their programmes such as part time programmes and flexible learning approaches. However this is an area where more can be done and which students and healthcare service providers are seeking. There are opportunities to increase part time programmes for those already working in healthcare roles, but there is a need to carefully consider the financial impact of such programmes.
- **Regional education provision:** Considering the spread of education provision across Wales and how access to programmes can be increased through distance learning, satellite sites and new providers to meet a wider set of students and also meet the required workforce demands.
- **Additional providers and programmes:** The review highlighted there are potential new education providers in Wales and existing providers which are keen to expand their portfolio or increase their provision.

5.3 Education programmes

There are specific education areas that are of key strategic importance for the future of healthcare education in Wales. In order to advance and develop these, HEIW could proactively set specific requirements such as:

- **Practice learning:** The aim for placement learning to provide a much broader range of experience in the future, incorporating primary and community sectors as well as independent providers, requires a new approach. This needs to consider the incentives for organisations to provide placements, consistency in approach across placement providers from different sectors and providing the right level of supervision of students.
- **IPE:** More can be done in providing inter-professional education to healthcare students, in particular to be able to meet the aims of 'A Healthier Wales' to expand generalist skills and provide a seamless close professional integration of services. In addition, the draft 'Workforce Strategy for Health and Social Care' proposes specifying core or common educational requirements and inter-professional learning opportunities to promote multi-disciplinary and multi-agency learning opportunities.
- **Welsh language provision:** There is a need to incorporate the Welsh language skills required for the health and care workforce across Wales within future workforce plans. This in turn could inform the education commissioning approach to capitalise on the increasing Welsh language component of programmes provided by education providers.

The findings and recommendations made in this review should help to ensure that HEIW develops and clarifies its role in shaping the future healthcare workforce. HEIW has an opportunity to do this through the commissioning of education programmes and developing the collaborative relationship between education providers and healthcare providers. HEIW's upcoming procurement exercise provides an ideal opportunity to put this into action and secure the education programmes required. To ensure sustained and appropriate healthcare education there is an opportunity for HEIW to commission in a flexible and collaborative way given the expected developments and changes in the healthcare workforce in the future, as the 'Workforce Strategy for Health and Social Care' is finalised and delivered.

Appendix 1 Stakeholders engaged

Education providers		
Stakeholder organisation	Stakeholder name	Stakeholder role
— Cardiff University	— Carolyn Donoghue	— Registrar
— Cardiff University	— John Fox	— Clinical Director
— Cardiff University	— Reg Morris	— Clinical Psychology Course Director
— Cardiff University	— Petroc Sumner	— Head of Psychology
— Cardiff University	— Alastair Sloan	— Head of School of Dentistry
— Cardiff University	— David Whitaker	— Head of School Healthcare Sciences
— Cardiff University	— Sarah Woolley	— School Manager
— Swansea University	— Ceri Phillips	— Dean
— Swansea University	— Wyn Harris	— Programme Director
— Swansea University	— Julia Terry	— Associate Professor
— University of South Wales	— Martin Steggall	— Pro Vice Chancellor Research
— University of South Wales	— Linda Evans	— Dean
— University of South Wales	— Nicky Genders	— Head of School
— University of South Wales	— Mal Scofield	— Head of Administration
— University of South Wales	— Rachel Singleton	— Faculty Strategic Operations Manager
— Bangor University	— Rob Jones	— Clinical Psychology Programme Director
— Bangor University	— Chris Burton	— Head of School of Health Sciences
— Bangor University	— Huw Roberts	— Deputy College Manager for Physician Associates
— Cardiff Metropolitan University	— Leigh Robinson	— Dean/Director of Teaching
— Cardiff Metropolitan University	— Ian Mathieson	— Learning Deputy Dean of School
— Wrexham Glyndŵr University	— Simon Stewart	— Dean
— Wrexham Glyndŵr University	— Helen Carey	— Professional Lead in Occupational Therapy
— Open University	— Sally Boyle	— Head of School, Faculty of Wellbeing, Education & Language Studies
— Open University	— Judith Davies	— Head of School of Health, Wellbeing and Social Care
— Open University	— Jan Webb	— Associate Head of School, Professional Programmes
— Open University	— Linda Walker	— Associate Lecturer

Education providers		
Stakeholder organisation	Stakeholder name	Stakeholder role
— Open University	— Julie Messenger	— Professional Lead for Nursing
— Open University	— Majella Kavanagh	— Staff Tutor for Nursing in Wales
— Open University	— Sheila Hunt	— Consultant
— University of Wales Trinity Saint David	— Roger Maidment	— Dean, Faculty of Business and Management
— University of Wales Trinity Saint David	— Tania Davies	— Health Portfolio Programme Director
— Aberystwyth University	— Elizabeth Treasure	— Vice-Chancellor
— Aberystwyth University	— Neil Glasser	— Faculty Pro Vice-Chancellor for Earth and Life Sciences
— Aberystwyth University	— Debbie Pryor	— Senior Projects Officer
— Y Coleg Cymraeg Cenedlaethol	— Dafydd Trystan	— Registrar and Senior Academic Manager

Health Boards and Trusts		
Stakeholder organisation	Stakeholder name	Stakeholder role
— Aneurin Bevan University Health Board	— Sue Ball	— Assistant Director, Workforce & Organisational Development
— Aneurin Bevan University Health Board	— Kathryn Walters	— Joint Head of Psychology, Counselling and Arts Therapies
— Aneurin Bevan University Health Board	— Adrian Neal	— Head of Employee Wellbeing
— Aneurin Bevan University Health Board	— Rowena White	— Principal Pharmacist
— Aneurin Bevan University Health Board	— Jacqui Thornton	— Professional Development Lead
— Aneurin Bevan University Health Board	— Carolyn Middleton	— Associate Director of Nursing
— Cardiff and Vale Health University Health Board	— Fiona Jenkins	— Executive Director for Therapies and Health Science
— Cardiff and Vale Health University Health Board	— Kay Jeynes	— Director of Nursing for Primary and Intermediate Care
— Cardiff and Vale Health University Health Board	— Jayne Tottle	— Director of Nursing
— Cardiff and Vale Health University Health Board	— Darrell Baker	— Director of Pharmacy and Medicines Management

Health Boards and Trusts		
Stakeholder organisation	Stakeholder name	Stakeholder role
— Cardiff and Vale Health — University Health Board	— Julie Cassley	— Deputy Director of Workforce & Organisation Development
— Cardiff and Vale Health — University Health Board	— Colin Gibson	— Head of Rehabilitation Engineering
— Cardiff and Vale Health — University Health Board	— Matthew King	— Head of Podiatry Services
— Cardiff and Vale Health — University Health Board	— Ceri Butler	— Head of Learning Education and Development
— Cardiff and Vale Health — University Health Board	— Susan Dinsdale	— Senior Nurse Community Child Health
— Cardiff and Vale Health — University Health Board	— Natalie Prosser	— Practice Development Nurse
— Cardiff and Vale Health — University Health Board	— Lisa Franklin	— LED Facilitator for Coaching, Communication, and Clinical Skills
— Cardiff and Vale Health — University Health Board	— Lesly Harris	— Podiatry
— Cardiff and Vale Health — University Health Board	— Robert Kidd	— Consultant Psychologist
— Cwm Taf Morgannwg University Health Board	— Janet Gilberston	— Interim AD of Organisational Development
— Cwm Taf Morgannwg University Health Board	— Gaynor Thomas	— GP
— Cwm Taf Morgannwg University Health Board	— Angela Bell	— Consultant/Therapies
— Cwm Taf Morgannwg University Health Board	— Denise Jenkins	— Head of Podiatry and Orthotics
— Cwm Taf Morgannwg University Health Board	— Julie Davies	— Education and Training Lead Pharmacist
— Cwm Taf Morgannwg University Health Board	— Greg McKenzie	— Senior Nurse Education, Research and Development
— Powys Teaching Health Board	— Katelyn Falvey	— Head of Clinical Education
— Hywel Dda University Health Board	— William Oliver	— Assistant Director, Therapies and Health Science
— Hywel Dda University Health Board	— Sally Hore	— Senior Nurse Education and Training
— Hywel Dda University Health Board	— Julia Chambers	— Primary Care Manager
— Swansea Bay University Health Board	— Alison Clarke	— Assistant Director of Therapies and Health Science

Health Boards and Trusts		
Stakeholder organisation	Stakeholder name	Stakeholder role
— Swansea Bay University Health Board	— Lynn Jones	— Head of Nurse Education
— Swansea Bay University Health Board	— Joanne Wood	— Senior HRM – Workforce Planning
— Swansea Bay University Health Board	— Emily Davies	— Senior Nurse for Sustainability
— Swansea Bay University Health Board	— Helen Carter	— Professional Development Nurse
— Betsi Cadwaladr University Health Board	— Adrian Thomas	— Executive Director of Therapies & Health Sciences
— Betsi Cadwaladr University Health Board	— Naomi Holder	— Director of Nursing
— Betsi Cadwaladr University Health Board	— Lawrence Osgood	— Associate Director of Workforce Performance and Improvement
— Betsi Cadwaladr University Health Board	— Nia Thomas	— Head of Organisational and Leadership Development
— Betsi Cadwaladr University Health Board	— Dawn Henderson	— Clinical Psychologist
— Velindre NHS Trust	— Tracey Rees	— Head of Welsh Transplantation and Immunogenetics
— Velindre NHS Trust	— Diana Osman	— Pharmacist
— Velindre NHS Trust	— Hannah Russon	— Clinical Nurse Educator
— Welsh Ambulance Services NHS Trust	— Andrew Challenger	— Assistant Director, Professional Education and Training
— Welsh Ambulance Services NHS Trust	— Andy Swinburn	— Assistant Director of Paramedicine
— Welsh Ambulance Services NHS Trust	— Wendy Herbert	— Assistant Director of Quality and Nursing
— Public Health Wales	— Zoe Wallace	— Director of Primary Care
— Public Health Wales	— Angela Short	— Principal Public Health Practitioner
— Public Health Wales	— Philippa Basset	— Education and Training Manager

Government organisations		
Stakeholder organisation	Stakeholder name	Stakeholder role
— Welsh Government	— Jean White	— Chief Nursing Officer
— Welsh Government	— Ruth Crowder	— Chief Therapies Adviser
— Welsh Government	— David O’Sullivan	— Chief Optometric Adviser
— Welsh Government	— Rob Orford	— Chief Scientific Adviser
— Welsh Government	— Andrew Evans	— Chief Pharmaceutical Officer
— Welsh Government	— Lisa Howells	— Deputy Dental Officer
— Welsh Government	— Helen Arthur	— Director of Workforce and Organisational Development
— Welsh Government	— Sarah O’Sullivan-Adams	— Head of Ophthalmic and Audiology Policy
— Welsh Government	— Gillian Knight	— Nursing Officer
— Welsh Language Commissioner	— Aled Roberts	— Welsh Language Commissioner
— Welsh Language Commissioner	— Lowri Williams	— Senior Advice and Communications Officer
— Social Care Wales	— Sue Evans	— Chief Executive
— Healthcare Inspectorate Wales	— Kathryn Chamberlain	— Chief Executive

Professional bodies and trade unions		
Stakeholder organisation	Stakeholder name	Stakeholder role
— Council of Deans of Health	— Katerina Kolyva	— Executive Director
— Council of Deans of Health	— Ceri Phillips	— Chair of Council of Deans for Health Wales
— Care Forum Wales	— Melanie Minty	— Policy Officer
— Royal College of Nursing	— Helen Whyley	— Director
— Royal College of Nursing	— Diane Powles	— Education and Lifelong Advisor
— Royal College of Nursing	— Nicola Davis Job	— Acute Care & Leadership Adviser
— Royal College of Nursing	— Lisa Turnbull	— Policy & Public Affairs Adviser
— Royal College of Midwifery	— Helen Rogers	— Director for Wales
— Royal College of Midwifery	— Angharad Oyler	— Operational Lead Midwife
— British Dietetics Association	— Sandra Tyrell	— Policy Officer
— Royal College of Occupational Therapists	— David Davies	— Clinical Lecturer

Professional bodies and trade unions		
Stakeholder organisation	Stakeholder name	Stakeholder role
— Royal College of Speech and Language Therapists	— Alison Stroud	— Wales Country Policy Officer
— Society and College of Radiographers	— Kevin Tucker	— National Officer for Wales
— Chartered Society of Physiotherapy	— Shan Aguilar-Stone	— Professional Adviser Workforce
— Chartered Society of Physiotherapy	— Philippa Ford	— Policy Officer
— College of Podiatry	— James Coughtrey	— Head of Education & Professional Development
— College of Podiatry	— Ross Barrow	— Policy and Public Affairs Officer
— Unison	— Daron Dupre	— Regional Organiser
— Unison	— Paul Summers	— Regional Manager, Head of Health

Students		
Stakeholder organisation	Stakeholder name	Stakeholder role
— Bangor University	— Amy Hughes	— Adult Nursing student
— Bangor University	— Jennifer Kerins	— Adult Nursing student
— Bangor University	— Jessica Poultney	— Postgraduate diploma, Adult Nursing student
— Bangor University	— Katie May Davies	— Adult Nursing student
— Bangor University	— Rebecca Humphreys	— Adult Nursing student
— Bangor University	— Shumail Khan	— Postgraduate Diploma Adult Nursing student
— Bangor University	— Kate Young	— Learning Disabilities student
— Cardiff University	— Codie Illidge	— Masters Occupational Therapy student
— Cardiff University	— Nick Albert	— Occupational Therapy student
— Cardiff University	— Pamela Ncube	— Adult Nursing student
— Cardiff Metropolitan University	— Clara O'Beirne	— Human Nutrition and Dietetics student
— Wrexham Glyndŵr University	— Lucy Jones	— Occupational Therapy student
— Wales Centre for Pharmacy Professional Education	— Nicole Newton	— Pharmacy Technician student
— Kings College	— Philani Dube	— STP, Clinical Engineering student
— University of South Wales	— Sam Lynch	— Mental Health Nursing student

Appendix 2 Documents reviewed

Documents
HEIW Education and Training Plan for 2019/20
HEIW Summary Annual Plan for 2019/20
NHS Wales Education Commissioning and Training Plan for 2019/20
University of South Wales performance report (September 2018)
Swansea University performance report (September 2018)
Wrexham Glyndwr University performance report (September 2018)
Cardiff University performance report (September 2018)
Cardiff Metropolitan University performance report (September 2018)
Bangor University performance report (September 2018)
Post graduate provision commissioned by HEIW
University of South Wales performance report (September 2018)
HEIW Student questionnaire results (April 2018)
HEIW Student questionnaire results (January 2018)
HEIW Student questionnaire results (July 2018)
HEIW Student questionnaire results (October 2018)
Bangor University annual quality report (2017)
Cardiff Metropolitan University annual quality report (2017)
Cardiff University annual quality report (2017)
Wrexham Glyndwr University annual quality report (2017)
Swansea University annual quality report (2017)
University of South Wales annual quality report (2017)
Annual quality summary review (2018)
Overview of the Welsh language standards
Student destination data (2016-2019)
Review of Welsh higher education institutions utilisation of fitness for practice funds
Review of Non-Medical healthcare education provision in Wales
Models of health education delivery in New Zealand
HEIW response to health, social care and sport committee enquiry into community and district nursing services (February 2019)
HEIW advice on future arrangements for student support of healthcare students in Wales
Pharmacy undergraduate and pre foundation programme work stream Terms of Reference

Documents
Pharmacy Technician work stream Terms of Reference
HEIW Pharmacy Workforce Group Terms of Reference
HEIW Pharmacy Advisory Board Terms of Reference
Pharmacy Foundation programme work stream Terms of Reference
Pharmacy Advanced Practice work stream Terms of Reference
HEIW Pharmacy now and the future presentation
Update on Investment in transformation of Pre-registration Pharmacist training for 2020 intake (2019 recruitment)
Chief Pharmacist Peer Group legacy issues document
Links to health and care regulator websites
Post Registration Career Framework for Nurses in Wales
Aligning nursing skills – Guidelines an all Wales governance framework (2014)
Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales
Developing Excellence in Healthcare: An NHS Wales skills and career framework for Healthcare Support Workers supporting Nursing and the Allied Health Professions
Website address for RCBC Wales
Website address for Research Studies in Wales
Hard documents/leaflets provided by Y Coleg Cymraeg Cenedlaethol
Website address for Bangor University Clinical Psychology programme
Proposed Service user engagement questions for WEDS quality framework
Involvement activities and reimbursement descriptors for service users and carers
Process of service user involvement smart art (April 2019)
Swansea University College of Human and Health services volunteer handbook
A distinctive university with a distinctive health and wellbeing portfolio (University of Wales Trinity Saint David)
The Parliamentary Review on Health and Social Care, A Revolution from Within: Transforming Health and Care in Wales
The Review of Higher Education Funding and Student Finance Arrangements in Wales
A Healthier Wales: Our Plan for Health and Social Care
Independent panel report to the Review of Post-18 Education and Funding
The Topol Review, Preparing the healthcare workforce to deliver the digital future
Interim NHS People Plan
The NHS Long Term Plan
A Healthier Wales - A Workforce Strategy for Health and Social Care consultation

Documents
Understanding costs of undergraduate provision in Higher Education Costing study report for the Department for Education
Nursing numbers in Wales (2018)
The Supply and Demand of Clinical Psychologists Across Wales: A Service Evaluation

Appendix 3 Evaluation criteria

Criterion		What does this criterion consider?
Strategic	Potential to align with the strategic aims of HEIW as well as wider strategic initiatives in Wales	Whether the option is likely to: <ul style="list-style-type: none"> — Address the issues raised in the review; — Assist HEIW in meeting its strategic aims; — Meet the Health and Care workforce strategy (as published in draft); — Take account of the changes in Health and Social care provision as outlined in 'A Healthier Wales'; — Take account of the Augar review; — Take account of the Topol review; — Align with the Welsh Language Act and the requirements and standards that HEIW, universities and health providers must meet.
Quality	Potential to improve the quality of health professional education	Whether this option is likely to: <ul style="list-style-type: none"> — Improve the skills and knowledge of those students qualifying from health professional education; — Increase the readiness of newly qualified health professionals to practice; — Align with the Education standards (current and planned new) set by health professional regulators.
Access	Potential to increase access to health professional education across Wales	Whether this option is likely to: <ul style="list-style-type: none"> — Increase the availability of health professional education to more people across Wales; — Improve the flexibility of available programmes to allow students from different backgrounds and personal circumstances to access programmes; — Provides diversity for students to meet their needs.
Practical	Potential to implement the option and minimise the time and resource commitment across HEIW, universities and/or health providers (where applicable)	Whether the option is likely to: <ul style="list-style-type: none"> — Be practically implemented; — Minimise the time to the commencement of benefits; — Provide assurance that education providers can deliver the option within required timescales; — Minimise the resource commitment required to implement the option.
Future focused	Potential to ensure a long term positive impact which adds value and meets strategic intent	Whether the option is likely to: <ul style="list-style-type: none"> — Be future proof, providing sustainable long term impact; — Provide flexibility to allow HEIW to tailor and amend contracts as required during the course of the contracts.
Financial	Potential to achieve the financial efficiencies required	Whether the option is likely to: <ul style="list-style-type: none"> — Provide value for money; — Maximise the potential for net efficiency savings and the achievement of current and future targets; — Create a positive business case in support.
Risk	Potential to minimise the risk to HEIW of making the change and is within legal and regulatory frameworks	Whether the option is likely to: <ul style="list-style-type: none"> — Manage the risks and any conflicts of interest associated with implementation of change; — Allow risks to be shared or transferred and the potential impact of risks on HEIW reduced; — Is likely to receive a positive response or interest from potential partners, thus ensuring input from suitability qualified partners.

Appendix 4 List of recommendations for consideration

1. HEIW and education providers to consider their role in supporting newly qualified and registered nurses, midwives and allied health professionals and whether a consistent approach across HEIW would be appropriate and have a positive impact.
2. HEIW to consider how practice learning funding is provided to education providers and placement providers across all programmes. In particular, linking to recommendation 6 and the aims to increase multi-professional education and the breadth of placement provision to include increased primary and community experience.
3. HEIW to continue to consider routinely how student views inform its work, including the quality of education provision.
4. HEIW to consider taking a lead role in facilitating closer working between education providers and health and care services. This should ensure that changing demands, locally, regionally and nationally, are taken into account in the development of commissioned education programmes and workforce needs.
5. HEIW to consider taking a strategic role in ensuring the placement provision of education programmes across Wales includes placements that are broader than secondary care. This should meet the multi-professional needs of the service as well as the aims set out in 'A Healthier Wales'.
6. HEIW to consider the strategic, contractual and financial roles it currently has and develop these further to facilitate broader placement experience to be achieved by education providers and placement providers, in collaboration with Regional Partnership Boards.
7. HEIW, education providers, Health Boards and Trusts to consider the current and future digital skills required from the health and care workforce and incorporate within education programmes.
8. HEIW and the Welsh Government to consider developing a longer term strategic healthcare professional workforce plan, in partnership with Health Boards, Trusts and education providers.
9. HEIW to consider developing its added value approach to consider the wider value of education and return on investment to inform the commissioning.
10. HEIW to consider a regional approach to commissioning to ensure that all regions of Wales have available education provision, for those programmes where the numbers commissioned are feasible and are reflective of the need in that region. HEIW should allow potential new and existing providers to demonstrate how their proposed programmes meet the regional demand for future healthcare professionals.
11. HEIW to consider the feasibility of commissioning additional providers for the programmes that currently have a single provider in Wales.
12. HEIW to consider requiring those education providers who are sole providers of a programme in Wales to demonstrate how their programmes supply sufficient numbers of qualified professionals to service demand within the whole of Wales.
13. HEIW to consider increasing the availability of part time and shortened programmes across Wales and increase the number of commissioned places on these programmes, in line with regional workforce plans and availability of part time students.
14. HEIW, Health Boards, Trusts and the Welsh Government to consider developing a standard and equitable approach for the funding arrangements for all part time programmes, including 'back fill' cover costs.
15. HEIW and Welsh Government to consider the increased use of apprenticeships in health and care professions if it meets the 'Workforce Strategy for Health and Social Care'.
16. HEIW to consider requiring increased flexibility to be incorporated in the programmes commissioned, such as exit award qualifications, potential combined programmes or

other approaches education providers may be open to develop, to allow for flexible career pathways to be developed. This should be considered with the requirements for ‘A Healthier Wales’ and the ‘Workforce Strategy for Health and Social Care’.

- 17. HEIW to consider its role across the whole career pathway of healthcare professionals by commissioning a broad range of pre and post registration programmes across professionals’ careers and with a mix of qualification levels, to meet future workforce demands. HEIW should work with Health Boards, Trusts, Welsh Government and education providers in planning the education needs to support healthcare professional career pathways and frameworks.**
- 18. HEIW to continue to assess and consider, in partnership with education providers, the potential and appetite for education providers to provide additional healthcare programmes.**
- 19. HEIW to consider continuing to require multiple intakes for the programmes providing them and to consider whether multiple intakes for other programmes would be beneficial.**
- 20. HEIW to consider taking a lead role, in partnership with education providers, Health Boards and Trusts, to establish an enhanced approach to inter-professional education which facilitates the delivery of the generalist skills and core common education requirements across professions. HEIW should consider requiring education providers to deliver a minimum amount or standard of inter-professional activity as a part of the commissioned programme and encourage education providers to innovate and develop this further.**
- 21. HEIW, Health Boards and Trusts to consider incorporating the Welsh language skills required from the workforce in their workforce plans.**
- 22. HEIW to consider Welsh language provision as a part of its commissioning approach, possibly setting requirements or targets for the proportion of students that qualify from commissioned programmes that have a defined level of Welsh language skill. HEIW could monitor this and adjust the requirement or target based on information that becomes available from Health Boards and Trusts about the number of Welsh speaking professionals the service requires.**

Appendix 5 NSS student satisfaction information

Percentage of students who agreed with the NSS statement 'Overall, I am satisfied with the quality of the course'		
University and programme/subject area	Percentage for specific university and programme (2018, 2019)	Average across the UK for programme (2018,2019)
Cardiff Metropolitan University		
Nutrition and Dietetics	84%, 91%	83%, 81%
Others in subjects allied to medicine	96%, 90%	82%, 82%
Others in Biosciences	80%, 91%	86%, 86%
Cardiff University		
Adult Nursing	Not available*	82%, 81%
Children's Nursing	Not available*	84%, 86%
Mental Health Nursing	Not available*	83%, 80%
Others in subjects allied to medicine	84%, 84%	82%, 82%
Physiotherapy	99%, 93%	86%, 86%
Midwifery	100%, 100%	87%, 89%
Counselling, Psychotherapy and Occupational therapy	94%, 92%	80%, 82%
Swansea University		
Others in subjects allied to medicine	86%, 64%	82%, 82%
Adult Nursing	86%, 90%	82%, 81%
Children's Nursing	67%, 100%	84%, 86%
Mental Health Nursing	68%, 70%	83%, 80%
Others in subjects allied to medicine	86%, 64%	82%, 82%
Midwifery	100%, 100%	87%, 89%
Wrexham Glyndwr University		
Others in subjects allied to medicine	90%, 80%	82%, 82%
Counselling, Psychotherapy and Occupational therapy	95%, 100%	80%, 80%
University of South Wales		
Children's Nursing	90%, 96%	84%, 86%
Learning disabilities Nursing	77%, 89%	87%, 85%
Mental Health Nursing	76%, 94%	83%, 80%
Midwifery	100%, 94%	87%, 89%
Bangor University		
Adult Nursing	75%, 73%	82%, 81%
Children's Nursing	91%, 93%	84%, 86%
Mental health Nursing	78%, 75%	83%, 80%
Learning disabilities Nursing	90%, 72%	87%, 85%
Others in subjects allied to medicine	86%, 91%	82%, 82%
Midwifery	80%, 100%	87%, 89%

Note

* No NSS 2018 and 2019 information available on this programme. All NSS public data conforms to NSS publication thresholds (at least 10 student responses and a 50 per cent overall response rate). If no data is available for a particular course on which students were surveyed, the data did not meet publication thresholds.

Appendix 6 NSS placement satisfaction information

University and programme	I received sufficient preparatory information prior to my placement(s) (UK average)	I was allocated placement(s) suitable for my course (UK average)	I received appropriate supervision on placement(s) (UK average)	I was given opportunities to meet my required practice learning outcomes/ competences (UK average)	My contribution during placement(s) as part of the clinical team was valued (UK average)	My practice supervisor(s) understood how my placement(s) related to the broader requirements of my course (UK average)
Cardiff Met.						
Nutrition and Dietetics	77% (85%)	95% (95%)	82% (91%)	100% (95%)	86% (87%)	82% (90%)
Others in subjects allied to medicine	75% (77%)	96% (91%)	93% (84%)	93% (89%)	82% (85%)	89% (82%)
Others in Biosciences	Not available*	Not available*	Not available*	Not available*	Not available*	Not available*
Cardiff University						
Adult Nursing	Not available*	Not available*	Not available*	Not available*	Not available*	Not available*
Children's Nursing	Not available*	Not available*	Not available*	Not available*	Not available*	Not available*
Mental Health Nursing	Not available*	Not available*	Not available*	Not available*	Not available*	Not available*
Others in subjects allied to medicine	59% (77%)	86% (91%)	76% (84%)	83% (89%)	79% (85%)	72% (82%)
Physiotherapy	92% (85%)	99% (95%)	96% (94%)	95% (95%)	94% (95%)	88% (90%)
Midwifery	95% (78%)	100% (97%)	100% (91%)	100% (94%)	85% (91%)	100% (90%)
Counselling, Psychotherapy and Occupational therapy	92% (84%)	98% (93%)	88% (93%)	90% (94%)	84% (92%)	88% (89%)
Swansea University						
Others in subjects allied to medicine	73% (77%)	100% (91%)	64% (84%)	91% (89%)	64% (85%)	64% (82%)
Adult Nursing	69% (75%)	90% (88%)	87% (82%)	96% (90%)	90% (87%)	91% (84%)
Children's nursing	59% (77%)	94% (92%)	94% (90%)	100% (95%)	88% (93%)	100% (89%)
Mental Health Nursing	58% (70%)	82% (88%)	88% (80%)	96% (91%)	93% (88%)	98% (85%)
Others in subjects allied to medicine	73% (77%)	100% (91%)	64% (84%)	91% (89%)	64% (85%)	64% (82%)
Midwifery	95% (78%)	100% (97%)	95% (91%)	100% (94%)	95% (91%)	95% (90%)
Wrexham Glyndwr University						
Others in subjects allied to medicine	Not available*	Not available*	Not available*	Not available*	Not available*	Not available*
Counselling, Psychotherapy and Occupational therapy	96% (84%)	96% (93%)	100% (93%)	100% (94%)	96% (92%)	100% (89%)
University of South Wales						
Children's Nursing	74% (77%)	89% (92%)	93% (90%)	100% (95%)	100% (93%)	93% (89%)
Learning Disabilities Nursing	68% (76%)	89% (85%)	89% (85%)	100% (86%)	100% (90%)	96% (90%)
Mental Health Nursing	64% (70%)	92% (88%)	83% (80%)	89% (91%)	92% (88%)	91% (85%)
Midwifery	56% (78%)	89% (97%)	100% (91%)	100% (94%)	94% (91%)	100% (90%)

University and programme	I received sufficient preparatory information prior to my placement(s) (UK average)	I was allocated placement(s) suitable for my course (UK average)	I received appropriate supervision on placement(s) (UK average)	I was given opportunities to meet my required practice learning outcomes/ competences (UK average)	My contribution during placement(s) as part of the clinical team was valued (UK average)	My practice supervisor(s) understood how my placement(s) related to the broader requirements of my course (UK average)
Bangor University						
Others in subjects allied to medicine	Not available*	Not available*	Not available*	Not available*	Not available*	Not available*
Adult Nursing	76% (75%)	89% (88%)	80% (82%)	88% (90%)	87% (87%)	88% (84%)
Children's Nursing	93% (77%)	79% (92%)	71% (90%)	93% (95%)	93% (93%)	86% (89%)
Mental Health Nursing	76% (70%)	82% (88%)	76% (80%)	100% (91%)	88% (88%)	94% (85%)
Learning Disabilities Nursing	67% (76%)	89% (85%)	78% (85%)	78% (86%)	83% (90%)	78% (90%)
Midwifery	100% (78%)	100% (97%)	94% (91%)	100% (94%)	100% (91%)	100% (90%)

Note: * No NSS 2018 and 2019 information available on this programme. All public data conforms to NSS publication thresholds (at least 10 student responses and a 50 per cent overall response rate). If no data is available for a particular course on which students were surveyed, the data did not meet publication thresholds.

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The need to establish new contracts provides HEIW an opportunity to consider the breadth and configuration of education provision required across Wales to deliver the health and care workforce of the future in response to A Healthier Wales, namely:

- Development of new flexible career pathways
- Provision of multi-professional learning
- Increased use of simulation facilities
- Deliver education in partnership with Social Care Wales
- Provision of education locally to enable staff to learn close to home
- Provide more education in primary care
- Development of intensive learning academic hubs

Task Description	Estimated start date	Estimated finish date
Run Pre market consultation	Oct-19	Oct-19
Develop all procurement documentation	Mar-19	Feb-20
HEIW Sub Committee and Board Approval (informal decision pending market engagement)	Jan-20	Jan-20
Undertake pre procurement engagement with interested providers (3 events South; North; and West Wales)	Feb-20	Mar-20
HEIW Sub Committee and Board Approval (formal approval following market engagement)	Apr-20	Apr-20
Place OJEU Notice to trigger procurement (Open Procedure 24 days with PIN; 40 days without)	May-20	Jul-20
Issue of Pre-Qualification Questionnaire (Short listing process) & Tender as an Open Procedure	May-20	Jul-20
Evaluation of bids	Aug-20	Sep-20
Clarification of evaluation	Sep-20	Sep-20
Consistency Checking	Oct-20	Oct-20
Award procedures/sign off	Dec-20	Dec-20
Engrossing all contractual documents	Jan-21	Jan-21
Award of Contracts	Feb-21	Feb-21
Contract Commencement and ongoing contract management	Aug-21	Aug-21
Delivery of New Education Provision	Aug-22	Aug-22

Programmes	University of South Wales	Cardiff University	Swansea University	Cardiff Metropolitan	Bangor University	Wrexham Glyndwr University	Open University	University West of England	Newcastle University	Manchester University	Queen Mary	Kings College London	Liverpool University	Column A code	Column B to N
BSc/BN Adult Nursing	✓	✓	✓		✓		✓							No Longer Required	Alternate to classroom
BSc/BN Child Nursing	✓	✓	✓		✓									Continued Requirement	Grouping
BSc/BN Mental Health Nursing	✓	✓	✓		✓		✓								
MSc/PG Dip Nursing			✓		✓										
BSc/BN Learning Disability Nursing	✓				✓										
BMid Midwifery	✓	✓	✓		✓										
BSc Diagnostic Radiography		✓													
BSc Therapeutic Radiography		✓													
Cert HE in Assistant Radiographic Practice		✓													
BSc/PG Dip Occupational Therapy						✓									
BSc Operational Department Practice		✓													
BSc Physiotherapy		✓				✓									
DipHE Dental Hygiene		✓													
BSc in Dental Hygiene & Therapy		✓													
Certificate of Higher Education in Basic Audiological Practice			✓												
BSc (Hons) Healthcare Science (PTP):								✓							
• Audiology			✓												
• Respiratory and Sleep Science			✓												
• Neurophysiology			✓												
• Nuclear Medicine & Radiotherapy Physics			✓												
• Radiotherapy Physics															
• Cardiac Physiology			✓												
• Biomedical Science - Blood, Infection, Cellular and Genetics				✓											
• Clinical Engineering-Rehabilitation Engineering															
DipHE Paramedic Science			✓												
BSc/PG Dip Dietetics				✓											
BSc Podiatry				✓											
BSc Speech & Language Therapy				✓											
PG Dip/MSc Physicians Associate Studies			✓		✓										
Specialist Community Public Health Nursing programmes	✓	✓	✓			✓									
Specialist Practice Qualifications (SPQs)	✓	✓	✓			✓									
BSc/PG Dip Community Health Studies					✓										
Scientist Training Programmes (STP)			✓						✓	✓	✓	✓			
Higher Specialist Scientist Training Programmes (HSST)										✓			✓		
Non-Medical Prescribing Programmes	✓	✓	✓		✓	✓									
PG Cert/Dip/MSc in Advanced and Extended Practice education	✓	✓	✓	✓	✓	✓									
PG Cert/Dip/MSc Medical Ultrasound															
PG Cert/Dip/MSc Genomic Medicine			✓		✓										
Return To Practice (Nursing/Midwifery & AHP's)	✓	✓	✓		✓	✓									

Additional courses TBC Chrissy:
 clinical photography
 clinical psychology
 pharmacy diploma

University	Undergraduate Pre Registration Programme	Post Graduate/Registration & Post Graduate Pre Registration Programmes
University of South Wales	BSc/BN Adult Nursing	Specialist Community Public Health Nursing
		<ul style="list-style-type: none"> Health Visiting Occupational health School Nursing
	BSc/BN Child Nursing	Specialist Practice Qualifications (SPQs)
		<ul style="list-style-type: none"> District Nursing Practice Nursing
		<ul style="list-style-type: none"> Community Paediatric Nursing
		<ul style="list-style-type: none"> Community Psychiatric Nursing
		<ul style="list-style-type: none"> Community Learning Disability Nursing
	BSc/BN Mental Health Nursing	Return To Practice (Nursing/Midwifery & AHP's)
	BSc/BN Learning Disability Nursing	Non-Medical prescribing
	BMid Midwifery	Advanced and Extended practice MSC's & Modules
Cardiff University	BSc/BN Adult Nursing	Specialist Community Public Health Nursing
		<ul style="list-style-type: none"> Health Visiting Occupational health School Nursing
	BSc/BN Child Nursing	
	BSc/BN Mental Health Nursing	
	BMid Midwifery	Specialist Practice Qualifications (SPQs)
	BSc Diagnostic Radiography	<ul style="list-style-type: none"> District Nursing Practice Nursing
	BSc Therapeutic Radiography	
	BSc/PG Dip Occupational Therapy	<ul style="list-style-type: none"> Community Paediatric Nursing
	BSc Operational Department Practice	<ul style="list-style-type: none"> Community Psychiatric Nursing
	BSc Physiotherapy	<ul style="list-style-type: none"> Community Learning Disability Nursing
	DipHE Dental Hygiene	Return To Practice (Nursing/Midwifery & AHP's)
	BSc in Dental Hygiene & Therapy	Non-Medical prescribing
	Cert HE in Assistant Radiographic Practice	Advanced and Extended practice MSC's & Modules

Swansea University	BSc/BN Adult Nursing	Specialist Community Public Health Nursing	
	BSc/BN Child Nursing	<ul style="list-style-type: none">Health Visiting	
	BSc/BN Mental Health Nursing	<ul style="list-style-type: none">Occupational health	
	BMid Midwifery	<ul style="list-style-type: none">School Nursing	
	BSc (Hons) Healthcare Science:	Specialist Practice Qualifications (SPQs)	
	<ul style="list-style-type: none">Audiology	<ul style="list-style-type: none">District Nursing	
	<ul style="list-style-type: none">Respiratory and Sleep Science	<ul style="list-style-type: none">Practice Nursing	
	<ul style="list-style-type: none">Neurophysiology	<ul style="list-style-type: none">Community Paediatric Nursing	
	<ul style="list-style-type: none">Nuclear Medicine & Radiotherapy Physics	<ul style="list-style-type: none">Community Psychiatric Nursing	
	<ul style="list-style-type: none">Cardiac Physiology	<ul style="list-style-type: none">Community Learning Disability Nursing	
	DipHE Paramedic Science	MSc/PG Dip Nursing	
	Certificate of Higher Education in Basic Audiological Practice		PG Dip/MSc Physicians Associate Studies
			MSc Clinical Science-Medical Physics (STP)
			Return To Practice (Nursing/Midwifery & AHP's)
		Non-Medical prescribing	
		Advanced and Extended Practice MSC's & Modules	
		PG Cert/Dip/MSc Genomic Medicine	
Cardiff Metropolitan University	BSc (Hons) Healthcare Science - Biomedical Science - Blood, Infection, Cellular and Genetics	Advanced and Extended practice MSC's and Modules	
	BSc Dietetics		
	BSc Podiatry		
	BSc Speech & Language Therapy	PG Dip Dietetics	
Bangor University	BSc/BN Adult Nursing	Community Health Studies (Modules)	
	BSc/BN Child Nursing	Return To Practice (Nursing/Midwifery & AHP's)	
	BSc/BN Mental Health Nursing	MSc/PG Dip Nursing	
	BSc/BN Learning Disability Nursing	PG Dip/MSc Physicians Associate Studies	
	BMid Midwifery	Non-Medical prescribing	
	BSc Diagnostic Radiography	Advanced and Extended Practice MSC's &Modules	
		PG Cert/Dip/MSc Genomic Medicine	

Wrexham Glyndwr University	BSc Occupational Therapy	Specialist Community Public Health Nursing
		<ul style="list-style-type: none">• Health Visiting• Occupational health• School Nursing
		Specialist Practice Qualifications (SPQs)
		<ul style="list-style-type: none">• District Nursing• Practice Nursing
		<ul style="list-style-type: none">• Community Paediatric Nursing
		<ul style="list-style-type: none">• Community Psychiatric Nursing
		Community Learning Disability Nursing
		Return To Practice (Nursing/Midwifery & AHP's)
		Non-Medical prescribing
		Advanced and Extended Practice MSC's & Modules
Open University	BSc/BN Adult Nursing	
	BSc/BN Mental Health Nursing	
University West of England	BSc (Hons) Healthcare Science – Clinical Engineering-Rehabilitation Engineering	PG Cert/Dip/MSc Medical Ultrasound
Newcastle University		MSc in Clinical Science (Scientist Training programme STP) - Cardiac Science
Manchester University		MSc in Clinical Science (STP) in:
		<ul style="list-style-type: none">• Audiology• Neurophysiology• Bioinformatics – Health Informatics• Bioinformatics – Genomics• Genomics• Cancer Genomics• Clinical Biochemistry• Reproductive science
		HSST - PHD Transfusion Science
		HSST – PHD Microbiology
		HSST – PHD Histocompatibility & Immunogenetics
		HSST – PHD Molecular Pathology of Acquired Disease
		HSST – PHD Genetics

Queen Mary		MSc in Clinical Science – Microbiology
Kings College London		MSc in Clinical Science – Rehabilitation Engineering
Liverpool University		HSST – PHD Clinical Engineering
		HSST – PHD Medical Physics

Communication Sub Committee	Documentation Sub Committee	Project Board
25 th April	25 th April	1 st May
23 rd May	15 th May	3 rd June
14 th June	13 th June	4 th July
22 nd July	15 th July	1 st August
15 th August	19 th August	6 th September
23 rd September	16 th September	4 th October
15 th October	21 st October	1 st November
11-Nov	18 th November	2 nd December
12 th December	16 th December	7 th January

Education, Commissioning and Quality Committee
16 th May
1 st July



Meeting Date	30 January 2020	Agenda Item	4.1
Report Title	Report of the Director of Finance		
Report Author	Rhiannon Beckett		
Report Sponsor	Eifion Williams		
Presented by	Eifion Williams		
Freedom of Information	Open		
Purpose of the Report	To provide the HEIW Board with a Financial Report for December 2019.		
Key Issues	HEIW has a statutory duty to break even at year end and consequently this report should assist the Board, Executives and Budget Holders in understanding the current financial position and the action required in managing the financial position through the remainder of the 2019-20 financial year.		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	✓		
Recommendations	For the HEIW Board to note the financial position reported at month 9 and the underlying reasons for the key variances to budget.		

REPORT OF THE DIRECTOR OF FINANCE

1. INTRODUCTION

The report sets out the financial position as at 31st December 2019, reported against updated budgets derived from the 2019-20 Financial Plan and the core allocation received from Welsh Government. The reported financial position of HEIW as at Month 09 is £1.17m underspent. The forecast year end position reported to Welsh Government is financial balance.

2. BACKGROUND

This report provides an update on the cumulative financial position as at the 31st of December 2019 and details the reasons for the key financial variations to date against the budgets set. Since August, a regular process is underway whereby reviews are undertaken of the student numbers recruited, bursary take up and levels of attrition. This has revealed that there will be an underspend against the projected commissioning budget established for the current year. Further, due to the receipt of more detailed information from each University for their recruitment in 2019/20, there may be further changes to their student funding requirement, arising from their September 2019 intake. A Plan has been established and action is being taken to ensure that the financial year-end position will be a balanced end of year out-turn.

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 2019-20.

This report provides a high-level analysis and summary of spend in the first nine months of the 2019-20 financial year.

4. FINANCIAL POSITION

4.1 Revenue

HEIW is reporting a cumulative underspend of £1.17m against profiled budgets as at 31st December 2019, with a break even forecast outturn reported to Welsh Government. This financial position was reported to Welsh Government on working day 5 in accordance with the Welsh Health Circular, and the more detailed monitoring return will be submitted on day 9. The monitoring submission is attached as Appendix 2. The table below shows the high level variance for the Executive Directors.

Health Education And Improvement Wales
Executive Team Financial Report
As at 31st December 2019



GIG
CYMRU
NHS
WALES

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

	Year to Date			Previous Month	
	Budget	Actual	Variance	Variance to Date	Movement
	£	£	£	£	£
INCOME:					
Welsh Government	(138,018,017)	(138,018,017)	0	0	0
Other Income	(442,577)	(469,608)	(27,031)	(31,709)	4,678
Total Income	(138,460,594)	(138,487,625)	(27,031)	(31,709)	4,678
Expenditure					
Board & Executive	1,262,938	1,229,553	(33,385)	(27,138)	(6,247)
Finance & Corporate Services, Digital and IT	6,141,004	5,829,397	(311,607)	(167,274)	(144,333)
Medical & Pharmacy	67,512,706	67,121,249	(391,457)	(243,243)	(148,214)
Nursing	79,621,039	79,415,893	(205,146)	(701,634)	496,488
Human Resources and Organisation Development	1,590,723	1,385,295	(205,428)	(127,332)	(78,096)
Sub-Total Expenditure	156,128,410	154,981,386	(1,147,024)	(1,266,621)	119,597
Total			(1,174,055)	(1,298,330)	124,275

The following table provides a further breakdown of the financial variance by Directorate.

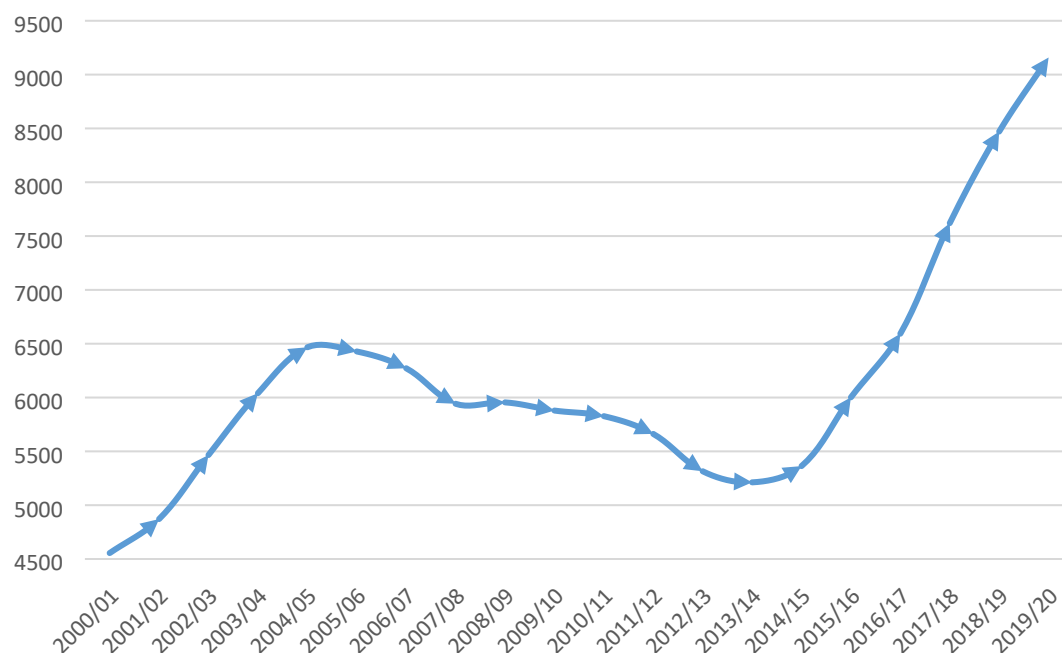
Directorate	Income	Expenditure			Total
		Pay	Non Pay	Commissioning	
	£	£	£	£	£
Board and Executive		(26,028)	(7,357)		(33,385)
Chief Executive Reserve			0		0
Finance & Corporate Services, Digital and IT	0	(96,678)	(214,929)		(311,607)
Medical & Pharmacy	(27,301)	(49,378)	67,270	(409,079)	(418,488)
Nursing	0	(108,225)	149,306	(246,228)	(205,146)
Human Resources and Organisation Development		(128,249)	(77,178)		(205,428)
Total	(27,301)	(408,558)	(82,889)	(655,306)	(1,174,055)

The analysis attached as Appendix 1 provides the key reasons for the underspend, by Directorate. The key reasons for underspend variances are vacancies against budgeted staffing levels for Pay Budgets and lower placements than planned in commissioned training placements budgets. Whilst there is an underspend against commissioning budgets, it must be borne in mind that of the September 2019 places available, 98% of these have been filled. For nursing programmes there is a second intake in the spring of 2020 and unfilled nursing places from September 2019 will be offered at that time. There are several issues from a commissioning perspective which have influenced the recruitment process:

- there has been a significant growth in commissioned places since 2014/15 (see figure below)
- there has been a reduction in the number of students applying from within Wales and England
- Prior to the recent ministerial announcement there was some uncertainty regarding the future of the NHS Bursary Scheme

It should however be noted that HEIW has significantly more students in training in 2019/20 than has been the case previously in NHS in Wales. The current underspend should therefore be temporary based on the factors outlined above and discussed at previous Board meetings.

Total number of students in training



The previously reported overspend in the Medical and Pharmacy Non-Pay budget that is associated with the expansion in GP training places has been eliminated by a transfer of funding to match the anticipated costs in the current year. In month 8 budgets were re-aligned internally to increase the budget for GP training and thereby reduce the reported overspend on that budget in year. The remaining overspend on Medical and Pharmacy Non-Pay is associated with Higher Relocation Costs for trainees than that budgeted for and higher costs than anticipated in Professional support services.

It is expected that the overall financial position of HEIW will be managed to deliver a balanced position at year end in conjunction with Welsh Government expectations. Non-recurring initiatives from Universities of £1.049m in total have been received, considered and approved by the Executive Team for funding this year. Some £0.6m of funding not required this year due to a number of part time students extending their courses from 3 years to 4 years was returned to Welsh Government in month 7, and a further £0.6m of unspent development funding at the end of October was adjusted out of the position in month 8. The remaining overall balance of the underspend will be returned closer to the year end, following discussions with WG Finance in January 2020. The Executive and Board will be kept briefed on the management plan to achieve year-end balance throughout the remainder of the year.

4.2 Capital

The total capital allocation for 2019/20 is £146k, schemes have been approved by the Executive Team in order to fully utilise this allocation. The schemes are at different stages in terms of the procurement cycle with some spend having been incurred year to date. Further detail will be included in the month 10 report.

4.3 Balance Sheet

The balance sheet as at 31st December 2019 is shown below:

	2019/20 Opening Balance £000s	31 st December 2019 £000s	Movement £000s
Non-Current Assets:			
Fixed Assets	2,989	2,643	(346)
Current Assets:			
Trade and other receivables	801	768	(33)
Cash & bank	6,240	157	(6,083)
Total Assets	10,030	3,568	(6,462)
Liabilities:			
Trade and other payables	(6,315)	(19,466)	(13,151)
Provisions	(30)	(30)	0
Total Liabilities	(6,345)	(19,496)	(13,151)
	3,685	(15,928)	(19,613)
Financed by:			
General Fund	3,685	(15,928)	(19,613)
Total Funding	3,685	(15,928)	(19,613)

- The movement on non-current assets reflects depreciation charged during 2019. The total capital allocation for 2019/20 is £146k. Expenditure plans are in place to utilise this funding.
- Trade and other payables total £19.5m, an increase of £13.2m since the start of the financial year. The main reasons for the increase include:
 - The value of invoices approved and awaiting payment on the system in line with the 30 day payment policy has increased by £3.1m to £4.9m. Payments totalling £4.9m were made on 7th January.
 - Accruals for the Medical division in the month total £2.9m. Significant balances include the costs for the GP Training Scheme for December of £1.6m and estimated junior doctor relocation expenses of £0.4m.
 - Accruals in month 9 for the Non-Medical division total £8.9m, including £2.5m for NHS Wales (student salary reimbursement, HCSW) and £6.4m for non-NHS Wales costs (Primarily university invoices including reimbursement of bursaries, travel costs etc.).
- Resource allocation of £17.0m was received from Welsh Government in December 2019 and the overall cash balance at the end of the month was £0.2m.

- The movement in general fund reflects the difference between costs incurred and accrued for the first nine months of the financial year (£155.6m) and the actual cash funding required and received from Welsh Government (£134.8m) less the reported underspend (£1.2m). This is a phasing issue and does not affect the total value of the available revenue resource allocation for the year.

All NHS bodies are expected to meet the Public Sector Payment Policy, which requires NHS organisations to pay 95% of all invoices within 30 days and is based on a cumulative position. For the period from the 1st April to the 31st December 2019, HEIW paid 95.1% of non-NHS invoices and is therefore within this target.

Target	Unit	Current Month	Year to Date	Year-end Forecast
Public Sector Payment Policy To pay a minimum of 95% of all non-NHS creditors within 30 days of receipt of goods/invoice	%	96.7	95.1	>95%

5. RECOMMENDATION

The Board are asked to note the financial position reported for HEIW at month 9 and the summarised explanation of key variations by Directorate.

Governance and Assurance				
Link to corporate objectives <i>(please ✓)</i>	As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand	Building a sustainable and flexible health and care workforce for the future.	With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery.	Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges.
	Improving opportunities for use of technology and digitalisation in the delivery of education and care.	Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales	Demonstrating value from investment in the workforce and the organisation.	
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 December 2019. 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 December 2019.
Appendices	

REPORT OF THE DIRECTOR OF FINANCE

The following analysis of the key reasons for the underspend, by Directorate, is provided below:

1. Board and Executives

- An underspend of £26,028 on pay is as a result of less than full time salary costs for the current interim Director of Finance, the Welsh Language admin officer working less than full time and the Information Governance officer appointed at 0.4wte against a full-time budget.
- An underspend on Non-Pay £7,357 is due to lower than budgeted travel and subsistence costs in month 9 and room hire being less than anticipated due to hosting arrangements.

2. Finance, Corporate Services, Digital and IT.

- The underspend of £96,677 on pay budgets is predominantly as a result of six vacancies within the Digital team, two posts have been appointed with start dates at the end of December. The underspend is partly offset by the costs of two agency staff with a third and fourth due to start in November. There are also agency staff covering vacancies within the Planning team creating an adverse variance due to the premium associated with agency fees. A favourable pay variance within the Finance team is as a result of two vacant posts within Finance which have now been job evaluated prior to being advertised in the near future.
- There is a reported favourable variance of £214,926 in Non-Pay. One off costs incurred in respect of lift repairs, privacy glass wraps for meeting rooms and ongoing repairs associated with water damage are offset by ongoing savings on utilities. The budget for NWIS was reduced in month 8 by £295k as part of the hand back to WG of £600k development funding, reduced the underspend to date as at month 8. It is increasingly apparent and has been highlighted by NWIS that some elements of the planned work programme will not be delivered in this financial year and for some areas of work the estimated costs are lower than originally budgeted. The total impact on the 2019/20 position is a potential underspend of £450k against the reduced budget but further work is required in partnership with NWIS to test the assumptions underlying this forecast position.

3. Medical and Pharmacy

- A favourable variance against the Other Income target in the Medical budgets of £27,030 consists predominantly of £58k in respect of additional invoiced income from WG for the piloting of Advanced Skills for Managing Acute Minor Ailments scheme for pharmacists offset by

underachievement against income targets in secondary care and GP training.

- The underspend against Pay budgets of £49k is due to a number of factors that include maternity leave and vacancies since April. There are currently a number of posts within administration and clerical grades across a number of business units including QIST, PGES, Specialty training, dental and RSU. In GP training, there are a significant number of vacancies for GP appraisers which results in a favourable £66k variance and at Medical and Dental consultant level there is an underspend of £32k due to the secondment of the Director of General Practice with the backfill resulting in a vacancy at deputy Director level. The vacancies identified are partially offset by agency costs of £120k.
- The underspend of £342k against Non-Pay budgets consists of a number of elements. An adverse variance of £228k relates to higher trainee relocation fees as reported in previous months. Additional pressures identified in previous months are ongoing in respect of spend on supernumerary posts and professional support costs totalling £96k at month 9 that were not included in budget setting. Ongoing cost pressures in travel and subsistence and catering are offset by favourable variances in respect of budgets for GP CPD claims, the deadline for submission of claims is December and based on those received to date there is a likely year end underspend of £100k the year to date underspend £72k has been reflected in month 9. GP trainer grant claims are also lower than anticipated due to a lower number of Foundation Doctors in GP rotations £23k; evaluation work planned will not be undertaken resulting in an underspend of £60k year to date and student salary re-imbursement claims are lower than anticipated for SAS Doctors CPD and for payments to lay representatives £41k.
- Within Commissioning budgets, there is a £409k underspend in total. This is as a result of several factors including reduced expenditure in the current co-hort undertaking the Welsh Clinical Academic Training qualification due to early completion producing a favourable variance of £251k. There is also a £222k favourable variance due to salary allocations and placements for hospital training grade posts in Wales being less than budgeted; and a further underspend of £66k as a result of a lower number of supported GPs returning to the workplace via the supported placement mechanism. These favourable variances were previously offset by overspend in respect of GP training as a result of the agreement with WG to fund the expansion in numbers and new model out of existing HEIW resources. In month 8 a budget virement was actioned to move £2.1m, the 2019/20 requirement of the new model, from the Nursing Directorate into the Medical Directorate specifically the GP training budget to reflect this funding decision. As detailed previously the new ST1s account for approximately half the overspend, the remaining overspend is a result of more trainee's being in the system than budgeted due to interruption of study. The year to date position for GP training is still therefore showing an overspend of £160k. Further urgent work is required to establish a robust forecast position for this budget.

4. Nursing

- The underspend on Pay of £108,225 relates predominantly to the ongoing delay in appointment to three senior posts. As previously indicated the underspend is increasing at a rate of £19,500 per month. Interviews have been held and one of the posts now filled so there will be salary costs incurred in January. However, it is unlikely that any salary costs will be incurred before year end for the other two posts due to recruitment process not having commenced and likely notice period.
- Non-Pay budgets are mainly provided for commissioning expenditure on education and training contracts, student salary and bursary costs along with disability payments, training, travel and subsistence and expenses. In total, an underspend of £1,713,830 is reported in month 7 for Commissioning budgets for the following reasons:
 - The Commissioning budget established is based on the existing student cohort in the system and the anticipated commissioned student numbers for 19/20. The budget is profiled across the academic year with a step up in August to reflect the numbers continuing into years 2 and 3 and recruitment to year 1. The reported December position includes updated numbers across each year. The financial impact of the revised numbers against a budget reduced in month 7 by a £619k for the impact of part time courses is an underspend of some £2.8m. However as detailed above £2.1m of budget has been transferred to the Medical Directorate specifically GP training to fund the new model and expansion in numbers non recurrently in 2019/20. The impact of this in the year to date position is to reduce the year to date underspend by £1,575k. A further adjustment has been made to reprofile budget into month 12 to support the non-recurrent bids from provider Universities of £1,049k. As a result of these adjustments the underspend on commissioning budgets as at month 9 has reduced to £238k.
 - Other non-pay budgets related to travel and subsistence and other expenses of the Nursing team are of minimal value. However also included in position is the consultancy and other costs of the strategic review of education contracts, expected to total c£200k. Although a non-recurrent funding stream had been agreed with WG for this work, due to the extended project timescales and emerging in year position it has been agreed to fund this year internally to ensure that support is available for 2020/21 and 2021/22 if applicable. The resource requirement for the extended project is being worked through to inform the financial plan and WG allocation process. There is therefore an overspend of £130,643 reported to date on non-pay budgets.

5. Human Resources and Organisation Development

- The underspend of £128,249 on Pay budgets at December is due to 10 vacancies across the core budgets within the Directorate partly offset by the costs of three agency staff. As previously reported, where development funding had been provided to fund posts which have not been appointed to, funding of some £46k has been re-allocated to offset the unavoidable cost pressure of unreclaimable VAT on the TY Dysgu lease and telephone maintenance contract. The core vacancies are at various stages of recruitment with one new starter in the People team and another in Workforce Intelligence in Jan and two recent appointments in Leadership and Succession also with start dates in January. Another appointment in the Careers team was an internal candidate. There has also been a transfer from the Careers team into the People team and a leaver from the People team in month meaning that there are still 10 vacancies as at the end of Dec with 4 people due to start in Jan.
- A Non-Pay favourable variance of £77,178 is predominantly due to the decision not to go ahead with i-view £16k, an underspend on training expenses of £22k, an underspend on advertising and staff recruitment £22k and conferences and seminars £11k.

VALIDATION SUMMARY 2019-20

Your organisation is showing as :	HEIW
Period is showing :	DEC 19
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 B : MONTHLY POSITIONS	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B1 : NET EXPENDITURE PROFILES	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B2 : PAY & AGENCY/LOCUM	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 : SAVINGS TRACKER	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE E : RESOURCE LIMITS	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE F: RISKS	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE G : STATEMENT OF FINANCIAL POSITION	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE H : MONTHLY CASHFLOW	HEIW IS CURRENTLY SHOWING 1 ERRORS FOR THIS TABLE
TABLE J : CAPITAL RESOURCE LIMIT	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE K: CAPITAL IN YEAR SCHEMES	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE L : CAPITAL DISPOSALS	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE N : GENERAL MEDICAL SERVICES	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE O : GENERAL DENTAL SERVICES	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TOTAL ERRORS FOR YOUR DEC 19 RETURN IS	2 ERRORS ON 2 DIFFERENT TABLE/S

HEIW

Period : Dec 19

Summary Of Main Financial Performance

Revenue Performance

		Actual YTD £'000	Annual Forecast £'000
1	Under / (Over) Performance against Resource Limit	1,174	0

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 11 should reflect the corresponding amounts included within the latest IMTP submission to WG

Lines 1 - 11 should not be adjusted after Month 1

		In Year Effect	Non Recurring	Recurring	FYE of Recurring
		£'000	£'000	£'000	£'000
1	Underlying Position b/fwd from Previous Year - as per 3 year plan (Surplus - Positive Value / Deficit - Negative Value)	0	0	0	0
2	New Cost Pressures - as per 3 year plan (Negative Value)				
3	Opening Cost Pressures	0	0	0	0
4	Identified Savings Plan (Positive Value)	0	0	0	0
5	Savings / Mitigating Actions Yet To Be Identified (Positive Value)				
6	Welsh Government Funding (Positive Value)				
7	Net Income Generated (Positive Value)	0	0	0	0
8	Planned Accountancy Gains (Positive Value)	0	0	0	0
9	Release of Uncommitted Contingencies & Reserves (Positive Value)				
10					
11	Opening Financial Plan	0	0	0	0
12	Cost Pressures b/fwd from Previous Year - unidentified within 3 year plan (Negative Value)				
13	Opening Plan Savings - Forecast (Underachievement) / Overachievement	0	0	0	0
14	Additional In Year Identified Savings - Forecast (Positive Value)	0	0	0	0
15	Additional In Year Identified Accountancy Gains (Positive Value)	0	0	0	0
16	Additional Net Income Generated (Positive Value)	0	0	0	0
17	Non Identification of Savings / Mitigating Actions Yet To Be Identified in Opening Plan	0	0	0	0
18	Release of Previously Committed Contingencies & Reserves (Positive Value)	0			
19	Additional In Year Welsh Government Funding (Positive Value)	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	Forecast Outturn (- Deficit / + Surplus)	0	0	0	0

[illegible]

Table A1 - Underlying Position

This Table is currently showing 0 errors

Section A - Traditional Analysis		IMTP Underlying Position b/f £'000	Future IMTP Underlying Position c/f £'000
1	Previous Year's Outturn / Current Year's Forecast Outturn		0
2	Non Recurring Savings (Negative Value)		0
3	Non Recurring Mitigating Actions (Negative Value)		
4	Non Recurring RRL Income - Allocated (Negative Value)		
5	Non Recurring RRL Income - Anticipated (Negative Value)		
6	Non Recurring Other Income/Disposals (Negative Value)		
7	Non Recurring Accountancy Gains (Negative Value)		0
8	Non Recurring Cost Avoidance - Outside of Savings Plan (Negative Value)		
9	Full Year Effect of Recurring Savings Adjustment (Full Year less In Year) (Positive Value)		0
10	Full Year Effect of New Cost Pressures Adjustment (Full Year less In Year) (Negative Value)		
11	Other Non Recurring Factors (Negative Value) - please specify in narrative		
12	Other Non Recurring Factors (Positive Value) - please specify in narrative		
13	Total	0	0

Section B - By Spend Area		IMTP Underlying Position b/f £'000	Full Year Effect of Actions Recurring Savings (+ve) £'000	Recurring Allocations (+ve) £'000	Subtotal £'000	New, Recurring, Full Year Effect of Unmitigated Pressures (-ve) £'000	IMTP Underlying Position c/f £'000
1	Pay - Administrative, Clerical & Board Members				0		0
2	Pay - Medical & Dental				0		0
3	Pay - Nursing & Midwifery Registered				0		0
4	Pay - Prof Scientific & Technical				0		0
5	Pay - Additional Clinical Services				0		0
6	Pay - Allied Health Professionals				0		0
7	Pay - Healthcare Scientists				0		0
8	Pay - Estates & Ancillary				0		0
9	Pay - Students				0		0
10	Non Pay - Supplies and services - clinical				0		0
11	Non Pay - Supplies and services - general				0		0
12	Non Pay - Consultancy Services				0		0
13	Non Pay - Establishment				0		0
14	Non Pay - Transport				0		0
15	Non Pay - Premises				0		0
16	Non Pay - External Contractors				0		0
17	Health Care Provided by other Orgs – Welsh LHBs				0		0
18	Health Care Provided by other Orgs – Welsh Trusts				0		0
19	Health Care Provided by other Orgs – WHSSC				0		0
20	Health Care Provided by other Orgs – English				0		0
21	Health Care Provided by other Orgs – Private / Other				0		0
22	Total	0	0	0	0	0	0

Section C - By Directorate		IMTP Underlying Position b/f £'000	Full Year Effect of Actions Recurring Savings (+ve) £'000	Recurring Allocations (+ve) £'000	Subtotal £'000	New, Recurring, Full Year Effect of Unmitigated Pressures (-ve) £'000	IMTP Underlying Position c/f £'000
1	Primary Care				0		0
2	Mental Health				0		0
3	Continuing HealthCare				0		0
4	Commissioned Services				0		0
5	Scheduled Care				0		0
6	Unscheduled Care				0		0
7	Children & Women's				0		0
8	Community Services				0		0
9	Specialised Services				0		0
10	Executive / Corporate Areas				0		0
11	Support Services (inc. Estates & Facilities)				0		0
12	Total	0	0	0	0	0	0

HEIW

Table B - Monthly Positions

Period : Dec 19

This Table is currently showing 0 errors

A. Monthly Summarised Statement of Comprehensive Net Expenditure			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
1	Revenue Resource Limit	Actual/F'cast	16,450	16,598	17,241	17,068	16,881	18,126	17,834	17,720	17,668	19,514	17,882	22,013	155,586	214,994
2	Miscellaneous Income - Capital Donation/Government Grant Income	Actual/F'cast													0	0
3	Miscellaneous Income - Other (including non resource limited income)	Actual/F'cast	61	42	86	67	18	52	144	38	61	25	52	151	569	797
4	Income Total		16,511	16,640	17,327	17,135	16,899	18,178	17,978	17,758	17,729	19,539	17,934	22,164	156,155	215,791
5	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/F'cast													0	0
6	Primary Care - Drugs & Appliances	Actual/F'cast													0	0
7	Provided Services - Pay	Actual/F'cast	1,034	1,090	1,191	1,142	1,047	1,219	1,207	1,201	1,170	1,258	1,258	1,258	10,301	14,076
8	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	1,096	1,266	1,087	1,162	901	1,219	1,242	936	817	1,433	1,675	2,098	9,726	14,932
9	Secondary Care - Drugs	Actual/F'cast													0	0
10	Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
11	Non Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
12	Continuing Care and Funded Nursing Care	Actual/F'cast													0	0
13	Other Private & Voluntary Sector	Actual/F'cast	14,321	14,225	14,992	14,745	14,577	15,137	15,252	15,518	15,826	17,183	15,361	19,156	134,593	186,293
14	Joint Financing and Other	Actual/F'cast													0	0
15	DEL Depreciation/Accelerated Depreciation/Impairments	Actual/F'cast	40	41	40	40	40	40	40	40	40	43	43	43	361	490
16	AME Donated Depreciation/Impairments	Actual/F'cast													0	0
17	Non Allocated Contingency	Actual/F'cast													0	0
18	Profit/Loss Disposal of Assets	Actual/F'cast													0	0
19	Cost - Total	Actual/F'cast	16,491	16,622	17,310	17,089	16,565	17,615	17,741	17,695	17,853	19,917	18,337	22,555	154,981	215,791
20	Net surplus/ (deficit)	Actual/F'cast	20	18	17	46	334	563	237	63	(124)	(379)	(404)	(392)	1,174	0

B. Assessment of Financial Forecast Positions

Year-to-date (YTD)	£'000	
21. Actual YTD surplus/ (deficit)	1,174	
22. Actual YTD surplus/ (deficit) last month	1,298	
23. Current month actual surplus/ (deficit)	(124)	
		Trend
24. Average monthly surplus/ (deficit) YTD	130	▼
25. YTD /remaining months	391	

Full-year surplus/ (deficit) scenarios	£'000
26. Extrapolated Scenario	802
27. Year to Date Trend Scenario	1,565

C. DEL/AME Depreciation & Impairments

[illegible]

D. Accountancy Gains

[illegible]

E. Committed Reserves & Contingencies

[illegible]

Table B1 - Net Expenditure Profile Analysis

This Table is currently showing 0 errors

A. PROVIDER PAY EXPENDITURE ANALYSIS

Pay - Expenditure Profiles	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
1 Total Gross Pay Expenditure - Plan	1,068	1,078	1,242	1,206	1,219	1,219	1,231	1,239	1,208	1,254	1,254	1,267	10,710	14,485
2 Establishment - Actual/Forecast Gross	1,021	1,050	1,108	1,092	1,032	1,135	1,144	1,141	1,126	1,203	1,203	1,203	9,849	13,459
3 Variable - Actual/Forecast Gross													0	0
4 Agency/Locum Paid at a Premium - Actual/Forecast Gross	13	40	83	50	15	84	63	60	44	55	55	55	452	617
5 Committed Reserves - Actual/Forecast Gross													0	0
6 Other - Actual/Forecast Gross													0	0
7 Total Gross Expenditure - Actual/Forecast	1,034	1,090	1,191	1,142	1,047	1,219	1,207	1,201	1,170	1,258	1,258	1,258	10,301	14,076
8 Gross Expenditure Variance	(34)	12	(51)	(64)	(172)	0	(24)	(38)	(38)	4	4	(9)	(409)	(409)
9 Total Workforce Savings - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10 Establishment Savings - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11 Variable Pay Savings - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12 Agency/Locum Paid at a Premium Savings - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13 Other Workforce Savings - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14 Total Workforce Savings - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15 Pay Savings Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16 Pay Accountancy Gains - Plan													0	0
17 Pay Accountancy Gains - Actual/Forecast													0	0
18 Pay Accountancy Gains Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19 Net Expenditure - Plan	1,068	1,078	1,242	1,206	1,219	1,219	1,231	1,239	1,208	1,254	1,254	1,267	10,710	14,485
20 Net Expenditure - Actual/Forecast (as per Table B)	1,034	1,090	1,191	1,142	1,047	1,219	1,207	1,201	1,170	1,258	1,258	1,258	10,301	14,076
21 Net Expenditure - Variance	(34)	12	(51)	(64)	(172)	0	(24)	(38)	(38)	4	4	(9)	(409)	(409)

B. NON PAY (excluding drugs & depreciation) EXPENDITURE ANALYSIS

Non Pay - Expenditure Profiles	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
22 Total Gross Non Pay Expenditure - Plan	1,086	1,107	1,138	1,191	1,119	1,189	925	954	1,246	1,412	1,273	1,739	9,955	14,379
23 Non Pay - Actual/Forecast Gross	1,096	1,266	1,087	1,162	901	1,219	1,242	936	817	1,433	1,675	2,098	9,726	14,932
24 Non Pay Other - Actual/Forecast Gross													0	0
25 Committed Reserves - Actual/Forecast Gross													0	0
26 Total Expenditure - Actual/Forecast	1,096	1,266	1,087	1,162	901	1,219	1,242	936	817	1,433	1,675	2,098	9,726	14,932
27 Non Pay Expenditure Variance	10	159	(51)	(29)	(218)	30	317	(18)	(429)	21	402	359	(229)	553
28 Total Non Pay Savings - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29 Non Pay Savings - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30 Non Pay Savings Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31 Non Pay Accountancy Gains - Plan													0	0
32 Non Pay Accountancy Gains - Actual/Forecast													0	0
33 Non Pay Accountancy Gains Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
34 Net Expenditure - Plan	1,086	1,107	1,138	1,191	1,119	1,189	925	954	1,246	1,412	1,273	1,739	9,955	14,379
35 Net Expenditure - Actual/Forecast (as per Table B)	1,096	1,266	1,087	1,162	901	1,219	1,242	936	817	1,433	1,675	2,098	9,726	14,932
36 Net Expenditure - Variance	10	159	(51)	(29)	(218)	30	317	(18)	(429)	21	402	359	(229)	553

C. DRUGS EXPENDITURE ANALYSIS

[illegible]

D. PRIMARY CARE CONTRACTOR (excl drugs, incl Non Resource Limited) EXPENDITURE ANALYSIS

[illegible]

E. CONTINUING HEALTHCARE/ FUNDED NURSING CARE EXPENDITURE ANALYSIS

Continuing Healthcare / Funded Nursing Care - Expenditure Profiles	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
67 Total Continuing Healthcare / Funded Nursing Care Gross Expenditure - Plan													0	0
68 Continuing Healthcare / Funded Nursing Care - Actual/Forecast Gross													0	0
69 Committed Reserves - Actual/Forecast Gross													0	0
70 Total Gross Continuing Healthcare / Funded Nursing Care Expenditure - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
71 Gross Continuing Healthcare / Funded Nursing Care Expenditure Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
72 Total Continuing Healthcare / Funded Nursing Care Savings - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
73 Continuing Healthcare / Funded Nursing Care Savings - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
74 Continuing Healthcare / Funded Nursing Care Savings Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75 Continuing Healthcare / Funded Nursing Care Accountancy Gains - Plan													0	0
76 Continuing Healthcare / Funded Nursing Care Accountancy Gains - Actual/Forecast													0	0
77 Continuing Healthcare / Funded Nursing Care Accountancy Gains Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
78 Net Expenditure - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
79 Net Expenditure - Actual/Forecast (as per Table B)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
80 Net Expenditure - Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0

F. COMMISSIONED SERVICES (Health Care & Non HealthCare) EXPENDITURE ANALYSIS

Commissioned Services - Expenditure Profiles	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
81 Total Gross Commissioned Services Expenditure - Plan	14,318	14,308	14,982	14,675	14,757	16,292	14,998	15,565	15,235	17,180	15,566	18,562	135,129	186,437
82 HealthCare Services Provided by Other NHS Bodies - Actual/Forecast Gross													0	0
83 Non HealthCare Services Provided by Other NHS Bodies - Actual/Forecast Gross													0	0
84 Other Private & Voluntary - Actual/Forecast Gross	14,321	14,225	14,992	14,745	14,577	15,137	15,252	15,518	15,826	17,183	15,361	19,156	134,593	186,293
85 Joint Financing & Other - Actual/Forecast Gross													0	0
86 Committed Reserves - Actual/Forecast Gross													0	0
87 Total Gross Expenditure - Actual/Forecast	14,321	14,225	14,992	14,745	14,577	15,137	15,252	15,518	15,826	17,183	15,361	19,156	134,593	186,293
88 Gross Expenditure Variance	3	(83)	10	70	(180)	(1,155)	254	(47)	591	3	(205)	594	(536)	(144)
89 Total Commissioned Services - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
90 Commissioned Services Savings - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
91 Commissioned Services Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
92 Commissioned Services Accountancy Gains - Plan													0	0
93 Commissioned Services Accountancy Gains - Actual/Forecast													0	0
94 Commissioned Services Accountancy Gains Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
95 Net Expenditure - Plan	14,318	14,308	14,982	14,675	14,757	16,292	14,998	15,565	15,235	17,180	15,566	18,562	135,129	186,437
96 Net Expenditure - Actual/Forecast (as per Table B)	14,321	14,225	14,992	14,745	14,577	15,137	15,252	15,518	15,826	17,183	15,361	19,156	134,593	186,293
97 Net Expenditure - Variance	3	(83)	10	70	(180)	(1,155)	254	(47)	591	3	(205)	594	(536)	(144)

This Table is currently showing 0 errors

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	
1	Administrative, Clerical & Board Members	598	605	710	698	617	714	712	718	691	743	743	743	6,063	8,291
2	Medical & Dental	362	403	388	355	366	433	407	391	392	428	428	428	3,497	4,782
3	Nursing & Midwifery Registered	6	10	11	11	(11)	0	0	0	0				27	27
4	Prof Scientific & Technical	55	59	67	65	62	62	72	78	75	73	73	73	595	814
5	Additional Clinical Services	13	13	15	13	13	10	16	14	12	14	14	14	119	162
6	Allied Health Professionals													0	0
7	Healthcare Scientists													0	0
8	Estates & Ancillary													0	0
9	Students													0	0
10	TOTAL PAY EXPENDITURE	1,034	1,090	1,191	1,142	1,047	1,219	1,207	1,201	1,170	1,258	1,258	1,258	10,301	14,076

Analysis of Pay Expenditure

11	LHB Provided Services - Pay	1,034	1,090	1,191	1,142	1,047	1,219	1,207	1,201	1,170	1,258	1,258	1,258	10,301	14,076
12	Other Services (incl. Primary Care) - Pay													0	0
13	Total - Pay	1,034	1,090	1,191	1,142	1,047	1,219	1,207	1,201	1,170	1,258	1,258	1,258	10,301	14,076
		0	0	0	0	0	0	0	0	0	0	0	0		

B - Agency / Locum (premium) Expenditure
- Analysed by Type of Staff

	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	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
1	Administrative, Clerical & Board Members	13	40	83	50	15	84	63	60	44	55	55	55	452	617
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	13	40	83	50	15	84	63	60	44	55	55	55	452	617
11	Agency/Locum (premium) % of pay	1.3%	3.7%	7.0%	4.4%	1.4%	6.9%	5.2%	5.0%	3.8%	4.4%	4.4%	4.4%	4.4%	4.4%
		0	0	0	0	0	0	0	0	0	0	0	0		

C - Agency / Locum (premium) Expenditure
- Analysed by Reason for Using Agency/Locum (premium)

	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	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
	REASON														
1	Vacancy	13	40	83	50	15	84	63	60	44	55	55	55	452	617
2	Maternity/Paternity/Adoption Leave													0	0
3	Special Leave (Paid) – inc. compassionate leave, interview													0	0
4	Special Leave (Unpaid)													0	0
5	Study Leave/Examinations													0	0
6	Additional Activity (Winter Pressures/Site Pressures)													0	0
7	Annual Leave													0	0
8	Sickness													0	0
9	Restricted Duties													0	0
10	Jury Service													0	0
11	WLI													0	0
12	Exclusion (Suspension)													0	0
13	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	13	40	83	50	15	84	63	60	44	55	55	55	452	617

Period : Dec 19

Table C - Identified Expenditure Savings Schemes (Excludes Income Generation and Accountancy Gains)

This Table is currently showing 1 errors

Some errors will be resolved when complete rows have data or associated tables are completed

[illegible]

Table C1- Savings Schemes Pay Analysis

			Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000	
				Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			YTD variance as %age of YTD Budget/Plan	Assessment		Full In-Year forecast			
																			Green £'000	Amber £'000	non recurring £'000	recurring £'000		
1	Changes in Staffing Establishment	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
2		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
4	Variable Pay	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
7	Locum	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
9		Variance	0	0	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		0	0			
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
13	Changes in Bank Staff	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
16	Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
19	Total	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
20		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
21		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			

Table C2- Savings Schemes Agency/Locum Paid at a Premium Analysis

			Month												Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD Budget/Plan	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
			1	2	3	4	5	6	7	8	9	10	11	12				Green £'000	Amber £'000	non recurring £'000	recurring £'000	
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar								
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000								
1	Reduced usage of	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	Agency/Locums paid at a premium	Actual/F'cast	0	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	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	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	0	0	0	
7	Medical - Impact of	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8	Agency pay rate caps	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11	Other (Please Specify)	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
13		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14	Total	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

This Table is currently showing 0 errors

Table C3 - Savings Tracker

Summary of Forecast Savings (£000's)	Cash-Releasing Saving (Pay)	Cash-Releasing Saving (Non Pay)	Cost Avoidance	Savings Total	Income Generation	Accountancy Gains
Planned Care	0	0	0	0	0	0
Unscheduled Care	0	0	0	0	0	0
Primary and Community Care (Excl Prescribing)	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0
Clinical Support	0	0	0	0	0	0
Non Clinical Support (Facilities/Estates/Corporate)	0	0	0	0	0	0
Commissioning	0	0	0	0	0	0
Across Service Areas	0	0	0	0	0	0
CHC	0	0	0	0	0	0
Prescribing	0	0	0	0	0	0
Medicines Management (Secondary Care)	0	0	0	0	0	0
Total	0	0	0	0	0	0

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:	11									
2 Total Confirmed Funding	215,535				215,535		215,045	146	146	

2. ANTICIPATED ALLOCATIONS

3 Workforce Modernisation Manager (KG)	60				60	NR	60			Richard Dudley - Month 1
4 Development Fund adjustment	(600)				(600)	NR	(600)			Steve Elliot - Month 8
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					
20					0					
21					0					
22					0					
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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	(540)	0	0	0	(540)		(540)	0	0	

3. TOTAL RESOURCES & BUDGET RECONCILIATION

57 Confirmed Resources Per 1. above	215,535	0	0	0	215,535		215,045	146	146	
58 Anticipated Resources Per 2. above	(540)	0	0	0	(540)		(540)	0	0	
59 Total Resources	214,995	0	0	0	214,995		214,505	146	146	

HEIW

Period : Dec 19

Table D - Income/Expenditure Assumptions

Annual Forecast

	LHB/Trust	Contracted Income £'000	Non Contracted Income £'000	Total Income £'000
1	Swansea Bay University	0	0	0
2	Aneurin Bevan University	0	0	0
3	Betsi Cadwaladr University	0	0	0
4	Cardiff & Vale University	0	0	0
5	Cwm Taf Morgannwg University	0	0	0
6	Hywel Dda University	0	0	0
7	Powys	0	0	0
8	Public Health Wales	0	0	0
9	Velindre	0	0	0
10	Wales Ambulance Services	0	0	0
11	WHSSC	0	0	0
12	EASC	0	0	0
13	HEIW	0	0	0
14	Total	0	0	0

Contracted Expenditure £'000	Non Contracted Expenditure £'000	Total Expenditure £'000
0	11,671	11,671
0	9,188	9,188
0	14,288	14,288
0	18,593	18,593
0	11,277	11,277
0	6,779	6,779
0	520	520
0	1,154	1,154
0	22,147	22,147
0	725	725
0	0	0
0	0	0
0	0	0
0	96,342	96,342

This Table is currently showing 0 errors

Table F - Overview Of Key Risks / Opportunities Affecting Forecast Outturn

		FORECAST YEAR END			
		Worst Case £'000	Likelihood	Best Case £'000	Likelihood
	Current Reported Forecast Outturn	0		0	
	Risks (negative values)				
1	Non delivery of Saving Plans/CIPs				
2	Continuing Healthcare				
3	Prescribing				
4	Pharmacy Contract				
5	WHSSC Performance				
6	Other Contract Performance				
7	GMS Ring Fenced Allocation Underspend Potential Claw back				
8	Dental Ring Fenced Allocation Underspend Potential Claw back				
9	Relocation Expenses	(404)	Medium		
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
	Opportunities (positive values)				
23	Retention of Students	404	High	2,196	Medium
24	Take up of bursary funding			404	Medium
25					
26					
27					
28					
29					
30	Total Risks /Opportunities	0		2,600	
31	Total Amended Forecast	0		2,600	

HEIW

Period : Dec 19

This table needs completing from Month 3 onwards

This Table is currently showing 0 errors

Table G - Statement of Financial Position For Monthly Period

	Opening Balance Beginning of Apr 19 £'000	Closing Balance End of Dec 19 £'000	Forecast Closing Balance End of Mar 20 £'000
Non-Current Assets			
1 Property, plant and equipment	2,989	2,643	2,645
2 Intangible assets	0		0
3 Trade and other receivables	0		0
4 Other financial assets	0		0
5 Non-Current Assets sub total	2,989	2,643	2,645
Current Assets			
6 Inventories	0		0
7 Trade and other receivables	801	768	801
8 Other financial assets	0		0
9 Cash and cash equivalents	6,240	157	1,847
10 Non-current assets classified as held for sale	0		0
11 Current Assets sub total	7,041	925	2,648
12 TOTAL ASSETS	10,030	3,568	5,293
Current Liabilities			
13 Trade and other payables	6,121	19,272	4,790
14 Other financial liabilities			
15 Provisions	30	30	0
16 Current Liabilities sub total	6,151	19,302	4,790
17 NET ASSETS LESS CURRENT LIABILITIES	3,879	(15,734)	503
Non-Current Liabilities			
18 Trade and other payables	194	194	171
19 Other financial liabilities			
20 Provisions			
21 Non-Current Liabilities sub total	194	194	171
22 TOTAL ASSETS EMPLOYED	3,685	(15,928)	332
FINANCED BY: Taxpayers' Equity			
23 General Fund	3,685	(15,928)	332
24 Revaluation Reserve			
25 Total Taxpayers' Equity	3,685	(15,928)	332

	Opening Balance Beginning of Apr 19	Closing Balance End of Dec 19	Closing Balance End of Mar 20
EXPLANATION OF ALL PROVISIONS			
26 Anticipated Legal Costs	30	30	0
27			
28			
29			
30			
31			
32			
33			
34			
35 Total Provisions	30	30	0

ANALYSIS OF WELSH NHS RECEIVABLES (current month)

36 Welsh NHS Receivables Aged 0 - 10 weeks
37 Welsh NHS Receivables Aged 11 - 16 weeks
38 Welsh NHS Receivables Aged 17 weeks and over

£'000
2
0
0

ANALYSIS OF TRADE & OTHER PAYABLES (opening, current & closing)

	£'000	£'000	£'000
39 Capital	0	0	0
40 Revenue	6,315	19,466	4,961

This Table is currently showing 1 errors

Table H - 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)	17,300	14,000	14,500	14,000	8,500	15,500	17,500	16,500	17,000	19,200	22,000	34,000	210,000
2	WG Revenue Funding - Non Cash Limited (NCL)													0
3	WG Revenue Funding - Other (e.g. invoices)	3		100										103
4	WG Capital Funding - Cash Limit												146	146
5	Sale of Assets													0
6	Income from other Welsh NHS Organisations				28		54	18	46	34				180
7	Other - (Specify in narrative)	210	35	64	42	614	270	70	35	59				1,399
8	TOTAL RECEIPTS	17,513	14,035	14,664	14,070	9,114	15,824	17,588	16,581	17,093	19,200	22,000	34,146	211,828
	PAYMENTS													
9	Primary Care Services : General Medical Services													0
10	Primary Care Services : Pharmacy Services													0
11	Primary Care Services : Prescribed Drugs & Appliances													0
12	Primary Care Services : General Dental Services													0
13	Non Cash Limited Payments													0
14	Salaries and Wages	838	1,085	1,136	1,223	1,052	1,112	1,208	1,132	1,201	1,258	1,258	1,561	14,065
15	Non Pay Expenditure	12,288	13,537	13,515	15,670	15,011	14,292	15,547	16,851	15,848	16,643	18,616	34,192	202,010
16	Capital Payment									18	61	10	57	146
17	Other items (Specify in narrative)													0
18	TOTAL PAYMENTS	13,126	14,622	14,651	16,893	16,063	15,404	16,755	17,983	17,067	17,962	19,884	35,810	216,221
19	Net cash inflow/outflow	4,387	(587)	13	(2,823)	(6,949)	420	833	(1,402)	26	1,238	2,116	(1,664)	
20	Balance b/f	6,240	10,627	10,040	10,053	7,230	281	701	1,534	132	158	1,396	3,511	
21	Balance c/f	10,627	10,040	10,053	7,230	281	701	1,534	132	158	1,396	3,511	1,847	

Table I - PSPP

This table needs completing on a quarterly basis

NOTE: Data to 1 decimal place

30 DAY COMPLIANCE		YEAR TO DATE			FORECAST YEAR END		
PROMPT PAYMENT OF INVOICE PERFORMANCE		Target %	Actual %	Variance %	Target %	Forecast %	Variance %
1	% of NHS Invoices Paid Within 30 Days - By Value	95.0%	94.3%	-0.7%	95.0%	95.0%	0.0%
2	% of NHS Invoices Paid Within 30 Days - By Number	95.0%	86.7%	-8.3%	95.0%	88.0%	-7.0%
3	% of Non NHS Invoices Paid Within 30 Days - By Value	95.0%	99.5%	4.5%	95.0%	99.0%	4.0%
4	% of Non NHS Invoices Paid Within 30 Days - By Number	95.0%	95.1%	0.1%	95.0%	95.0%	0.0%

10 DAY COMPLIANCE		YEAR TO DATE			FORECAST YEAR END		
PROMPT PAYMENT OF INVOICE PERFORMANCE			Actual %			Forecast %	
5	% of NHS Invoices Paid Within 10 Days - By Value		52.0%			52.0%	
6	% of NHS Invoices Paid Within 10 Days - By Number		35.7%			35.0%	
7	% of Non NHS Invoices Paid Within 10 Days - By Value		70.8%			70.0%	
8	% of Non NHS Invoices Paid Within 10 Days - By Number		38.9%			40.0%	

This Table is currently showing 0 errors

Table J - 2019/20 Capital Resource Limit Management

£'000 146
 Approved CRL issued at : 4/11/19

Ref:	Performance against CRL	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	Pharmacy Equipment	0	0	0	46	46	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	46	46	0
	Discretionary:						
43	I.T.	18	18	0	38	38	0
44	Equipment			0			0
45	Statutory Compliance			0			0
46	Estates	0	0	0	62	62	0
47	Other			0			0
48	Sub Total	18	18	0	100	100	0

Ref:	Performance against CRL	Year To Date			Forecast		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	F'cast £'000	Variance £'000
	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	18	18	0	146	146	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	18	18	0	146	146	0
93	PERFORMANCE AGAINST CRL (Under)/Over		(128)			0	

This Table is currently showing 0 errors

Table K - In Year Capital Scheme Profiles

Ref:	All Wales Capital Programme: Schemes:	Project Manager	2019-20 Forecast		Capital Expenditure Monthly Profile												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	Pharmacy Equipment	Margaret Allen	46	46												46	46	Medium
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	
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	Sub Total		46	46	0	0	0	0	0	0	0	0	0	0	0	0	46	46
Discretionary:																		
35	Additional Computer Requirements	Jim Colhoun	38	38									18	20			38	Low
36	Estates Work	David Price	21	21											10	11	21	Low
37	Increased Capacity Project	David Price	41	41										41			41	Low
38																	0	
39																	0	
40	Sub Total		100	100	0	0	0	0	0	0	0	0	18	61	10	11	100	
Other Schemes:																		
41																	0	
42																	0	
43																	0	
44																	0	
45																	0	
46																	0	
47																	0	
48																	0	
49																	0	
50																	0	
51																	0	
52																	0	
53																	0	
54																	0	
55																	0	
56																	0	
57																	0	
58																	0	
59																	0	
60																	0	
61	Sub Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
62	Total Capital Expenditure		146	146	0	0	0	0	0	0	0	0	18	61	10	57	146	

Table L - Capital Disposals

This Table is currently showing 0 errors

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 2019)	MM/YY (text format, e.g. Apr 2019)	MM/YY (text format, e.g. Feb 2020)	£'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 2020)	MM/YY (text format, e.g. Apr 2020)	MM/YY (text format, e.g. Feb 2021)	£'000	£'000	£'000	£'000	
20								0	
21								0	
22								0	
23								0	
24								0	
25								0	
26								0	
27								0	
28								0	
29								0	
30								0	
31								0	
32								0	
33								0	
34								0	
35								0	
36								0	
37								0	
38								0	
	Total for future years				0	0	0	0	

[illegible]

Invoices paid since the end of the month:		
Total outstanding as per MR submission date:	0.00	0.00

HEIW

Period : Dec 19

Table N - General Medical Services
Table to be completed from Q1

This Table is currently showing 0 errors

Operating Expenditure - ring fenced GMS budget

SUMMARY OF GENERAL MEDICAL SERVICES FINANCIAL POSITION		WG Allocation	Current Plan	Forecast Outturn	Variance	Year to Date
	LINE NO.	£000's	£000's	£000's	£000's	£000's
Global Sum	1					
MPIG Correction Factor	2					
Total Global Sum and MPIG	3				0	0
Quality Aspiration Payments	4					
Quality Achievement Payments	5					
Total Quality	6				0	0
Direct Enhanced Services (To equal data in Section A (i) Line 29)	7				0	
National Enhanced Services (To equal data in Section A (ii) Line 42)	8				0	
Local Enhanced Services (To equal data in Section A (iii) Line 95)	9				0	
Total Enhanced Services (To equal data in section A line 96)	10		0	0	0	0
LHB Administered (To equal data in Section B Line 114)	11				0	
Premises (To equal data in section C Line 150)	12				0	
IM & T	13				0	
Out of Hours (including OOHDF)	14				0	
Dispensing (To equal data in Line 166)	15				0	
Total	16	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	17				0	
Childhood Immunisation Scheme	18				0	
Mental Health	19				0	
Influenza & Pneumococcal Immunisations Scheme	20				0	
Services for Violent Patients	21				0	
Minor Surgery Fees	22				0	
MENU of Agreed DES						
Asylum Seekers & Refugees	23				0	
Care of Diabetes	24				0	
Care Homes	25				0	
Extended Surgery Opening	26				0	
Homeless	27				0	
Oral Anticoagulation with Warfarin	28					
TOTAL Directed Enhanced Services (must equal line 7)	29		0	0	0	0
National Enhanced Services A (ii)	LINE NO.	£000's	£000's	£000's	£000's	£000's
INR Monitoring	30				0	
Shared care drug monitoring (Near Patient Testing)	31				0	
Drug Misuse	32				0	
IUCD	33				0	
Alcohol misuse	34				0	
Depression	35				0	
MS	36				0	
Sexual health	37				0	
Minor injury services	38				0	
First response services	39				0	
Services to the homeless	40				0	
Intra partum care	41				0	
TOTAL National Enhanced Services (must equal line 8)	42		0	0	0	0
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	
Drugs Misuse	53				0	
Extended Minor Surgery	54				0	
Zoladex (inc Gonaderlins)	55				0	
Homeless	56				0	
HPV Vaccinations	57				0	
Immunisations (inc Pertussis excluding DES - Childhood Imm & Influenza & Pneumococcal Imm)	58				0	
Learning Disabilities	59				0	
Lithium / INR Monitoring	60				0	
Local Development Schemes	61				0	
Mental Health	62				0	
Methadone	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	
Sexual Health Services	75				0	
Shared Care	76				0	
Smoking Cessation	77				0	
Student Patient Registration	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	
	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 9)	95		0	0	0	0

TOTAL Enhanced Services (must equal line 10)	96		0	0	0	0
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GENERAL MEDICAL SERVICES
Operating Expenditure

		WG Allocation £000's	Current Plan £000's	Forecast Outturn £000's	Variance £000's	Year to Date £000's
LHB Administered	Section B	LINE NO.				
Seniority		97				
Doctors Retainer 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				
Designated Area Allowance		106				
Initial Practice Allowance		107				
Assistant's Allowance		108				
Associate Allowance		109				
Supply of syringes & needles		110				
Pneumococcal Campaign		111				
Pneumococcal Catch-up		112				
Other (please provide detail below, this should reconcile to line 135)		113				
TOTAL LHB Administered (must equal line 11)		114			0	0

	LINE NO.	£000's	£000's	£000's	£000's	£000's
Analysis of Other Payments (line 113)						
Additional Managed Practice costs (costs in excess of Global Sum/MPIG)	115					
CRB checks	116					
GP Ambulance bookings	117					
GP Locum payments	118					
GP Locums Employers Superannuation	119					
LHB Locality group costs	120					
Managing Practice costs (LHB employed staff working in GP practices to improve GP services)	121					
Primary Care Initiatives	122					
Salaried GP costs	123					
Stationery & Distribution	124					
Training	125					
Translation fees	126					
	127					
	128					
	129					
	130					
	131					
	132					
	133					
	134					
TOTAL of Other Payments (must equal line 113)	135					0

	LINE NO.	£000's	£000's	£000's	£000's	£000's
Premises						
Notional Rents	136					
Actual Rents: Health Centres	137					
Actual Rents: Others	138					
Cost Rent	139					
Clinical Waste	140					
Borrowing Costs	141					
Rates, Water, sewerage etc	142					
Health Centre Charges	143					
Improvement Grants	144					
N/Contract Premises Items	145					
District Valuers Fees	146					
Maintenance Allowance	147					
Legal Fees	148					
All other Premises (please detail below which should reconcile to line 158)	149					
TOTAL Premises (must equal line 12)	150				0	0

Analysis of Other Premises (Line 149)	LINE NO.	£000's	£000's	£000's	£000's	£000's
	151					
	152					
	153					
	154					
	155					
	156					
	157					
TOTAL of Other Premises (must equal line 149)	158					0

Memorandum item

Enhanced Services included above but in dispute with LMC (TOTAL)	159					
Enhanced Services included above but not yet formally agreed LMC	160					

GENERAL MEDICAL SERVICES
Dispensing

		WG Allocation £000's	Current Plan £000's	Forecast Outturn £000's	Variance £000's	Year to Date £000's
Dispensing Data	LINE NO.					
Cost of Drugs and Appliances, after discounts and plus container allowance (and plus VAT where applicable)						
Dispensing Doctors	161					
Prescribing Medical Practitioners - Personal Administration	162					
Dispensing Service Quality Payment	163					
Professional Fees and on-cost						
Dispensing Doctors	164					
Prescribing Medical Practitioners - Personal Administration	165					
TOTAL DISPENSING DATA (must equal line 15)	166				0	0

Where WG allocation and Current plan differ this section must be completed		Allocation	Plan
Movements between Allocation and Current Plan	167		
Difference		0	
	168		
	169		
	170		
	171		
	172		
	173		
	174		
	175		
	176		
	177		
	178		
	179		
	180		
	181		
	182		
	183		
	184		

HEIW

Period : Dec 19

Table O - General Dental Services

This Table is currently showing 0 errors

Table to be completed from Q1

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					
Domiciliary Services	16					
Sedation services including GA	17					
Continuing professional development	18					
Occupational Health / Hepatitis B	19					
Refund of patient charges	20					
Design to Smile	21					
Other Community Dental Services	22					
Gwen Am Byth-oral health in care homes	23					
Dental Foundation Training/Vocational Training	24					
DBS/CRB checks	25					
Health Board staff costs associated with the delivery / monitoring of the dental contract	26					
Oral Surgery	27					
Orthodontics	28					
Special care dentistry e.g. WHC/2015/002	29					
Oral Health Promotion/Education	30					
	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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Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Meeting Date	30 January 2020	Agenda Item	4.2
Report Title	HEIW Integrated Performance Report		
Report Author	Chris Payne		
Report Sponsor	Julie Rogers		
Presented by	Julie Rogers		
Freedom of Information	Open		
Purpose of the Report	To provide the Board with an update on performance based on the agreed Integrated Performance Framework.		
Key Issues	<p>In general, there has been good progress in the last period, particularly in relation to delivery of key projects and programmes including the Workforce Strategy for Health and Social Care. In terms of education and training there have been positive results in terms of fill rates across a number of professional groups, despite the continued increase in investment in these areas.</p> <p>A key area for improvement going forward is HEIW progress in relation to PADRs and statutory and mandatory compliance.</p> <p>The framework itself continues to evolve. There is a need to review the efficiency and effectiveness in relation to data collection and validation in line with performance requirements, reporting timescales and how to most appropriately reflect HEIW performance.</p> <p>Going forward it will be important to ensure that the right capacity and expertise is available to continue to refine the performance framework and performance reporting arrangements.</p> <p>It is anticipated that recommendations for further improvement will be identified as part of the WAO Structured Assessment process</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			✓
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note current performance and associated actions. • Note the ongoing work required to develop the integrated performance framework 		

Integrated Performance Management

1. INTRODUCTION

This paper provides the Board with a second performance report covering the period to December 2019.

2. BACKGROUND

The integrated performance management report aims to define and align the delivery of operational performance targets, quality indicators and outcome measures. The Board have previously acknowledged that this is an iterative process and the high-level dashboard and accompanying performance narrative will continue to develop as new and enhanced information becomes available through engagement with directorates and teams. The integrated performance report can be found in **Appendix A** with accompanying narrative.

3. CURRENT PERFORMANCE OVERVIEW

Progress against Annual Plan and Remit Letter Actions

HEIW has reviewed progress against objectives in the annual plan and remit letters. The organisation continues to make good progress, and one of the significant achievements in the current period has been the completion of the Workforce Strategy for Health and Social Care. There are only 3 key projects classified as having a 'Red' RAG (red, amber, green) rating according to HEIW's adopted classification system for managing projects and risks. More detail can be found in Section 1, Projects and Programmes, but the outlook for delivery against project milestones is positive.

Commissioning Activity - Training & Educational Placements

HEIW has revised its figures following recent recruitment and commissioning rounds. This has shown a significant improvement in General Practice, where the latest annual recruitment exercise commencing in August 2019 and February 2020 achieved 186 accepted offers of training places. This is a significant increase compared to previous base training place numbers of 136 and the opportunity provided by WG to increase that to an informal level of 160 in this recruitment round should suitable trainees be available. More detail can be found in Section 2, Education and Training Activity, but this is an excellent result. Across other professions, despite increasing availability of training places we continue to see improved figures for the numbers in education with the exception of Dental foundation training for this particular recruitment period.

A comprehensive performance report for 2018-19 showing a range of information and data in respect of health professional education was considered at the HEIW Education Commissioning & Quality meeting on Monday 20th January. Whilst there is a significant amount of performance data available retrospectively the data currently available to us in year is limited. This is something we are working on with colleagues with a view to identifying meaningful data that could add value if it were to be collected in year.

Quality

In terms of quality, the GMC National Training Survey 2019 results report that trainees' overall satisfaction in Wales is the highest in the UK following a minor decrease in 2018.

However, there are many opportunities to improve satisfaction and more detail can be found in Section 3, Quality and Outcomes.

Corporate Performance

There have been substantial movements in compliance rates on the two core workforce KPIs of PADR recording and Statutory and Mandatory compliance, taking account of the new reporting arrangements that differentiate between “core” and “sessional” staff.

In addition, it is worth highlighting that the HEIW sickness rate was 2.4% (Dec 18-Nov 19), significantly lower than the NHS Wales sickness target of 4.7%. The HEIW staff survey response rate was 48%, compared to the NHS Wales response rate of 29%. Both of these indicators are positive as they cover periods where staff have experienced significant organisation change. More detail can be found in Section 4, Corporate Performance.

In summary, current performance indicates that the organisation is on course to deliver against the majority of its commitments and targets by the end of the year.

4. GOVERNANCE AND RISK ISSUES

The performance dashboard has been developed through engagement across HEIW directorates to consider the information available and the information that would add value from a high-level dashboard perspective.

The initial performance report and narrative has been shared with Welsh Government and discussed at our recent Joint Executive Team and Quality and Delivery Meetings. As a result of these interactions, the performance report has been refined to take on board specific requirements and to provide a greater level of detail where available.

Large volumes of data are available within the organisation. Work continues to ensure that appropriate data is collected, validated and received in an appropriate format to enable a more efficient process to be undertaken and to ensure that appropriate data is available in required timescales to support and enhance future decision making and scrutiny.

The process recently undertook an internal audit and the audit opinion and recommendations are currently awaited. Where applicable, recommendations will be taken forward in due course and in line with identified further developments below.

Further Developments

Through the development of the report, the following work is to be undertaken to support and enhance future reports and will lead to changes being incorporated as soon as possible;

- Review of the process for data collection and move to a monthly collection via templates;
- Establish regular meetings of the Performance Management Group;
- Establish smaller working groups to address key areas of HEIW’s work that affect multiple teams, i.e. ARCP, fill rates/commissioned places, CPD to agree a consistency in approach

- Hold a series of data meetings with individual data holders (departments) to improve understanding and consider data collection and reporting for their specific area which most appropriately will reflect performance
- Develop KPIs and targets which are clearly linked to strategic objectives, against which the Board can scrutinise performance
- Using the outcomes of the data meetings, develop an action plan to incorporate changes to future iterations of the performance report on a phased basis
- Considering training for managers in developing performance reports, in collaboration with the People team.

5. FINANCIAL IMPLICATIONS

The development of the framework is being supported through existing budgeted resources

6. RECOMMENDATION

It is recommended that the Board:

- Note current performance and associated actions as outlined in Appendix A
- Note the ongoing work required to develop the integrated performance framework

Governance and Assurance				
Link to corporate objectives (please ✓)	As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand	Building a sustainable and flexible health and care workforce for the future.	With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery.	Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges.
	✓			✓
	Improving opportunities for use of technology and digitalisation in the delivery of education and care.	Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales	Demonstrating value from investment in the workforce and the organisation.	
	✓		✓	
Quality, Safety and Patient Experience				
N/A				
Financial Implications				
There are no financial implications for Executives to consider/approve at this stage.				
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	26 September – Public Board – Performance Report			
Appendices	Appendix A – Performance Report			



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

**Health Education and Improvement Wales
Organisational Performance Report 2
January 2020**

EXECUTIVE SUMMARY

Since the last report to Board on 26 September 2019, key highlights include:

Progress against Annual Plan and Remit Letter Actions

The organisation continues to make good progress against the objectives in the annual plan and remit letter. One of the significant achievements since the first report has been the completion of the final draft Workforce Strategy for Health and Social Care.

There are 3 key projects classified as having a 'Red' RAG (red, amber, green) status. More detail can be found in Section 1, Projects and Programmes, but the outlook for delivery against project milestones is positive.

Commissioning Activity - Training & Educational Placements

HEIW has updated these figures following recent recruitment and commissioning rounds. There has been a significant improvement in General Practice, where the latest annual recruitment exercise commencing in August 2019 and February 2020 achieved a fill rate of 117% against the available 160 posts (informally agreed with the Minister for Health and Social Services). More detail can be found in Section 2, Education and Training Activity, but this is an excellent result. Across other professions, despite increased numbers of places being made available, we continue to see improved fill rates with the exception of Dental Foundation Training for this particular recruitment period.

Quality

In terms of quality, the GMC National Training Survey 2019 results report that trainees' overall satisfaction in Wales is the highest in the UK following a minor decrease in 2018. However, there remain opportunities to improve satisfaction; more detail can be found in Section 3, Quality and Outcomes.

Corporate Performance

There have been substantial movements in compliance rates on the two core workforce KPIs of appraisals (PADR) and Statutory and Mandatory Training compliance, taking account of the new reporting arrangements that differentiate between "core" and "sessional" staff for whom HEIW is not the main employer.

Of note, is the organisation's sickness rate for December 2018-November 2019 which at 2.4% is the lowest in Wales and significantly lower than the NHS Wales target of 4.7%. More detail can be found in Section 4, Corporate Performance.

INTRODUCTION

An overview of the HEIW Integrated Performance Framework is outlined in the following table. The Framework continues to evolve as we learn more about our functions during our first full year of operation and refine it to ensure that it provides the organisation and our stakeholders with appropriate measures and assurance about progress and performance.

Strategic Objectives and Indicators		
Strategic Objective	Section	Indicator
SECTION 1 – Projects and Programmes	HEIW Strategic Objectives – Project Update	Quarterly updates of progress, with RAG ratings
SECTION 2 – Education and Training Activity	Commissioned Places	<ul style="list-style-type: none"> Recruitment target against numbers Training and student places filled during recruitment
	Continuing Professional Development (CPD) course activity	Face-to-face CPD activity
SECTION 3 – Quality and Outcomes	Quality Management	Outcomes of targeted visits
	Trainee Survey Results	GMC National Training Surveys (Trainees) results
	Annual Review of Competency Progression (ARCP)	Numbers of ARCPs undertaken and outcomes reported
	Professional Support Unit (PSU)	<ul style="list-style-type: none"> Numbers of referrals Reasons for referrals
	Trainee Progression Governance (TPG)	Number of appeal cases
	Medical Appraisal and Revalidation	Number of appraisals completed
SECTION 4 – Corporate Performance	HEIW Performance Metrics	<ul style="list-style-type: none"> Headcount Number of instances of Disciplinary & Grievance % sickness absence Staff turnover Targets for PADR, Statutory & Mandatory training and Welsh Language Staff survey response rate Number of flu vaccines Numbers of FOIs and complaints Finance Public Sector Payment Policy (PSPP) target

Notes:

1. The methods for delivering information about performance management are still under consideration in line with timescales for reporting. Given our wide range of functions for current performance measures, these will relate to differing periods depending on when and for what period data is available at any point in time. We will look to include the most up-to-date data where it is available.
2. We strive to report information we believe is of value to measure the performance of the organisation, we are working with teams to review the information required and methods of data collection to determine short and longer-term goals and actions. As part of a process of continual improvement, indicators will be reviewed and amended as needs dictate.

SECTION 1 – Projects and Programmes

HEIW Strategic Objectives – Project Update

The HEIW Annual Plan 19/20 identified over 40 developments and projects needed to deliver its seven strategic objectives. HEIW has identified 25 key projects that will be formally measured via this performance management process. (NB A comprehensive mid-year review of the annual plan and all 40 developments and projects was produced for the mid-year JET meeting and submitted to the Board in November 2019.)

In addition, in June 2019, Welsh Government (WG) presented 6 additional actions via a Remit Letter, which we have included in our monitoring.

Since the last report, of significant note is the completion of the national **Workforce Strategy for Health and Social Care**, in line with 'A Healthier Wales', 2018. This was submitted to WG at the end of December and is awaiting ministerial approval.

Also of note is progress made towards the following:

Reinvigorating leadership development and succession planning across health and social care. This has included the development of a digital leadership portal which hosts leadership resources and provides details of networks and alumni. Alongside this, HEIW hosted a Leadership engagement conference which was attended by over 250 delegates to support the development of the Leadership Development Framework and principles document, with a key note speech from Professor Michael West. HEIW also hosted an online webinar with Professor Michael West to further engage with the Health and Social Care workforce, providing an opportunity for people to engage and get specific responses to their questions on compassionate Leadership.

Developing a **Simulation strategy** (5D), as part of improving opportunities for use of technology and digitalisation in the delivery of education and care. HEIW hosted an inaugural Simulation Leads network workshop in December 2019. This brought together individuals from across a wide range of locations, sectors and professions to open dialogue around existing practice and the opportunities available to enhance the national approach to Simulation Based Education.

In general, good progress has been achieved in delivering the 25 projects, with the vast majority on track or completed as summarised below:

HEIW Strategic Objectives as at Dec-19																								
Health Education and Improvement Wales - Remit Letter 2019-20					Obj1: As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand					Obj2: Building a sustainable and flexible health and care workforce for the future					Obj3: With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery					Obj4: Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges				
RED	AMBER	GREEN			RED	AMBER	GREEN			RED	AMBER	GREEN			RED	AMBER	GREEN			RED	AMBER	GREEN		
0	3	3			0	2	0			0	5	2			1	1	1			1	5	0		

Appendix A – HEIW Performance Report

Status	Number	Comment
Green	9	<p>Increase of 1 since the last report: (SO2A) Development of a workforce strategy for Health and Social Care</p> <p>Other completed projects are:</p> <p>4 Remit Letter projects (1, 2, 3 & 5)</p> <ol style="list-style-type: none"> 1. Evaluate the Mid/West Wales Academic Fellows scheme 2. Career framework and supporting education framework for General Practice Nurses 3. Lead work with NHS organisations to determine cost effective ways to deliver the additional 80 district nurses 5. Offer a workforce perspective and advise on workforce implications arising from key Government documents <p>(SO1B) Development of a People and OD strategy</p> <p>(SO2Biv) Implement a new model of Pre-Reg Pharmacist Training in Wales</p> <p>(SO2C) Develop a framework for advanced and consultant practice</p> <p>(SO3D key project) Development of a joint health and social care induction framework</p>
Amber	19	<p>Decrease of 1 since the last report: (SO2A) Development of a workforce strategy for Health and Social Care</p>
Red	3	<p>(SO3) With Social Care Wales shaping the workforce to deliver care closer to home</p> <p>Development of a framework for expanding education and training in primary and community care. This project has now been scoped and will be discussed in more detail at a stakeholder workshop in March 2020 with actions being included in our IMTP.</p> <p>(SO4Ai) Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges</p> <p>Development of a multi-professional workforce plan for emergency medicine; this project is back on track, now that a project manager has been appointed and is due to join at the beginning of April.</p> <p>(SO7) Demonstrating Value from Investment</p> <p>Development of a plan for future allocation of SIFT. As it was in the last report, this project is red flagged. This is dependent on decisions from WG and will be carried forward into our IMTP</p>

Red – Not Started/Behind Schedule

Amber – On Track

Green – Complete

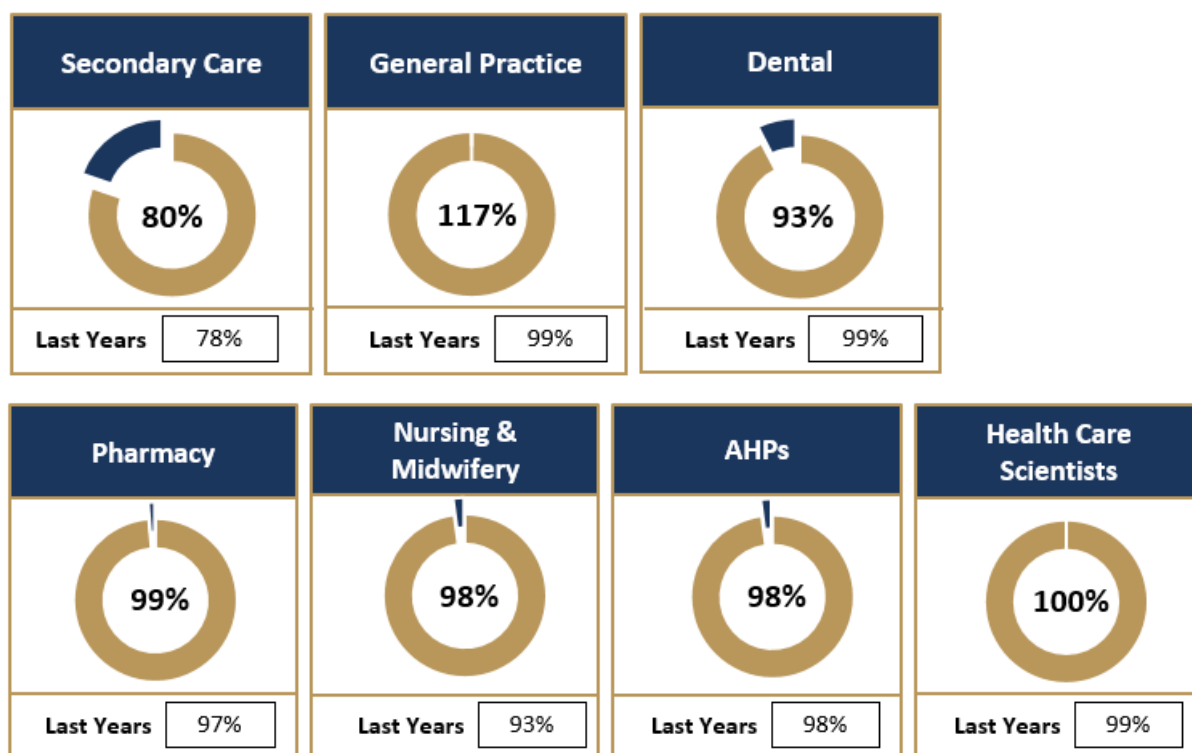
SECTION 2 – Education and Training Activity

Commissioned Places

A significant proportion of HEIW's budget is used to commission a range of undergraduate and postgraduate education from a variety of HEIs. This section monitors details of recruitment and commissioning activity against places available.

Currently, across the professional areas, there are differences in how fill rates are being reported (WTE, headcount, commissioned places). As we further develop performance monitoring, we plan to agree a consistent approach in how we report this key investment indicator.

Overall fill rates are in a positive position compared with last year, despite the fact that there has been a general increase in the commissioning numbers due to increased investment in education and training. The exception to this is dental. Further detail is provided below.



Medical Education – Dental

The Dental fill rate, which includes Dental Foundation Training (DFT), Dental Core Training (DCT) and Dental Specialty Training, is lower than the same point in the previous year (93% compared to 99%). This is as a direct consequence of 8 out of 76 Dental Foundation Training posts on the West Wales Scheme not being filled on 1st September 2019. It is important to note that, unusually, this was a UK-wide issue following this recruitment round. For Wales, this is unprecedented; Wales has previously always had a 99-100% fill rate. The reasons for this are complex but, fundamentally, there were more DFT posts available than UK applicants (due to a smaller number of candidates graduating), and the reticence of European/Overseas graduates to preference Wales as an option also played a part.

Medical Education – Secondary Care

The data for Secondary Care provides an overview of occupancy across all training grades and programmes in Wales (as opposed to recruitment data), giving a greater level of practical detail compared to the known recruitment of 84% in the latest recruitment round. Currently, this is not the same for fill rates across the other professions. These occupancy levels reflect a number of factors outside of HEIW's control including supply of trainees, cohort preferences and behaviours, intakes and experiences at medical school and subsequently at postgraduate level.

Comparing these figures to those from the recent recruitment round following the introduction of incentives and specific targeted campaigns we have seen an increase in appointees in certain areas such as psychiatry; however the legacy of multiple years of poor recruitment will take a few years to work through the system. This is reflected particularly in occupancy rates for both Core and Higher psychiatry programmes. Whilst recruitment for the three-year Core Psychiatry 2019 intake reached 100%, this was not the case in 2018 (79%) and 2017 (33%), as a result of which insufficient numbers of trainees are progressing through the Core programme to meet the requirements for higher Psychiatry programmes, impacting upon recruitment at that level.

Training Programmes such as Paediatrics and Obstetrics & Gynaecology have high rates of maternity leave, numbers of less than full-time trainees and attrition. The impact of this is seen particularly across the higher components of the training programmes as trainees commence their training at 100% WTE and then after 3-5 years have reduced to 60% WTE. This impacts Tier 2 rotas within Health Boards as these gaps are difficult to fill both from a training perspective and a service perspective due to a shortage of eligible individuals in these areas. As part of our workforce planning going forward, we are exploring the option to over-recruit in these areas to provide programme flexibility and rota sustainability across the seven or eight year programmes. This would have cost implications, which need to be explored in further detail.

In August 2019, the new Internal Medicine 3-year programme was implemented replacing the 2-year Core Medical Training programme. Whilst recruitment fill rates for this new programme reached 100% for August 2019, the transition arrangements associated with this new pathway have impacted upon occupancy rates, as fewer posts were advertised for 2019 than previous years. However, recruitment to the Core Medical Training Programme has been challenging for a number of years and, as a result, Health Boards have extensive experience of managing gaps within these rotas. That, coupled with regular engagement and communication leading up to this transition period, has mitigated any major challenges associated with these changes.

Medical Education – GP Specialty

This data relates to the fill rate for GP Training Schemes for the latest annual recruitment exercise for posts commencing in August 2019 and February 2020 and is based on training places filled.

For this recruitment round, HEIW secured agreement from Welsh Government to increase significantly the numbers of GP trainee places. The baseline target was previously 136 ST1 entrants to GP training per year. Following advice, the Minister for Health & Social Services indicated he was minded to support an increase to 160 places (+17%), with an option to recruit more should that be feasible. For the 2019/20 recruitment round, 186 offers of training places were accepted, which is, coincidentally, 17% above the indicative figure of 160 places.

This is an excellent result and will also enable GP training to be redesigned to ensure a greater focus on training in primary care settings, and a consequent improvement in the quality of training and the development of training infrastructure in primary care.

Pharmacy

We are working with the Pharmacy team to clarify the data collection in relation to available and commissioned places and how to appropriately present the data.

Pre-registration Pharmacy training

The overall fill rate for pre-registration pharmacist placements in Wales for the 2019-20 intake was 62%.

Recruitment of the 2020-21 intake has just completed with an overall fill rate in Wales of 97% of the 160 posts advertised, broken down to 100% fill on hospital and multi-sector placements and 95% fill on community placements. This can be seen as a significant success, with a record number of trainees accepting training places in Wales totalling 155 – an increase of 60% from 2019-2020. To support this, other improvements in terms of quality management and single lead employer arrangements are being implemented.

Pharmacy Diploma

Since the 2018 intake for Diploma, available numbers have been at 40 and this has also been agreed for the 2020 intake. Current fill rate is 95%. Going forward, the commissioning infrastructure of the Diploma is under review alongside the business case for an all-Wales vocational foundation pharmacist programme from 2021, due to be submitted to the HEIW Executive team in early 2020.

Pre-registration Pharmacy Technician training

The fill rate for Pre-Registration Pharmacy Technicians is 100% on hospital and multi-sector NHS commissioned posts (51 posts) for the 2019-20 intake, whereas the community fill rate was 30%. The low fill rate for community pharmacy is partially due to existing pharmacy staff not meeting the entry criteria. HEIW intends to make available an 'Access to Pre-Registration Pharmacy Technician training' route available during 2020/21 to increase the numbers of eligible staff in the workforce.

Pre-Registration Commissioning including Nursing & Midwifery, Allied Health Professionals (AHPs) and Healthcare Scientists

A comprehensive performance report for 2018-19 showing a range of information and data in respect of health professional education was considered at the HEIW Education Commissioning & Quality meeting on Monday 20th January. Whilst there is a significant amount of performance data available retrospectively the data currently available to us in year is limited. This is something we are working on with colleagues with a view to identifying meaningful data that could add value if it were to be collected in year. We are also conscious that at this stage significantly more data and information is readily available in respect of medical education and we would want to ensure there is greater balance going forward. Future reports will reflect the outcome of these considerations.

HEIW commissions education for student groups including nursing, midwifery, community nursing, all allied health professions and health science. Advanced practice, non-medical prescribing and return to practice are also measured and benchmarked. Application rates are generally buoyant which is important in the current climate of increasing commissions.

Appendix A – HEIW Performance Report

Currently the pre-registration fill rate for 2019/20 is 95%. This is based on the September 2019 position and the forecast March 2020 nursing intakes. It is certain that a minimum of 2,704 out of 2,834 pre-registration commissions will be filled. This is 130 down on commissioning numbers however it is anticipated that this could rise to 98% (2,766 out of 2,834). The increase relates to anticipated fill rates for the March 2020 Adult nursing and MH nursing intakes. Therefore, our 2019/20 pre-registration commissioning will be in the range 95%-98%. The commissioning target has been missed nursing LD, ODP and Dental Hygiene.

Commissioning Achievement 2019/20	Target	Actual
Pre-Registration Courses	100%	94%
Community - Full-time & Part-time	93%	99%
Community - Modules	90%	88%

Return to Practice	Target	Actual
Return to Practice	120	96

Non-Medical Prescribing	Target	Actual
Non-Medical Prescribing	95%	92%

In 2020/21 the number of places filled is expected to rise to 3,242 which represents an increase of 726 (29%) over 17/18 levels.

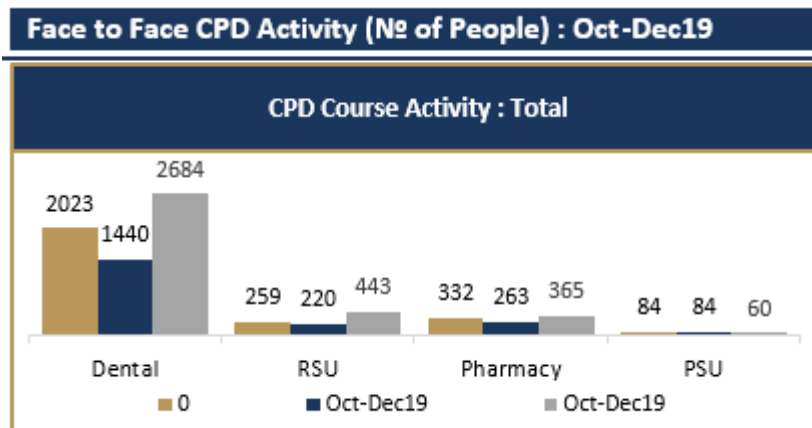
Continuing Professional Development (CPD) Course Activity

CPD activity is delivered and commissioned in a number of ways across HEIW and is a key focus in our annual plan and draft IMTP.

Currently, data on CPD activities is being collected manually, which makes it challenging to monitor and report. During 19/20, we have planned for the implementation of the Centralised Course Management system, from April 2020. This will generate and monitor a far more robust set of data to support performance monitoring.

In the meantime, we are using the manually collected data as summarised on the chart. This shows there has been less activity over the summer period, and increased activity in most areas in line with what is the first term of the academic year. This is when new courses usually begin and professionals are considering CPD options. The data is broadly in line with the same period in 2018.

The vast majority of CPD provision stems from the Pharmacy and Dental Deaneries. CPD provision is offered via a number of delivery methods with the majority involving face-to-face interaction. Within pharmacy for example, they also provide several e-learning opportunities for registered users.



Collection of trainee and student feedback currently sits with the teams developing the courses, but this is subject to review by the 'CPD Governance Committee', when its remit has been reviewed and it is relaunched. This is an area we plan to develop further to inform future communication and decision making, particularly around inter-disciplinary education opportunities.

SECTION 3 – Quality and Outcomes

Quality Management

HEIW has a comprehensive quality management framework in place in order to enable compliance with regulatory standards and ensure postgraduate medical training in Wales adopts a patient centred approach that safeguards safety and promotes a positive trainee experience. Our approach is comprised of a scheduled component and a responsive component. The scheduled component ensures that there are appropriate governance arrangements and infrastructure in place within Health Boards who provide training. The responsive component ensures that, where quality concerns arise, they are identified and managed in a proportionate manner in order to prevent any undue burden on Health Boards across Wales. The responsive component includes targeted visits.

At 31 December 2019, the outcomes of 23 targeted visits show just 1 concern over progress (Medicine) and 7 where HEIW is monitoring progress (2 in Surgery, 1 in Emergency Medicine, 1 in Medicine and 3 in Obstetrics and Gynaecology). There are 3 instances where issues have been de-escalated to routine monitoring.

Definitions

Concerns over progress: The action plan has fallen behind or there is concern that the action plan is not adequate. The GMC may consider attaching conditions to approval for concerns at this stage, or enhanced monitoring status may be applied if appropriate.

Monitoring progress: Action plans are being implemented and HEIW is collaborating with the Local Education Provider in order to identify whether there is any evidence of improvement.

De-escalated to routine monitoring: Solutions are verified and there is evidence that the improvement has been sustained for an appropriate period. In the event that the issue was in enhanced monitoring (see later) this would no longer be considered appropriate. An ongoing oversight of the issue would still be maintained for a period of time even though the department may not be being actively visited.

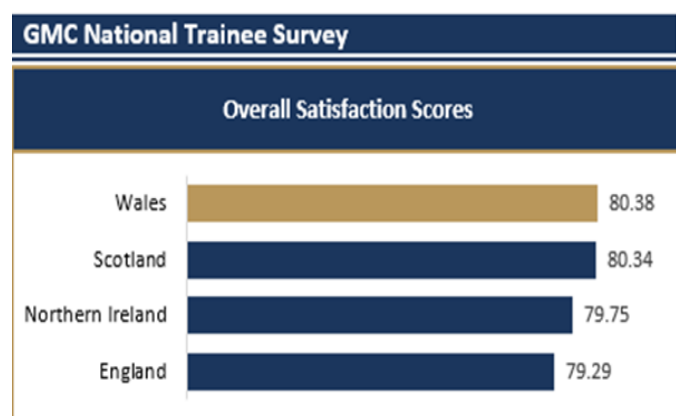
Enhanced Monitoring

The table below shows the specialty areas that are under Enhanced Monitoring status. These sites continue to be limited in number and there have been no changes since the last report.

Specialty	Site	Health Board	Status
Paediatric Surgery	University Hospital of Wales	Cardiff & Vale UHB	Checking sustainability (prior to de-escalation)
Obstetrics & Gynaecology	Royal Glamorgan/Prince Charles	Cwm Taf UHB	Checking sustainability (prior to de-escalation)
Obstetrics & Gynaecology	Princess of Wales	Cwm Taf UHB	Monitoring Progress
Trauma & Orthopaedic Surgery	Morriston Hospital	Swansea Bay UHB	Monitoring Progress
Medicine	Wrexham	Betsi Cadwaladr UHB	Enhanced Monitoring

Checking sustainability – There is evidence that the concerns have been addressed. However, HEIW is continuing to collaborate with the Health Boards to ensure that the solutions are sustainable prior to de-escalating the issue from Enhanced Monitoring status.

GMC Trainee Survey Results



The outcomes of the 2019 GMC National Training Surveys released earlier this year provide a valuable insight into training grade doctors' perceptions of the quality of their training.

The 2019 response rate for Wales was consistently high with a trainee response rate of 97.5% against a UK average of 94.6%. Whilst this response rate is positive, trainee engagement with the surveys was noted to be more challenging this year across all of the four home nations. There is a wide range of indicators available within the full set of results, but the overall satisfaction indicator can be considered the decisive test of trainee satisfaction, taking into account trainees' responses to questions around the following:

- Quality of clinical supervision
- Quality of teaching
- Whether or not they would recommend to a friend who was thinking of applying for it
- Quality of experience
- How useful the post would be for their future career.

Responses to the above are in the form of a Likert scale ranging from very poor to excellent. The survey results across all indicator scores for Wales are generally consistent with the rest of the UK, but a number of key points have been identified. Highlights include:

- Overall satisfaction in Wales has resumed its traditional position of being the highest in the UK following a minor decrease in 2018 - 87% of trainees in Wales are confident that their posts will enable them to acquire the competencies they need at their current stage of training and 90.69% of trainees report that their posts will be useful for their future careers.
- Over the last seven years, there has been a gradual improvement in the scores around the quality of clinical supervision and this year's results indicate that this improvement has been sustained.

- Whilst the scores for clinical supervision out of hours are consistent with the rest of the UK in terms of quartile reporting, the overall percentage score for Wales in 2019 is the lowest in the UK and the lowest score that Wales has had reported since the indicator was introduced in 2015. In terms of the pressure points in relation to clinical supervision, the results indicate that the most significant challenges are within emergency medicine, obstetrics and gynaecology and some areas of medicine and these will require further review in order to triangulate the findings. The Quality Unit has already identified these as areas that require further support, and a series of Targeted Visits to enable collaboration with Local Education Providers is underway.
- Workload continues to be reported as high in Wales and other parts of the UK. The results indicate that workload pressures appear to be impacting upon the ability of trainees to access study leave, with 26% of trainees reporting that either local rota policies or difficulties in finding prospective cover had been a barrier to accessing study leave. Encouragingly, the proportion of trainees reporting that they are able to access sufficient funds to cover the cost of courses they have been advised to complete has consistently risen from 41% in 2012 to 56.47% in 2019, while the range across the four home nations is 54.86% to 64.18%.
- An indicator around reporting systems was introduced into the GMC Survey in 2016. Whilst the score for Wales continues to be reported within the interquartile range, it is nevertheless the lowest score in the UK. In addition, Wales is the only home nation whose score has seen a gradual erosion in the last four years with scores for all questions that underpin this indicator having declined.

Whilst many areas of progress and good quality training have been reported, inevitably there will be areas that require further review through the quality management framework. The survey results will be triangulated within existing evidence through a series of scrutiny meetings and following this, key areas of priority will be identified. Obstetrics and Gynaecology and surgery are likely to remain as priority areas for the coming year together with some areas of medicine, and this directly to the work the Quality team are already undertaking, as outlined in this report on pp8-9.

However, it is important to note that whilst there is evidence of concern in these specialty areas there is also evidence of progress at specific sites that have received Targeted Visits. In terms of the positive specialty areas, Core Anaesthetics, Plastic Surgery, Palliative Medicine, Clinical Radiology, Clinical Genetics and some areas of Psychiatry continue to perform well. Encouragingly, despite challenges with recruitment, the results for Core Medical Training suggest improvement in terms of curriculum coverage and educational supervision. Similarly, Renal Medicine and Vascular Surgery also show signs of improvement.

It is important to note, also, that the GMC has placed an increased emphasis on burnout data over the last 2 years. This year's GMC's Initial Findings Report indicates a move towards a focus on the general wellbeing of trainees and trainers. Whilst these things may not be explicit within the standards, indirectly working to support the wellbeing of our trainers and trainees can positively affect patient safety.

As survey data for other professions becomes available, we will endeavour to provide a similar level of analysis to enable us to reflect on performance.

Annual Review of Competence Progression (ARCP)

The Annual Review of Competence Progression (ARCP), or Review of Competence Progression (RCP) in Dental Foundation Training (DFT) and Dental Core Training (DCT) (twice a year), is the formal method by which a trainee's progression through their training programme is monitored and recorded. The process puts emphasis on assessment and demonstration of having achieved the required competencies within the trainee's specialty. The competencies are defined by the curricula drawn up by the Royal Colleges and Faculties, which will have been approved by the GMC as the regulator of training in the UK or, in the case of dental trainees, by COPDEND (UK Committee of Postgraduate Dental Deans and Directors) and approved by the GDC. Trainees are awarded an outcome depending on performance and cannot progress to the next stage of their training if they do not receive a satisfactory outcome. The majority of outcomes (across all areas) fall in to one of these categories:

Outcome 1: Satisfactory progress.

Outcome 2: Development of specific competence required – additional training time not required.

Outcome 3: Inadequate progress – additional training time required.

Outcome 4: Released from training programme – with or without specified competence.

Outcome 5: Incomplete evidence presented – additional training time may be required.

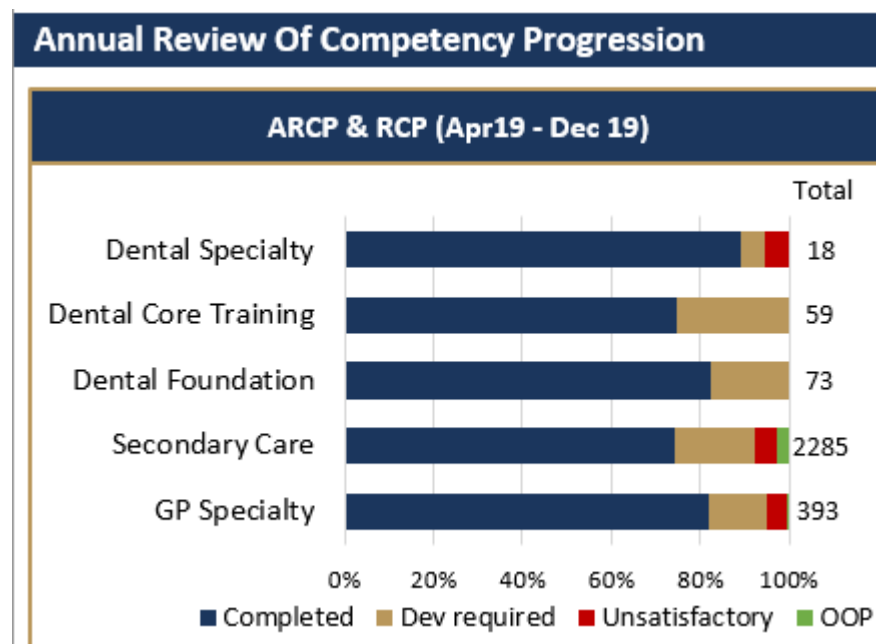
Outcome 6: Gained all required competences for the programme.

Outcome 8: Outcome for trainees who are out of programme (OOP) unless Out of Programme for Training (OOPT) in which case an outcome 1-5 should be awarded.

Where trainees are awarded outcome 2 or 3 ('Development required – see below), they are invited to access support from the PSU (see PSU section on pp.17-18). 'Unsatisfactory' outcomes could lead to appeals (reviews/independent hearings) (see Trainee Progression Governance section on pp. 18-19).

The data below shows, for each area of business, the breakdown of:

- Completed (outcomes 1 and 6)
- Development required (outcomes 2 and 5)
- Unsatisfactory (outcomes 3 and 4)



Note: Work is ongoing to better understand the data and outcomes in this area, so that we are able to describe what good looks like and reflect on whether performance is improving or declining in future performance reports.

At this stage, year to date figures (in the chart above) show that all outcomes are broadly in line with the same point last year and are also consistent with the annual figures (per training year) for Foundation, Specialty Training and GP that are submitted to the GMC in November each year.

Foundation and Specialty Training

To 31 December 2019, HEIW has conducted 2285 annual reviews for doctors in Foundation and Specialty training. The Foundation ARCPs are held on an annual basis locally in Postgraduate Centres and are administered by Postgraduate Foundation Administrators and Foundation Programme Directors. Specialty ARCPs are held throughout the year with two main rounds, Winter (Nov-Jan) and Summer (May-Aug). These are predominantly held in HEIW and are organised and managed by the Specialty ARCP team within Secondary Care. Clinical leads, such as Head of Schools and TPDs, for each specialty are involved and chair ARCP panels. Lay reps are also involved in this process.

GP Specialty

To 31 December 2019, 393 ARCPs have been undertaken.

For GP, ARCPs take place throughout the year due to a variety of factors affecting programme finish dates and that cause delays to when ARCPs take place. Panels run every month to allow for this.

Dental Specialty

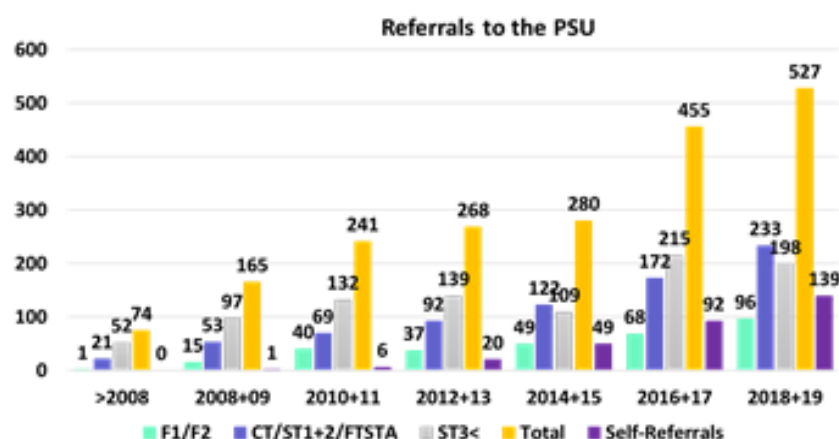
RCP data for DFT and DCT does not yet include Interim RCPs, which take place in February and March every year. Dental Specialty Training ARCPs take place throughout the calendar year for the different specialties.

Professional Support Unit (PSU)

(Note: data to 30 Sept 2019)

HEIW is responsible for overseeing all doctors and dentists in training in Wales and for addressing issues that may arise during the training process that could hinder progression. The PSU was established in 2008 and provides guidance and information to all parties involved in postgraduate medical and dental training. On average, 10-12% of doctors in Wales are receiving support at any one time, which equates to more than 300 active cases.

Since PSU was established, the number of trainees accessing support has grown year on year.



Professional Support Unit (PSU) - Apr19-Sep19

Reason for Visits		Referrals	
Health	66	Total Referrals	157
ARCP outcome	49		
Passing Exam	26	Referrals to Hammet	33
Other	16		

The breakdown of reasons for accessing PSU support is only indicative as, in many cases, this is merely a first presentation and often underlined with other challenges affecting an individual's progress or performance. As noted in our draft Integrated and Medium Term Plan for 2020-21 to 2022-2023, this data will increasingly be used to inform a more pro-active and preventative approach to education and training.

Of greater importance is the rise of trainees self-referring to access support: 34% of cases in 2019 have been via self-referral (14% increase on 2018). Data indicates a direct correlation between the increase of trainees self-referring to the PSU for support and the increase in our commitment to deliver educational activities to the trainees and the faculty in Wales.

Appendix A – HEIW Performance Report



Numbers have increased in recent years following the introduction of an invitation for a trainee to access support if they receive an ARCP outcome 2 or 3.

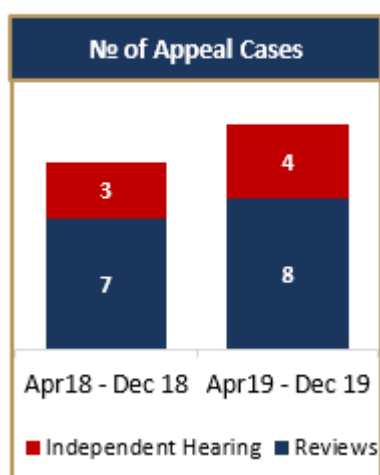
A variety of factors can affect Doctors' performance. Access to appropriate support can help to manage potential risks to the trainee, colleagues, patients and also the organisation, and aid in maintaining a trainee's performance in completing training. For this reason, work is ongoing to understand the outcome and longer-term impact of PSU intervention and for future iterations of this report, appropriate indicators will be developed to consider the outcomes of interactions.

Trainee Professional Governance (TPG)

Approximately 2,500 Annual Reviews of Competence Progression (ARCPs) are held each year. Trainees are awarded a range of Outcomes that are prescribed nationally.

Trainees who receive an Outcome 3 (requires extension) and Outcome 4 (released from training) can ask for an Appeal. An Appeal has two parts, first a Review by the original people who gave the Outcome plus the TPG Manager and, if the Outcome is not changed, the trainee can ask for a full independent Hearing.

TPG - Apr19 - Dec 19



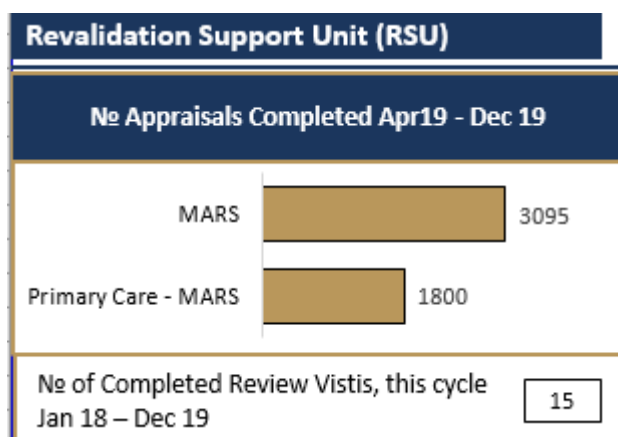
Appeals are small in number compared to the total number of ARCP Outcomes awarded but they demand a consistent, rigorous approach. Appeal judgements can be challenged in the courts. Approximately half of all Appeals are changed at the review stage of appeal and if they

proceed to a full independent hearing for their appeal, the outcomes are generally maintained often with the trainee being released from the programme.

The TPG team are working on a range of initiatives “up-stream” that may help to minimise the number of Appeals. We are working with individual specialities to improve the quality of the educational reports that are relied upon to award an Outcome, and also looking at ways to highlight “trainees in difficulty” and ensure that objectives and personal plans are well written and monitored and extensions are justified and in the best interest of all. During 2019, TPG has also introduced more challenge at the Review stage to ensure that if the Outcome is maintained, and the case goes to a full Independent Hearing, HEIW processes and procedures are robust and capable of challenge.

Medical Appraisal and Revalidation

One of HEIW’s responsibilities is to support and improve professional standards through revalidation, appraisal and CPD in line with the requirements of the regulators.



This data provides a summary of the number of appraisals completed on both MARS and the Primary Care instance of MARS, per quarter, for the period 1st April – 31st December 2019 (total of 4895).

This data is consistent with the same period last year and is, therefore, a positive indicator of engagement with annual appraisal. There is an expectation that there will be approx. 10% of doctors not undertaking appraisal in any given year due to extenuating circumstances, e.g. paternity leave.

MARS is part of a suite of online resources that also includes **Wales Professional Review Optometry (WPRO)**, the platform for the UK’s first newly qualified optometrist mentoring programme and the **Dental Appraisal System (DAS) for community Dentists**, a bespoke version of MARS developed to ensure Community Dentists meet their terms and conditions of service and GDC requirements. This pilot, which commenced in September 2018 and is due to complete in March 2020, will act as a proof of concept regarding the use and transferability of MARS to other professional settings. There are currently 121 registered on the system with 51 appraisals in progress/completed.

In March 2020, HEIW will be launching the **Orbit360** system, a Multi-Source feedback system linked to MARS and developed to support doctors in Wales with gathering patient and

colleague feedback. This system will replace the current commercial provider and provides a single solution for Wales that has the potential to be adapted for the wider NHS Wales workforce.

Revalidation Quality Assurance Review Visits

Revalidation Quality Reviews enable discussions to take place between the key members of a Designated Body (which includes all HBs in Wales), i.e. Responsible Officer and team, and a review team. The discussions are focussed on gaining assurances regarding appraisal and revalidation processes within the Designated Body and ultimately Wales as a whole.

At 31 December 2019, there had been a cumulative total of 15 Review Visits. All Designated Bodies (DB) within Wales have been visited over a two-year period, January 18-December 19.

A key outcome of the review process is a feedback report, which is agreed with the DB and then shared with the Higher-Level RO and the GMC. The report highlights areas identified during the review as good practice or those requiring improvement. Designated Bodies are requested to provide an action plan to address any areas for improvement as part of their report. There were no DBs identified as having significant improvement needs in the period.

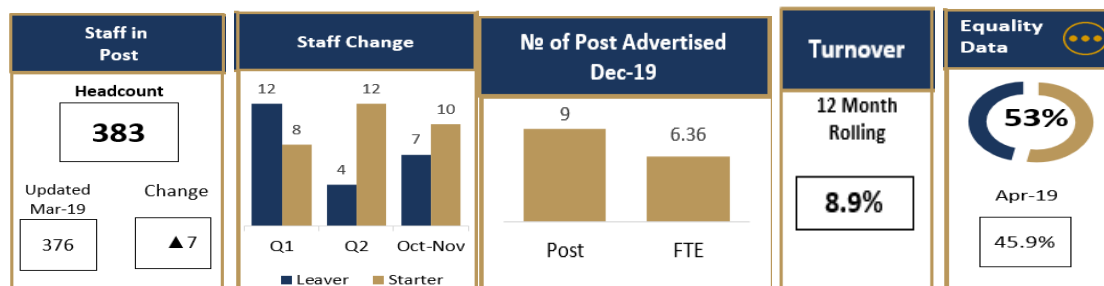
Participant feedback from the reviews has shown the visits to be valued as a constructive supportive peer review process. Progress against action plans is starting to demonstrate the positive impact of these reviews and suggests that the review process is supporting DBs in driving forward quality improvements. For example, all DBs identified as needing to formalise the appraiser role have subsequently taken measures to implement this.

In addition to specific improvements for DBs to progress as part of their individual action plans, the review process provides an opportunity to collate areas of best practice and areas for development at an all Wales level. The themes arising from this visit cycle will be developed into a Revalidation Action Plan, with recommendations to continuously improve the delivery and support for revalidation and appraisal, with its associated impact of raising professional standards and improving patient care

SECTION 4 – Corporate Performance

HEIW Performance Metrics

This section outlines how HEIW is performing as an organisation.



Workforce Movement

In November 2019, the headcount for HEIW was 383 with the full time equivalent (FTE) being 217. HEIW's workforce has grown by 9 individuals (2.4%) since 31st March 2019. The staff changes report shows that 30 new starters joined, and 23 people left. In the month of December, a further 9 posts were advertised.

Turnover

The 12-month rolling turnover rate for HEIW for the period December 18 – November 19 is 8.9%. HEIW has one of the lowest turnover rates in NHS Wales. This is a positive given HEIW is a new organisation and low turnover supports business continuity and organisational memory.

Equality Data

The completion rates for equality data on the electronic staff record (ESR) system has progressively improved with more than 53% of the records now completed. HEIW staff have a responsibility to complete the various equality measures using Employee Self Service in ESR and are regularly encouraged to do so through a variety of means.

Data as at November 2019

Equality Measure	Staff Records Completed
Welsh Language	25%
Ethnic Origin	33%
Nationality	33%
Disability	39%
Religious Belief	39%
Sexual Orientation	40%
Marital Status	44%
Age & Gender	100%
HEIW overall	53%

It is recognised that, across the Public Sector, there are inconsistencies and gaps in relation to equality data. HEIW will be working with colleagues to ensure these inconsistencies and

gaps are addressed. The Equality team will be undertaking a series of actions as part of its Strategic Equality Plan, which is currently out for consultation. Detailed actions will be developed following completion of consultation, with publication due on the 1st April 2020. Activity will include working collaboratively with our public sector, third sector partners and stakeholders initially to address the lack of trust and understanding of the purpose of collecting equality data.

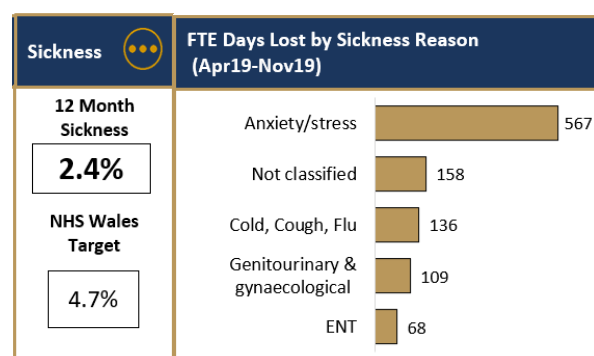
HEIW has given priority to achieving its Strategic Equality Plan 2020-2024 through the IMTP.

Welsh Language

As shown in the table in the preceding section above, 94 individuals or 25% of staff have updated their electronic staff record. Of these, 68% have recorded that they have 'No Skills / Dim Sgiliau'.

As with PADR completion dates, every opportunity is being taken to remind staff and managers to complete statutory and compliance training module in respect of the Welsh Language and to update their personal Welsh Language data.

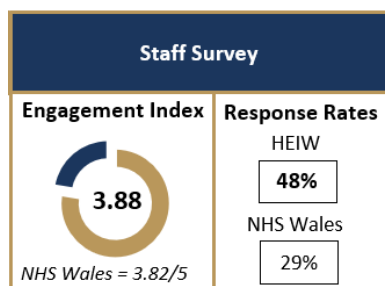
Sickness



HEIW has the lowest sickness rate of all the 11 NHS Wales organisations, with a rolling 12-month sickness rate of 2.4% (December 18 – November 19). This sickness rate is significantly below the NHS Wales target of 4.7%. HEIW's low sickness rate can be viewed in a positive light, as it covers a 12-month period where staff experienced significant organisational change. Such changes can often be associated with high sickness rates, but this has not been seen within HEIW.

The most common reason for sickness within HEIW is **Anxiety/Stress/Depression/Other Psychiatric Illnesses (Stress)**. This reason accounted for 43% of all sickness taken during April – November 2019. However, this figure needs to be seen relative to the low level of overall sickness absence in HEIW and the fact that the 'stress' category normally relates to cases of long-term sickness (periods over 28 days). Therefore, with low overall sickness absence, one long-term case can make a significant impact on the overall absence picture. Any cases are carefully and sympathetically managed with involvement from the People Team.

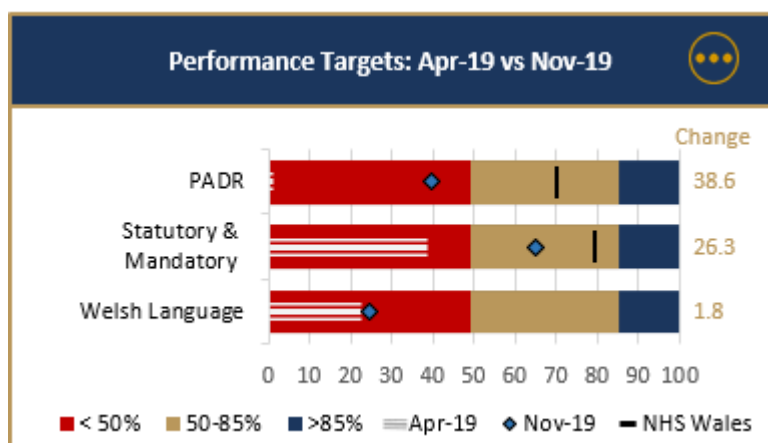
Staff Survey



HEIW undertook a staff survey in January 2019. The response rate was 48%, which was higher than the NHS Wales response rate of 29%. The overall staff Engagement Index for HEIW was 3.88 out of a possible 5. This score can be seen positively because the survey was taken 4 months after the creation of HEIW. Significant organisational change can often be associated with low engagement scores but HEIW engagement score was higher than the Wales average (3.82). There has been no subsequent survey to date and no change to the data.

Personal Appraisal Development Review (PADR)

There are currently 383 HEIW Staff. Of these, 111 people are GP Appraisers and Pharmacy Assessors/Facilitators. Of these 111 people, 8 have more than one role within HEIW, and 104 people in this group work less than 0.3 FTE (full time equivalent) – or a day and half per week. Together these staff equate to just over 14 FTE and are predominantly employed substantively by other healthcare organisations so we would expect their mandatory training and PADR compliance to be registered with these organisations. For the purposes of this report therefore, we have separated the two groups of staff. The narrative in this section refers to the 272 'core' staff unless otherwise indicated as at 30th November 2019.



HEIW's staff appraisal system was formulated around the organisation's values, with an agreed personal development plan for ongoing improvement being a core element.

The Welsh Government key performance indicator (KPI) target for ESR recorded PADR rates is 85%. The target recognises that factors such as long-term sickness, maternity leave, career breaks etc would mean that 100% compliance is difficult to achieve. At November 2019, HEIW core staff compliance was 40%. The current compliance for NHS Wales is 70%. Of the 5

Appendix A – HEIW Performance Report

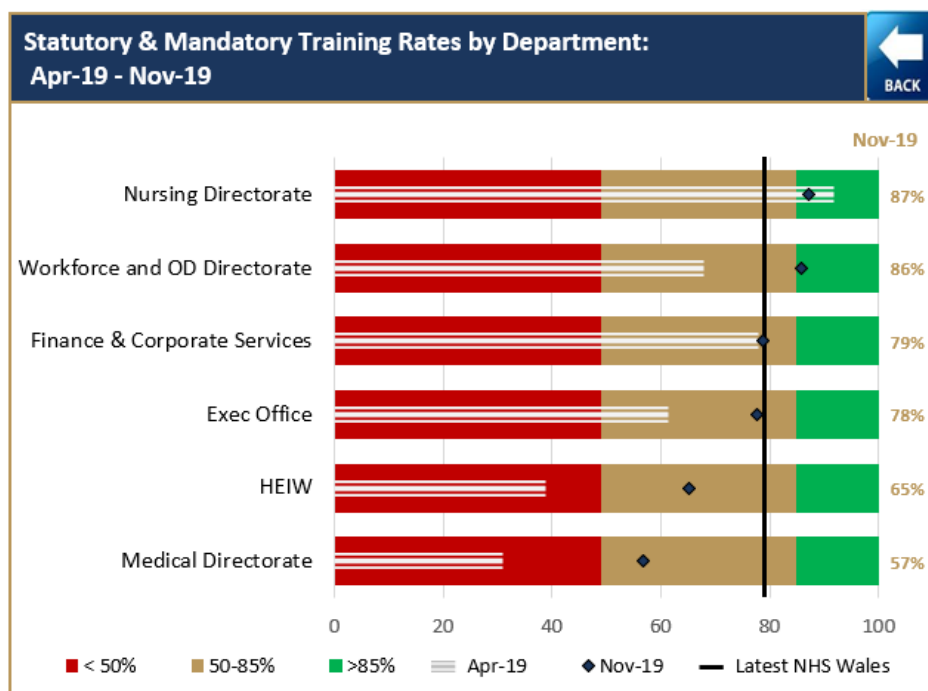
Directorates in HEIW (including the Executive Office), 4 have achieved 67% or higher, with one of these achieving 100%.

Whilst there is still more to do, the improvement to date is substantial. We have previously reported to Board that the People Team have received details of training needs derived from PADRs for 76% of HEIW staff and, throughout January and February, will be concentrating on ensuring these are entered on ESR to enable reporting that is consistent with the rest of Wales and to achieve and then maintain 85% compliance. In addition, there will be a continued focus on ensuring that the ESR element is embedded into all PADR training programmes and associated literature; as well as a new requirement to provide directorate and department completion rates on a monthly basis to the Senior Leadership and Executive Teams with immediate effect.

Finally, while the People Team and the wider Workforce & OD teams are able to support staff in this process, it remains the responsibility of individual managers to ensure that they achieve 85% compliance in PADR for their areas of responsibility.

Statutory & Mandatory Compliance

As in the previous section, the narrative in this section refers to the 'core' staff unless otherwise indicated.



The Welsh Government performance target requires 85% compliance at a minimum level 1 in the 10 UK Core Skills Framework for NHS Staff. These are:

- Equality and Diversity (Treat me Fairly)
- Fire Safety
- Health and Safety
- Infection Control
- Information Governance
- Moving and Handling

Appendix A – HEIW Performance Report

- Prevention and Management of Violence and Aggression
- Resuscitation
- Safeguarding Adults
- Safeguarding Children

All learning material related to this level is contained within the ESR system's e-learning content, and completion is automatically updated in the system. The majority of these learning modules require a 3-year refresher period, although specific modules may differ in this. New starters are excluded from this report for the first 3 months in post.

At the end of November 2019, HEIW compliance had increased to 65% overall, compared with an average compliance across NHS Wales of 79% (last published data - at September 2019). Of the 5 Directorates 4 are at 78% or above.

To support further improvement we will be implementing a range of additional measures as well as more focussed actions alongside senior managers in the Medical Directorate where performance is lagging behind. These were outlined in a report to the Audit & Assurance Committee's January meeting. They include:

- Additional ESR support both in respect of individual and group support where required
- Renewed emphasis on utilisation of team meetings, induction, routine internal publications etc. to promote the need for compliance
- Mandating in the HEIW study leave policy that staff must be compliant with statutory/mandatory training prior to attendance at other training.
- From 2020, providing directorate and department compliance rates on a monthly basis to individual managers, Senior Leadership and Executive Teams.
- Targeted support and work in the Medical Directorate where there are compliance issues in both of the Welsh Government KPIs for workforce including working with managers in the Deaneries to understand the barriers to compliance in these specific areas.

Rollout of ESR Self Service Functionality

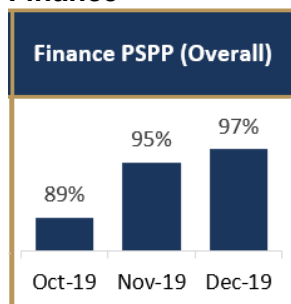
All HEIW staff have access to Employee Self Service and the rollout of Supervisor Self Service was fully implemented in April 2019, with 100% of all employees having a supervisor held within their assignment. In the coming months HEIW will be introducing Manager Self Service functionality in a phased approach. To support this rollout, the Workforce Intelligence team will be working with the People Team to ensure staff receive the necessary training in relation to Self Service functionality.

Disciplinary & Grievance

Corporate Data Apr19-Dec19	
Disciplinary & Grievance	0
No Complaints	0

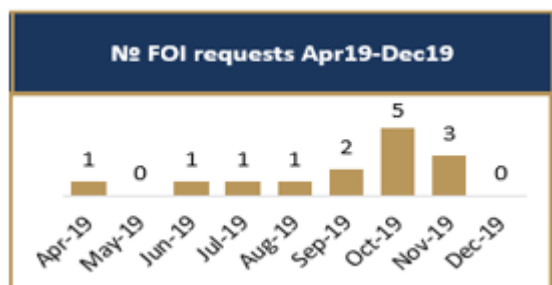
There are have not been any disciplinary or grievance cases in the period.

Finance



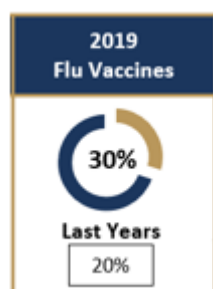
The Public Sector Payment Policy Performance target is the payment of 95% of non-NHS invoices within 30 days. Currently HEIW's cumulative position for the financial year is 95.1%. In order to maintain this position, all invoices that fail the target are investigated in order to understand the reasons behind the failure.

Freedom of Information Requests



HEIW received 14 FOI requests and responded to 13 within the timescales as set out in the Freedom of Information Act 2000. The compliance rate (response within the 20 working days) of the requests received between 1 April 2019 and 31 December 2019 was 93%. There have been no requests for review.

Flu Vaccines



20% of all HEIW staff had flu vaccines in 2018; in 2019, this increased to 30%. It is important to note that many sessional staff, also employed elsewhere in NHS Wales, may have had flu vaccines with their primary employers and these would not be captured in the HEIW data.

Health & Safety

There are no health and safety incidents reported/recorded for the period.

All staff are required to complete statutory and mandatory training related to health and safety on ESR. Overall compliance is reported under 'Statutory & Mandatory Compliance', but completion rates for specific Health & Safety training will be reported in the next performance report.

Appendix A – HEIW Performance Report

The roles of Fire Marshal, First Aider, DSE Assessor and PAT tester have all been filled to the required capacity and all role holders have been trained to the level required to undertake the roles.

Health & Safety pages are live on the Intranet, covering First Aid, Fire Safety, Display Screen Equipment (DSE) and Personal Emergency Evacuation Plan (PEEP), including policies, processes and guidance where appropriate for all these areas. Staff have been alerted to their presence via internal communication.

END

Health Education and Improvement Wales Performance Dash Board (2019/20)



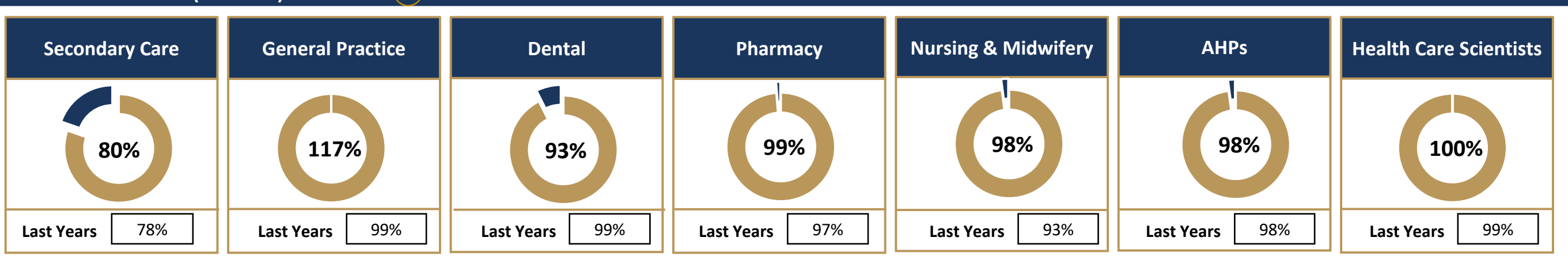
**GIG
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Addysg a Gwellia Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

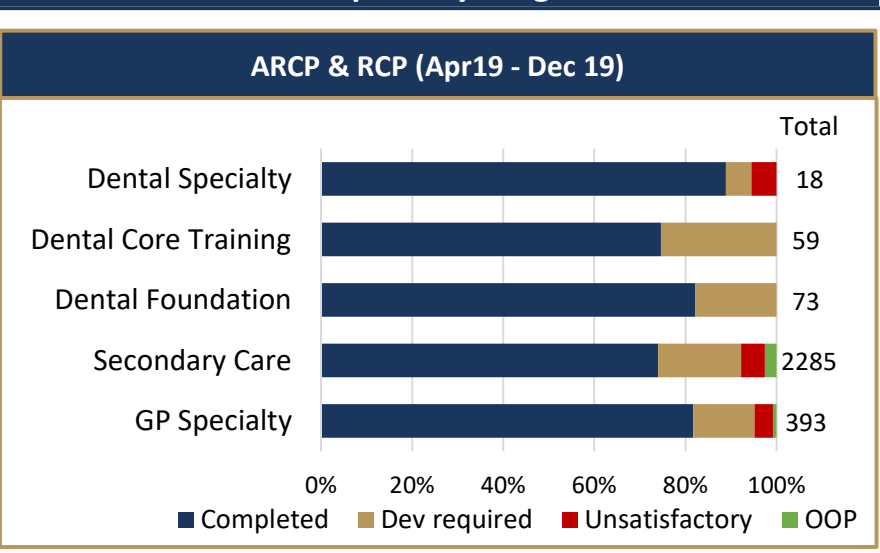
HEIW Strategic Objectives as at Dec-19

Health Education and Improvement Wales - Remit Letter 2019-20	Obj1: As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand	Obj2: Building a sustainable and flexible health and care workforce for the future	Obj3: With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery	Obj4: Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges	Obj5: Improving opportunities for use of technology and digitalisation in the delivery of education and care	Obj6: Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales	Obj7: Demonstrating value from investment in the workforce and the organisation
RED 0 AMBER 3 GREEN 3	RED 0 AMBER 2 GREEN 0	RED 0 AMBER 5 GREEN 2	RED 1 AMBER 1 GREEN 1	RED 1 AMBER 5 GREEN 0	RED 0 AMBER 3 GREEN 0	RED 0 AMBER 3 GREEN 0	RED 1 AMBER 0 GREEN 0

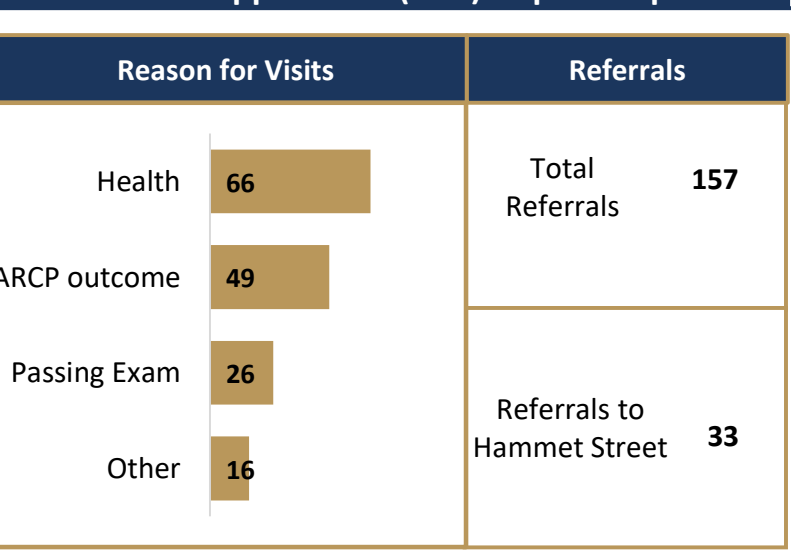
Commissioned Places (Fill Rates) - Dec-19



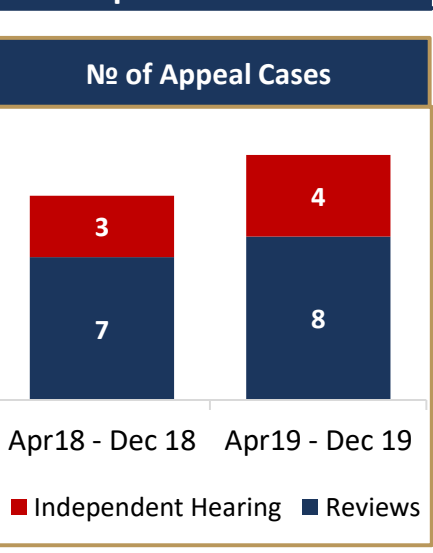
Annual Review Of Competency Progression



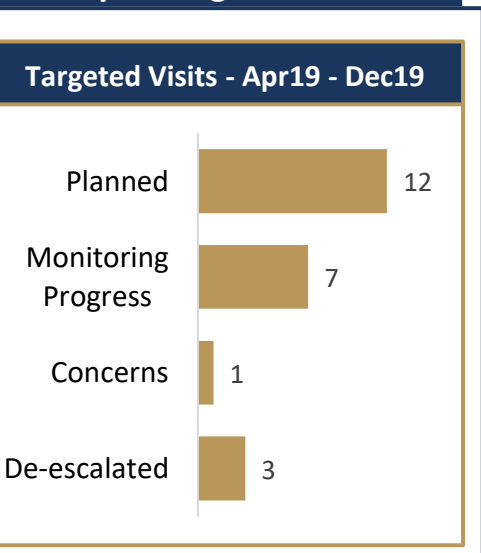
Professional Support Unit (PSU) - Apr19-Sep19

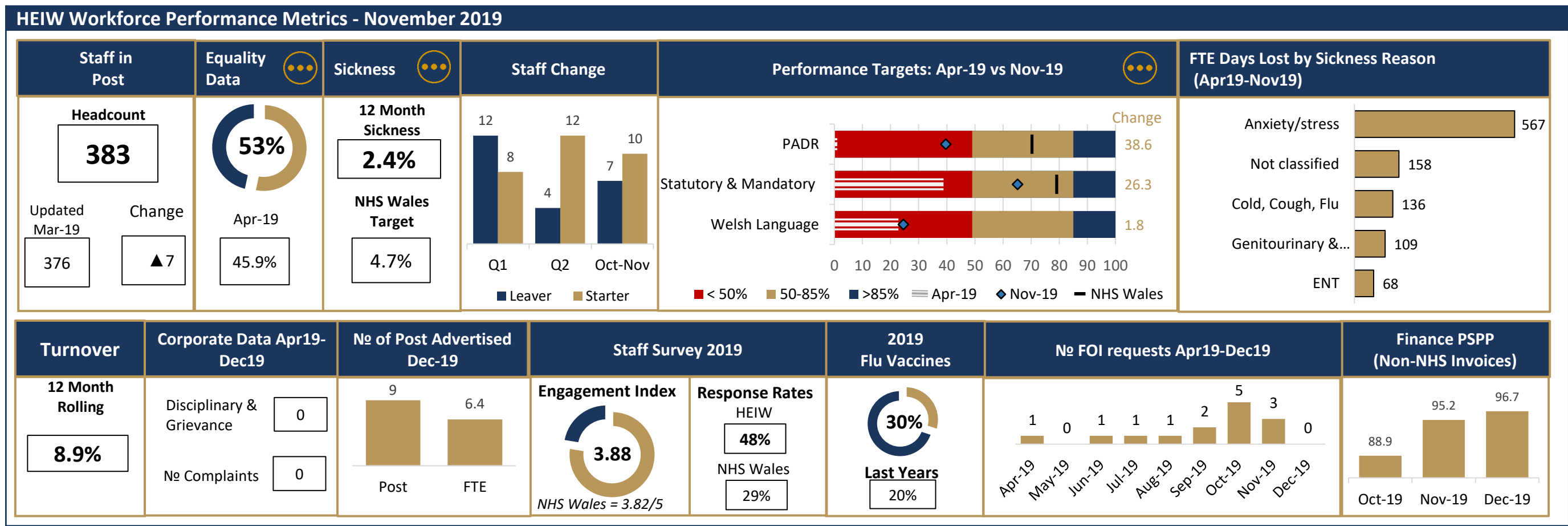
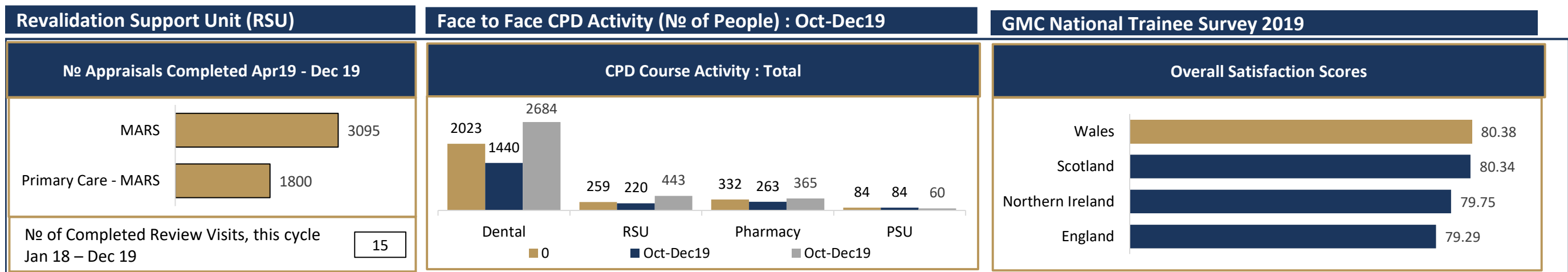


TPG - Apr19 - Dec 19



Quality Management







WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU

Archwilydd Cyffredinol Cymru
Auditor General for Wales

Structured Assessment 2019 – **Health Education and Improvement Wales**

Audit year: 2019

Date issued: January 2020

Document reference: 1662A2019-20



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

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The team who delivered the work comprised Andrew Strong, Clare James, Dave BurrIDGE and Urvisha Perez.

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Summary report

About this report

- 1 This report sets out the findings from the Auditor General's 2019 structured assessment work at Health Education and Improvement Wales (HEIW). The work has been undertaken to help discharge the Auditor General's statutory requirement, under section 61 of the Public Audit (Wales) Act 2014, to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency and effectiveness in their use of resources.
- 2 As HEIW is a new NHS body, we have taken a different approach to that at other NHS bodies this year. Our work has been completed in two phases. Phase 1 was a baseline review looking at HEIW's progress in its first eight months. Findings were fed back informally to HEIW at a board development session in June 2019. This report presents the findings of phase 2 which builds upon and follows-up the baseline review findings.
- 3 Our structured assessment work has included interviews with officers and Independent Members, observations at Board and committee meetings and reviews of relevant documents, performance and financial data.
- 4 The key focus of structured assessment is on the corporate arrangements for ensuring that resources are used efficiently, effectively and economically. The report groups our findings under four themes: governance arrangements, strategic planning, managing financial resources and managing the workforce.

Background

- 5 The Welsh Government established HEIW as a Special Health Authority in October 2018 by bringing together three predecessor organisations: Wales Deanery, NHS Wales Workforce Education and Development Services, and the Wales Centre for Pharmacy Professional Education. As the only Special Health Authority within NHS Wales, it sits alongside the seven health boards and three NHS trusts as part of the NHS family. HEIW's role is to take the lead on education, training and development, and shaping of the Welsh healthcare workforce, to help drive high-quality care for the people of Wales.
- 6 The focus of HEIW's work was initially shaped by the Remit Letter it received from the Welsh Government. This letter set out nine key areas of focus including workforce intelligence, planning and improvement; education commissioning; and careers and widening access. The letter, issued in HEIW's infancy, recognised it was in a transitional period.
- 7 We undertook our baseline review approximately six months after HEIW was established to provide early informal feedback on whether the core corporate arrangements for ensuring that resources are used efficiently, effectively and economically were in place.

- 8 We found that HEIW had a strong focus on organisational culture and values, which had been at the heart of its progress to date. This was demonstrated by high levels of staff engagement, a collegiate and flexible approach to working, and strong, supportive leadership. Key policies and procedures were in place and a clear organisational vision communicated.
- 9 We identified the main areas for improvement were risk and performance management arrangements, including the development of operational plans, but noted that plans for development were in place, and the pace was starting to pick up in these areas.
- 10 HEIW met its financial duties for 2018-19, with a small revenue underspend. The Welsh Government wrote to HEIW in September 2019 confirming its Joint Escalation and Intervention status¹ as 'routine arrangements'. The letter stated that HEIW had started well after overcoming some initial difficulties. It also highlighted that HEIW has an approved one-year plan (2019-20) and is in the process of developing a three-year integrated medium-term plan (IMTP) for 2020-23.

Main conclusions

- 11 Our overall conclusion from the 2019 structured assessment work is **that strong leadership and sound arrangements have supported effective business and a positive staff culture in 2019. A one-year plan is in place and good progress has been made to date on the three-year plan for 2020-23. Improvement opportunities exist to formalise and improve assurance arrangements.**
- 12 A summary of our main conclusions is set out below and the findings that support these are described in greater depth in the detailed report:
- 13 **The Board and committees provide strong leadership and administer their business well, but risk, board assurance, performance management and information governance are areas for further development.** The Board and its committees are demonstrating strong, collegiate leadership supported by effective administrative processes and a sound organisational structure. Risk management arrangements can be improved, and work is needed on the Board Assurance Framework (BAF) to identify and map key sources of assurance. Internal controls provide some of the assurances required but development is needed, particularly on the performance management framework and information governance.
- 14 **A clear vision and strategic objectives are in place with plans for Integrated Medium-Term Plan production but supporting operational plans and monitoring IMTP delivery are areas for further work.** There is a clear vision underpinned by strategic objectives and a continuous learning and engagement approach to IMTP development. Arrangements are in place, though timescales are tight, to ensure demand and capacity are understood and enabler plans integrated,

¹ We meet with the Welsh Government and Health Inspectorate Wales twice a year to assess all NHS bodies against the Joint Escalation and Intervention Framework.

though Digital and IT plans need work. Documented arrangements for oversight and scrutiny of performance against strategic objectives and plans are needed, along with clear KPIs and targets.

- 15 **Financial controls and policies are in place, refinements to financial reporting continue and work to strengthen asset and contract management is underway.** Despite early staffing issues, key financial controls and policies have been prioritised with timely reporting to the Board. Further work is being taken around asset and contract management to facilitate good planning, governance and use of assets, along with continued development of financial reporting to the Board.
- 16 **Excellent staff engagement has helped drive a positive culture and there are plans in place to improve workforce management arrangements.** There is a strong focus on organisational culture, staff engagement, and staff wellbeing. The job evaluation backlog has been cleared and strategies are in place to manage vacancies. Training and development plans are progressing, and work is planned to improve recorded levels of staff appraisal and completion of statutory and mandatory training.

Recommendations

- 17 Recommendations arising from this audit are detailed in [Exhibit 1](#). We will publish the management response alongside our report once received by the relevant committee.
- 18 We have also included progress on our Baseline Review learning points within the relevant section of the detailed report.

Exhibit 1: 2019 recommendations

Recommendations	
Governance	
Conducting Business Effectively	
R1	Given the fast pace of change within HEIW's operational and governance arrangements, HEIW should review Board and committee oversight to ensure the breadth of its work is covered and there are no gaps in scrutiny arrangements.
Managing risk to achieve strategic priorities	
R2	HEIW's Board Assurance Framework (BAF) sets out clearly what a BAF should do and the processes involved. HEIW should now create the assurance map required by undertaking a process to identify and map the controls and key sources of assurance against the principle risks to achieving its strategic objectives.
R3	HEIW should improve its risk management by determining and clearly communicating its risk appetites to ensure a consistent approach to: <ul style="list-style-type: none">a) tolerance of risk;b) assessing and scoring of risks; andc) escalation/removal of risks to/from the Corporate Risk Register.
Embedding a sound system of assurance	
R4	HEIW should document its performance management framework, setting out: <ul style="list-style-type: none">a) operational performance management arrangements and lines of accountability; andb) what is reported to whom and by when, and Board / Committee oversight for performance management.
R5	HEIW should strengthen information governance and cyber security arrangements by: <ul style="list-style-type: none">a) appointing a full-time information governance and data protection manager to complete the GDPR action plan and work towards full compliance;b) developing and reporting information governance KPIs;c) achieving certification in cyber security arrangements;d) establishing effective cyber security resources and expertise to manage risks;e) documenting a cyber security incident response plan to manage attacks; andf) completing its planned and prioritised actions swiftly.
Strategic Planning	
Developing Strategic Plans	
R6	HEIW should strengthen its strategic approach to digital and IT by: <ul style="list-style-type: none">a) developing and approving a Digital and IT strategy;b) considering current capacity to deliver the Head of Digital role and whether it needs to appoint to the post;c) developing and reporting IT KPIs for challenge and scrutiny.

Recommendations

Monitoring delivery

- R7 HEIW has not set out a framework for monitoring performance against its strategic objectives and IMTP and should:
- a) formally document arrangements for the oversight and scrutiny of performance against strategic objectives; and
 - b) work with pace to develop KPIs and targets which are clearly linked to strategic objectives, against which the Board can scrutinise performance.

Detailed report

Governance

- 19 Our structured assessment work has examined HEIW's governance arrangements. We looked at the way in which the Board and its sub-committees conduct their business, and the extent to which organisational structures and arrangements are supporting good governance and clear accountabilities. We considered the information that the Board and its sub-committees receive to help it oversee and challenge performance and monitor the achievement of organisational objectives. We also reviewed how HEIW has progressed learning points from our baseline review.
- 20 In 2019, we found that **the Board and committees provide strong leadership and administer their business well, but risk, board assurance, performance management and information governance are areas for further development.**
- 21 The Board and its committees are demonstrating strong, collegiate leadership supported by effective processes and a sound organisational structure. Risk management arrangements can be improved, and work is needed on the Board Assurance Framework to identify and map key sources of assurance. Internal controls provide some of the assurances required but development is needed particularly on the performance management framework and information governance.

Conducting business effectively

The Board and its committees are demonstrating strong and collegiate leadership with a focus on continuous learning. Clear and comprehensive administrative arrangements are in place though there is an opportunity to review Board and committee oversight to ensure no operational areas are omitted from scrutiny.

Board and committees

- 22 HEIW's Board and committees demonstrate strong leadership with a collegiate approach within and across these fora. Our observations evidenced excellent knowledge of the business from independent members (IMs), with a challenging but solutions focused approach to supporting officers. Meetings are well run, with good chairing skills and time for engaged discussion, helped by a templated approach to papers and clear expectations for officers presenting.
- 23 A stable Board is in place, made up of seven IMs and five executives. There is a proactive and continuous approach to IM development including 121s with the Chair, Board development sessions and internal induction. Service improvement stories are a standing item at Board meetings and whilst only one committee has undertaken a self-assessment to date, plans are in place for the Board and other committees to do so in 2020. Each IM has a champion role to develop understanding and provide additional perspective to the Board.
- 24 We observed a responsive approach to issues, for example the establishment of the new Education, Commissioning and Quality Committee (ECQC) in year, in addition to the two statutory committees of Audit and Assurance (AAC) and Remuneration and Terms of Service (RATS), to mitigate conflict of interest risks. A Way of Workings document revisited the committees' terms of reference to ensure clear boundaries are set particularly over risk assurance. All committees have clear terms of reference, action plans and work programmes to support effective governance. We note that whilst

ECQC is responsible for scrutiny and assurance on risk within its remit, there is no standing item for risk review on their agenda.

- 25 Given the current fast pace of change of operational arrangements and governance within HEIW, we would encourage a review of Board and committee oversight to ensure the breadth of HEIW's work is captured by one of these fora and there are no gaps. This work should be linked to our comments later, on the Board Assurance Framework.

Arrangements that support the Board

- 26 HEIW made a good transition from shadow to operational body and put in place core arrangements swiftly. Clear standing orders including scheme of delegation are in place and were updated on a timely basis throughout 2019 to reflect changes such as to committee structures and authorities for expenditure approval, though we note that the IM champion roles have not been included in the scheme of delegation. Standing orders and financial instructions are available on HEIW's website. Breaches are required to be reported to the Board Secretary and Director of Finance and then to the AAC and we observed the reporting of a single tender action in year. A register of all single tender and quotation actions was reported to the AAC in November and should be used to track use and identify wider issues. Our short guide on the use of single tender actions may be helpful to the Audit Committee: [Ensuring value for money in the use of single tender actions](#).
- 27 A policy register is now in place which lists all policies along with key data to enable timely review, update and communication. A sensible approach to getting these in place was taken by adopting appropriate all Wales policies and then working on HEIW specific policies through the year.
- 28 Arrangements to promote probity and propriety are in place. Registers of Interests and Gifts and Hospitality are established and reviewed regularly by the AAC. The full Register of Interests (Board and staff) was reviewed in November 2019. A Whistleblowing Policy is in place as are other key probity policies such as email and internet use.

Progress on baseline review learning points

- 29 In our baseline review, we highlighted the following learning points relating to business conduct. [Exhibit 2](#) describes the progress made.

Exhibit 2: Effective business conduct: learning points

Learning point	Description of Progress
Board versus Board development session Ensure independent members understand the functions of and their role when participating at Board meetings versus Board Development Sessions.	Evidence that independent members are now comfortable with the two forums and their purpose.
Transparency of committee meetings To improve transparency, ensure meeting details and papers of all (open) committee meeting are available on HEIW's website.	All committee dates and papers are now available on the website on a timely basis.

Learning point	Description of Progress
Governance structure mapping As highlighted by internal audit, HEIW should map out how Board, committees and advisory groups link together. This will help highlight any gaps in assurance.	A basic diagram was included in the Annual Report of the Board and its three committees. Mapping of links for the new Education, Commissioning and Quality Committee could be used as a template for a wider map to set out how committees relate to each other and interact, including how steering groups feed into committees. See recommendation 1.
Scheme of delegation Update the Scheme of Delegation to include independent member champion roles and responsibilities.	Champion roles not included. It would be good practice to include champion roles in the scheme of delegation.
Register of single tender/quotation actions Keep a register of single tender/quotation actions and review periodically.	These are held by the NHS Wales Shared Services Partnership procurement team and will be reported to Audit and Assurance Committee. A register was taken to November's committee. It is good practice to keep such a register and report at least annually to AAC to track use and identify wider issues.

Managing risks to achieving strategic priorities

HEIW has a risk management framework though some risk registers are incomplete, risk appetite is not defined and the controls and assurances underpinning the Board Assurance Framework are not sufficiently clear

- 30 A Board Assurance Framework (BAF) is a structured way to identify and map the key risk to achieving each strategic objective, the specific controls in place to mitigate those risks, and the sources of assurance for each. This creates an assurance map, enabling alignment with committee oversight of risks and assurances.
- 31 HEIW's BAF was approved by the Board in September 2019 and will be reviewed annually by the Board and AAC. Whilst it sets out clearly what a BAF should do and the process in general terms, there is no evidence of the mapping we would expect. The BAF refers the reader to the Corporate Risk Register. Whilst the Corporate Risk Register sets out key risks and mitigations to those risks, it does not provide the assurance map that a BAF should. For the BAF to be effective, HEIW must have a good understanding of the flows of assurances from operational teams up to the Board and committees and map those that provide key sources of assurance on controls over the key risks to strategic objectives. Although HEIW has many of these elements, it needs to bring them together in an assurance map that also identifies any gaps and measures to bridge them. The BAF should be reviewed regularly by the Board to ensure effective co-ordination of assurance.

- 32 BAF arrangements are a natural extension of risk management and are reliant on good risk management arrangements to be successful. HEIW has a risk management policy with roles and responsibilities set out. Risk management training was received by the Board in February 2019, followed more recently by the senior leadership team. The training has been well received and will be rolled out further. HEIW operates a paper-based risk management process, having considered use of the DATIX risk management system it concluded its use would be disproportionate to need.
- 33 The Corporate Risk Register is reported in detail to AAC and reviewed by the executive and senior leadership teams monthly. A Corporate Risk Register should include strategic risks identified by the Board and those identified by directorates which need to be escalated (which could be operational). However, currently not all operational risk registers are in place and some are work in progress eg Digital and IT. Our review of registers and policies and discussions with officers indicate that risk appetites are not clearly understood or used. This is key for a consistent approach across HEIW to escalation and removal of risks from the Corporate Risk Register. A review of some risk registers identifies that the following attributes would be beneficial to include: risk identification date; RAG trend; committee with oversight; risk appetite; type of risk (per risk management policy). It might be helpful to consider using a risk register template across the organisation.

Progress on baseline review learning points

- 34 In our baseline review, we highlighted the following learning points relating to managing risk. **Exhibit 3** describes the progress made.

Exhibit 3: Managing risks: learning points

Learning point	Description of Progress
Board assurance framework Swift implementation of BAF (with assigned risks) and directorate registers.	A BAF document has been compiled and sets out useful guidance on the approach to developing a Board Assurance Framework, however there is no evidence that assurance mapping work has been done. See recommendation 2. Progress has been made in developing directorate and team risk registers. In updating registers HEIW should consider including the following attributes: risk identification date; RAG trend; oversight committee; tolerance / appetite; type (per risk management policy). Use of a risk register template could also be considered.
Risk management training Make sure staff receive appropriate training and ongoing support to ensure a consistent approach to risk management.	Training has now been rolled out to the Board and senior leadership team and has been welcomed.

Embedding a sound system of assurance

HEIW's system of assurance is supported by performance management and information governance frameworks although both need further development.

Performance management

- 35 HEIW is making progress to meet its target for an integrated performance management framework by 31 March 2020, though it has work to do to meet the aims for the framework, set out in its 2019-20 Annual Plan. Given HEIW's unique position in Wales, we recognise the challenges it faces in developing a framework from scratch: there are no national KPIs or benchmarks and significant data validation work to do on current data in the performance report. It is understandable that HEIW is using 2019-20 as a development year and our findings should be read in that context.
- 36 The performance report and dashboard were developed with Board input from January 2019 onwards, and formally reported to Board in September 2019. The report structure is clear and follows the aims set out in the Annual Plan to provide assurance on: projects and programmes; quality and outcomes; education, training and workforce development performance; corporate governance and management. Although content and coverage are still in development, it is pleasing to note that HEIW is starting to consider improving insight, with plans to build up historical data, triangulate data and think about control limitations.
- 37 Our review of the performance report and dashboard identified a lack of data on finance, legislative/regulatory compliance and nursing directorate performance (though we acknowledge some of this latter data is cyclical). We found ourselves asking the 'so what?' question when reading the data. There was no exception reporting for data or explanation of whether the data was good or bad, nor summary of responsive action. It is not clear what HEIW's KPIs or targets are, though we understand benchmarking is ongoing to help inform KPI targets. Whilst there is a sound base on which to develop the report and dashboard further, there is significant work to do, though we recognise this is seen as a development year by HEIW. We understand some teams are developing their own dashboards and would encourage that they ensure their own monitoring is aligned with reporting in the performance report and dashboard.
- 38 Although there is an informal timetable for monthly and quarterly performance reporting and good support and training from business partners reported by officers, there is currently no documented performance management framework setting out responsibilities, reporting, escalation arrangements, lines of accountability and Board / Committee oversight.

Quality management framework

- 39 There are no plans to develop an organisational wide quality framework, instead HEIW intends to embed quality in day to day working, monitored through a performance management framework. Given HEIW is not delivering front line NHS services this is a reasonable approach to take and its effectiveness can be revisited in future.
- 40 As we would expect, there is an established quality management framework for regulatory areas (such as medical and dental). It is pleasing to note that officers are currently looking at improvements to the

process and working with the Nursing Directorate to share good practice in helping them develop their own framework for non-regularity functions. There are clear oversight arrangements for monitoring quality through the newly established ECQC and a Quality and Postgraduate Education Support committee.

Information governance and cyber security arrangements

- 41 An Information Governance Steering Group reporting to AAC, was established in October 2019, and a Senior Information Risk Officer (SIRO) oversees the effectiveness of the information governance framework. However, interim arrangements for the management of information governance during 2019 have affected progress in developing an effective information governance framework. The information governance manager is currently seconded on a part-time basis and recent failure to appoint permanently means interim arrangements are set to continue.
- 42 HEIW adopted all Wales IT policies where appropriate, and has completed work on several IT policies, for example the information security and anti-virus policies, though per the latest Policy Register some appear outstanding. A digital and IT risk register remains work in progress with risk scoring and progress updates outstanding. Key IT and digital risks include incomplete GDPR activities; managing cyber-attack threats; vacancies impacting on digital enablement; and SLA agreement on key business information systems.
- 43 A Business Continuity and IT Disaster Recovery plan is in development and further work is required to assess the business impact of each IT system, a contacts list, backup location and procedures and review dates. A plan to test and evaluate the recovery plan is outstanding.
- 44 Progress on addressing the information governance requirements of the General Data Protection Requirements (GDPR) has also been affected by resource capacity. Some actions have been taken to respond to the requirements of the GDPR through:
 - establishing a GDPR action plan and an Information Governance work plan;
 - requiring directorates complete Information Asset Registers;
 - completing privacy notices and privacy impact assessments; and
 - developing policies and procedures, for example, breach reporting protocol, data protection policy and information governance policy.
- 45 HEIW has yet to complete the GDPR action plan, Information Governance work plans and work towards full compliance. It recognises it can prioritise several information governance activities, which include completing:
 - Information Asset Registers to identify the legal basis for information processing and the need for privacy notices;
 - the appointment of a permanent Data Protection Officer;
 - the development of the Information Governance risk register, and management through to the Information Governance steering group; and
 - the network of information asset owners and administrators to manage information assets and flows.
- 46 Staff training on information governance is essential. The all Wales Information Governance e-learning toolkit is used to train staff on information governance matters and annual training is mandatory with

compliance monitored. Although the compliance rate is improving, at November 2019 it was only 53.6% compared to a provisional (still being considered) target of 75%. Monitoring of performance at the Information Governance steering group and scrutiny at committee-level could also be strengthened by developing and reporting against key performance indicators.

- 47 Caldicott is a key element of the Information Governance and Confidentiality agenda in Wales, providing a set of recommendations and principles to help ensure that personally identifiable and sensitive information is adequately protected. It is good to see that the SIRO has been appointed at Senior Level and the Authority has been proactive in completing Caldicott Information Confidentiality self-assessment in March 2019 to assess applicability. Compliance is acceptable at 55% as an entry level assessment considering the Authority does not directly manage patient data. A new NHS Wales Information Governance Toolkit replaces the Caldicott assessments and is applicable to the whole of NHS Wales and should be completed by early 2020.
- 48 HEIW recognises the potential risks from cyber security attacks and plans to establish an integrated organisational wide cyber defence strategy and cyber resilience programme. In October 2019, in response to an update from NWIS that they were not fully supported on cyber security, a briefing paper was presented to the Executives to raise awareness of issues and a red risk around the consequences if insufficient steps are taken on cyber security was added to the corporate risk register and reported to AAC in November.
- 49 HEIW plans to take actions in 2020 to strengthen the cyber resilience programme supported by specialist resources and a reporting and governance structure. These include: working towards certification such as the cyber essentials scheme; recruiting specialist cyber resources; establishing a cyber incident response plan; and assessing cyber threats in the IT supply chain.

Tracking of recommendations

- 50 HEIW has had a recommendation tracker in place since May 2019. It is a paper-based system that tracks internal and external (WAO) audit recommendations. We will assess the effectiveness of this tracking process next year.
- 51 There is currently no tracker in place to monitor the implementation of recommendations for legislative or regulatory compliance and we encourage HEIW to establish one.

Progress on baseline review learning points

- 52 In our baseline review, we highlighted the following learning points relating to assurance systems. **Exhibit 4** describes the progress made.

Exhibit 4: Improving systems of assurance: learning points

Learning point	Description of Progress
Recommendations tracking Whilst internal and external audit are captured in HEIW recommendations tracker, this should be expanded to include Welsh Government and other recommendations.	Tracker now in place including Internal and External audit recommendations. There is no evidence of a tracker to monitor implementation of other regulator recommendations such as legislative or

Learning point	Description of Progress
	regulatory compliance. HEIW should consider establishing one.
Performance management HEIW will need to ensure it sufficiently understands its performance, whilst the performance dashboard is still in development.	The dashboard is now in place and being reported to the Board although its development continues. As dashboard and report development continues, HEIW should consider sufficiency of content for: finance; legislative/regulatory compliance; nursing directorate content; exception reporting and the ‘so what?’ question; summary of responsive action; KPIs and targets.

Ensuring organisational design supports effective governance

HEIW's organisational structures appear to support effective governance with clear lines of responsibility, formal and informal cross-organisational working and effective communication.

- 53 HEIW has a clear organisational structure which is reviewed, updated and shared through an organisational chart regularly. There is a flexible approach to the structure of the organisation and changes have been made in some areas to better align roles with projects and objectives.
- 54 We found a collegiate approach to working across directorate boundaries both in sharing good practice and supporting delivery of projects. Officers reported good informal and formal communication and were also positive about the office layout in facilitating this.
- 55 As might be expected in a new organisation, lots of changes to staff advisory, steering and working groups have been made during 2019. Mapping the structure below Board and committees (leadership teams and key steering and working groups for example) could help ensure a clear picture of reporting lines and oversight.

Progress on baseline review learning points

- 56 In our baseline review, we highlighted the following learning points relating to organisational design. **Exhibit 5** describes the progress made.

Exhibit 5: Organisational design: learning points

Learning point	Description of Progress
Clarifying remit boundaries Work with Welsh Government and regulators to clarify blurred boundaries.	Ongoing discussions between the Chief Executive and the Director General are taking place to clarify interface issues and regular meetings continue with key professional and policy leads to develop relationships and understanding.

Strategic planning

- 57 Our work considers how the Board sets strategic objectives for the organisation and how well HEIW plans to achieve these. We examined HEIW's arrangements for monitoring progress against its objectives. We also reviewed how HEIW has progressed lessons learned through our baseline review.
- 58 In 2019, we found that **a clear vision and strategic objectives are in place with plans for Integrated Medium-Term Plan production but supporting operational plans and monitoring IMTP delivery are areas for further work.** HEIW has a clear vision underpinned by strategic objectives and a continuous learning and engagement approach to IMTP development. Arrangements are in place, though timescales are tight, to ensure demand and capacity are fully understood and enabler plans integrated. IT and digital plans need work. Clear and documented arrangements for oversight and scrutiny of performance against strategic objectives are needed.

Setting the strategic direction

HEIW has a clear vision underpinned by strategic objectives developed with input from the Board, staff and stakeholders and evidence of continuous improvement.

- 59 HEIW has set and communicated its vision to staff and stakeholders. It has a long-term focus and puts patients at its core. Although not subject to the Well-being of Future Generations Act, the principles are aligned with its vision.
- 60 HEIW's seven strategic objectives flow from the vision and are clearly set out in its 2019-20 Annual Operating Plan. For each objective an executive summary sets out key milestones to be delivered by the end of 2020.
- 61 HEIW has developed and submitted its first Workforce Strategy for Health and Social Care in Wales to the Welsh Government. It is key to much of HEIW's vision and objectives and was developed using extensive engagement with a wide range of over 1,000 stakeholders.
- 62 The vision and objectives were developed through extensive internal engagement and a reasonable level of external engagement (given the short time frame), with final approval from the Board. HEIW undertook greater external engagement for the IMTP using various approaches both formal and informal such as: roadshows and stakeholder events throughout Wales; specific 121 meetings with key stakeholders; and regular stakeholder bulletins. Communication in HEIW is viewed as everyone's business and seen as central to success. HEIW committed on its website to develop a stakeholder map and model though its ambitions have been constrained by the capabilities of the NHS wide platform. It is working through these issues and meanwhile uses regular stakeholder bulletins and publicised events to ensure good communication. Given the importance and scale of stakeholder engagement we would encourage it to continue to find solutions to developing the interactive website model.
- 63 During 2019 the strategic objectives have been reviewed and updated for the three-year IMTP period 2020-23 to better align with activities and accountabilities.

Developing strategic plans

HEIW has strengthened its planning approach and is aiming to develop an approvable IMTP for 2020-23 although timescales are tight to ensure required resources are fully understood and enabler plans are aligned

- 64 HEIW is working to an 'approved' Annual Operating Plan (AOP) for 2019-20. It is applying lessons learnt from developing the AOP, including Welsh Government feedback, to its development of a 2020-23 IMTP. Key challenges identified included planning capacity and capability, ensuring effective two-way stakeholder engagement and integrating other elements such as financials into the plan. It is pleasing to see that many of these (and other) learning points have been addressed as set out below.
- 65 An outline plan and timescales for development went to the Executive team in May 2019 with updates following in July and September. The plan includes time for Board input and scrutiny, senior team sharing of initial proposals (crucial to ensuring co-ordination of plan elements) and stakeholder engagement.
- 66 There are clear roles and responsibilities for developing the IMTP. The Planning and Performance team (the Team) are leading on its development and have provided training materials and support to teams developing underpinning plans which have been welcomed and valued. The guidance has enabled good progress in a relatively short time, with a consistent approach across the organisation. The guidance on formulating objectives for the IMTP included promoting the use of PESTLE analysis in considering opportunities and threats; ensuring consideration of A Healthier Wales and the Well-being of Future Generations Act, and considering the support needed from enablers. Templates were also provided for developing directorate project submissions. As part of IMTP post project learning, we suggest that HEIW should consider refreshing the training materials and tools and developing them into a planning 'toolkit' for future years.
- 67 At the time of our review, much of the work to assess operational demand and capacity was ongoing as was the development of enabler plans such as finance, workforce, and IT and digital. All three of these enabler plans are being drafted currently with a view to December completion ready for IMTP submission in January 2020.
- 68 Benchmarking is in its infancy and has not played much part in this IMTP's development. HEIW should ensure that its benchmarking feeds into next year's IMTP development. Next year, we will review whether benchmarking has started to support service modernisation and improvement.
- 69 The Director and Assistant Director of Planning have engaged with their respective NHS peer groups throughout the year and participate in NHS wide planning activities, and staff planning capability is being improved through planning academy training.
- 70 The 2019-20 Annual Operating Plan includes the IT and digital activities required to support Plan delivery, but there is no IT and digital strategy in place although there are plans for its development in 2020-21. The IT and digital objectives for 2021-23 are currently being drafted for IMTP completion by January 2020.
- 71 Executive level responsibility for IT and digital remains with the Director of Workforce and Organisational Development supported by the Assistant Director of Planning and Performance. This has been an interim arrangement, however the appointment of a Head of Digital has been frozen. We would recommend that HEIW continue to consider capacity to deliver the Head of Digital role and the

need to appoint to post. HEIW has yet to develop and regularly report IT and digital performance indicators against which performance can be monitored.

Progress on baseline review learning points

- 72 In our baseline review, we highlighted the following learning points relating to strategic planning. **Exhibit 6** describes the progress made.

Exhibit 6: Improving strategic planning: learning points

Learning point	Description of Progress
Stakeholder engagement Timing of engagement with and feedback to key stakeholders in both your and their planning cycle will be critical. Look to develop clear website sign posting for stakeholders including trainees and potential trainees.	Comprehensive engagement with stakeholders throughout 2019. HEIW committed on its website to develop a stakeholder map and model and given the importance and scale of stakeholder engagement we would encourage it to continue to find solutions to developing the interactive website model.
Development of AOP and IMTP Action key lessons learnt from AOP in developing IMTP. Consider ways to increase planning capacity and capability both short and long term.	Lessons learnt evidenced clearly through approach to IMTP development in 2019. HEIW should ensure that benchmarking, which is currently in early stage of development, feeds into future IMTP development. As part of the IMTP post project learning HEIW should consider refreshing the training materials and tools and developing them into a planning 'e-toolkit' for future years.
Operational strategies and plans Think about how you will go about making informed choices on competing proposals given finite resource.	Head of Planning and performance is developing a streamlined approach to business case submission which should in part tackle this.

Monitoring delivery of the strategic plan

HEIW now has a performance report and dashboard in place but KPIs are still in development and documentation of arrangements for oversight and scrutiny of performance against strategic objectives and IMTP are recommended.

- 73 As reported earlier, there is currently no documented performance management framework in place which sets out what is reported to whom, frequency and Board / Committee oversight for performance management. However, although work in progress, a performance report and a dashboard are in place. The performance report format is clear and sets out progress on strategic objectives well via the

programmes and projects underpinning them. Information presented includes milestones, deadlines, responsible officers, progress status and RAG ratings. There is additional exception reporting on any projects RAG rated red. The dashboard summarises this and provides key data measures, and monitoring will strengthen as the report and dashboard develop.

- 74 However, there are no KPIs nor targets in place against which the Board can scrutinise performance, they are not linked clearly to strategic objectives and as reported earlier content is still in development. Whilst it may not be appropriate for all strategic objectives to have measurable KPIs, we would ordinarily expect KPIs to be linked to a strategic objective.
- 75 The performance report was presented to the September Board meeting for the first time, followed by a 'Mid-Year Review of Annual Plan' paper at the November Board to provide an update against commitments in the Annual Plan for 19/20 at the mid-year point. That document provides a detailed narrative description of progress against each strategic objective and the projects underpinning them, but no linked KPI or data from the performance report that we might expect to see alongside.
- 76 It also worth noting that given a significant part of 'day to day' activity involves change, would encourage HEIW to consider the need to establish a programme management office to manage change.

Progress on baseline review learning points

- 77 In our baseline review, we highlighted the following learning points relating to monitoring of the strategic plan. **Exhibit 7** describes the progress made.

Exhibit 7: Improving monitoring of the strategic plan: learning points

Learning point	Description of Progress
KPIs and monitoring of delivery Be clear about PIs v KPIs. Identify suitable benchmarks. Don't forget about providing insight with data.	Work in progress. See recommendation R7

Managing financial resources

- 78 We considered the action that HEIW is taking to achieve financial balance and create longer-term financial sustainability. We have assessed the financial position, the approach to financial planning, financial controls and stewardship, and the arrangements for financial monitoring and reporting. We also reviewed the progress made in taking forward the learning points from our baseline review.
- 79 Our work in 2019 found that **Financial controls and policies are in place, refinements to financial reporting continue and work to strengthen asset and contract management is underway.** Despite early staffing issues, key financial controls and policies have been prioritised with timely reporting to the Board. HEIW now has the necessary capacity and capability for financial planning with clear roles and responsibilities established. Further work is being taken around asset and contract management to facilitate good planning, governance and use of assets, along with continued development of financial reporting to the Board.

Financial planning

HEIW has established its financial planning arrangements, but needs to better understand its future capital and revenue needs

- 80 After a difficult start due to changes in key staff and a reliance on temporary finance staff, HEIW now has the necessary capacity and capability for financial planning with clear roles and responsibilities established. The production of the one-year 2019-20 financial plan and the Commissioning and Training Plan 2022-23 (which had significant finance input) are informing the development of the first three-year financial plan, which should be ready for inclusion in the 2020-23 IMTP.
- 81 Budgets appear to be based on realistic assumptions with the retained knowledge of staff from predecessor bodies, and extensive NHS Wales financial planning experience of new recruits bringing valuable knowledge and skills. Budgeting for new areas of spend such as capital and other accommodation costs where the historic information is not available are more challenging.
- 82 HEIW is working on establishing an Asset Management Strategy, a Fixed Asset Register and a complete list of all leases held. These will help ensure that buildings and equipment can be controlled, maintained and refreshed when required, and to inform planning and budget discussions with the Welsh Government. Although the current annual discretionary capital allocation is only £100,000 and the capital requirements of HEIW are relatively low, it is important that there is a clear picture of equipment and other assets for effective planning and use.
- 83 Given the largest element of expenditure is commissioned through other organisations, financial planning and budgeting require significant estimation in particular regarding the recruitment, bursary take-up and attrition of trainees for the year ahead. Progress has been made in establishing the necessary skills and expertise within HEIW and financial planning and budget management will continue to evolve. HEIW underspent in its first financial period to 31 March 2019 so there is no urgent requirement to identify efficiencies, cost improvement or savings plans, however HEIW should ensure it pursues efficiencies where it can.

Progress on baseline review learning points

- 84 In our baseline review, we highlighted the following learning points relating to financial planning. **Exhibit 8** describes the progress made.

Exhibit 8: Improving Financial Planning: learning points

Learning point	Description of Progress
Ensure there are linked procurement, contracting and commissioning strategies in place with clear management arrangements.	The Commissioning and Training Plan has been approved and procurement arrangements understood by key staff involved in the process.
Compile a lease register and fixed asset register.	HEIW plans to complete these in order to provide a list of leases and assets as at 1 April 2020.

Learning point	Description of Progress
	Ensure this is done and compile an asset inventory to ensure assets not on the fixed asset register are also captured for a full picture.
Develop an asset management strategy	This is currently outstanding and is considered low priority due to the low level of assets held.

Financial management and controls

HEIW is putting in place effective financial management controls but there is more to be done on asset and contract management

- 85 Budget responsibilities are clear with budget holders signing up to budgets and receiving management support from Finance Business Partners. Support provided has improved in year as vacancies have been filled, but some budget holders would like more support on contracting arrangements. Guidance was issued setting out the budget setting process. This was used for the Annual Financial Plan and is being used for the three-year financial plan.
- 86 A Contracts and Agreements Register was compiled in November 2019 which identified several arrangements that need to be revisited, updated and agreed with third parties, including out of date contracts. This work is being prioritised to ensure that arrangements are compliant with public procurement arrangements and that the risk of service withdrawal at short notice and need for single tender actions are reduced and managed.
- 87 A Register of Interests is maintained by the Board Secretary which is formally reviewed annually. A Declaration of Interest Policy is incorporated into the Policy for Standards of Business Conduct. It is intended to report the register annually to the AAC.
- 88 A Counter Fraud Strategy was approved in May 2019 by the AAC. The NHS Counter Fraud Service provided 30 days service to HEIW in 2019-20 most of which was awareness raising through presentations, briefings and newsletters. Presentations to date have been to senior leadership team and finance staff, with further rollout planned. As a new organisation, HEIW has not yet participated in the National Fraud Initiative.
- 89 The Auditor General is undertaking further work to examine the effectiveness of counter fraud arrangements across the public sector in Wales, with a view to publishing his findings in summer 2020. His work will be informed by local fieldwork commencing in late 2019.

Progress on baseline review learning points

- 90 In our baseline review, we highlighted the following learning points relating to financial management. **Exhibit 9** describes the progress made.

Exhibit 9: Improving financial management: learning points

Learning point	Description of Progress
Identify contracts and compile a contract register	<p>This has now been done, but it has highlighted further work that is needed to put appropriate contractual arrangements in place for several services being provided.</p> <p>HEIW should ensure this work is progressed speedily so that all contracts are within their contractual period to ensure:</p> <ul style="list-style-type: none">• procurement regulations are complied with;• only services required are included;• risk of single tender actions is minimised; and• value for money is obtained.

Oversight and scrutiny of financial performance

Reporting and scrutiny arrangements have improved during the year with more detailed financial information now being provided although continuous improvement is recommended

- 91 Since July 2019, the Board has received a more detailed finance report, including an appendix setting out each directorate's financial performance. The report is easy to understand and puts the financial position in context with resource planning activities and other key performance matters such as student numbers.
- 92 Since October 2019, the Board has also received the full Monthly Monitoring Return (MMR) submitted to the Welsh Government. Such a transparent approach is commendable, though Board reporting could be further improved by providing a more digestible summary. In general, use of dashboards, KPI and exception reporting could be considered. The finance reporting team intend reviewing reporting against good practice set out in the Finance Academy's Good Practice for Financial Board and Committee Reporting. We would also recommend they review the good attributes of a finance report as set out in Appendix 1 to our 2016 report 'Comparative Report of NHS Reporting' (previously provided to the Board Secretary).

Progress on baseline review learning points

- 93 In our baseline review, we highlighted the following learning points relating to financial reporting. **Exhibit 10** describes the progress made.

Exhibit 10: Improving financial reporting to Board: learning points

Learning point	Description of Progress
Opportunity to look at good practice in financial reporting to Board with aim to provide insight into operational areas and really use finance as an enabler.	<p>HEIW has improved the information provided to Board which now includes more of each Directorate's financial performance. Detail is also provided on action required to achieve financial balance.</p> <p>It intends to review the Finance Academy best practice guide for financial reporting to the Board to refine the information presented.</p> <p>HEIW should continue to develop improvements by also considering:</p> <ul style="list-style-type: none">• the good attributes of a finance report as set out in Appendix 1 to our 2016 report 'Comparative Report of NHS Reporting'; and• revisiting Monthly Monitoring Reporting to the Board.

Financial performance

HEIW is forecasting a break-even position for the year ended 31 March 2020

- 94 HEIW reported a revenue underspend of £68,000 for the six months of activity to 31 March 2019 and broke-even against its capital budget. It worked closely with the Welsh Government during the period, monitoring the financial position and agreeing final budget changes to broadly match its revenue needs. The Welsh Government is content with this approach in this transitional period.
- 95 For the seven months to 31 October 2019, HEIW is reporting a net underspend in its revenue resource budget of £1,234,090 (1% of its revenue resource budget) and is forecasting to break-even at the year end. There are significant variances in the Nursing (£1,658,917 underspend) and Medical and Pharmacy Directorates (£961,633 overspend) which are understood and serve to highlight the difficulty in setting budgets during a period of increased student recruitment to training places. The changing number of funded students has an impact on setting commissioning budgets and will continue to do so going forward. This is explained in the finance report and variances are within reasonable tolerances given budget sizes and recruitment challenges.
- 96 Proposals are currently being considered for the £100,000 capital budget. HEIW will continue to work closely with the Welsh Government throughout the year to ensure final allocations are reasonable and realistic.

Managing workforce productivity and efficiency

- 97 We considered the action that HEIW is taking to ensure that its workforce is well managed and productive. We assessed arrangements for addressing training and development needs and action to engage and listen to staff and address wellbeing needs. We also reviewed the progress made in taking forward the learning points from our baseline review.
- 98 **Excellent staff engagement has helped drive a positive culture and there are plans in place to improve workforce management arrangements.** There is a strong focus on organisational culture, staff engagement, and staff wellbeing. The job evaluation backlog has been cleared and strategies are in place to manage vacancies. Training and development plans are progressing and work is planned to improve recorded levels of staff appraisal and completion of statutory and mandatory training.

Managing the workforce

HEIW has cleared its job evaluation backlog, has low sickness rates, and has strategies in place to manage its vacancies, however there is scope to strengthen workforce performance metrics

- 99 Our baseline review highlighted challenges with recruiting to key posts and completing timely job evaluation in line with NHS Wales Agenda for Change pay bands. Despite these challenges the organisation has continued delivering on its agenda, albeit in some areas pace has been affected.
- 100 Positively, in September 2019 HEIW cleared its job evaluation backlog. There are now 22 members of staff trained to undertake job matching panel duties, including two trade union members. This has helped address much of the recruitment bottleneck.
- 101 Whilst HEIW appears to hold significant vacancies (38 as at December 2019), these pose a low risk to the organisation as strategies have been put in place to manage them, such as using agency staff and temporary secondees. Given that the organisation is still evolving, it has at times taken the decision to add to the workforce as business needs occur and hold posts until a service is ready to recruit, for example the transformation roles in the Nursing Directorate. In addition, full-time equivalent vacancies are lower as many are for part-time posts. HEIW hopes to recruit to vacant posts within 12 months and as at December 2019 nine posts (FTE 6.3) are out to advert. However, some vacancies have been difficult to recruit to for example the Director of Finance and Corporate Services. For these posts it might be helpful to review the barriers to successful recruitment.
- 102 HEIW follows the 'NHS Wales Managing Attendance at Work Policy' and has designed an absence management course for managers. The training takes a preventative approach to illness prevention with tailored adjustments for staff and a compassionate management approach. A positive approach to well-being and culture appear to be reflected in their low levels of sickness absence: 0.7% in June 2019, compared to the Wales average of 5.4%.
- 103 Workforce matters are scrutinised through the performance report, reported to the Board for the first time in September 2019. The corporate performance section details workforce metrics with an accompanying narrative. The performance dashboard shows numbers of staff in post, leavers and starters. Given the current vacancy issues and use of agency staff, HEIW should consider including data on vacancies, agency staff and turnover rates.

- 104 The AAC scrutinises workforce matters in more detail, receiving updates in areas such as job evaluation, recruitment and mandatory training compliance.

Progress on baseline review learning points

- 105 In our baseline review, we highlighted the following learning points relating to workforce management. **Exhibit 11** describes the progress made.

Exhibit 11: Improving workforce management: learning points

Learning point	Description of Progress
Vacancies Ensure reporting is clear on whether posts are vacancies or future potential posts.	The organisation is now clear about which posts are vacant, filled by agency workers and on hold.

Training and development

HEIW is progressing its training and development plans, has introduced a values-based appraisal scheme, and has plans in place to improve low appraisal and mandatory training rates.

- 106 Our baseline review found that in its first six months, HEIW was focusing on developing a People and Organisational Development Strategy, delivering statutory and mandatory training, and getting a staff appraisal process in place.
- 107 The People and Organisational Development Strategy (which also houses the workforce plan) is due to be launched in December 2019. Staff were consulted on the draft strategy at roadshows across Wales with feedback reported to the executive team, and the intention to share results with staff shortly. Staff have also had the opportunity to feed into a separate training and development plan, currently in draft.
- 108 It is pleasing to see that HEIW is aiming for a 'careers' approach in its employment of staff. It is looking at succession planning, coaching and mentoring, and upwards and sideways job opportunities. A leadership and management programme is also in development, with the aim of launching next year.
- 109 However, at October 2019, HEIW's statutory and mandatory training rate was reported as 49.5%, well below the 85% national target. All statutory and mandatory training modules have been available on ESR since April 2019. A report to the November 2019 AAC highlighted that the People Team is trying to improve compliance, by communicating with staff through several forums and offering ESR training. The report also highlights issues with recording compliance for staff working across more than one organisation. The main complication being how to seek assurance where statutory and mandatory training has been completed at other health bodies, without double counting. HEIW reported that moving forward the performance report will split training compliance for core HEIW staff and staff on other types of contracts. To improve compliance with the national target, HEIW may wish to take a risk-based approach to prioritising statutory and mandatory training.
- 110 In April 2019, HEIW introduced its values-based appraisal scheme. It was developed in consultation with staff and aims to help staff review their performance using the organisation's 23 behaviours on a

six-monthly basis. Amendments to the system have been made for Medical staff (subject to a separate appraisal system) to avoid duplication. Managers are encouraged to take a coaching style approach to appraisal discussions with emphasis on staff ownership. A value-based 360-degree appraisal has been mandated for managers but is also available for others. We would encourage HEIW to clearly link the 360-degree approach to an individual's Personal Development Plan rather than their appraisal. This can be a more effective way of obtaining honest and valuable feedback. The People Team is completing a quality checking exercise on a sample of completed appraisals.

- 111 In October 2019, HEIW's appraisal rate was recorded at just 11.4%, significantly below the national target of 85%. A report to the November 2019 AAC suggests the low completion rate is due to inaccurate information on the electronic staff record (ESR). Records held by the People Team, suggest the actual appraisal rate is 76%. The People Team is addressing this issue through ESR training and awareness and there are plans in place to integrate appraisals into the ESR system. We would expect HEIW to progress this issue swiftly and see the appraisal rate and the accuracy of ESR data to improve over the coming months.

Progress on baseline review learning points

- 112 In our baseline review, we highlighted the following learning points relating to training and development. **Exhibit 12** describes the progress made.

Exhibit 12: Improving training and development: learning points

Learning point	Description of Progress
Statutory and Mandatory training Ensure delivering statutory and mandatory training is a priority.	HEIW still has a low statutory and mandatory training compliance rate (49.5%) and is not meeting the 85% national target. The People Team is taking steps to improve compliance. HEIW should consider taking a risk-based approach to prioritising training completion in its actions to improve compliance towards the national target.

Staff engagement and wellbeing

HEIW has strong organisation values and behaviours, is acting on the results of the staff survey and has a focus on staff wellbeing and engagement.

- 113 Our baseline review found that HEIW is building a strong organisational culture, with staff engagement being a positive feature. HEIW's NHS staff survey results were favourable compared to other NHS bodies.
- 114 HEIW continues to promote its values and behaviours. It introduces them at inductions, displays posters and ensures they are the starting point for policy development. Senior leaders support and demonstrate the values, for example, the Chief Executive holds quarterly open-door sessions and offers one-to-one sessions for staff.

- 115 HEIW had a 65% response rate to the 2018 NHS staff survey with results presented to staff at the June 2019 staff conference. In response to the findings a staff survey improvement plan has been developed. The plan is overseen by the Executive Team and the staff led Culture Group. The Culture Group (now the Staff Engagement Group) will be tasked with owning and implementing the improvement plan. Feedback from staff that the survey may not have been relevant to all staff groups has led to a changed approach for next year with the intention to use an NHS wide pulse survey, developed and delivered by the NHS for the NHS.
- 116 HEIW has a strong focus on staff wellbeing. It has a Health and Wellbeing Network with links into the national wellbeing network. Together the two networks have developed a health needs assessment for NHS staff to complete, being piloted at HEIW. HEIW's approach in using itself as a testing board for new NHS wide initiatives is positive and just one example of how it aims to live the values it is leading on throughout Wales. The health needs assessment closed at the end of October 2019 and the information will be used to develop HEIW's wellbeing strategy. In the meantime, HEIW is planning and running several wellbeing initiatives. These include free fruit on pay day, introducing a weekly wellbeing hour, exploring options for an employee assistance programme², lunch time walks and local gym concession. It is also exploring ways to make meetings more accessible for remote working staff not based in South Wales.
- 117 HEIW is working towards several nationally recognised accreditations such as Stonewall accreditation and the Corporate Health Standard. It has signed up to Time to Change and will be the first in Wales to have the Communication symbol, which recognises communication with disabled people.

² HEIW currently uses Cardiff and Vale University Health Boards employee assistance programme but the waiting times are long.

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Health Education and
Improvement Wales (HEIW)

Meeting Date	30 January 2020	Agenda Item	4.4
Report Title	Welsh Language Update		
Report Author	Huw Owen, Welsh Language Services Manager		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Dafydd Bebb, Board Secretary		
Freedom of Information	Open		
Purpose of the Report	To provide an update on the imposition of Standards on HEIW, progress against the 10 priority areas and discuss translation options.		
Key Issues	<ul style="list-style-type: none"> Update on where we stand in relation to coming under Standards Regulations. Progress made on 10 key risk areas; as illustrated on the attached spreadsheet – along with detailed information on what still needs to be done. 		
Specific Action Required <i>(please one only)</i>	Information	Discussion	Assurance
			✓
Recommendations	Members are asked to: <ul style="list-style-type: none"> Note the following report for assurance. 		

WELSH LANGUAGE UPDATE

1. INTRODUCTION

The purpose of this report is to inform the Board on where we stand in relation to coming under Standards Regulations and on progress on our Welsh Language Policy, with specific reference to our 10 key risk areas identified following the May 2019 Board meeting.

2. BACKGROUND

2.1 Welsh Language Standards (Standards) and Imposition

The Welsh Language Commissioner's Office has recently advised that the Welsh Government will not confirm the applicable Standards for HEIW in the foreseeable future. Given this the Welsh Language Commissioner has asked HEIW to prepare a Statutory Language Scheme – as prescribed under the original (1993) Welsh Language Act.

While this is not our preferred approach, in the absence of a Welsh Government decision, we are now therefore required to revert to the original Welsh Language plan adopted by the Board in May. Given this we now need to prepare a Statutory Scheme (Scheme), with appropriate support documentation, which will include a detailed Action Plan.

The process for implementing is as follows:

- HEIW to prepare a draft Scheme (and support documentation) and send it to the Commissioner for comment;
- following receipt and consideration of the Commissioner's comments, we will put our revised Scheme out to Public Consultation;
- the Statutory Period for this conversation is 8-12 weeks.
- further revisions in light of this consultation are made before sending a final draft of the Scheme to the Commissioner for Endorsement. It is proposed that the Board approves this final draft before it goes to the Commissioner for Final approval - and this process to be repeated in the light of any proposed refinements from the Commissioner.

2.2 Progress on the 10 key risk areas

These were identified following the Board Meeting in May 2019 – and progress against each area is as follows;

1. ***Awareness increasing exercise regarding bilingual correspondence – Huw to work with the Communications and Engagement Team (CET).***

Now included in our induction programme and put onto our intranet pages with the help of the CET. Was publicised at the time, but the addition of a permanent Administration support officer to the team now means that we have the resource to plan and execute an ongoing internal publicity campaign.

2. *Awareness increasing exercise regarding bilingual phone answering – Huw to work with the CET .*

Also now included in our induction programme, and put onto our intranet pages with the help of the CET. A “crib sheet” has been produced and distributed widely to staff. Was publicised at the time of launching, but the addition of a permanent Administration support officer to the team now means that we have the resource to plan and execute an ongoing internal publicity campaign.

3. *Huw to create list of Welsh speakers within HEIW so that Welsh language phone calls can be directed to these people.*

This has been done, and was included on our Intranet site. However, with the addition of many staff since Spring of last year, and more learners progressing through our educational processes, this should be revisited and a new, enhance list of speakers drawn up and publicised.

4. *Huw to supply telephone crib sheets for all areas of the organization*

This has been done, as illustrated in 2. above.

5. *Huw to write a note on the Simultaneous translation equipment – and organise publicity*

This has been done, and the kit has been demonstrated to staff on numerous occasions. Awareness is slowly increasing (witnessed by the growing number of staff now approaching the WLSM to use the equipment in meetings), but further publicity can be arranged by the new Admin support officer.

6. *Guideline for Organising Meetings – Huw to produce and publicise*

Now included in our induction programme, and put onto our intranet pages with the help of Comms. Was publicised at the time, but the addition of a permanent Administration support officer to the team now means that we have the resource to plan and execute an ongoing internal publicity campaign.

7. *Design Guidelines and Translation Guidelines – Huw to produce and to distribute, and raise awareness of their existence.*

Now included in our induction programme, and put onto our intranet pages with the help of Comms. Was publicised at the time, but the addition of a

permanent Administration support officer to the team now means that we have the resource to plan and execute an ongoing internal publicity campaign.

8. *Huw and Cath Williams to organise telephone greeting training sessions for all those covering Reception.*

This has been done – but needs to be extended to more staff, and refresher courses introduced. The Consultant who has been leading language lessons for us for the past few months, is going to produce a proposal for consolidating existing online and face to face greetings learning in a sustainable, self- sufficient way. If this works for us internally, it can be scaled throughout the NHS (and Learning Institutions) throughout Wales.

9. *Promotion of Services – we need to use social media and the Comms team to regularly promote our Welsh language services. HO to talk with Comms to devise a mechanism for doing this.*

Plan to be developed and carried out by the Administration support officer. This will become part of the work which falls naturally out of the Action Plan attached to the Language Scheme.

10. *The Welsh Language and our Learners. This is a massive strategic topic for us. To begin with, we can start thinking about how we can establish the need for Welsh language learning. If we are going to plan to shape learning services in Welsh in the future, establishing baseline needs is critical. Any ideas on how we can begin to plan strategically in your areas will be gratefully received!*

Very good progress has been made in partnership with the commissioning team to include minimum Welsh teaching requirements in the upcoming tendering exercise. Integrating basic Welsh language awareness and patient focused greeting learning into all undergraduate courses delivered under the new arrangements will have a significant impact on moving new employees towards compliance. This will start to create preventative measures against non-compliance, as opposed to the current climate of reaction to non-compliance. This will have huge cost, customer service and health benefit implications for the whole of the NHS in Wales over time.

This is a first, but hugely important, positive step on this vitally important strategic issue.

3. GOVERNANCE AND RISK ISSUES

Non-compliance with any Standard can result in (considerable) Management time being taken up with answering an Investigation by the Welsh Language Commissioner, possible monetary fines (up to £5000 per individual breach), and reputational damage.

Poor quality or non translation of documents can directly lead to non Compliance also. Given the current position and the steps taken in terms of the implementing HEIW's Welsh Language policy the risk is currently considered to be low.

4. FINANCIAL IMPLICATIONS

Non-compliance can result in monetary fines.

5. RECOMMENDATION

Members are asked to note the report, and comment on any elements of 2.1, 2.2 and 2.3 that may need further consideration.

Governance and Assurance				
Link to corporate objectives (please ✓)	As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand	Building a sustainable and flexible health and care workforce for the future.	With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery.	Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges.
	✓	✓		✓
	Improving opportunities for use of technology and digitalisation in the delivery of education and care.	Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales	Demonstrating value from investment in the workforce and the organisation.	
	✓		✓	
Quality, Safety and Patient Experience				
The quality of our Welsh language services reflect on us as a body operative throughout Wales.				
Financial Implications				
Financial implications are those noted at points 3 and 4 above.				
Legal Implications (including equality and diversity assessment)				
Ensuring that the organization has a robust Welsh Language Policy supports the workforce in delivering an effective bilingual service to those areas of Wales where doing so has better clinical and training outcomes, as well as helping attract more Welsh people into Health and Care roles. It also allows us to maximise the likelihood of remaining compliant with Welsh Language legislation.				

Staffing Implications

None	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
Enacting our Welsh language scheme directly addresses two of the seven goals of the Well-being Act - Wales of cohesive communities and A Wales of vibrant culture and thriving Welsh Language.	
Report History	The Welsh Language Policy was approved at the May Board meeting.
Appendices	



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Health Education and
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Meeting Date	30 January	Agenda Item	4.5
Report Title	HEIW's Risk Appetite		
Report Author	Dafydd Bebb, Board Secretary		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Dafydd Bebb, Board Secretary		
Freedom of Information	Open		
Purpose of the Report	To approve HEIW's Risk Appetite.		
Key Issues	<p>The purpose of the Risk Appetite is to outline the nature and the extent of the risk that the Board is willing to take.</p> <p>Consideration of Risk Appetite is a strategic matter and therefore a matter for Board approval in accordance with our Risk Management Policy.</p> <p>The methodology for setting HEIW's Risk appetite was considered at HEIW's December Board Development Session.</p> <p>Subject to Board approval the Risk Appetite will be incorporated into HEIW's Corporate Risk Register for the next financial year.</p> <p>The Board is invited to consider and approve HEIW's Risk Appetite as outlined in Appendix 1.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			Approval ✓
Recommendations	Members are asked to approve HEIW's approach to Risk Appetite as outlined in Appendix 1.		

Consideration of Risk Appetite

1. INTRODUCTION

The purpose of this paper is to invite the Board to approve HEIW's approach to Risk Appetite as outlined in Appendix 1.

2. BACKGROUND

HEIW's Risk Management Policy (RMP) was approved at July Board. HEIW's current risk appetite is defined as:

'The amount of risk that HEIW is willing to seek or accept in the pursuit of its long term objectives.'

Under HEIW's RMP the organisation's risk appetite is set on an annual basis by the Board, when the decisions are being made around the organisation's strategic priorities for the following year.

The methodology for setting HEIW's Risk Appetite was considered for discussion at a Board Development Session in December.

3. PROPOSAL

The purpose of setting the Risk Appetite is to ensure that all staff throughout HEIW understand the amount of risk to which the organisation is prepared to be exposed whilst going about their day to day business.

The identification of the Risk Appetite requires judgment. This judgment can be exercised at different levels within the organisation. Setting the Risk Appetite is a strategic matter for Board level. It will likely act as an operational constraint at line-manager level and it will act as a behaviour regulator at individual level. It should provide staff with guidance on the boundaries on, taking into account risk and reward, what level of risk is acceptable to HEIW.

HEIW's Risk Appetite is outlined within the attached Appendix 1. The 'Risk Appetite Statement' is outlined at para 3 of Appendix 1. Table 2 details HEIW's Risk Appetite across its activities.

Subject to the Risk Appetite being approved by the Board the Risk Appetite will be incorporated into HEIW's Corporate Risk Register for the next financial year. This Risk Register will also be amended to be in line with the IMTP.

4. GOVERNANCE AND RISK ISSUES

Management of the Risk Appetite in accordance with the RMP is a key enabler in the governance of risk within HEIW.

5. FINANCIAL IMPLICATIONS

Management of the Risk Appetite in accordance with HEIW's RMP is a key enabler of HEIW as a Special Health Authority. There are no anticipated additional cost implications.

6. RECOMMENDATION

Members are asked to approve HEIW's approach to Risk Appetite as outlined in Appendix 1.

Governance and Assurance				
Link to corporate objectives (please ✓)	As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand	Building a sustainable and flexible health and care workforce for the future.	With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery.	Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges.
	✓	✓	✓	✓
	Improving opportunities for use of technology and digitalisation in the delivery of education and care.	Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales	Demonstrating value from investment in the workforce and the organisation.	
	✓	✓	✓	
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 July Board.</p> <p>The methodology in respect of Risk Appetite was considered at December's Board Development Session.</p>			
Appendices	Appendix 1 – Draft HEIW Risk Appetite.			

Appendix 1

Draft Risk Appetite Statement 2020/21 for Discussion

1. Introduction

The purpose of this statement is to articulate HEIW's position as to how it treats risks, and informs wider decision making and provide guidance to staff.

The main principles of HEIW's appetite for risk is 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.

2. Risk appetite levels

The following risk appetite levels, have been included, for information, to help inform HEIW's discussion in relation to appetite.

Table 1. 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.

Appetite Level	Described as:	What this means
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 takes into account its capacity for risk, which is the amount of risk it is able to bear (or loss we can endure) having regard to its financial and other resources, before a breach in statutory obligations and duties occurs.

Table 2 Risk Appetite across HEIW activities

HEIW's appetite for risk across its activities is provided in the following table:

RISK APPETITE & TOLERANCE LEVELS FOR EACH RISK DOMAIN (links back to Risk Scoring Matrix – see page 4 below)			
Risk Impact Domains	Risk Appetite/ appetite to take risk	Risk Tolerance/ tolerance level for risk	Rationale
Workforce Intelligence	Low	6	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.

RISK APPETITE & TOLERANCE LEVELS FOR EACH RISK DOMAIN (links back to Risk Scoring Matrix – see page 4 below)			
Risk Impact Domains	Risk Appetite/ appetite to take risk	Risk Tolerance/ tolerance level for risk	Rationale
Workforce Planning	Moderate	12	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.
Education commissioning, planning and delivery	Moderate to high	12-16	To support workforce change we will require new innovative provision in respect of education commissioning planning and delivery.
Quality Management	Low	6	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.
Supporting Regulation	Moderate	12	HEIW will need to challenge the current understanding of workforce regulations and how this impacts on education and risk development.
Leadership Development	High	16	To support Leadership Development HEIW will require new innovative approaches which requires a high risk appetite.
Workforce Improvement	High	16	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.
Professional support for workforce and organisational development (OD) in NHS Wales	Moderate	9	To support the professional workforce and OD in Wales HEIW will be working within regulatory and statutory requirements.

RISK APPETITE & TOLERANCE LEVELS FOR EACH RISK DOMAIN (links back to Risk Scoring Matrix – see page 4 below)			
Risk Impact Domains	Risk Appetite/ appetite to take risk	Risk Tolerance/ tolerance level for risk	Rationale
HEIW internally as an organisation	Low	6	<p>This domain covers such area as HEIW's staff, finance, corporate governance and reputation. 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</p>
			<p>not accept any risk that will (if realised) threaten this. To support the long term success of the organisation, HEIW will need to seek risks.</p> <p>HEIW will maintain high standards of Corporate Governance and will not accept risk that are inconsistent with these standards.</p> <p>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>

Risk Scoring Matrix

LIKELIHOOD	Probable	5	10	15	20	25
	Likely	4	8	12	16	20
	Possible	3	6	9	12	15
	Unlikely	2	4	6	8	10
	Rare	1	2	3	4	5
		Negligible	Minor	Moderate	Major	Critical
		IMPACT				

Colour Range

Low 1 – 6

Moderate 7 – 14

High 15 – 25

Score Level

HEIW Strategic Objectives – Annual Plan 2019-20

Strategic Objective 1 - As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand.
Strategic Objective 2 - Building a sustainable and flexible health and care workforce for the future.
Strategic Objective 3. With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery.
Strategic Objective 4. Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges.
Strategic Objective 5. Improving opportunities for use of technology and digitalisation in the delivery of education and care.
Strategic Objective 6. Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales.
Strategic Objective 7. Demonstrating value from investment in the workforce and the organisation.



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Meeting Date	30 January 2020	Agenda Item	4.6
Report Title	Committee Chair's Report – Education, Commissioning and Quality Committee		
Report Author	Kay Barrow, 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	<p>This report focuses on the key issues raised at the Education, Commissioning and Quality Committee meeting held on 16 January 2020.</p> <p>The Board is asked to note the summary from the Chair for assurance.</p>		
Specific Action Required	Information	Discussion	Assurance
			✓
Recommendations	Members of the Board are asked to note the report for Assurance.		

Committee Chair's 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. The Board is asked to note the summary report from the Chair.

2. BACKGROUND

The Board will be aware that three committees have been established under HEIW's standing orders: the Audit and Assurance Committee; the Remuneration and Terms of Service Committee and the Education, Commissioning and Quality Committee. Each committee will present reports to the Board during the course of the year outlining key discussions, issues and risks discussed during meetings.

3. REPORT FROM COMMITTEE CHAIR

The Board is asked to **receive** and **note** the Education, Commissioning and Quality Committee Chair's summary of the meeting held on 16 January 2020.

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 are asked to:

- **note** the content of the report for assurance.

Governance and Assurance				
Link to corporate objectives (please ✓)	As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand	Building a sustainable and flexible health and care workforce for the future.	With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery.	Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges.
	✓			
	Improving opportunities for use of technology and digitalisation in the delivery of education and care.	Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales	Demonstrating value from investment in the workforce and the organisation.	
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				
No financial implications for the Board to be aware of.				
Legal Implications (including equality and diversity assessment)				
It is essential that the Board complies with its standing orders, which includes receiving updates from its committees.				
Staffing Implications				
No staffing implications for the Board to be aware of.				
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	Chair's summary – Education, Commissioning and Quality Committee (Appendix 1).			

Appendix 1

Meeting Date	30 January 2020	Agenda Item	
Freedom of Information Status	Open		
Reporting Committee	Education, Commission and Quality Committee		
Report Author	Kay Barrow, Corporate Governance Manager		
Chaired by	Ruth Hall		
Lead Executive Director(s)	Stephen Griffiths and Professor Pushpinder Mangat		
Date of last meeting	16 January 2020		
Summary of key matters considered by the committee and any related decisions made:			
<p>KPMG Strategic Review of Health Professional Education: The Committee received the final KPMG Report which includes 22 recommendations. Work currently undertaken by HEIW for each of the 22 recommendations was outlined and future actions proposed to address each recommendation were also highlighted.</p> <p>The Committee welcomed the report and exploration of increasing the delivery of courses through the Welsh language. Concern was expressed about the strategic cost of implementing the recommendations and how this would be managed. A Communications Strategy to support the review findings is to be developed and the newly established internal and external sub groups will assist with influencing and raising the profile of HEIW. Committee Members will look to attend Programme Engagement events including Student Engagement. The Committee will be considering the Health Professional Education Contract at its meeting in April 2020.</p> <p>Future Funding of Health Professional Education: The Committee was updated in relation to the Welsh Government announcement regarding the continuation of the Welsh NHS Bursary Scheme until 2022/23. This should provide some confidence for providers around the development of the Health Professional Education Contracts, however there is some uncertainty in relation to the English bursary position. A mapping exercise of the bursary schemes is being undertaken for presentation to the Executive Team.</p> <p>Health Professional Student Allocations for 2020/21: The Committee was updated in relation to the Welsh Government approval of the NHS Wales Education Commissioning and Training Plan for 2020/21, and additional funding of £16.4m.</p> <p>The Committee received the proposals for HEIW's Health Professional Commissioning Plan for 2020/21 which outlined the rationale and the process for the allocation of the commissioned places. Some risks were noted in relation to the achievement of commissioning targets around diagnostic radiology, adult nursing and LD nursing, however further work will be undertaken to review Health Board IMTPs, as well as Health Board financial allocations. The Committee raised questions around specific University allocations. It was reassured that HEIW will</p>			

be increasing communication and engagement with education and training providers.

Major Trauma Network – Training Needs: The Committee agreed that the Clinical and Training Leads for this development programme should be invited to attend a future meeting of the Committee to discuss the training needs analysis.

Update on the Sub Group Terms of Reference: The Committee approved the terms of reference for the internal and external sub groups. The first meetings of these groups will be scheduled to take place in February 2020 and will support the work to develop the contract for the provision of Health Professional Education. Feedback from the sub group meetings will be reported to each Committee meeting.

Development of a Tariff Arrangement for Secondary Care Training Programme Directors across Wales to support Professionalisation of the Role: The Committee considered and supported the business case to implement a tariff arrangement. The Committee recommended that the business case be scrutinised by the Audit and Assurance Committee.

Performance Report of Education Contracts: The Committee received the annual report of the key performance indicators as part of the Health Professional Contract Management system. The All Wales report captures the position across Wales and also identifies where there is variation in performance between universities. Where performance is below the expected level, actions have been identified within each University's performance report.

The Committee recommended exploring the potential to hold a celebratory event with education and training providers either on an annual or 6-monthly basis. The Committee also recommended the sharing of the annual report at a Board Development Session be discussed with the Chief Executive.

Quality Assurance Review of Post Graduate Medical Education (PGME): The Committee were updated in relation to ongoing concerns and escalation requirements. The Committee recommended that the Audit and Assurance Committee be updated on those Health Board areas in enhanced monitoring arrangements.

New Arrangements for Annual Commissioning Process for Post Graduate Education: The Committee was updated around the new arrangements and agenda for the Annual Commissioning Visits to Local Education Providers (LEPs) previously undertaken by the Medical Deanery. The Committee is to receive a summary report following the visits at its meeting in October 2020.

Key risks and issues/matters of concern of which the Board needs to be made aware:

The Committee wish to highlight to the Board, the key risks in relation to the **Health Professional Student Allocations for 2020/21**, particularly in relation to the achievement of the commissioning targets around diagnostic radiology, adult nursing and LD nursing, and also the consequential reputational risks.

The Committee suggested the sharing of the Performance Report of Education Contracts with the Board at a Board Development Session.
Delegated action by the Committee
Following the Committee's support of the Development of a Tariff Arrangement for Secondary Care Training Programme Directors across Wales to support Professionalisation of the Role , the Committee recommended that the business case be scrutinised by the Audit and Assurance Committee. The Audit and Assurance Committee are to consider the business case at its meeting scheduled for 27 January 2020.
The Committee recommended that the Audit and Assurance Committee be updated in relation to those Health Board areas in enhanced monitoring arrangements as highlighted in the Quality Assurance Review of Post Graduate Medical Education (PGME) .
Main sources of information received
<ul style="list-style-type: none"> • KPMG Strategic Review of Health Professional Education • Future Funding of Health Professional Education • Health Professional Student Allocations for 2020/21 • Major Trauma Network: Training Needs • Update on the Sub Group Terms of Reference • Development of a Tariff Arrangement for Secondary Care Training Programme Directors across Wales to support Professionalisation of the Role • Performance Report of Education Contracts • Quality Assurance Review of Post Graduate Medical Education (PGME) • New Arrangements for Annual Commissioning Process for Post Graduate Education
Highlights from sub-groups reporting into this committee
N/A
Matters referred to other Committees
Following the Committee's support of the Development of a Tariff Arrangement for Secondary Care Training Programme Directors across Wales to support Professionalisation of the Role , the Committee recommended that the business case be scrutinised by the Audit and Assurance Committee. The Audit and Assurance Committee are to consider the business case at its meeting scheduled for 27 January 2020.
The Committee recommended that the Audit and Assurance Committee be updated in relation to those Health Board areas in enhanced monitoring arrangements as highlighted in the Quality Assurance Review of Post Graduate Medical Education (PGME) .



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

Meeting Date	30 January 2020	Agenda Item	4.7
Report Title	Matters Reported In-Committee		
Report Author	Kay Barrow, 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 19 December 2019.		
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. The report sets out the decisions made by the Board In-Committee on 19 December 2019.		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	✓		
Recommendations	Members are asked to: <ul style="list-style-type: none"> • Note the report for information. 		

DECISIONS MADE DURING THE IN-COMMITTEE BOARD MEETING HELD ON 19 DECEMBER 2019

1. INTRODUCTION

The purpose of the report is to report on items considered by the in-committee Board meetings on 19 December 2019.

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 private session, formally reporting any decisions taken at the next meeting of the Board in public session.

3. GOVERNANCE AND RISK ISSUES

The following item was discussed in the **in-committee meeting of the HEIW Board on 19 December 2019**:

- **Provision of specialist psychological support for doctors and dentists in training in Wales** – The Board received a report which sought approval to commence the procurement exercise for the provision of psychological services which was due to expire on 31 March 2020. It was highlighted that the plan was to enter a tendering exercise for a single year with the option for a further year. The Board recognised the need for the continuation of the service as a ‘holding point’ whilst wider scoping work was undertaken.

4. FINANCIAL IMPLICATIONS

There are no financial implications in noting the update. However, any resource implications would have been detailed in the original requests for ratification.

5. RECOMMENDATION

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

Governance and Assurance				
Link to corporate objectives <i>(please ✓)</i>	As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand	Building a sustainable and flexible health and care workforce for the future.	With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery.	Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges.
	✓			
	Improving opportunities for use of technology and digitalisation in the delivery of education and care.	Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales	Demonstrating value from investment in the workforce and the organisation.	
Quality, Safety and Patient Experience Ensuring that the Board and its Committee 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 resource implications related to this report. However, any resource implications would have been detailed in the original requests for ratification.				
Legal Implications (including equality and diversity assessment) There are no legal implications contained within this report. However, specific impact, where relevant, will have been considered within individual reports referenced within this update.				
Staffing Implications There are no direct implications on workforce in this report. However, specific impact, where relevant, will have been considered within individual reports referenced within this update.				
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015) There are no direct implications on the Act. However, specific impact, where relevant, will have been considered within individual reports referenced within this update.				
Report History	This report is provided at each meeting of the Board.			
Appendices	None.			